

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method      | Outpatient               | Sole Comm.           | Non-sole             | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|---------|------------------------------|------------------------------|------------------|-----|---------------|-------------|--------------------------|----------------------|----------------------|-------------------------|----------|------------|------------|----------|
|         |                              |                              |                  |     |               |             | Hospital Fee<br>Schedule | Hospital Lab<br>Fees | Hospital Lab<br>Fees |                         |          |            |            |          |
| 0001F   | E                            | HEART FAILURE COMPOSITE      |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0001U   | Q                            | RBC DNA HEA 35 AG 11 BLD GRP |                  | -   | -             | Medicare    | \$1,200.00               | \$744.00             | \$720.00             | -                       | -        | 000        | 999        |          |
| 0002M   | Q                            | LIVER DIS 10 ASSAYS W/ASH    |                  | -   | -             | Medicare    | \$839.00                 | \$520.18             | \$503.40             | -                       | -        | 000        | 999        |          |
| 0002U   | Q                            | ONC CLRCT 3 UR METAB ALG PLP |                  | -   | -             | Medicare    | \$41.67                  | \$25.84              | \$25.00              | -                       | -        | 000        | 999        |          |
| 0003M   | Q                            | LIVER DIS 10 ASSAYS W/NASH   |                  | -   | -             | Medicare    | \$839.00                 | \$520.18             | \$503.40             | -                       | -        | 000        | 999        |          |
| 0003U   | Q                            | ONC OVAR 5 PRTN SER ALG SCOR |                  | -   | -             | Medicare    | \$1,583.33               | \$981.66             | \$950.00             | -                       | -        | 000        | 999        |          |
| 0004M   | Q                            | SCOLIOSIS DNA ALYS           |                  | -   | -             | Medicare    | \$131.67                 | \$81.64              | \$79.00              | -                       | -        | 000        | 999        |          |
| 0004U   | E                            | NFCT DS DNA 27 RESIST GENES  |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0005F   | E                            | OSTEOARTHRITIS COMPOSITE     |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0005U   | Q                            | ONCO PRST8 3 GENE UR ALG     |                  | -   | -             | Medicare    | \$1,266.67               | \$785.34             | \$760.00             | -                       | -        | 000        | 999        |          |
| 0006M   | Q                            | ONC HEP GENE RISK CLASSIFIER |                  | -   | -             | Medicare    | \$250.00                 | \$155.00             | \$150.00             | -                       | -        | 000        | 999        |          |
| 0007M   | Q                            | ONC GASTRO 51 GENE NOMOGRAM  |                  | -   | -             | Medicare    | \$625.00                 | \$387.50             | \$375.00             | -                       | -        | 000        | 999        |          |
| 0007U   | Q                            | RX TEST PRSMV UR W/DEF CONF  |                  | -   | -             | Medicare    | \$190.72                 | \$118.25             | \$114.43             | -                       | -        | 000        | 999        |          |
| 0008U   | Q                            | HPYLORI DETCJ ABX RSTNC DNA  |                  | -   | -             | Medicare    | \$996.52                 | \$617.84             | \$597.91             | -                       | -        | 000        | 999        |          |
| 0009U   | Q                            | ONC BRST CA ERBB2 AMP/NONAMP |                  | -   | -             | Medicare    | \$178.33                 | \$110.56             | \$107.00             | -                       | -        | 000        | 999        |          |
| 00100   | N                            | ANESTH SALIVARY GLAND        |                  | -   | -             | Bundled     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 00102   | N                            | ANESTH REPAIR OF CLEFT LIP   |                  | -   | -             | Bundled     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 00103   | N                            | ANESTH BLEPHAROPLASTY        |                  | -   | -             | Bundled     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 00104   | N                            | ANESTH ELECTROSHOCK          |                  | -   | -             | Bundled     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0010M   | E                            | ONC PROSTATE PROB SCORE      |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0010U   | Q                            | NFCT DS STRN TYP WHL GEN SEQ |                  | -   | -             | Medicare    | \$712.10                 | \$441.50             | \$427.26             | -                       | -        | 000        | 999        |          |
| 0011M   | Q                            | ONC PRST8 CA MRNA 12 GEN ALG |                  | -   | -             | Medicare    | \$1,266.67               | \$785.34             | \$760.00             | -                       | -        | 000        | 999        |          |
| 0011U   | Q                            | RX MNTR LC-MS/MS ORAL FLUID  |                  | -   | -             | Medicare    | \$190.72                 | \$118.25             | \$114.43             | -                       | -        | 000        | 999        |          |
| 00120   | N                            | ANESTH EAR SURGERY           |                  | -   | -             | Bundled     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 00124   | N                            | ANESTH EAR EXAM              |                  | -   | -             | Bundled     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 00126   | N                            | ANESTH TYMPANOTOMY           |                  | -   | -             | Bundled     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0012F   | E                            | CAP BACTERIAL ASSESS         |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0012M   | Q                            | ONC MRNA 5 GEN RSK URTHL CA  |                  | -   | -             | Medicare    | \$1,266.67               | \$785.34             | \$760.00             | -                       | -        | 000        | 999        |          |
| 0013M   | Q                            | ONC MRNA 5 GEN RECR URTHL CA |                  | -   | -             | Medicare    | \$1,266.67               | \$785.34             | \$760.00             | -                       | -        | 000        | 999        |          |
| 00140   | N                            | ANESTH PROCEDURES ON EYE     |                  | -   | -             | Bundled     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 00142   | N                            | ANESTH LENS SURGERY          |                  | -   | -             | Bundled     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 00144   | N                            | ANESTH CORNEAL TRANSPLANT    |                  | -   | -             | Bundled     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 00145   | N                            | ANESTH VITREORETINAL SURG    |                  | -   | -             | Bundled     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 00147   | N                            | ANESTH IRIDECTOMY            |                  | -   | -             | Bundled     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 00148   | N                            | ANESTH EYE EXAM              |                  | -   | -             | Bundled     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0014A   | E                            | FEE COVID-19 VAC 2 RES       |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0014F   | E                            | COMP PREOP ASSESS CAT SURG   |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0015F   | E                            | MELAN FOLLOW-UP COMPLETE     |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0015M   | Q                            | ADRNL CORTCL TUM BCHM ASY 25 |                  | -   | -             | Medicare    | \$2,175.62               | \$1,348.88           | \$1,305.37           | -                       | -        | 000        | 999        |          |
| 0015U   | E                            | RX METAB ADVRS RX RXN DNA    |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 00160   | N                            | ANESTH NOSE/SINUS SURGERY    |                  | -   | -             | Bundled     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 00162   | N                            | ANESTH NOSE/SINUS SURGERY    |                  | -   | -             | Bundled     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 00164   | N                            | ANESTH BIOPSY OF NOSE        |                  | -   | -             | Bundled     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0016M   | Q                            | ONC BLADDER MRNA 219 GEN ALG |                  | -   | -             | Medicare    | \$5,816.05               | \$3,605.95           | \$3,489.63           | -                       | -        | 000        | 999        |          |
| 0016U   | Q                            | ONC HMTLMF NEO RNA BCR/ABL1  |                  | -   | -             | Medicare    | \$273.27                 | \$169.43             | \$163.96             | -                       | -        | 000        | 999        |          |
| 00170   | N                            | ANESTH PROCEDURE ON MOUTH    |                  | -   | -             | Bundled     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 00172   | N                            | ANESTH CLEFT PALATE REPAIR   |                  | -   | -             | Bundled     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 00174   | N                            | ANESTH PHARYNGEAL SURGERY    |                  | -   | -             | Bundled     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 00176   | C                            | ANESTH PHARYNGEAL SURGERY    |                  | -   | -             | IP Only     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0017M   | Q                            | ONC DLBCL MRNA 20 GENES ALG  |                  | -   | -             | Medicare    | \$4,183.68               | \$2,593.88           | \$2,510.21           | -                       | -        | 000        | 999        |          |
| 0017U   | Q                            | ONC HMTLMF NEO JAK2 MUT DNA  |                  | -   | -             | Medicare    | \$152.77                 | \$94.72              | \$91.66              | -                       | -        | 000        | 999        |          |
| 0018M   | Q                            | TRNSPLJ RNL MEAS CD154+CLL   |                  | -   | -             | Medicare    | \$1,067.88               | \$662.09             | \$640.73             | -                       | -        | 000        | 999        |          |
| 0018U   | Q                            | ONC THYR 10 MICRORNA SEQ ALG |                  | -   | -             | Medicare    | \$5,003.48               | \$3,102.16           | \$3,002.09           | -                       | -        | 000        | 999        |          |
| 00190   | N                            | ANESTH FACE/SKULL BONE SURG  |                  | -   | -             | Bundled     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 00192   | C                            | ANESTH FACIAL BONE SURGERY   |                  | -   | -             | IP Only     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0019M   | Q                            | CV DS PLASMA ALYS PRTN BMRK  |                  | -   | -             | Medicare    | \$1,187.33               | \$736.14             | \$712.40             | -                       | -        | 000        | 999        |          |

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| Proc Cd | 2024 APC |     | Proc Desc                    | Proc Modifier | APC | APC Weight | Method       | Outpatient            | Sole Comm.        | Non-sole          | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---------|----------|-----|------------------------------|---------------|-----|------------|--------------|-----------------------|-------------------|-------------------|----------------------|----------|---------|---------|----------|
|         | Status   | Ind |                              |               |     |            |              | Hospital Fee Schedule | Hospital Lab Fees | Hospital Lab Fees |                      |          |         |         |          |
| 0019U   |          | Q   | ONC RNA TISS PREDICT ALG     |               | -   | -          | Medicare     | \$6,125.00            | \$3,797.50        | \$3,675.00        | -                    | -        | 000     | 999     |          |
| 0020M   |          | Q   | ONC CNS ALYS 30000 DNA LOCI  |               | -   | -          | Medicare     | \$0.00                | \$0.00            | \$0.00            | -                    | -        | 000     | 999     |          |
| 00210   |          | N   | ANESTH CRANIAL SURG NOS      |               | -   | -          | Bundled      | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 00211   |          | C   | ANESTH CRAN SURG HEMOTOMA    |               | -   | -          | IP Only      | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 00212   |          | N   | ANESTH SKULL DRAINAGE        |               | -   | -          | Bundled      | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 00214   |          | C   | ANESTH SKULL DRAINAGE        |               | -   | -          | IP Only      | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 00215   |          | C   | ANESTH SKULL REPAIR/FRACT    |               | -   | -          | IP Only      | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 00216   |          | N   | ANESTH HEAD VESSEL SURGERY   |               | -   | -          | Bundled      | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 00218   |          | N   | ANESTH SPECIAL HEAD SURGERY  |               | -   | -          | Bundled      | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0021A   |          | M   | ADM SARSCOV2 5X1010VP/.5ML 1 |               | -   | -          | Fee Schedule | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0021U   |          | Q   | ONC PRST8 DETCJ 8 AUTOANTB   |               | -   | -          | Medicare     | \$1,266.67            | \$785.34          | \$760.00          | -                    | -        | 000     | 999     |          |
| 00220   |          | N   | ANESTH INTRCRN NERVE         |               | -   | -          | Bundled      | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 00222   |          | N   | ANESTH HEAD NERVE SURGERY    |               | -   | -          | Bundled      | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0022A   |          | M   | ADM SARSCOV2 5X1010VP/.5ML 2 |               | -   | -          | Fee Schedule | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0022U   |          | Q   | TGSAP NSM LUNG NEO DNA&RNA23 |               | -   | -          | Medicare     | \$3,250.00            | \$2,015.00        | \$1,950.00        | -                    | -        | 000     | 999     |          |
| 0023A   |          | E   | FEE COVID-19 VAC 3 BOOSTER   |               | -   | -          | Not Allowed  | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0023U   |          | Q   | ONC AML DNA DETCJ/NONDETCJ   |               | -   | -          | Medicare     | \$414.18              | \$256.79          | \$248.51          | -                    | -        | 000     | 999     |          |
| 0024A   |          | E   | FEE COVID-19 VAC 3 RES       |               | -   | -          | Not Allowed  | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0024U   |          | Q   | GLYCA NUC MR SPECTRSC QUAN   |               | -   | -          | Medicare     | \$56.98               | \$35.33           | \$34.19           | -                    | -        | 000     | 999     |          |
| 0025U   |          | Q   | TENOFOVIR LIQ CHROM UR QUAN  |               | -   | -          | Medicare     | \$190.72              | \$118.25          | \$114.43          | -                    | -        | 000     | 999     |          |
| 0026U   |          | Q   | ONC THYR DNA&MRNA 112 GENES  |               | -   | -          | Medicare     | \$6,000.00            | \$3,720.00        | \$3,600.00        | -                    | -        | 000     | 999     |          |
| 0027U   |          | Q   | JAK2 GENE TRGT SEQ ALYS      |               | -   | -          | Medicare     | \$203.18              | \$125.97          | \$121.91          | -                    | -        | 000     | 999     |          |
| 0029U   |          | Q   | RX METAB ADVRS TRGT SEQ ALYS |               | -   | -          | Medicare     | \$1,237.12            | \$767.01          | \$742.27          | -                    | -        | 000     | 999     |          |
| 00300   |          | N   | ANESTH HEAD/NECK/PTRUNK      |               | -   | -          | Bundled      | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0030T   |          | E   | ANTIPROTHROMBIN ANTIBODY     |               | -   | -          | Not Allowed  | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0030U   |          | Q   | RX METAB WARF TRGT SEQ ALYS  |               | -   | -          | Medicare     | \$223.55              | \$138.60          | \$134.13          | -                    | -        | 000     | 999     |          |
| 0031U   |          | Q   | CYP1A2 GENE                  |               | -   | -          | Medicare     | \$291.35              | \$180.64          | \$174.81          | -                    | -        | 000     | 999     |          |
| 00320   |          | N   | ANESTH NECK ORGAN 1YR/>      |               | -   | -          | Bundled      | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 00322   |          | N   | ANESTH BIOPSY OF THYROID     |               | -   | -          | Bundled      | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 00326   |          | N   | ANESTH LARYNX/TRACH < 1 YR   |               | -   | -          | Bundled      | \$0.00                |                   |                   | -                    | -        | 000     | 1       |          |
| 0032A   |          | E   | FEE COVID-19 VAC 4 DOSE 2    |               | -   | -          | Not Allowed  | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0032U   |          | Q   | COMT GENE                    |               | -   | -          | Medicare     | \$291.35              | \$180.64          | \$174.81          | -                    | -        | 000     | 999     |          |
| 0033A   |          | E   | FEE COVID-19 VAC 4 BOOSTER   |               | -   | -          | Not Allowed  | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0033U   |          | Q   | HTR2A HTR2C GENES            |               | -   | -          | Medicare     | \$582.70              | \$361.27          | \$349.62          | -                    | -        | 000     | 999     |          |
| 0034U   |          | Q   | TPMT NUDT15 GENES            |               | -   | -          | Medicare     | \$776.95              | \$481.71          | \$466.17          | -                    | -        | 000     | 999     |          |
| 00350   |          | N   | ANESTH NECK VESSEL SURGERY   |               | -   | -          | Bundled      | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 00352   |          | N   | ANESTH NECK VESSEL SURGERY   |               | -   | -          | Bundled      | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0035U   |          | Q   | NEURO CSF PRION PRTN QUAL    |               | -   | -          | Medicare     | \$901.65              | \$559.02          | \$540.99          | -                    | -        | 000     | 999     |          |
| 0036U   |          | Q   | XOME TUM & NML SPEC SEQ ALYS |               | -   | -          | Medicare     | \$7,966.67            | \$4,939.34        | \$4,780.00        | -                    | -        | 000     | 999     |          |
| 0037U   |          | Q   | TRGT GEN SEQ DNA 324 GENES   |               | -   | -          | Medicare     | \$5,833.33            | \$3,616.66        | \$3,500.00        | -                    | -        | 000     | 999     |          |
| 0038U   |          | Q   | VITAMIN D SRM MICROSAMP QUAN |               | -   | -          | Medicare     | \$49.33               | \$30.58           | \$29.60           | -                    | -        | 000     | 999     |          |
| 0039U   |          | Q   | DNA ANTB 2STRAND HI AVIDITY  |               | -   | -          | Medicare     | \$22.90               | \$14.20           | \$13.74           | -                    | -        | 000     | 999     |          |
| 00400   |          | N   | ANESTH SKIN EXT/PER/ATRUNK   |               | -   | -          | Bundled      | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 00402   |          | N   | ANESTH SURGERY OF BREAST     |               | -   | -          | Bundled      | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 00404   |          | N   | ANESTH SURGERY OF BREAST     |               | -   | -          | Bundled      | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 00406   |          | N   | ANESTH SURGERY OF BREAST     |               | -   | -          | Bundled      | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0040U   |          | Q   | BCR/ABL1 GENE MAJOR BP QUAN  |               | -   | -          | Medicare     | \$683.17              | \$423.57          | \$409.90          | -                    | -        | 000     | 999     |          |
| 00410   |          | N   | ANESTH CORRECT HEART RHYTHM  |               | -   | -          | Bundled      | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0041U   |          | Q   | B BRGDRFERI ANTB 5 PRTN IGM  |               | -   | -          | Medicare     | \$28.68               | \$17.78           | \$17.21           | -                    | -        | 000     | 999     |          |
| 0042T   |          | E   | CT PERFUSION W/CONTRAST CBF  |               | -   | -          | Not Allowed  | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0042U   |          | Q   | B BRGDRFERI ANTB 12 PRTN IGG |               | -   | -          | Medicare     | \$28.68               | \$17.78           | \$17.21           | -                    | -        | 000     | 999     |          |
| 0043A   |          | E   | FEE COVID-19 VAC 5 BOOSTER   |               | -   | -          | Not Allowed  | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0043U   |          | Q   | TBRF B GRP ANTB 4 PRTN IGM   |               | -   | -          | Medicare     | \$24.77               | \$15.36           | \$14.86           | -                    | -        | 000     | 999     |          |
| 0044U   |          | Q   | TBRF B GRP ANTB 4 PRTN IGG   |               | -   | -          | Medicare     | \$24.77               | \$15.36           | \$14.86           | -                    | -        | 000     | 999     |          |
| 00450   |          | N   | ANESTH SURGERY OF SHOULDER   |               | -   | -          | Bundled      | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 00454   |          | N   | ANESTH COLLAR BONE BIOPSY    |               | -   | -          | Bundled      | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |

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|------------|-------------|-----|------------------------------|------------------|-----|---------------|-------------|--------------------------|----------------------|----------------------|-------------------------|----------|------------|------------|----------|
|            | Status      | Ind |                              |                  |     |               |             | Hospital Fee<br>Schedule | Hospital Lab<br>Fees | Hospital Lab<br>Fees |                         |          |            |            |          |
| 0045U      | Q           |     | ONC BRST DUX CARC IS 12 GENE |                  | -   | -             | Medicare    | \$6,455.00               | \$4,002.10           | \$3,873.00           | -                       | -        | 000        | 999        |          |
| 0046U      | Q           |     | FLT3 GENE ITD VARIANTS QUAN  |                  | -   | -             | Medicare    | \$679.05                 | \$421.01             | \$407.43             | -                       | -        | 000        | 999        |          |
| 00470      | N           |     | ANESTH REMOVAL OF RIB        |                  | -   | -             | Bundled     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 00472      | N           |     | ANESTH CHEST WALL REPAIR     |                  | -   | -             | Bundled     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 00474      | C           |     | ANESTH SURGERY OF RIB        |                  | -   | -             | IP Only     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0047U      | Q           |     | ONC PRST8 MRNA 17 GENE ALG   |                  | -   | -             | Medicare    | \$6,455.00               | \$4,002.10           | \$3,873.00           | -                       | -        | 000        | 999        |          |
| 0048T      | E           |     | IMPLANT VENTRICULAR DEVICE   |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0048U      | Q           |     | ONC SLD ORG NEO DNA 468 GENE |                  | -   | -             | Medicare    | \$4,866.00               | \$3,016.92           | \$2,919.60           | -                       | -        | 000        | 999        |          |
| 0049U      | Q           |     | NPM1 GENE ANALYSIS QUAN      |                  | -   | -             | Medicare    | \$679.05                 | \$421.01             | \$407.43             | -                       | -        | 000        | 999        |          |
| 00500      | N           |     | ANESTH ESOPHAGEAL SURGERY    |                  | -   | -             | Bundled     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0050T      | E           |     | REMOVAL CIRCULATION ASSIST   |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0050U      | Q           |     | TRGT GEN SEQ DNA 194 GENES   |                  | -   | -             | Medicare    | \$4,861.00               | \$3,013.82           | \$2,916.60           | -                       | -        | 000        | 999        |          |
| 0051U      | Q           |     | RX MNTR LC-MS/MS UR/BLD 31   |                  | -   | -             | Medicare    | \$411.53                 | \$255.15             | \$246.92             | -                       | -        | 000        | 999        |          |
| 00520      | N           |     | ANESTH CHEST PROCEDURE       |                  | -   | -             | Bundled     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 00522      | N           |     | ANESTH CHEST LINING BIOPSY   |                  | -   | -             | Bundled     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 00524      | C           |     | ANESTH CHEST DRAINAGE        |                  | -   | -             | IP Only     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 00528      | N           |     | ANES MEDIASCPY & DX THORSCPY |                  | -   | -             | Bundled     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 00529      | N           |     | ANES MEDSCPY&THORSCPY 1 LUNG |                  | -   | -             | Bundled     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0052U      | Q           |     | LPOPRTN BLD W/5 MAJ CLASSES  |                  | -   | -             | Medicare    | \$56.43                  | \$34.99              | \$33.86              | -                       | -        | 000        | 999        |          |
| 00530      | N           |     | ANESTH PACEMAKER INSERTION   |                  | -   | -             | Bundled     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 00532      | N           |     | ANESTH VASCULAR ACCESS       |                  | -   | -             | Bundled     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 00534      | N           |     | ANESTH CARDIOVERTER/DEFIB    |                  | -   | -             | Bundled     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 00537      | N           |     | ANESTH CARDIAC ELECTROPHYS   |                  | -   | -             | Bundled     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 00539      | N           |     | ANESTH TRACH-BRONCH RECONST  |                  | -   | -             | Bundled     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 00540      | C           |     | ANESTH CHEST SURGERY         |                  | -   | -             | IP Only     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 00541      | N           |     | ANESTH ONE LUNG VENTILATION  |                  | -   | -             | Bundled     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 00542      | C           |     | ANESTHESIA REMOVAL PLEURA    |                  | -   | -             | IP Only     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 00546      | C           |     | ANESTH LUNG CHEST WALL SURG  |                  | -   | -             | IP Only     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 00548      | N           |     | ANESTH TRACHEA BRONCHI SURG  |                  | -   | -             | Bundled     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0054T      | E           |     | BONE SRGRY CMPTR FLUOR IMAGE |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0054U      | Q           |     | RX MNTR 14+ DRUGS & SBSTS    |                  | -   | -             | Medicare    | \$331.23                 | \$205.36             | \$198.74             | -                       | -        | 000        | 999        |          |
| 00550      | N           |     | ANESTH STERNAL DEBRIDEMENT   |                  | -   | -             | Bundled     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0055T      | E           |     | BONE SRGRY CMPTR CT/MRI IMAG |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0055U      | Q           |     | CARD HRT TRNSPL 96 DNA SEQ   |                  | -   | -             | Medicare    | \$5,400.00               | \$3,348.00           | \$3,240.00           | -                       | -        | 000        | 999        |          |
| 00560      | C           |     | ANESTH HEART SURG W/O PUMP   |                  | -   | -             | IP Only     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 00561      | C           |     | ANESTH HEART SURG <1 YR      |                  | -   | -             | IP Only     | \$0.00                   |                      |                      | -                       | -        | 000        | 0          |          |
| 00562      | C           |     | ANESTH HRT SURG W/PMP AGE 1+ |                  | -   | -             | IP Only     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 00563      | N           |     | ANESTH HEART SURG W/ARREST   |                  | -   | -             | Bundled     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 00566      | N           |     | ANESTH CABG W/O PUMP         |                  | -   | -             | Bundled     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 00567      | C           |     | ANESTH CABG W/PUMP           |                  | -   | -             | IP Only     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 00580      | C           |     | ANESTH HEART/LUNG TRANSPLNT  |                  | -   | -             | IP Only     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0058U      | Q           |     | ONC MERKEL CLL CARC SRM QUAN |                  | -   | -             | Medicare    | \$538.27                 | \$333.73             | \$322.96             | -                       | -        | 000        | 999        |          |
| 0059U      | Q           |     | ONC MERKEL CLL CARC SRM +/-  |                  | -   | -             | Medicare    | \$538.27                 | \$333.73             | \$322.96             | -                       | -        | 000        | 999        |          |
| 00600      | N           |     | ANESTH SPINE CORD SURGERY    |                  | -   | -             | Bundled     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 00604      | C           |     | ANESTH SITTING PROCEDURE     |                  | -   | -             | IP Only     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0060U      | Q           |     | TWN ZYG GEN SEQ ALYS CHRMS2  |                  | -   | -             | Medicare    | \$1,265.08               | \$784.35             | \$759.05             | -                       | -        | 000        | 999        |          |
| 0061A      | E           |     | FEE COVID-19 VAC 7 DOSE 1    |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0061U      | Q           |     | TC MEAS 5 BMRK SFDI M-S ALYS |                  | -   | -             | Medicare    | \$41.83                  | \$25.93              | \$25.10              | -                       | -        | 000        | 999        |          |
| 00620      | N           |     | ANESTH SPINE CORD SURGERY    |                  | -   | -             | Bundled     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 00625      | N           |     | ANES SPINE TRANTHOR W/O VENT |                  | -   | -             | Bundled     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 00626      | N           |     | ANES SPINE TRANSTHOR W/VENT  |                  | -   | -             | Bundled     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0062A      | E           |     | FEE COVID-19 VAC 7 DOSE 2    |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0062U      | Q           |     | AI SLE IGG&IGM ALYS 80 BMRK  |                  | -   | -             | Medicare    | \$634.53                 | \$393.41             | \$380.72             | -                       | -        | 000        | 999        |          |
| 00630      | N           |     | ANESTH SPINE CORD SURGERY    |                  | -   | -             | Bundled     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 00632      | C           |     | ANESTH REMOVAL OF NERVES     |                  | -   | -             | IP Only     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 00635      | N           |     | ANESTH LUMBAR PUNCTURE       |                  | -   | -             | Bundled     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc Cd | 2024 APC |     | Proc Desc                    | Proc Modifier | APC | APC Weight | Method      | Outpatient            | Sole Comm.        | Non-sole          | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---------|----------|-----|------------------------------|---------------|-----|------------|-------------|-----------------------|-------------------|-------------------|----------------------|----------|---------|---------|----------|
|         | Status   | Ind |                              |               |     |            |             | Hospital Fee Schedule | Hospital Lab Fees | Hospital Lab Fees |                      |          |         |         |          |
| 0063A   | E        |     | FEE COVID-19 VAC 7 BOOSTER   |               | -   | -          | Not Allowed | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0063U   | Q        |     | NEURO AUTISM 32 AMINES ALG   |               | -   | -          | Medicare    | \$1,250.00            | \$775.00          | \$750.00          | -                    | -        | 000     | 999     |          |
| 00640   | N        |     | ANESTH SPINE MANIPULATION    |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0064U   | Q        |     | ANTB TP TOTAL&RPR IA QUAL    |               | -   | -          | Medicare    | \$52.22               | \$32.38           | \$31.33           | -                    | -        | 000     | 999     |          |
| 0065U   | Q        |     | SYFLS TST NONTREPONEMAL ANTB |               | -   | -          | Medicare    | \$30.15               | \$18.69           | \$18.09           | -                    | -        | 000     | 999     |          |
| 00670   | N        |     | ANESTH SPINE CORD SURGERY    |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0067U   | Q        |     | ONC BRST IMHCHEM PRFL 4 BMRK |               | -   | -          | Medicare    | \$3,161.67            | \$1,960.24        | \$1,897.00        | -                    | -        | 000     | 999     |          |
| 0068U   | Q        |     | CANDIDA SPECIES PNL AMP PRB  |               | -   | -          | Medicare    | \$237.72              | \$147.39          | \$142.63          | -                    | -        | 000     | 999     |          |
| 0069U   | Q        |     | ONC CLRCT MICRORNA MIR-31-3P |               | -   | -          | Medicare    | \$633.33              | \$392.66          | \$380.00          | -                    | -        | 000     | 999     |          |
| 00700   | N        |     | ANESTH ABDOMINAL WALL SURG   |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 00702   | N        |     | ANESTH FOR LIVER BIOPSY      |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0070U   | Q        |     | CYP2D6 GEN COM&SLCT RAR VRNT |               | -   | -          | Medicare    | \$1,127.28            | \$698.91          | \$676.37          | -                    | -        | 000     | 999     |          |
| 0071T   | E        |     | US LEIOMYOMATA ABLATE <200   |               | -   | -          | Not Allowed | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0071U   | Q        |     | CYP2D6 FULL GENE SEQUENCE    |               | -   | -          | Medicare    | \$1,000.00            | \$620.00          | \$600.00          | -                    | -        | 000     | 999     |          |
| 0072T   | E        |     | FCSD US ABLTJ LEIOMYOM>=200  |               | -   | -          | Not Allowed | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0072U   | Q        |     | CYP2D6 GEN CYP2D6-2D7 HYBRID |               | -   | -          | Medicare    | \$751.52              | \$465.94          | \$450.91          | -                    | -        | 000     | 999     |          |
| 00730   | N        |     | ANESTH ABDOMINAL WALL SURG   |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 00731   | N        |     | ANES UPR GI NDSC PX NOS      |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 00732   | N        |     | ANES UPR GI NDSC PX ERCP     |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0073U   | Q        |     | CYP2D6 GEN CYP2D7-2D6 HYBRID |               | -   | -          | Medicare    | \$751.52              | \$465.94          | \$450.91          | -                    | -        | 000     | 999     |          |
| 0074U   | Q        |     | CYP2D6 NONDUPLICATED GENE    |               | -   | -          | Medicare    | \$751.52              | \$465.94          | \$450.91          | -                    | -        | 000     | 999     |          |
| 00750   | N        |     | ANES HRNA RPR UPR ABD NOS    |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 00752   | N        |     | ANES HRNA RPR LMBR&VNT&/DEHS |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 00754   | N        |     | ANES HRNA RPR OMPHALOCELE    |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 00756   | N        |     | ANES HRNA RPR DIPHRG HRNA    |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0075T   | E        |     | PERQ STENT/CHEST VERT ART    |               | -   | -          | Not Allowed | \$0.00                |                   |                   | -                    | Y        | 000     | 999     |          |
| 0075U   | Q        |     | CYP2D6 5' GENE DUP/MLT       |               | -   | -          | Medicare    | \$751.52              | \$465.94          | \$450.91          | -                    | -        | 000     | 999     |          |
| 0076T   | E        |     | S&I STENT/CHEST VERT ART     |               | -   | -          | Not Allowed | \$0.00                |                   |                   | -                    | Y        | 000     | 999     |          |
| 0076U   | Q        |     | CYP2D6 3' GENE DUP/MLT       |               | -   | -          | Medicare    | \$751.52              | \$465.94          | \$450.91          | -                    | -        | 000     | 999     |          |
| 00770   | N        |     | ANES PX MAJ ABD BLOOD VESSEL |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0077U   | Q        |     | IG PARAPROTEIN QUAL BLD/UR   |               | -   | -          | Medicare    | \$72.38               | \$44.88           | \$43.43           | -                    | -        | 000     | 999     |          |
| 00790   | N        |     | ANES IPER UPR ABD NOS        |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 00792   | C        |     | ANES IPER UPR ABD PRTL HPTC  |               | -   | -          | IP Only     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 00794   | C        |     | ANES IPER UPR ABD PNCRTECT   |               | -   | -          | IP Only     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 00796   | C        |     | ANES IPER UPR ABD LVR TRNSPL |               | -   | -          | IP Only     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 00797   | N        |     | ANES IPER UPR ABD GSTR PX MO |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0079U   | E        |     | CMPRTV DNA ALYS MLT SNPS     |               | -   | -          | Not Allowed | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 00800   | N        |     | ANESTH ABDOMINAL WALL SURG   |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 00802   | N        |     | ANESTH FAT LAYER REMOVAL     |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0080U   | Q        |     | ONC LNG 5 CLIN RSK FACTR ALG |               | -   | -          | Medicare    | \$5,866.67            | \$3,637.34        | \$3,520.00        | -                    | -        | 000     | 999     |          |
| 00811   | N        |     | ANES LWR INTST NDSC NOS      |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 00812   | N        |     | ANES LWR INTST SCR COLSC     |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 00813   | N        |     | ANES UPR LWR GI NDSC PX      |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 00820   | N        |     | ANESTH ABDOMINAL WALL SURG   |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0082U   | Q        |     | RX TEST DEF 90+ RX/SBSTS UR  |               | -   | -          | Medicare    | \$411.53              | \$255.15          | \$246.92          | -                    | -        | 000     | 999     |          |
| 00830   | N        |     | ANESTH REPAIR OF HERNIA      |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 00832   | N        |     | ANESTH REPAIR OF HERNIA      |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 00834   | N        |     | ANESTH HERNIA REPAIR < 1 YR  |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 1       |          |
| 00836   | N        |     | ANESTH HERNIA REPAIR PREEMIE |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 1       |          |
| 0083U   | Q        |     | ONC RSPSE CHEMO CNTRST TOMOG |               | -   | -          | Medicare    | \$278.92              | \$172.93          | \$167.35          | -                    | -        | 000     | 999     |          |
| 00840   | N        |     | ANESTH SURG LOWER ABDOMEN    |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 00842   | N        |     | ANESTH AMNIOCENTESIS         |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 00844   | C        |     | ANESTH PELVIS SURGERY        |               | -   | -          | IP Only     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 00846   | C        |     | ANESTH HYSTERECTOMY          |               | -   | -          | IP Only     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 00848   | C        |     | ANESTH PELVIC ORGAN SURG     |               | -   | -          | IP Only     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0084A   | E        |     | FEE COVID-19 VAC 9 RES       |               | -   | -          | Not Allowed | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |



**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2025**

| Proc<br>Cd | 2024<br>APC |     | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method      | Outpatient               | Sole Comm.           | Non-sole             | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-------------|-----|------------------------------|------------------|-----|---------------|-------------|--------------------------|----------------------|----------------------|-------------------------|----------|------------|------------|----------|
|            | Status      | Ind |                              |                  |     |               |             | Hospital Fee<br>Schedule | Hospital Lab<br>Fees | Hospital Lab<br>Fees |                         |          |            |            |          |
| 0084U      |             | Q   | RBC DNA GNOTYP 10 BLD GROUPS |                  | -   | -             | Medicare    | \$1,200.00               | \$744.00             | \$720.00             | -                       | -        | 000        | 999        |          |
| 00851      |             | N   | ANESTH TUBAL LIGATION        |                  | -   | -             | Bundled     | \$0.00                   |                      |                      | -                       | -        | 010        | 999        |          |
| 00860      |             | N   | ANESTH SURGERY OF ABDOMEN    |                  | -   | -             | Bundled     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 00862      |             | N   | ANESTH KIDNEY/URETER SURG    |                  | -   | -             | Bundled     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 00864      |             | C   | ANESTH REMOVAL OF BLADDER    |                  | -   | -             | IP Only     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 00865      |             | N   | ANESTH REMOVAL OF PROSTATE   |                  | -   | -             | Bundled     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 00866      |             | C   | ANESTH REMOVAL OF ADRENAL    |                  | -   | -             | IP Only     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 00868      |             | C   | ANESTH KIDNEY TRANSPLANT     |                  | -   | -             | IP Only     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0086U      |             | Q   | NFCT DS BACT&FNG ORG ID 6+   |                  | -   | -             | Medicare    | \$333.33                 | \$206.66             | \$200.00             | -                       | -        | 000        | 999        |          |
| 00870      |             | N   | ANESTH BLADDER STONE SURG    |                  | -   | -             | Bundled     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 00872      |             | N   | ANESTH KIDNEY STONE DESTRUCT |                  | -   | -             | Bundled     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 00873      |             | N   | ANESTH KIDNEY STONE DESTRUCT |                  | -   | -             | Bundled     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0087U      |             | Q   | CRD HRT TRNSPL MRNA 1283 GEN |                  | -   | -             | Medicare    | \$5,265.70               | \$3,264.73           | \$3,159.42           | -                       | -        | 000        | 999        |          |
| 00880      |             | N   | ANESTH ABDOMEN VESSEL SURG   |                  | -   | -             | Bundled     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 00882      |             | C   | ANESTH MAJOR VEIN LIGATION   |                  | -   | -             | IP Only     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0088U      |             | Q   | TRNSPLJ KDN ALGRFT REJ 1494  |                  | -   | -             | Medicare    | \$5,265.70               | \$3,264.73           | \$3,159.42           | -                       | -        | 000        | 999        |          |
| 0089U      |             | Q   | ONC MLNMA PRAME & LINC00518  |                  | -   | -             | Medicare    | \$1,266.67               | \$785.34             | \$760.00             | -                       | -        | 000        | 999        |          |
| 00902      |             | N   | ANESTH ANORECTAL SURGERY     |                  | -   | -             | Bundled     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 00904      |             | C   | ANESTH PERINEAL SURGERY      |                  | -   | -             | IP Only     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 00906      |             | N   | ANES VULVECTOMY              |                  | -   | -             | Bundled     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 00908      |             | C   | ANESTH REMOVAL OF PROSTATE   |                  | -   | -             | IP Only     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0090U      |             | Q   | ONC CUTAN MLNMA MRNA 23 GENE |                  | -   | -             | Medicare    | \$3,250.00               | \$2,015.00           | \$1,950.00           | -                       | -        | 000        | 999        |          |
| 00910      |             | N   | ANESTH BLADDER SURGERY       |                  | -   | -             | Bundled     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 00912      |             | N   | ANESTH BLADDER TUMOR SURG    |                  | -   | -             | Bundled     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 00914      |             | N   | ANESTH REMOVAL OF PROSTATE   |                  | -   | -             | Bundled     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 00916      |             | N   | ANESTH BLEEDING CONTROL      |                  | -   | -             | Bundled     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 00918      |             | N   | ANESTH STONE REMOVAL         |                  | -   | -             | Bundled     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0091U      |             | E   | ONC CLRCT SCR WHL BLD ALG    |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 00920      |             | N   | ANESTH GENITALIA SURGERY     |                  | -   | -             | Bundled     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 00921      |             | N   | ANESTH VASECTOMY             |                  | -   | -             | Bundled     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 00922      |             | N   | ANESTH SPERM DUCT SURGERY    |                  | -   | -             | Bundled     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 00924      |             | N   | ANESTH TESTIS EXPLORATION    |                  | -   | -             | Bundled     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 00926      |             | N   | ANESTH REMOVAL OF TESTIS     |                  | -   | -             | Bundled     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 00928      |             | N   | ANESTH REMOVAL OF TESTIS     |                  | -   | -             | Bundled     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0092U      |             | Q   | ONC LNG 3 PRTN BMRK PLSM ALG |                  | -   | -             | Medicare    | \$4,146.67               | \$2,570.94           | \$2,488.00           | -                       | -        | 000        | 999        |          |
| 00930      |             | N   | ANESTH TESTIS SUSPENSION     |                  | -   | -             | Bundled     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 00932      |             | C   | ANESTH AMPUTATION OF PENIS   |                  | -   | -             | IP Only     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 00934      |             | C   | ANESTH PENIS NODES REMOVAL   |                  | -   | -             | IP Only     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 00936      |             | C   | ANESTH PENIS NODES REMOVAL   |                  | -   | -             | IP Only     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 00938      |             | N   | ANESTH INSERT PENIS DEVICE   |                  | -   | -             | Bundled     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0093U      |             | Q   | RX MNTR 65 COM DRUGS URINE   |                  | -   | -             | Medicare    | \$103.57                 | \$64.21              | \$62.14              | -                       | -        | 000        | 999        |          |
| 00940      |             | N   | ANESTH VAGINAL PROCEDURES    |                  | -   | -             | Bundled     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 00942      |             | N   | ANESTH SURG ON VAG/URETHRAL  |                  | -   | -             | Bundled     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 00944      |             | N   | ANESTH VAGINAL HYSTERECTOMY  |                  | -   | -             | Bundled     | \$0.00                   |                      |                      | -                       | -        | 010        | 999        |          |
| 00948      |             | N   | ANESTH REPAIR OF CERVIX      |                  | -   | -             | Bundled     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0094U      |             | Q   | GENOME RAPID SEQUENCE ALYS   |                  | -   | -             | Medicare    | \$12,637.00              | \$7,834.94           | \$7,582.20           | -                       | -        | 000        | 999        |          |
| 00950      |             | N   | ANESTH VAGINAL ENDOSCOPY     |                  | -   | -             | Bundled     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 00952      |             | N   | ANESTH HYSTEROSCOPE/GRAPH    |                  | -   | -             | Bundled     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0095T      |             | E   | RMVL ARTIFIC DISC ADDL CRVCL |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0095U      |             | Q   | EE 2 PRTN BMRK ELISA EST     |                  | -   | -             | Medicare    | \$1,286.63               | \$797.71             | \$771.98             | -                       | -        | 000        | 999        |          |
| 0096U      |             | Q   | HPV HI RISK TYPES MALE URINE |                  | -   | -             | Medicare    | \$58.48                  | \$36.26              | \$35.09              | -                       | -        | 000        | 999        |          |
| 0098T      |             | E   | REV ARTIFIC DISC ADDL        |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0098U      |             | Q   | RESPIR PATHOGEN 14 TARGETS   |                  | -   | -             | Medicare    | \$413.03                 | \$256.08             | \$247.82             | -                       | -        | 000        | 999        |          |
| 0099U      |             | Q   | RESPIR PATHOGEN 20 TARGETS   |                  | -   | -             | Medicare    | \$458.92                 | \$284.53             | \$275.35             | -                       | -        | 000        | 999        |          |
| 0100T      |             | E   | PROSTH RETINA RECEIVE&GEN    |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | Y        | 000        | 999        |          |
| 0100U      |             | Q   | RESPIR PATHOGEN 21 TARGETS   |                  | -   | -             | Medicare    | \$497.67                 | \$308.56             | \$298.60             | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
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| Proc Cd | 2024 APC |     | 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 |
|---------|----------|-----|------------------------------|---------------|-----|------------|-------------|----------------------------------|------------------------------|----------------------------------|----------------------|----------|---------|---------|----------|
|         | Status   | Ind |                              |               |     |            |             |                                  |                              |                                  |                      |          |         |         |          |
| 0101A   | E        |     | FEE COVID-19 VAC 11 DOSE 1   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 0101T   | E        |     | ESW MUSCSKEL SYS NOS         |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | Y        | 000     | 999     |          |
| 0101U   | Q        |     | HERED COLON CA DO 15 GENES   |               | -   | -          | Medicare    | \$2,906.58                       | \$1,802.08                   | \$1,743.95                       | -                    | -        | 000     | 999     |          |
| 0102A   | E        |     | FEE COVID-19 VAC 11 DOSE 2   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 0102T   | E        |     | ESW PHY ANES LAT HMRL EPCNDL |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | Y        | 000     | 999     |          |
| 0102U   | Q        |     | HERED BRST CA RLTD DO 17 GEN |               | -   | -          | Medicare    | \$2,173.25                       | \$1,347.42                   | \$1,303.95                       | -                    | -        | 000     | 999     |          |
| 0103A   | E        |     | FEE COVID-19 VAC 11 BOOSTER  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 0103U   | Q        |     | HERED OVA CA PNL 24 GENES    |               | -   | -          | Medicare    | \$2,906.58                       | \$1,802.08                   | \$1,743.95                       | -                    | -        | 000     | 999     |          |
| 0104A   | E        |     | ADM SARSCOV2 5MCG/.5ML AS03B |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 0105U   | Q        |     | NEPH CKD MULT ECLIA TUM NEC  |               | -   | -          | Medicare    | \$1,583.33                       | \$981.66                     | \$950.00                         | -                    | -        | 000     | 999     |          |
| 0106T   | E        |     | TOUCH QUANT SENSORY TEST     |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | Y        | 000     | 999     |          |
| 0106U   | Q        |     | GSTR EMPTG 7 TIMED BRTH SPEC |               | -   | -          | Medicare    | \$1,457.48                       | \$903.64                     | \$874.49                         | -                    | -        | 000     | 999     |          |
| 0107T   | E        |     | VIBRATE QUANT SENSORY TEST   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | Y        | 000     | 999     |          |
| 0107U   | Q        |     | C DIFF TOX AG DETCJ IA STOOL |               | -   | -          | Medicare    | \$26.67                          | \$16.54                      | \$16.00                          | -                    | -        | 000     | 999     |          |
| 0108T   | E        |     | COOL QUANT SENSORY TEST      |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | Y        | 000     | 999     |          |
| 0108U   | Q        |     | GI BARRETT ESOPH 9 PRTN BMRK |               | -   | -          | Medicare    | \$8,250.00                       | \$5,115.00                   | \$4,950.00                       | -                    | -        | 000     | 999     |          |
| 0109T   | E        |     | HEAT QUANT SENSORY TEST      |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | Y        | 000     | 999     |          |
| 0109U   | Q        |     | ID ASPERGILLUS DNA 4 SPECIES |               | -   | -          | Medicare    | \$237.72                         | \$147.39                     | \$142.63                         | -                    | -        | 000     | 999     |          |
| 0110T   | E        |     | NOS QUANT SENSORY TEST       |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | Y        | 000     | 999     |          |
| 0110U   | Q        |     | RX MNTR 1+ORAL ONC RX&SBSTS  |               | -   | -          | Medicare    | \$45.18                          | \$28.01                      | \$27.11                          | -                    | -        | 000     | 999     |          |
| 01112   | N        |     | ANESTH BONE ASPIRATE/BX      |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 0111U   | Q        |     | ONC COLON CA KRAS&NRAS ALYS  |               | -   | -          | Medicare    | \$1,137.15                       | \$705.03                     | \$682.29                         | -                    | -        | 000     | 999     |          |
| 01120   | N        |     | ANESTH PELVIS SURGERY        |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 0112U   | Q        |     | IADI 16S&18S RRNA GENES      |               | -   | -          | Medicare    | \$593.55                         | \$368.00                     | \$356.13                         | -                    | -        | 000     | 999     |          |
| 01130   | N        |     | ANESTH BODY CAST PROCEDURE   |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 0113U   | Q        |     | ONC PRST8 PCA3&TMPRSS2-ERG   |               | -   | -          | Medicare    | \$1,266.67                       | \$785.34                     | \$760.00                         | -                    | -        | 000     | 999     |          |
| 01140   | C        |     | ANESTH AMPUTATION AT PELVIS  |               | -   | -          | IP Only     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 0114U   | Q        |     | GI BARRETTS ESOPH VIM&CCNA1  |               | -   | -          | Medicare    | \$3,230.02                       | \$2,002.61                   | \$1,938.01                       | -                    | -        | 000     | 999     |          |
| 01150   | C        |     | ANESTH PELVIC TUMOR SURGERY  |               | -   | -          | IP Only     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 0115U   | Q        |     | RESPIR IADNA 18 VIRAL&2 BACT |               | -   | -          | Medicare    | \$458.92                         | \$284.53                     | \$275.35                         | -                    | -        | 000     | 999     |          |
| 01160   | N        |     | ANESTH PELVIS PROCEDURE      |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 0116U   | Q        |     | RX MNTR NZM IA 35+ORAL FLU   |               | -   | -          | Medicare    | \$411.53                         | \$255.15                     | \$246.92                         | -                    | -        | 000     | 999     |          |
| 01170   | N        |     | ANESTH PELVIS SURGERY        |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 01173   | N        |     | ANESTH FX REPAIR PELVIS      |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 0117U   | Q        |     | PAIN MGMT 11 ENDOGENOUS ANAL |               | -   | -          | Medicare    | \$1,401.08                       | \$868.67                     | \$840.65                         | -                    | -        | 000     | 999     |          |
| 0118U   | Q        |     | TRNSPLJ DON-DRV CLL-FR DNA   |               | -   | -          | Medicare    | \$4,588.75                       | \$2,845.03                   | \$2,753.25                       | -                    | -        | 000     | 999     |          |
| 0119U   | Q        |     | CRD CERAMIDES LIQ CHROM PLSM |               | -   | -          | Medicare    | \$139.60                         | \$86.55                      | \$83.76                          | -                    | -        | 000     | 999     |          |
| 01200   | N        |     | ANESTH HIP JOINT PROCEDURE   |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 01202   | N        |     | ANESTH ARTHROSCOPY OF HIP    |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 0120U   | Q        |     | ONC B CLL LYMPHM MRNA 58 GEN |               | -   | -          | Medicare    | \$4,183.68                       | \$2,593.88                   | \$2,510.21                       | -                    | -        | 000     | 999     |          |
| 01210   | N        |     | ANESTH HIP JOINT SURGERY     |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 01212   | C        |     | ANESTH HIP DISARTICULATION   |               | -   | -          | IP Only     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 01214   | N        |     | ANESTH HIP ARTHROPLASTY      |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 01215   | N        |     | ANESTH REVISE HIP REPAIR     |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 0121U   | Q        |     | SC DIS VCAM-1 WHOLE BLOOD    |               | -   | -          | Medicare    | \$848.67                         | \$526.18                     | \$509.20                         | -                    | -        | 000     | 999     |          |
| 01220   | N        |     | ANESTH PROCEDURE ON FEMUR    |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 0122U   | Q        |     | SC DIS P-SELECTIN WHL BLOOD  |               | -   | -          | Medicare    | \$877.05                         | \$543.77                     | \$526.23                         | -                    | -        | 000     | 999     |          |
| 01230   | N        |     | ANESTH SURGERY OF FEMUR      |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 01232   | C        |     | ANESTH AMPUTATION OF FEMUR   |               | -   | -          | IP Only     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 01234   | C        |     | ANESTH RADICAL FEMUR SURG    |               | -   | -          | IP Only     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 0123U   | Q        |     | MCHNL FRAGILITY RBC PRFLG    |               | -   | -          | Medicare    | \$596.05                         | \$369.55                     | \$357.63                         | -                    | -        | 000     | 999     |          |
| 0124U   | E        |     | FTL CGEN ABNOR 3 ANALYES     |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 01250   | N        |     | ANESTH UPPER LEG SURGERY     |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 0125U   | E        |     | FTL CGEN ABNOR PRNT COMP 5   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 01260   | N        |     | ANESTH UPPER LEG VEINS SURG  |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 0126U   | E        |     | FTL CGEN ABNOR PRNT COMP 5 Y |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |

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| 2024    | APC        |                              |               |     |            |             |                                  |                              |                         |                      |          |         |         |          |  |  |
|---------|------------|------------------------------|---------------|-----|------------|-------------|----------------------------------|------------------------------|-------------------------|----------------------|----------|---------|---------|----------|--|--|
| Proc Cd | Status Ind | Proc Desc                    | Proc Modifier | APC | APC Weight | Method      | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |  |  |
| 01270   | N          | ANESTH THIGH ARTERIES SURG   |               | -   | -          | Bundled     | \$0.00                           |                              |                         | -                    | -        | 000     | 999     |          |  |  |
| 01272   | C          | ANESTH FEMORAL ARTERY SURG   |               | -   | -          | IP Only     | \$0.00                           |                              |                         | -                    | -        | 000     | 999     |          |  |  |
| 01274   | C          | ANESTH FEMORAL EMBOLECTOMY   |               | -   | -          | IP Only     | \$0.00                           |                              |                         | -                    | -        | 000     | 999     |          |  |  |
| 0127U   | E          | OB PE 3 ANALYTES             |               | -   | -          | Not Allowed | \$0.00                           |                              |                         | -                    | -        | 000     | 999     |          |  |  |
| 0128U   | E          | OB PE 3 ANALYTES Y CHRMSM    |               | -   | -          | Not Allowed | \$0.00                           |                              |                         | -                    | -        | 000     | 999     |          |  |  |
| 0129U   | Q          | HERED BRST CA RLTD DO PANEL  |               | -   | -          | Medicare    | \$2,173.25                       | \$1,347.42                   | \$1,303.95              | -                    | -        | 000     | 999     |          |  |  |
| 0130U   | Q          | HERED COLON CA DO MRNA PNL   |               | -   | -          | Medicare    | \$974.83                         | \$604.39                     | \$584.90                | -                    | -        | 000     | 999     |          |  |  |
| 0131U   | Q          | HERED BRST CA RLTD DO PNL 13 |               | -   | -          | Medicare    | \$1,183.33                       | \$733.66                     | \$710.00                | -                    | -        | 000     | 999     |          |  |  |
| 01320   | N          | ANESTH KNEE AREA SURGERY     |               | -   | -          | Bundled     | \$0.00                           |                              |                         | -                    | -        | 000     | 999     |          |  |  |
| 0132U   | Q          | HERED OVA CA RLTD DO PNL 17  |               | -   | -          | Medicare    | \$1,236.07                       | \$766.36                     | \$741.64                | -                    | -        | 000     | 999     |          |  |  |
| 0133U   | Q          | HERED PRST8 CA RLTD DO 11    |               | -   | -          | Medicare    | \$1,150.48                       | \$713.30                     | \$690.29                | -                    | -        | 000     | 999     |          |  |  |
| 01340   | N          | ANESTH KNEE AREA PROCEDURE   |               | -   | -          | Bundled     | \$0.00                           |                              |                         | -                    | -        | 000     | 999     |          |  |  |
| 0134U   | Q          | HERED PAN CA MRNA PNL 18 GEN |               | -   | -          | Medicare    | \$1,247.32                       | \$773.34                     | \$748.39                | -                    | -        | 000     | 999     |          |  |  |
| 0135U   | Q          | HERED GYN CA MRNA PNL 12 GEN |               | -   | -          | Medicare    | \$1,167.60                       | \$723.91                     | \$700.56                | -                    | -        | 000     | 999     |          |  |  |
| 01360   | N          | ANESTH KNEE AREA SURGERY     |               | -   | -          | Bundled     | \$0.00                           |                              |                         | -                    | -        | 000     | 999     |          |  |  |
| 0136U   | Q          | ATM MRNA SEQ ALYS            |               | -   | -          | Medicare    | \$679.05                         | \$421.01                     | \$407.43                | -                    | -        | 000     | 999     |          |  |  |
| 0137U   | Q          | PALB2 MRNA SEQ ALYS          |               | -   | -          | Medicare    | \$471.47                         | \$292.31                     | \$282.88                | -                    | -        | 000     | 999     |          |  |  |
| 01380   | N          | ANESTH KNEE JOINT PROCEDURE  |               | -   | -          | Bundled     | \$0.00                           |                              |                         | -                    | -        | 000     | 999     |          |  |  |
| 01382   | N          | ANESTH DX KNEE ARTHROSCOPY   |               | -   | -          | Bundled     | \$0.00                           |                              |                         | -                    | -        | 000     | 999     |          |  |  |
| 0138U   | Q          | BRCA1 BRCA2 MRNA SEQ ALYS    |               | -   | -          | Medicare    | \$780.55                         | \$483.94                     | \$468.33                | -                    | -        | 000     | 999     |          |  |  |
| 01390   | N          | ANESTH KNEE AREA PROCEDURE   |               | -   | -          | Bundled     | \$0.00                           |                              |                         | -                    | -        | 000     | 999     |          |  |  |
| 01392   | N          | ANESTH KNEE AREA SURGERY     |               | -   | -          | Bundled     | \$0.00                           |                              |                         | -                    | -        | 000     | 999     |          |  |  |
| 01400   | N          | ANESTH KNEE JOINT SURGERY    |               | -   | -          | Bundled     | \$0.00                           |                              |                         | -                    | -        | 000     | 999     |          |  |  |
| 01402   | N          | ANESTH KNEE ARTHROPLASTY     |               | -   | -          | Bundled     | \$0.00                           |                              |                         | -                    | -        | 000     | 999     |          |  |  |
| 01404   | C          | ANESTH AMPUTATION AT KNEE    |               | -   | -          | IP Only     | \$0.00                           |                              |                         | -                    | -        | 000     | 999     |          |  |  |
| 0140U   | Q          | NFCT DS FUNGI DNA 15 TRGT    |               | -   | -          | Medicare    | \$261.25                         | \$161.98                     | \$156.75                | -                    | -        | 000     | 999     |          |  |  |
| 0141U   | Q          | NFCT DS BACT&FNG GRAM POS    |               | -   | -          | Medicare    | \$261.25                         | \$161.98                     | \$156.75                | -                    | -        | 000     | 999     |          |  |  |
| 01420   | N          | ANESTH KNEE JOINT CASTING    |               | -   | -          | Bundled     | \$0.00                           |                              |                         | -                    | -        | 000     | 999     |          |  |  |
| 0142U   | Q          | NFCT DS BACT&FNG GRAM NEG    |               | -   | -          | Medicare    | \$261.25                         | \$161.98                     | \$156.75                | -                    | -        | 000     | 999     |          |  |  |
| 01430   | N          | ANESTH KNEE VEINS SURGERY    |               | -   | -          | Bundled     | \$0.00                           |                              |                         | -                    | -        | 000     | 999     |          |  |  |
| 01432   | N          | ANESTH KNEE VESSEL SURG      |               | -   | -          | Bundled     | \$0.00                           |                              |                         | -                    | -        | 000     | 999     |          |  |  |
| 01440   | N          | ANESTH KNEE ARTERIES SURG    |               | -   | -          | Bundled     | \$0.00                           |                              |                         | -                    | -        | 000     | 999     |          |  |  |
| 01442   | C          | ANESTH KNEE ARTERY SURG      |               | -   | -          | IP Only     | \$0.00                           |                              |                         | -                    | -        | 000     | 999     |          |  |  |
| 01444   | C          | ANESTH KNEE ARTERY REPAIR    |               | -   | -          | IP Only     | \$0.00                           |                              |                         | -                    | -        | 000     | 999     |          |  |  |
| 01462   | N          | ANESTH LOWER LEG PROCEDURE   |               | -   | -          | Bundled     | \$0.00                           |                              |                         | -                    | -        | 000     | 999     |          |  |  |
| 01464   | N          | ANESTH ANKLE/FT ARTHROSCOPY  |               | -   | -          | Bundled     | \$0.00                           |                              |                         | -                    | -        | 000     | 999     |          |  |  |
| 01470   | N          | ANESTH LOWER LEG SURGERY     |               | -   | -          | Bundled     | \$0.00                           |                              |                         | -                    | -        | 000     | 999     |          |  |  |
| 01472   | N          | ANESTH ACHILLES TENDON SURG  |               | -   | -          | Bundled     | \$0.00                           |                              |                         | -                    | -        | 000     | 999     |          |  |  |
| 01474   | N          | ANESTH LOWER LEG SURGERY     |               | -   | -          | Bundled     | \$0.00                           |                              |                         | -                    | -        | 000     | 999     |          |  |  |
| 01480   | N          | ANESTH LOWER LEG BONE SURG   |               | -   | -          | Bundled     | \$0.00                           |                              |                         | -                    | -        | 000     | 999     |          |  |  |
| 01482   | N          | ANESTH RADICAL LEG SURGERY   |               | -   | -          | Bundled     | \$0.00                           |                              |                         | -                    | -        | 000     | 999     |          |  |  |
| 01484   | N          | ANESTH LOWER LEG REVISION    |               | -   | -          | Bundled     | \$0.00                           |                              |                         | -                    | -        | 000     | 999     |          |  |  |
| 01486   | N          | ANESTH ANKLE REPLACEMENT     |               | -   | -          | Bundled     | \$0.00                           |                              |                         | -                    | -        | 000     | 999     |          |  |  |
| 01490   | N          | ANESTH LOWER LEG CASTING     |               | -   | -          | Bundled     | \$0.00                           |                              |                         | -                    | -        | 000     | 999     |          |  |  |
| 01500   | N          | ANESTH LEG ARTERIES SURG     |               | -   | -          | Bundled     | \$0.00                           |                              |                         | -                    | -        | 000     | 999     |          |  |  |
| 01502   | C          | ANESTH LWR LEG EMBOLECTOMY   |               | -   | -          | IP Only     | \$0.00                           |                              |                         | -                    | -        | 000     | 999     |          |  |  |
| 01520   | N          | ANESTH LOWER LEG VEIN SURG   |               | -   | -          | Bundled     | \$0.00                           |                              |                         | -                    | -        | 000     | 999     |          |  |  |
| 01522   | N          | ANESTH LOWER LEG VEIN SURG   |               | -   | -          | Bundled     | \$0.00                           |                              |                         | -                    | -        | 000     | 999     |          |  |  |
| 0152U   | Q          | NFCT DS DNA UNTRGT NGNRJ SEQ |               | -   | -          | Medicare    | \$3,543.67                       | \$2,197.08                   | \$2,126.20              | -                    | -        | 000     | 999     |          |  |  |
| 0153U   | Q          | ONC BREAST MRNA 101 GENES    |               | -   | -          | Medicare    | \$5,265.70                       | \$3,264.73                   | \$3,159.42              | -                    | -        | 000     | 999     |          |  |  |
| 0154U   | Q          | ONC URTHL CA RNA FGFR3 GENE  |               | -   | -          | Medicare    | \$803.57                         | \$498.21                     | \$482.14                | -                    | -        | 000     | 999     |          |  |  |
| 0155U   | Q          | ONC BRST CA DNA PIK3CA GENE  |               | -   | -          | Medicare    | \$458.05                         | \$283.99                     | \$274.83                | -                    | -        | 000     | 999     |          |  |  |
| 0156U   | Q          | COPY NUMBER SEQUENCE ALYS    |               | -   | -          | Medicare    | \$2,900.00                       | \$1,798.00                   | \$1,740.00              | -                    | -        | 000     | 999     |          |  |  |
| 0157U   | Q          | APC MRNA SEQ ALYS            |               | -   | -          | Medicare    | \$471.47                         | \$292.31                     | \$282.88                | -                    | -        | 000     | 999     |          |  |  |
| 0158U   | Q          | MLH1 MRNA SEQ ALYS           |               | -   | -          | Medicare    | \$471.47                         | \$292.31                     | \$282.88                | -                    | -        | 000     | 999     |          |  |  |
| 0159U   | Q          | MSH2 MRNA SEQ ALYS           |               | -   | -          | Medicare    | \$471.47                         | \$292.31                     | \$282.88                | -                    | -        | 000     | 999     |          |  |  |

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| Proc Cd | 2024 APC |     | Proc Desc                    | Proc Modifier | APC | APC Weight | Method      | Outpatient            | Sole Comm.        | Non-sole          | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---------|----------|-----|------------------------------|---------------|-----|------------|-------------|-----------------------|-------------------|-------------------|----------------------|----------|---------|---------|----------|
|         | Status   | Ind |                              |               |     |            |             | Hospital Fee Schedule | Hospital Lab Fees | Hospital Lab Fees |                      |          |         |         |          |
| 0160U   | Q        |     | MSH6 MRNA SEQ ALYS           |               | -   | -          | Medicare    | \$471.47              | \$292.31          | \$282.88          | -                    | -        | 000     | 999     |          |
| 01610   | N        |     | ANESTH SURGERY OF SHOULDER   |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0161U   | Q        |     | PMS2 MRNA SEQ ALYS           |               | -   | -          | Medicare    | \$471.47              | \$292.31          | \$282.88          | -                    | -        | 000     | 999     |          |
| 01620   | N        |     | ANESTH SHOULDER PROCEDURE    |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 01622   | N        |     | ANES DX SHOULDER ARTHROSCOPY |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0162U   | Q        |     | HERED COLON CA TRGT MRNA PNL |               | -   | -          | Medicare    | \$810.90              | \$502.76          | \$486.54          | -                    | -        | 000     | 999     |          |
| 01630   | N        |     | ANESTH SURGERY OF SHOULDER   |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 01634   | C        |     | ANESTH SHOULDER JOINT AMPUT  |               | -   | -          | IP Only     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 01636   | C        |     | ANESTH FOREQUARTER AMPUT     |               | -   | -          | IP Only     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 01638   | N        |     | ANESTH SHOULDER REPLACEMENT  |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0163U   | Q        |     | ONC CLRCT SCR 3 PRTN ALG     |               | -   | -          | Medicare    | \$651.25              | \$403.78          | \$390.75          | -                    | -        | 000     | 999     |          |
| 0164T   | E        |     | REMOVE LUMB ARTIF DISC ADDL  |               | -   | -          | Not Allowed | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0164U   | Q        |     | GI IBS IA ANTI-CDTB&VINCULIN |               | -   | -          | Medicare    | \$186.70              | \$115.75          | \$112.02          | -                    | -        | 000     | 999     |          |
| 01650   | N        |     | ANESTH SHOULDER ARTERY SURG  |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 01652   | C        |     | ANESTH SHOULDER VESSEL SURG  |               | -   | -          | IP Only     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 01654   | C        |     | ANESTH SHOULDER VESSEL SURG  |               | -   | -          | IP Only     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 01656   | C        |     | ANESTH ARM-LEG VESSEL SURG   |               | -   | -          | IP Only     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0165T   | E        |     | REVISE LUMB ARTIF DISC ADDL  |               | -   | -          | Not Allowed | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0165U   | Q        |     | PEANUT ALLG ASMT EPI         |               | -   | -          | Medicare    | \$772.93              | \$479.22          | \$463.76          | -                    | -        | 000     | 999     |          |
| 0166U   | Q        |     | LIVER DS 10 BIOCHEM ASY SRM  |               | -   | -          | Medicare    | \$839.00              | \$520.18          | \$503.40          | -                    | -        | 000     | 999     |          |
| 01670   | N        |     | ANESTH SHOULDER VEIN SURG    |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 01680   | N        |     | ANESTH SHOULDER CASTING      |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0168U   | Q        |     | FTL ANEUPLOIDY DNA SEQ ALYS  |               | -   | -          | Medicare    | \$1,265.08            | \$784.35          | \$759.05          | -                    | -        | 000     | 999     |          |
| 0169T   | E        |     | PLACE STEREO CATH BRAIN      |               | -   | -          | Not Allowed | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0169U   | Q        |     | NUDT15&TPMT GENE COM VRNT    |               | -   | -          | Medicare    | \$776.95              | \$481.71          | \$466.17          | -                    | -        | 000     | 999     |          |
| 0170U   | Q        |     | NEURO ASD RNA NEXT GEN SEQ   |               | -   | -          | Medicare    | \$3,250.00            | \$2,015.00        | \$1,950.00        | -                    | -        | 000     | 999     |          |
| 01710   | N        |     | ANESTH ELBOW AREA SURGERY    |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 01712   | N        |     | ANESTH UPPR ARM TENDON SURG  |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 01714   | N        |     | ANESTH UPPR ARM TENDON SURG  |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 01716   | N        |     | ANESTH BICEPS TENDON REPAIR  |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0171T   | E        |     | LUMBAR SPINE PROCES DISTRACT |               | -   | -          | Not Allowed | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0171U   | Q        |     | TRGT GEN SEQ ALYS PNL DNA 23 |               | -   | -          | Medicare    | \$2,531.77            | \$1,569.70        | \$1,519.06        | -                    | -        | 000     | 999     |          |
| 0172T   | E        |     | LUMBAR SPINE PROCESS ADDL    |               | -   | -          | Not Allowed | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0172U   | Q        |     | ONC SLD TUM ALYS BRCA1 BRCA2 |               | -   | -          | Medicare    | \$5,050.00            | \$3,131.00        | \$3,030.00        | -                    | -        | 000     | 999     |          |
| 01730   | N        |     | ANESTH UPPR ARM PROCEDURE    |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 01732   | N        |     | ANESTH DX ELBOW ARTHROSCOPY  |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0173T   | E        |     | IOP MONIT IO PRESSURE        |               | -   | -          | Not Allowed | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0173U   | Q        |     | PSYC GEN ALYS PANEL 14 GENES |               | -   | -          | Medicare    | \$776.95              | \$481.71          | \$466.17          | -                    | -        | 000     | 999     |          |
| 01740   | N        |     | ANESTH UPPER ARM SURGERY     |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 01742   | N        |     | ANESTH HUMERUS SURGERY       |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 01744   | N        |     | ANESTH HUMERUS REPAIR        |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0174T   | E        |     | CAD CXR WITH INTERP          |               | -   | -          | Not Allowed | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0174U   | Q        |     | ONC SOLID TUMOR 30 PRTN TRGT |               | -   | -          | Medicare    | \$2,175.62            | \$1,348.88        | \$1,305.37        | -                    | -        | 000     | 999     |          |
| 01756   | C        |     | ANESTH RADICAL HUMERUS SURG  |               | -   | -          | IP Only     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 01758   | N        |     | ANESTH HUMERAL LESION SURG   |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0175T   | E        |     | CAD CXR REMOTE               |               | -   | -          | Not Allowed | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0175U   | Q        |     | PSYC GEN ALYS PANEL 15 GENES |               | -   | -          | Medicare    | \$2,226.82            | \$1,380.63        | \$1,336.09        | -                    | -        | 000     | 999     |          |
| 01760   | N        |     | ANESTH ELBOW REPLACEMENT     |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0176U   | Q        |     | CDTB&VINCULIN IGG ANTIB IA   |               | -   | -          | Medicare    | \$106.98              | \$66.33           | \$64.19           | -                    | -        | 000     | 999     |          |
| 01770   | N        |     | ANESTH UPPR ARM ARTERY SURG  |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 01772   | N        |     | ANESTH UPPR ARM EMBOLECTOMY  |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0177U   | Q        |     | ONC BRST CA DNA PIK3CA 11    |               | -   | -          | Medicare    | \$458.05              | \$283.99          | \$274.83          | -                    | -        | 000     | 999     |          |
| 01780   | N        |     | ANESTH UPPER ARM VEIN SURG   |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 01782   | N        |     | ANESTH UPPR ARM VEIN REPAIR  |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0178U   | Q        |     | PEANUT ALLG ASMT EPI CLIN RX |               | -   | -          | Medicare    | \$766.43              | \$475.19          | \$459.86          | -                    | -        | 000     | 999     |          |
| 0179U   | Q        |     | ONC NONSM CLL LNG CA ALYS 23 |               | -   | -          | Medicare    | \$3,238.68            | \$2,007.98        | \$1,943.21        | -                    | -        | 000     | 999     |          |



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| Proc Cd | 2024 APC |     | Proc Desc                    | Proc Modifier | APC | APC Weight | Method      | Outpatient            | Sole Comm.        | Non-sole          | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---------|----------|-----|------------------------------|---------------|-----|------------|-------------|-----------------------|-------------------|-------------------|----------------------|----------|---------|---------|----------|
|         | Status   | Ind |                              |               |     |            |             | Hospital Fee Schedule | Hospital Lab Fees | Hospital Lab Fees |                      |          |         |         |          |
| 0180U   |          | Q   | ABO GNOTYP ABO 7 EXONS       |               | -   | -          | Medicare    | \$458.05              | \$283.99          | \$274.83          | -                    | -        | 000     | 999     |          |
| 01810   |          | N   | ANESTH LOWER ARM SURGERY     |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0181U   |          | Q   | CO GNOTYP AQP1 EXON 1        |               | -   | -          | Medicare    | \$308.67              | \$191.38          | \$185.20          | -                    | -        | 000     | 999     |          |
| 01820   |          | N   | ANESTH LOWER ARM PROCEDURE   |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 01829   |          | N   | ANESTH DX WRIST ARTHROSCOPY  |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0182U   |          | Q   | CROM GNOTYP CD55 EXONS 1-10  |               | -   | -          | Medicare    | \$502.25              | \$311.40          | \$301.35          | -                    | -        | 000     | 999     |          |
| 01830   |          | N   | ANESTH LOWER ARM SURGERY     |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 01832   |          | N   | ANESTH WRIST REPLACEMENT     |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0183U   |          | Q   | DI GNOTYP SLC4A1 EXON 19     |               | -   | -          | Medicare    | \$308.67              | \$191.38          | \$185.20          | -                    | -        | 000     | 999     |          |
| 01840   |          | N   | ANESTH LWR ARM ARTERY SURG   |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 01842   |          | N   | ANESTH LWR ARM EMBOLECTOMY   |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 01844   |          | N   | ANESTH VASCULAR SHUNT SURG   |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0184T   |          | E   | EXC RECTAL TUMOR ENDOSCOPIC  |               | -   | -          | Not Allowed | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0184U   |          | Q   | DO GNOTYP ART4 EXON 2        |               | -   | -          | Medicare    | \$308.67              | \$191.38          | \$185.20          | -                    | -        | 000     | 999     |          |
| 01850   |          | N   | ANESTH LOWER ARM VEIN SURG   |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 01852   |          | N   | ANESTH LWR ARM VEIN REPAIR   |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0185U   |          | Q   | FUT1 GNOTYP FUT1 EXON 4      |               | -   | -          | Medicare    | \$308.67              | \$191.38          | \$185.20          | -                    | -        | 000     | 999     |          |
| 01860   |          | N   | ANESTH LOWER ARM CASTING     |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0186U   |          | Q   | FUT2 GNOTYP FUT2 EXON 2      |               | -   | -          | Medicare    | \$308.67              | \$191.38          | \$185.20          | -                    | -        | 000     | 999     |          |
| 0187U   |          | Q   | FY GNOTYP ACKR1 EXONS 1-2    |               | -   | -          | Medicare    | \$458.05              | \$283.99          | \$274.83          | -                    | -        | 000     | 999     |          |
| 0188U   |          | Q   | GE GNOTYP GYPC EXONS 1-4     |               | -   | -          | Medicare    | \$458.05              | \$283.99          | \$274.83          | -                    | -        | 000     | 999     |          |
| 0189U   |          | Q   | GYPA GNOTYP NTRNS 1 5 EXON 2 |               | -   | -          | Medicare    | \$458.05              | \$283.99          | \$274.83          | -                    | -        | 000     | 999     |          |
| 0190U   |          | Q   | GYPB GNOTYP NTRNS 1 5 SEUX 3 |               | -   | -          | Medicare    | \$458.05              | \$283.99          | \$274.83          | -                    | -        | 000     | 999     |          |
| 01916   |          | N   | ANESTH DX ARTERIOGRAPHY      |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0191U   |          | Q   | IN GNOTYP CD44 EXONS 2 3 6   |               | -   | -          | Medicare    | \$458.05              | \$283.99          | \$274.83          | -                    | -        | 000     | 999     |          |
| 01920   |          | N   | ANESTH CATHETERIZE HEART     |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 01922   |          | N   | ANESTH CAT OR MRI SCAN       |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 01924   |          | N   | ANES THER INTERVEN RAD ARTRL |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 01925   |          | N   | ANES THER INTERVEN RAD CARD  |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 01926   |          | N   | ANES TX INTERV RAD HRT/CRAN  |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0192U   |          | Q   | JK GNOTYP SLC14A1 EXON 9     |               | -   | -          | Medicare    | \$458.05              | \$283.99          | \$274.83          | -                    | -        | 000     | 999     |          |
| 01930   |          | N   | ANES THER INTERVEN RAD VEIN  |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 01931   |          | N   | ANES THER INTERVEN RAD TIPS  |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 01932   |          | N   | ANES TX INTERV RAD TH VEIN   |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 01933   |          | N   | ANES TX INTERV RAD CRAN VEIN |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 01937   |          | N   | ANES DRG/ASPIR CRV/THRC      |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 01938   |          | N   | ANES DRG/ASPIR LMBR/SAC      |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 01939   |          | N   | ANES NULYT AGT CRV/THRC      |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0193U   |          | Q   | JR GNOTYP ABCG2 EXONS 2-26   |               | -   | -          | Medicare    | \$471.47              | \$292.31          | \$282.88          | -                    | -        | 000     | 999     |          |
| 01940   |          | N   | ANES NULYT AGT LMBR/SAC      |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 01941   |          | N   | ANES NEUROMD/NTRVRT CRV/THRC |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 01942   |          | N   | ANES NEUROMD/NTRVRT LMBR/SAC |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0194U   |          | Q   | KEL GNOTYP KEL EXON 8        |               | -   | -          | Medicare    | \$308.67              | \$191.38          | \$185.20          | -                    | -        | 000     | 999     |          |
| 01951   |          | N   | ANES 2&3 BURN LESS 4% TBSA   |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 01952   |          | N   | ANES 2&3 BURN 4-9% TBSA      |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 01953   |          | N   | ANES 2&3 BURN EA ADD 9% TBSA |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 01958   |          | N   | ANES XTRNL CEPHALIC VERSION  |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 010     | 65      |          |
| 0195U   |          | Q   | KLF1 TARGETED SEQUENCING     |               | -   | -          | Medicare    | \$625.42              | \$387.76          | \$375.25          | -                    | -        | 000     | 999     |          |
| 01960   |          | N   | ANES VAGINAL DELIVERY ONLY   |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 010     | 65      |          |
| 01961   |          | N   | ANES CESAREAN DELIVERY ONLY  |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 010     | 65      |          |
| 01962   |          | N   | ANES URGENT HYSTERECTOMY     |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 010     | 65      |          |
| 01963   |          | N   | ANES CESAREAN HYSTERECTOMY   |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 010     | 65      |          |
| 01965   |          | N   | ANES INCOMPL/MISSED AB PX    |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 01966   |          | N   | ANES INDUCED ABORTION PX     |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 01967   |          | N   | NEURAXL LBR ANES VAG DLVR    |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 010     | 65      |          |
| 01968   |          | N   | ANES/ANALG CS DLVR NEURAXIAL |               | -   | -          | Bundled     | \$0.00                |                   |                   | -                    | -        | 010     | 65      |          |

Montana Healthcare Programs Fee Schedule  
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| Proc<br>Cd | 2024<br>APC |     | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method      | Outpatient               | Sole Comm.           | Non-sole             | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-------------|-----|------------------------------|------------------|-----|---------------|-------------|--------------------------|----------------------|----------------------|-------------------------|----------|------------|------------|----------|
|            | Status      | Ind |                              |                  |     |               |             | Hospital Fee<br>Schedule | Hospital Lab<br>Fees | Hospital Lab<br>Fees |                         |          |            |            |          |
| 01969      | N           |     | ANES C HYST FLWG NEURAXIAL   |                  | -   | -             | Bundled     | \$0.00                   |                      |                      | -                       | -        | 010        | 65         |          |
| 0196U      | Q           |     | LU GNOTYP BCAM EXON 3        |                  | -   | -             | Medicare    | \$308.67                 | \$191.38             | \$185.20             | -                       | -        | 000        | 999        |          |
| 0197U      | Q           |     | LW GNOTYP ICAM4 EXON 1       |                  | -   | -             | Medicare    | \$308.67                 | \$191.38             | \$185.20             | -                       | -        | 000        | 999        |          |
| 0198T      | E           |     | OCULAR BLOOD FLOW MEASURE    |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0198U      | Q           |     | RHD&RHCE GNTYP RHD1-10&RHCE5 |                  | -   | -             | Medicare    | \$471.47                 | \$292.31             | \$282.88             | -                       | -        | 000        | 999        |          |
| 01990      | C           |     | SUPPORT FOR ORGAN DONOR      |                  | -   | -             | IP Only     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 01991      | N           |     | ANESTH NERVE BLOCK/INJ       |                  | -   | -             | Bundled     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 01992      | N           |     | ANESTH N BLOCK/INJ PRONE     |                  | -   | -             | Bundled     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 01996      | N           |     | HOSP MANAGE CONT DRUG ADMIN  |                  | -   | -             | Bundled     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 01999      | N           |     | UNLISTED ANES PROCEDURE      |                  | -   | -             | Bundled     | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0199U      | Q           |     | SC GNOTYP ERMAP EXONS 4 12   |                  | -   | -             | Medicare    | \$458.05                 | \$283.99             | \$274.83             | -                       | -        | 000        | 999        |          |
| 0200T      | E           |     | PERQ SACRAL AUGMT UNILAT INJ |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0200U      | Q           |     | XK GNOTYP XK EXONS 1-3       |                  | -   | -             | Medicare    | \$458.05                 | \$283.99             | \$274.83             | -                       | -        | 000        | 999        |          |
| 0201T      | E           |     | PERQ SACRAL AUGMT BILAT INJ  |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0201U      | Q           |     | YT GNOTYP ACHE EXON 2        |                  | -   | -             | Medicare    | \$308.67                 | \$191.38             | \$185.20             | -                       | -        | 000        | 999        |          |
| 0202T      | E           |     | POST VERT ARTHRPLST 1 LUMBAR |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0202U      | Q           |     | NFCT DS 22 TRGT SARS-COV-2   |                  | -   | -             | Medicare    | \$694.63                 | \$430.67             | \$416.78             | -                       | -        | 000        | 999        |          |
| 0203U      | Q           |     | AI IBD MRNA XPRSN PRFL 17    |                  | -   | -             | Medicare    | \$1,266.67               | \$785.34             | \$760.00             | -                       | -        | 000        | 999        |          |
| 0205U      | Q           |     | OPH AMD ALYS 3 GENE VARIANTS |                  | -   | -             | Medicare    | \$78.33                  | \$48.56              | \$47.00              | -                       | -        | 000        | 999        |          |
| 0206U      | Q           |     | NEURO ALZHEIMER CELL AGGREGJ |                  | -   | -             | Medicare    | \$3,692.33               | \$2,289.24           | \$2,215.40           | -                       | -        | 000        | 999        |          |
| 0207T      | E           |     | CLEAR EYELID GLAND W/HEAT    |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0207U      | Q           |     | NEURO ALZHEIMER QUAN IMAGING |                  | -   | -             | Medicare    | \$852.00                 | \$528.24             | \$511.20             | -                       | -        | 000        | 999        |          |
| 0208T      | E           |     | AUDIOMETRY AIR ONLY          |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0209T      | E           |     | AUDIOMETRY AIR & BONE        |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0209U      | Q           |     | CYTOG CONST ALYS INTERROG    |                  | -   | -             | Medicare    | \$1,311.92               | \$813.39             | \$787.15             | -                       | -        | 000        | 999        |          |
| 0210T      | E           |     | SPEECH AUDIOMETRY THRESHOLD  |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0210U      | Q           |     | SYPHILIS TST ANTBI IA QUAN   |                  | -   | -             | Medicare    | \$31.05                  | \$19.25              | \$18.63              | -                       | -        | 000        | 999        |          |
| 0211T      | E           |     | SPEECH AUDIOM THRESH & RECOG |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0211U      | Q           |     | ONC PAN-TUM DNA&RNA GNRJ SEQ |                  | -   | -             | Medicare    | \$14,091.67              | \$8,736.84           | \$8,455.00           | -                       | -        | 000        | 999        |          |
| 0212T      | E           |     | COMPTE AUDIOMETRY EVALUATION |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0212U      | Q           |     | RARE DS GEN DNA ALYS PROBAND |                  | -   | -             | Medicare    | \$9,125.33               | \$5,657.70           | \$5,475.20           | -                       | -        | 000        | 999        |          |
| 0213T      | E           |     | NJX PARAVERT W/US CER/THOR   |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0213U      | Q           |     | RARE DS GEN DNA ALYS EA COMP |                  | -   | -             | Medicare    | \$4,516.58               | \$2,800.28           | \$2,709.95           | -                       | -        | 000        | 999        |          |
| 0214T      | E           |     | NJX PARAVERT W/US CER/THOR   |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0214U      | Q           |     | RARE DS XOM DNA ALYS PROBAND |                  | -   | -             | Medicare    | \$8,707.67               | \$5,398.76           | \$5,224.60           | -                       | -        | 000        | 999        |          |
| 0215T      | E           |     | NJX PARAVERT W/US CER/THOR   |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0215U      | Q           |     | RARE DS XOM DNA ALYS EA COMP |                  | -   | -             | Medicare    | \$4,291.08               | \$2,660.47           | \$2,574.65           | -                       | -        | 000        | 999        |          |
| 0216T      | E           |     | NJX PARAVERT W/US LUMB/SAC   |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0216U      | Q           |     | NEURO INH ATAXIA DNA 12 COM  |                  | -   | -             | Medicare    | \$2,561.70               | \$1,588.25           | \$1,537.02           | -                       | -        | 000        | 999        |          |
| 0217T      | E           |     | NJX PARAVERT W/US LUMB/SAC   |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0217U      | Q           |     | NEURO INH ATAXIA DNA 51 GENE |                  | -   | -             | Medicare    | \$3,663.92               | \$2,271.63           | \$2,198.35           | -                       | -        | 000        | 999        |          |
| 0218T      | E           |     | NJX PARAVERT W/US LUMB/SAC   |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0218U      | Q           |     | NEURO MUSC DYS DMD SEQ ALYS  |                  | -   | -             | Medicare    | \$3,798.33               | \$2,354.96           | \$2,279.00           | -                       | -        | 000        | 999        |          |
| 0219T      | E           |     | PLMT POST FACET IMPLT CERV   |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0219U      | Q           |     | NFCT AGT HIV GNRJ SEQ ALYS   |                  | -   | -             | Medicare    | \$1,208.33               | \$749.16             | \$725.00             | -                       | -        | 000        | 999        |          |
| 0220T      | E           |     | PLMT POST FACET IMPLT THOR   |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0220U      | Q           |     | ONC BRST CA AI ASSMT 12 FEAT |                  | -   | -             | Medicare    | \$1,177.08               | \$729.79             | \$706.25             | -                       | -        | 000        | 999        |          |
| 0221T      | E           |     | PLMT POST FACET IMPLT LUMB   |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0221U      | Q           |     | ABO GNOTYP NEXT GNRJ SEQ ABO |                  | -   | -             | Medicare    | \$458.05                 | \$283.99             | \$274.83             | -                       | -        | 000        | 999        |          |
| 0222T      | E           |     | PLMT POST FACET IMPLT ADDL   |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0222U      | Q           |     | RHD&RHCE GNTYP NEXT GNRJ SEQ |                  | -   | -             | Medicare    | \$471.47                 | \$292.31             | \$282.88             | -                       | -        | 000        | 999        |          |
| 0223U      | Q           |     | NFCT DS 22 TRGT SARS-COV-2   |                  | -   | -             | Medicare    | \$694.63                 | \$430.67             | \$416.78             | -                       | -        | 000        | 999        |          |
| 0224U      | Q           |     | ANTIBODY SARS-COV-2 TITER(S) |                  | -   | -             | Medicare    | \$85.72                  | \$53.15              | \$51.43              | -                       | -        | 000        | 999        |          |
| 0225U      | Q           |     | NFCT DS DNA&RNA 21 SARSCOV2  |                  | -   | -             | Medicare    | \$694.63                 | \$430.67             | \$416.78             | -                       | -        | 000        | 999        |          |
| 0226T      | E           |     | ANOSCOPY HRA W/SPEC COLLECT  |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0226U      | Q           |     | SVNT SARSCOV2 ELISA PLSM SRM |                  | -   | -             | Medicare    | \$70.47                  | \$43.69              | \$42.28              | -                       | -        | 000        | 999        |          |

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| Proc Cd | 2024 APC |     | Proc Desc                    | Proc Modifier | APC | APC Weight | Method      | Outpatient            | Sole Comm.        | Non-sole          | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---------|----------|-----|------------------------------|---------------|-----|------------|-------------|-----------------------|-------------------|-------------------|----------------------|----------|---------|---------|----------|
|         | Status   | Ind |                              |               |     |            |             | Hospital Fee Schedule | Hospital Lab Fees | Hospital Lab Fees |                      |          |         |         |          |
| 0227T   | E        |     | ANOSCOPY HRA W/BIOPSY        |               | -   | -          | Not Allowed | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0227U   | Q        |     | RX ASY PRSMV 30+RX/METABLT   |               | -   | -          | Medicare    | \$103.57              | \$64.21           | \$62.14           | -                    | -        | 000     | 999     |          |
| 0228U   | Q        |     | ONC PRST8 MA MOLEC PRFL ALG  |               | -   | -          | Medicare    | \$288.38              | \$178.80          | \$173.03          | -                    | -        | 000     | 999     |          |
| 0229U   | Q        |     | BCAT1&IKZF1 PRMTR MTHYLN ALY |               | -   | -          | Medicare    | \$640.00              | \$396.80          | \$384.00          | -                    | -        | 000     | 999     |          |
| 0230U   | Q        |     | AR FULL SEQUENCE ANALYSIS    |               | -   | -          | Medicare    | \$502.25              | \$311.40          | \$301.35          | -                    | -        | 000     | 999     |          |
| 0231U   | Q        |     | CACNA1A FULL GENE ANALYSIS   |               | -   | -          | Medicare    | \$1,410.45            | \$874.48          | \$846.27          | -                    | -        | 000     | 999     |          |
| 0232T   | E        |     | NJX PLATELET PLASMA          |               | -   | -          | Not Allowed | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0232U   | Q        |     | CSTB FULL GENE ANALYSIS      |               | -   | -          | Medicare    | \$458.05              | \$283.99          | \$274.83          | -                    | -        | 000     | 999     |          |
| 0233U   | Q        |     | FXN GENE ANALYSIS            |               | -   | -          | Medicare    | \$458.05              | \$283.99          | \$274.83          | -                    | -        | 000     | 999     |          |
| 0234T   | E        |     | TRLUML PERIP ATHRC RENAL ART |               | -   | -          | Not Allowed | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0234U   | Q        |     | MECP2 FULL GENE ANALYSIS     |               | -   | -          | Medicare    | \$879.78              | \$545.46          | \$527.87          | -                    | -        | 000     | 999     |          |
| 0235T   | E        |     | TRLUML PERIP ATHRC VISCERAL  |               | -   | -          | Not Allowed | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0235U   | Q        |     | PTEN FULL GENE ANALYSIS      |               | -   | -          | Medicare    | \$1,000.00            | \$620.00          | \$600.00          | -                    | -        | 000     | 999     |          |
| 0236T   | E        |     | TRLUML PERIP ATHRC ABD AORTA |               | -   | -          | Not Allowed | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0236U   | Q        |     | SMN1&SMN2 FULL GENE ANALYSIS |               | -   | -          | Medicare    | \$1,004.50            | \$622.79          | \$602.70          | -                    | -        | 000     | 999     |          |
| 0237T   | E        |     | TRLUML PERIP ATHRC BRCHIOCPH |               | -   | -          | Not Allowed | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0237U   | Q        |     | CAR ION CHNLPHTY GEN SEQ PNL |               | -   | -          | Medicare    | \$974.83              | \$604.39          | \$584.90          | -                    | -        | 000     | 999     |          |
| 0238T   | E        |     | TRLUML PERIP ATHRC ILIAC ART |               | -   | -          | Not Allowed | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0238U   | Q        |     | ONC LNCH SYN GEN DNA SEQ ALY |               | -   | -          | Medicare    | \$974.83              | \$604.39          | \$584.90          | -                    | -        | 000     | 999     |          |
| 0239U   | Q        |     | TRGT GEN SEQ ALYS PNL 311+   |               | -   | -          | Medicare    | \$5,833.33            | \$3,616.66        | \$3,500.00        | -                    | -        | 000     | 999     |          |
| 0240U   | Q        |     | NFCT DS VIR RESP RNA 3 TRGT  |               | -   | -          | Medicare    | \$237.72              | \$147.39          | \$142.63          | -                    | -        | 000     | 999     |          |
| 0241U   | Q        |     | NFCT DS VIR RESP RNA 4 TRGT  |               | -   | -          | Medicare    | \$237.72              | \$147.39          | \$142.63          | -                    | -        | 000     | 999     |          |
| 0242T   | E        |     | GI TRACT TRANSIT & PRES MEAS |               | -   | -          | Not Allowed | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0242U   | Q        |     | TRGT GEN SEQ ALYS PNL 55-74  |               | -   | -          | Medicare    | \$8,333.33            | \$5,166.66        | \$5,000.00        | -                    | -        | 000     | 999     |          |
| 0243U   | Q        |     | OB PE BIOCHEM ASSAY PGF ALG  |               | -   | -          | Medicare    | \$107.35              | \$66.56           | \$64.41           | -                    | -        | 000     | 999     |          |
| 0244U   | Q        |     | ONC SOLID ORGN DNA 257 GENES |               | -   | -          | Medicare    | \$5,833.33            | \$3,616.66        | \$3,500.00        | -                    | -        | 000     | 999     |          |
| 0245U   | Q        |     | ONC THYR MUT ALYS 10 GEN&37  |               | -   | -          | Medicare    | \$2,110.12            | \$1,308.27        | \$1,266.07        | -                    | -        | 000     | 999     |          |
| 0246U   | Q        |     | RBC DNA GNOTYP 16 BLD GROUPS |               | -   | -          | Medicare    | \$1,200.00            | \$744.00          | \$720.00          | -                    | -        | 000     | 999     |          |
| 0247U   | Q        |     | OB PRTRM BRTH IBP4 SHBG MEAS |               | -   | -          | Medicare    | \$1,250.00            | \$775.00          | \$750.00          | -                    | -        | 000     | 999     |          |
| 0248U   | Q        |     | ONC SPHRD CELL CUL 12 RX PNL |               | -   | -          | Medicare    | \$5,056.43            | \$3,134.99        | \$3,033.86        | -                    | -        | 000     | 999     |          |
| 0249U   | Q        |     | ONC BRST ALYS 32 PHSPRTN ALG |               | -   | -          | Medicare    | \$3,698.55            | \$2,293.10        | \$2,219.13        | -                    | -        | 000     | 999     |          |
| 0250T   | E        |     | INSERT BRONCHIAL VALVE       |               | -   | -          | Not Allowed | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0250U   | Q        |     | ONC SLD ORG NEO DNA 505 GENE |               | -   | -          | Medicare    | \$4,866.00            | \$3,016.92        | \$2,919.60        | -                    | -        | 000     | 999     |          |
| 0251T   | E        |     | REMOV BRONCHIAL VALVE        |               | -   | -          | Not Allowed | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0251U   | Q        |     | HEPCIDIN-25 ELISA SERUM/PLSM |               | -   | -          | Medicare    | \$28.78               | \$17.84           | \$17.27           | -                    | -        | 000     | 999     |          |
| 0252T   | E        |     | REMOV BRONCH VALVE ADDL      |               | -   | -          | Not Allowed | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0252U   | Q        |     | FTL ANEUPLOIDY STR ALYS DNA  |               | -   | -          | Medicare    | \$1,265.08            | \$784.35          | \$759.05          | -                    | -        | 000     | 999     |          |
| 0253T   | E        |     | INSERT AQUEOUS DRAIN DEVICE  |               | -   | -          | Not Allowed | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0253U   | Q        |     | RPRDTVE MED RNA GEN PRFL 238 |               | -   | -          | Medicare    | \$5,265.70            | \$3,264.73        | \$3,159.42        | -                    | -        | 000     | 999     |          |
| 0254U   | Q        |     | REPRDTVE MED ALYS 24 CHRMSM  |               | -   | -          | Medicare    | \$1,265.08            | \$784.35          | \$759.05          | -                    | -        | 000     | 999     |          |
| 0255U   | Q        |     | ANDROLOGY INFERTILITY ASSMT  |               | -   | -          | Medicare    | \$52.67               | \$32.66           | \$31.60           | -                    | -        | 000     | 999     |          |
| 0256T   | E        |     | EVASC AORTIC HRT VALVE       |               | -   | -          | Not Allowed | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0256U   | Q        |     | TMA/TMAO PRFL MS/MS UR ALG   |               | -   | -          | Medicare    | \$266.58              | \$165.28          | \$159.95          | -                    | -        | 000     | 999     |          |
| 0257T   | E        |     | OPN TTHRC AORTIC HRT VALVE   |               | -   | -          | Not Allowed | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0257U   | Q        |     | VLCAD LEUK NZM ACTV WHL BLD  |               | -   | -          | Medicare    | \$1,187.45            | \$736.22          | \$712.47          | -                    | -        | 000     | 999     |          |
| 0258T   | E        |     | AORTIC HRT VALV W/O CARD BYP |               | -   | -          | Not Allowed | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0258U   | Q        |     | AI PSOR MRNA 50-100 GEN ALG  |               | -   | -          | Medicare    | \$6,125.00            | \$3,797.50        | \$3,675.00        | -                    | -        | 000     | 999     |          |
| 0259T   | E        |     | AORTIC HRT VALVE W/CARD BYP  |               | -   | -          | Not Allowed | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0259U   | Q        |     | NEPH CKD NUC MRS MEAS GFR    |               | -   | -          | Medicare    | \$87.85               | \$54.47           | \$52.71           | -                    | -        | 000     | 999     |          |
| 0260U   | Q        |     | RARE DS ID OPT GENOME MAPG   |               | -   | -          | Medicare    | \$2,105.88            | \$1,305.65        | \$1,263.53        | -                    | -        | 000     | 999     |          |
| 0261U   | Q        |     | ONC CLRCT CA IMG ALYS W/AI   |               | -   | -          | Medicare    | \$4,188.75            | \$2,597.03        | \$2,513.25        | -                    | -        | 000     | 999     |          |
| 0262U   | Q        |     | ONC SLD TUM RT-PCR 7 GEN     |               | -   | -          | Medicare    | \$5,333.33            | \$3,306.66        | \$3,200.00        | -                    | -        | 000     | 999     |          |
| 0263T   | E        |     | IM B1 MRW CEL THER CMPL      |               | -   | -          | Not Allowed | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0263U   | Q        |     | NEURO ASD MEAS 16 C METBLT   |               | -   | -          | Medicare    | \$1,250.00            | \$775.00          | \$750.00          | -                    | -        | 000     | 999     |          |
| 0264T   | E        |     | IM B1 MRW CEL THER XCL HRVST |               | -   | -          | Not Allowed | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0264U   | Q        |     | RARE DS ID OPT GENOME MAPG   |               | -   | -          | Medicare    | \$2,105.88            | \$1,305.65        | \$1,263.53        | -                    | -        | 000     | 999     |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc<br>Cd | 2024<br>APC |     | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method      | Outpatient               | Sole Comm.           | Non-sole             | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-------------|-----|------------------------------|------------------|-----|---------------|-------------|--------------------------|----------------------|----------------------|-------------------------|----------|------------|------------|----------|
|            | Status      | Ind |                              |                  |     |               |             | Hospital Fee<br>Schedule | Hospital Lab<br>Fees | Hospital Lab<br>Fees |                         |          |            |            |          |
| 0265T      | E           |     | IM B1 MRW CEL THER HRVST ONL |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0265U      | Q           |     | RAR DO WHL GN&MTCDRL DNA ALS |                  | -   | -             | Medicare    | \$9,126.33               | \$5,658.32           | \$5,475.80           | -                       | -        | 000        | 999        |          |
| 0266T      | E           |     | IMPLT/RPL CRTD SNS DEV TOTAL |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0266U      | Q           |     | UNXPL CNST HRTBL DO GN XPRSN |                  | -   | -             | Medicare    | \$5,333.33               | \$3,306.66           | \$3,200.00           | -                       | -        | 000        | 999        |          |
| 0267T      | E           |     | IMPLT/RPL CRTD SNS DEV LEAD  |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0267U      | Q           |     | RARE DO ID OPT GEN MAPG&SEQ  |                  | -   | -             | Medicare    | \$11,232.22              | \$6,963.98           | \$6,739.33           | -                       | -        | 000        | 999        |          |
| 0268T      | E           |     | IMPLT/RPL CRTD SNS DEV GEN   |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0268U      | Q           |     | HEM AHUS GEN SEQ ALYS 15 GEN |                  | -   | -             | Medicare    | \$1,013.62               | \$628.44             | \$608.17             | -                       | -        | 000        | 999        |          |
| 0269T      | E           |     | REV/REML CRTD SNS DEV TOTAL  |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0269U      | Q           |     | HEM AUT DM CGEN TRMBCTPNA 22 |                  | -   | -             | Medicare    | \$1,013.62               | \$628.44             | \$608.17             | -                       | -        | 000        | 999        |          |
| 0270T      | E           |     | REV/REML CRTD SNS DEV LEAD   |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0270U      | Q           |     | HEM CGEN COAGJ DO 20 GENES   |                  | -   | -             | Medicare    | \$1,013.62               | \$628.44             | \$608.17             | -                       | -        | 000        | 999        |          |
| 0271T      | E           |     | REV/REML CRTD SNS DEV GEN    |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0271U      | Q           |     | HEM CGEN NEUTROPENIA 24 GEN  |                  | -   | -             | Medicare    | \$1,013.62               | \$628.44             | \$608.17             | -                       | -        | 000        | 999        |          |
| 0272T      | E           |     | INTERROGATE CRTD SNS DEV     |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0272U      | Q           |     | HEM GENETIC BLD DO 60 GENES  |                  | -   | -             | Medicare    | \$1,013.62               | \$628.44             | \$608.17             | -                       | -        | 000        | 999        |          |
| 0273T      | E           |     | INTERROGATE CRTD SNS W/PGRMG |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0273U      | Q           |     | HEM GEN HYPRFIBRNLYSIS 8 GEN |                  | -   | -             | Medicare    | \$1,013.62               | \$628.44             | \$608.17             | -                       | -        | 000        | 999        |          |
| 0274T      | E           |     | PERQ LAMOT/LAM CRV/THRC      |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0274U      | Q           |     | HEM GEN PLTLT DO 62 GENES    |                  | -   | -             | Medicare    | \$1,013.62               | \$628.44             | \$608.17             | -                       | -        | 000        | 999        |          |
| 0275T      | E           |     | PERQ LAMOT/LAM LUMBAR        |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0275U      | Q           |     | HEM HEPRN NDUC TRMBCTPNA SRM |                  | -   | -             | Medicare    | \$30.62                  | \$18.98              | \$18.37              | -                       | -        | 000        | 999        |          |
| 0276T      | E           |     | BRONCH THERMOPLASTY 1 LOBE   |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0276U      | Q           |     | HEM INH THROMBOCYTOPENIA 42  |                  | -   | -             | Medicare    | \$4,080.93               | \$2,530.18           | \$2,448.56           | -                       | -        | 000        | 999        |          |
| 0277T      | E           |     | BRONCH THERMOPLASTY LOBES    |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0277U      | Q           |     | HEM GEN PLTLT FUNCJ DO 40    |                  | -   | -             | Medicare    | \$1,013.62               | \$628.44             | \$608.17             | -                       | -        | 000        | 999        |          |
| 0278T      | E           |     | TEMPR                        |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0278U      | Q           |     | HEM GEN THROMBOSIS 14 GENES  |                  | -   | -             | Medicare    | \$1,013.62               | \$628.44             | \$608.17             | -                       | -        | 000        | 999        |          |
| 0279T      | E           |     | CTC TEST                     |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0279U      | Q           |     | HEM VW FACTOR&CLGN III BNDG  |                  | -   | -             | Medicare    | \$19.22                  | \$11.92              | \$11.53              | -                       | -        | 000        | 999        |          |
| 0280T      | E           |     | CTC TEST W/I & R             |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0280U      | Q           |     | HEM VW FACTOR&CLGN IV BNDG   |                  | -   | -             | Medicare    | \$28.78                  | \$17.84              | \$17.27              | -                       | -        | 000        | 999        |          |
| 0281T      | E           |     | LAA CLOSURE W/IMPLANT        |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0281U      | Q           |     | HEM VWD PROPEPTIDE AG LVL    |                  | -   | -             | Medicare    | \$28.78                  | \$17.84              | \$17.27              | -                       | -        | 000        | 999        |          |
| 0282T      | E           |     | PERIPH FIELD STIMUL TRIAL    |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0282U      | Q           |     | RBC DNA GNTYP 12 BLD GRP GEN |                  | -   | -             | Medicare    | \$1,200.00               | \$744.00             | \$720.00             | -                       | -        | 000        | 999        |          |
| 0283T      | E           |     | PERIPH FIELD STIMUL PERM     |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0283U      | Q           |     | VW FACTOR TYPE 2B EVAL PLSM  |                  | -   | -             | Medicare    | \$30.67                  | \$19.02              | \$18.40              | -                       | -        | 000        | 999        |          |
| 0284T      | E           |     | PERIPH FIELD STIMUL REVISE   |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0284U      | Q           |     | VW FACTOR TYPE 2N EVAL PLSM  |                  | -   | -             | Medicare    | \$28.78                  | \$17.84              | \$17.27              | -                       | -        | 000        | 999        |          |
| 0285T      | E           |     | PERIPH FIELD STIMUL ANALYS   |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0285U      | Q           |     | ONC RSPS RADJ CLL FR DNA TOX |                  | -   | -             | Medicare    | \$738.85                 | \$458.09             | \$443.31             | -                       | -        | 000        | 999        |          |
| 0286T      | E           |     | NEAR IFR SPECTRSC OF WOUNDS  |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0286U      | Q           |     | CEP72 NUDT15&TPMT GENE ALYS  |                  | -   | -             | Medicare    | \$223.55                 | \$138.60             | \$134.13             | -                       | -        | 000        | 999        |          |
| 0287T      | E           |     | NEAR IFR GUIDE OF VASC SITE  |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0287U      | Q           |     | ONC THYR DNA&MRNA 112 GENES  |                  | -   | -             | Medicare    | \$6,000.00               | \$3,720.00           | \$3,600.00           | -                       | -        | 000        | 999        |          |
| 0288T      | E           |     | ANOSCOPY W/RF DELIVERY       |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0288U      | Q           |     | ONC LUNG MRNA QUAN PCR 11&3  |                  | -   | -             | Medicare    | \$6,455.00               | \$4,002.10           | \$3,873.00           | -                       | -        | 000        | 999        |          |
| 0289T      | E           |     | LASER INC FOR PKP/LKP DONOR  |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0289U      | Q           |     | NEURO ALZHEIMER MRNA 24 GEN  |                  | -   | -             | Medicare    | \$1,266.67               | \$785.34             | \$760.00             | -                       | -        | 000        | 999        |          |
| 0290U      | Q           |     | PAIN MGMT MRNA GEN XPRSN 36  |                  | -   | -             | Medicare    | \$1,266.67               | \$785.34             | \$760.00             | -                       | -        | 000        | 999        |          |
| 0291T      | E           |     | IV OCT FOR PROC INIT VESSEL  |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0291U      | Q           |     | PSYC MOOD DO MRNA 144 GENES  |                  | -   | -             | Medicare    | \$2,925.00               | \$1,813.50           | \$1,755.00           | -                       | -        | 000        | 999        |          |
| 0292T      | E           |     | IV OCT FOR PROC ADDL VESSEL  |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0292U      | Q           |     | PSYC STRS DO MRNA 72 GENES   |                  | -   | -             | Medicare    | \$2,925.00               | \$1,813.50           | \$1,755.00           | -                       | -        | 000        | 999        |          |
| 0293U      | Q           |     | PSYC SUICIDAL IDEA MRNA 54   |                  | -   | -             | Medicare    | \$1,266.67               | \$785.34             | \$760.00             | -                       | -        | 000        | 999        |          |



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| Proc<br>Cd | 2024<br>APC |     | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method      | Outpatient               | Sole Comm.           | Non-sole             | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-------------|-----|------------------------------|------------------|-----|---------------|-------------|--------------------------|----------------------|----------------------|-------------------------|----------|------------|------------|----------|
|            | Status      | Ind |                              |                  |     |               |             | Hospital Fee<br>Schedule | Hospital Lab<br>Fees | Hospital Lab<br>Fees |                         |          |            |            |          |
| 0294U      | Q           |     | LNGVTY&MRTLTY RSK MRNA 18GEN |                  | -   | -             | Medicare    | \$1,266.67               | \$785.34             | \$760.00             | -                       | -        | 000        | 999        |          |
| 0295U      | Q           |     | ONC BRST DUX CARC 7 PROTEINS |                  | -   | -             | Medicare    | \$9,058.33               | \$5,616.16           | \$5,435.00           | -                       | -        | 000        | 999        |          |
| 0296U      | Q           |     | ONC ORL&/OROP CA 20 MLC FEAT |                  | -   | -             | Medicare    | \$3,250.00               | \$2,015.00           | \$1,950.00           | -                       | -        | 000        | 999        |          |
| 0297U      | Q           |     | ONC PAN TUM WHL GEN SEQ DNA  |                  | -   | -             | Medicare    | \$4,866.00               | \$3,016.92           | \$2,919.60           | -                       | -        | 000        | 999        |          |
| 0298U      | Q           |     | ONC PAN TUM WHL TRNS SEQ RNA |                  | -   | -             | Medicare    | \$4,866.00               | \$3,016.92           | \$2,919.60           | -                       | -        | 000        | 999        |          |
| 0299U      | Q           |     | ONC PAN TUM WHL GEN OPT MAPG |                  | -   | -             | Medicare    | \$3,105.37               | \$1,925.33           | \$1,863.22           | -                       | -        | 000        | 999        |          |
| 0300U      | Q           |     | ONC PAN TUM WHL GEN SEQ&OPT  |                  | -   | -             | Medicare    | \$6,971.88               | \$4,322.57           | \$4,183.13           | -                       | -        | 000        | 999        |          |
| 0301U      | Q           |     | IADNA BARTONELLA DDPCR       |                  | -   | -             | Medicare    | \$437.87                 | \$271.48             | \$262.72             | -                       | -        | 000        | 999        |          |
| 0302U      | Q           |     | IADNA BRTNLA DDPCR FLWG LIQ  |                  | -   | -             | Medicare    | \$602.28                 | \$373.41             | \$361.37             | -                       | -        | 000        | 999        |          |
| 0303U      | Q           |     | HEM RBC ADS WHL BLD HYPOXIC  |                  | -   | -             | Medicare    | \$3,669.37               | \$2,275.01           | \$2,201.62           | -                       | -        | 000        | 999        |          |
| 0304U      | Q           |     | HEM RBC ADS WHL BLD NORMOXIC |                  | -   | -             | Medicare    | \$3,459.67               | \$2,145.00           | \$2,075.80           | -                       | -        | 000        | 999        |          |
| 0305U      | Q           |     | HEM RBC FNCLTY&DFRM SHR STRS |                  | -   | -             | Medicare    | \$1,104.30               | \$684.67             | \$662.58             | -                       | -        | 000        | 999        |          |
| 0306U      | Q           |     | ONC MRD NXT-GNRJ ALYS 1ST    |                  | -   | -             | Medicare    | \$6,464.08               | \$4,007.73           | \$3,878.45           | -                       | -        | 000        | 999        |          |
| 0307U      | Q           |     | ONC MRD NXT-GNRJ ALYS SBSQ   |                  | -   | -             | Medicare    | \$1,324.15               | \$820.97             | \$794.49             | -                       | -        | 000        | 999        |          |
| 0308T      | E           |     | INSJ OCULAR TELESCOPE PROSTH |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0308U      | Q           |     | CRD CAD ALYS 3 PRTN 3 PARAM  |                  | -   | -             | Medicare    | \$651.25                 | \$403.78             | \$390.75             | -                       | -        | 000        | 999        |          |
| 0309U      | Q           |     | CRD CV DS ALY 4 PRTN PLM ALG |                  | -   | -             | Medicare    | \$651.25                 | \$403.78             | \$390.75             | -                       | -        | 000        | 999        |          |
| 0310U      | Q           |     | PED VSCLTS KD ALYS 3 BMRKS   |                  | -   | -             | Medicare    | \$651.25                 | \$403.78             | \$390.75             | -                       | -        | 000        | 19         |          |
| 0311U      | Q           |     | NFCT DS BCT QUAN ANTMCRB SC  |                  | -   | -             | Medicare    | \$13.47                  | \$8.35               | \$8.08               | -                       | -        | 000        | 999        |          |
| 0312U      | Q           |     | AI DS SLE ALYS 8 IGG AUTOANT |                  | -   | -             | Medicare    | \$1,401.08               | \$868.67             | \$840.65             | -                       | -        | 000        | 999        |          |
| 0313U      | Q           |     | ONC PNCRS DNA&MRNA SEQ 74    |                  | -   | -             | Medicare    | \$6,000.00               | \$3,720.00           | \$3,600.00           | -                       | -        | 000        | 999        |          |
| 0314U      | Q           |     | ONC CUTAN MLNMA MRNA 35 GENE |                  | -   | -             | Medicare    | \$3,250.00               | \$2,015.00           | \$1,950.00           | -                       | -        | 000        | 999        |          |
| 0315U      | Q           |     | ONC CUTAN SQ CLL CA MRNA 40  |                  | -   | -             | Medicare    | \$14,166.67              | \$8,783.34           | \$8,500.00           | -                       | -        | 000        | 999        |          |
| 0316U      | Q           |     | B BRGDRFERI LYME DS OSPA EVL |                  | -   | -             | Medicare    | \$31.10                  | \$19.28              | \$18.66              | -                       | -        | 000        | 999        |          |
| 0317U      | Q           |     | ONC LUNG CA 4-PRB FISH ASSAY |                  | -   | -             | Medicare    | \$3,383.33               | \$2,097.66           | \$2,030.00           | -                       | -        | 000        | 999        |          |
| 0318U      | Q           |     | PED WHL GEN MTHYLTN ALYS 50+ |                  | -   | -             | Medicare    | \$2,950.80               | \$1,829.50           | \$1,770.48           | -                       | -        | 000        | 19         |          |
| 0319T      | E           |     | INSERT SUBQ DEFIB W/ELTRD    |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0319U      | Q           |     | NEPH RNA PRETRNSPL PERPH BLD |                  | -   | -             | Medicare    | \$4,416.67               | \$2,738.34           | \$2,650.00           | -                       | -        | 000        | 999        |          |
| 0320T      | E           |     | INSERT SUBQ DEFIB ELECTRODE  |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0320U      | Q           |     | NEPH RNA PSTTRNSPL PERPH BLD |                  | -   | -             | Medicare    | \$4,416.67               | \$2,738.34           | \$2,650.00           | -                       | -        | 000        | 999        |          |
| 0321T      | E           |     | INSERT SUBQ DEFIB PLS GEN    |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0321U      | Q           |     | IADNA GU PTHGN 20BCT&FNG ORG |                  | -   | -             | Medicare    | \$1,058.07               | \$656.00             | \$634.84             | -                       | -        | 000        | 999        |          |
| 0322T      | E           |     | RMVL SUBQ DEFIB PLS GEN      |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0322U      | Q           |     | NEURO ASD MEAS 14 ACYL CARN  |                  | -   | -             | Medicare    | \$1,250.00               | \$775.00             | \$750.00             | -                       | -        | 000        | 999        |          |
| 0323T      | E           |     | RMVL & REPLC SUBQ PLS GEN    |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0323U      | Q           |     | IADNA CNS PTHGN NEXT GEN SEQ |                  | -   | -             | Medicare    | \$3,543.67               | \$2,197.08           | \$2,126.20           | -                       | -        | 000        | 999        |          |
| 0324T      | E           |     | RMVL SUBQ DEFIB ELECTRODE    |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0324U      | E           |     | ONC OVAR SPHRD CELL 4 RX PNL |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0325T      | E           |     | REPOS SUBQ DEFIB ELTRD &/GEN |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0325U      | E           |     | ONC OVAR SPHRD CELL PARP     |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0326T      | E           |     | EPHYS EVAL SUBQ IMPLT DEFIB  |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0326U      | Q           |     | TRGT GEN SEQ ALYS PNL 83+    |                  | -   | -             | Medicare    | \$8,333.33               | \$5,166.66           | \$5,000.00           | -                       | -        | 000        | 999        |          |
| 0327T      | E           |     | IMPLT SUBQ DEFIB INTEROGAT   |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0327U      | Q           |     | FTL ANEUPLOIDY TRSMY DNA SEQ |                  | -   | -             | Medicare    | \$1,325.00               | \$821.50             | \$795.00             | -                       | -        | 000        | 999        |          |
| 0328T      | E           |     | IMPLT SUBQ DEFIB SYS DEV EVL |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0328U      | Q           |     | DRUG ASSAY 120+ RX&METABLT   |                  | -   | -             | Medicare    | \$190.72                 | \$118.25             | \$114.43             | -                       | -        | 000        | 999        |          |
| 0329T      | E           |     | MNTR IO PRESS 24HRS/> UNI/BI |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0329U      | Q           |     | ONC NEO XOME&TRNS SEQ ALYS   |                  | -   | -             | Medicare    | \$5,729.97               | \$3,552.58           | \$3,437.98           | -                       | -        | 000        | 999        |          |
| 0330T      | E           |     | TEAR FILM IMG UNI/BI W/I&R   |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0330U      | Q           |     | IADNA VAG PTHGN PANEL 27 ORG |                  | -   | -             | Medicare    | \$694.63                 | \$430.67             | \$416.78             | -                       | -        | 000        | 999        |          |
| 0331T      | E           |     | HEART SYMP IMAGE PLNR        |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0331U      | Q           |     | ONC HL NEO OPT GEN MAPPING   |                  | -   | -             | Medicare    | \$3,105.37               | \$1,925.33           | \$1,863.22           | -                       | -        | 000        | 999        |          |
| 0332T      | E           |     | HEART SYMP IMAGE PLNR SPECT  |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0332U      | Q           |     | ONC PAN TUM GEN PRFLG 8 DNA  |                  | -   | -             | Medicare    | \$1,903.43               | \$1,180.13           | \$1,142.06           | -                       | -        | 000        | 999        |          |
| 0333T      | E           |     | VISUAL EP SCR ACUITY AUTO    |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0333U      | Q           |     | ONC LVR SURVEILANC HCC CFDNA |                  | -   | -             | Medicare    | \$1,103.87               | \$684.40             | \$662.32             | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
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| Proc<br>Cd | 2024<br>APC<br>Status |  | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method      | Outpatient               | Sole Comm.           | Non-sole             | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-----------------------|--|------------------------------|------------------|-----|---------------|-------------|--------------------------|----------------------|----------------------|-------------------------|----------|------------|------------|----------|
|            |                       |  |                              |                  |     |               |             | Hospital Fee<br>Schedule | Hospital Lab<br>Fees | Hospital Lab<br>Fees |                         |          |            |            |          |
| 0334U      | Q                     |  | ONC SLD ORGN TGSA DNA 84/+   |                  | -   | -             | Medicare    | \$5,833.33               | \$3,616.66           | \$3,500.00           | -                       | -        | 000        | 999        |          |
| 0335T      | E                     |  | INSJ SINUS TARSI IMPLANT     |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0335U      | Q                     |  | RARE DS WHL GEN SEQ FETA     |                  | -   | -             | Medicare    | \$8,707.67               | \$5,398.76           | \$5,224.60           | -                       | -        | 000        | 999        |          |
| 0336T      | E                     |  | LAP ABLAT UTERINE FIBROIDS   |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0336U      | Q                     |  | RARE DS WHL GEN SEQ BLD/SLV  |                  | -   | -             | Medicare    | \$4,291.08               | \$2,660.47           | \$2,574.65           | -                       | -        | 000        | 999        |          |
| 0337U      | Q                     |  | ONC PLSM CELL DO&MYELOMA ID  |                  | -   | -             | Medicare    | \$4,058.33               | \$2,516.16           | \$2,435.00           | -                       | -        | 000        | 999        |          |
| 0338T      | E                     |  | TRNSCTH RENAL SYMP DENRV UNL |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0338U      | Q                     |  | ONC SLD TUM CRCG TUM CL SLCT |                  | -   | -             | Medicare    | \$4,058.33               | \$2,516.16           | \$2,435.00           | -                       | -        | 000        | 999        |          |
| 0339T      | E                     |  | TRNSCTH RENAL SYMP DENRV BIL |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0339U      | Q                     |  | ONC PRST8 MRNA HOXC6 & DLX1  |                  | -   | -             | Medicare    | \$1,266.67               | \$785.34             | \$760.00             | -                       | -        | 000        | 999        |          |
| 0340U      | Q                     |  | ONC PAN CA ALYS MRD PLASMA   |                  | -   | -             | Medicare    | \$4,866.00               | \$3,016.92           | \$2,919.60           | -                       | -        | 000        | 999        |          |
| 0341U      | Q                     |  | FTL ANEUP DNA SEQ CMPR ALYS  |                  | -   | -             | Medicare    | \$3,167.00               | \$1,963.54           | \$1,900.20           | -                       | -        | 000        | 999        |          |
| 0342T      | E                     |  | THXP APHERESIS W/HDL DELIP   |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0342U      | Q                     |  | ONC PNCRTC CA MULT IA ECLIA  |                  | -   | -             | Medicare    | \$1,495.00               | \$926.90             | \$897.00             | -                       | -        | 000        | 999        |          |
| 0343U      | Q                     |  | ONC PRST8 XOM ALY 442 SNCRNA |                  | -   | -             | Medicare    | \$1,266.67               | \$785.34             | \$760.00             | -                       | -        | 000        | 999        |          |
| 0344U      | Q                     |  | HEP NAFLD SEMIQ EVL 28 LIPID |                  | -   | -             | Medicare    | \$1,320.28               | \$818.57             | \$792.17             | -                       | -        | 000        | 999        |          |
| 0345T      | E                     |  | TRANSCATH MTRAL VLVE REPAIR  |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0345U      | Q                     |  | PSYC GENOM ALYS PNL 15 GEN   |                  | -   | -             | Medicare    | \$2,226.82               | \$1,380.63           | \$1,336.09           | -                       | -        | 000        | 999        |          |
| 0347T      | E                     |  | INS BONE DEVICE FOR RSA      |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0347U      | Q                     |  | RX METAB/PCX DNA 16 GEN ALYS |                  | -   | -             | Medicare    | \$2,226.82               | \$1,380.63           | \$1,336.09           | -                       | -        | 000        | 999        |          |
| 0348T      | E                     |  | RSA SPINE EXAM               |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0348U      | Q                     |  | RX METAB/PCX DNA 25 GEN ALYS |                  | -   | -             | Medicare    | \$1,237.12               | \$767.01             | \$742.27             | -                       | -        | 000        | 999        |          |
| 0349T      | E                     |  | RSA UPPER EXTR EXAM          |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0349U      | Q                     |  | RX METAB/PCX DNA 27GEN RX IA |                  | -   | -             | Medicare    | \$1,237.12               | \$767.01             | \$742.27             | -                       | -        | 000        | 999        |          |
| 0350T      | E                     |  | RSA LOWER EXTR EXAM          |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0350U      | Q                     |  | RX METAB/PCX DNA 27 GEN ALYS |                  | -   | -             | Medicare    | \$2,226.82               | \$1,380.63           | \$1,336.09           | -                       | -        | 000        | 999        |          |
| 0351T      | E                     |  | INTRAOP OCT BRST/NODE SPEC   |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0351U      | Q                     |  | NFCT DS BCT/VIRAL TRAIL IP10 |                  | -   | -             | Medicare    | \$434.17                 | \$269.19             | \$260.50             | -                       | -        | 000        | 999        |          |
| 0352T      | E                     |  | OCT BRST/NODE I&R PER SPEC   |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0353T      | E                     |  | INTRAOP OCT BREAST CAVITY    |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0354T      | E                     |  | OCT BREAST SURG CAVITY I&R   |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0354U      | E                     |  | HPV HI RSK QUAL MRNA E6/E7   |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0355U      | Q                     |  | APOL1 RISK VARIANTS          |                  | -   | -             | Medicare    | \$228.33                 | \$141.56             | \$137.00             | -                       | -        | 000        | 999        |          |
| 0356U      | Q                     |  | ONC OROP/ANAL 17 DNA DDPCR   |                  | -   | -             | Medicare    | \$3,000.00               | \$1,860.00           | \$1,800.00           | -                       | -        | 000        | 999        |          |
| 0358T      | E                     |  | BIA WHOLE BODY               |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0358U      | Q                     |  | NEURO ALYS B-AMYL 1-42&1-40  |                  | -   | -             | Medicare    | \$434.17                 | \$269.19             | \$260.50             | -                       | -        | 000        | 999        |          |
| 0359U      | Q                     |  | ONC PRST8 CA ALYS ALL PSA    |                  | -   | -             | Medicare    | \$1,266.67               | \$785.34             | \$760.00             | -                       | -        | 000        | 999        |          |
| 0360U      | Q                     |  | ONC LUNG ELISA 7 AUTOANT ALG |                  | -   | -             | Medicare    | \$1,304.88               | \$809.03             | \$782.93             | -                       | -        | 000        | 999        |          |
| 0361U      | Q                     |  | NEURFLMNT LT CHN DIG IA QUAN |                  | -   | -             | Medicare    | \$193.72                 | \$120.11             | \$116.23             | -                       | -        | 000        | 999        |          |
| 0362T      | E                     |  | BHV ID SUPRT ASSMT EA 15 MIN |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0362U      | Q                     |  | ONC PAP THYR CA RNA 82&10    |                  | -   | -             | Medicare    | \$6,000.00               | \$3,720.00           | \$3,600.00           | -                       | -        | 000        | 999        |          |
| 0363U      | Q                     |  | ONC URTHL MRNA 5 GEN ALG     |                  | -   | -             | Medicare    | \$1,266.67               | \$785.34             | \$760.00             | -                       | -        | 000        | 999        |          |
| 0364U      | Q                     |  | ONC HL NEO GEN SEQ ALYS ALG  |                  | -   | -             | Medicare    | \$3,345.42               | \$2,074.16           | \$2,007.25           | -                       | -        | 000        | 999        |          |
| 0365U      | Q                     |  | ONC BLDR 10 UR HRBR URTHL CA |                  | -   | -             | Medicare    | \$1,495.00               | \$926.90             | \$897.00             | -                       | -        | 000        | 999        |          |
| 0366U      | Q                     |  | ONC BLDR 10 PRB RECR BLDR CA |                  | -   | -             | Medicare    | \$1,495.00               | \$926.90             | \$897.00             | -                       | -        | 000        | 999        |          |
| 0367U      | Q                     |  | ONC BLDR 10 FLWG TRURL RESCJ |                  | -   | -             | Medicare    | \$1,503.63               | \$932.25             | \$902.18             | -                       | -        | 000        | 999        |          |
| 0368U      | Q                     |  | ONC CLRCT CA MUT&MTHYLTN MRK |                  | -   | -             | Medicare    | \$694.63                 | \$430.67             | \$416.78             | -                       | -        | 000        | 999        |          |
| 0369U      | Q                     |  | IADNA GI PTHGN 31 ORG&21 ARG |                  | -   | -             | Medicare    | \$694.63                 | \$430.67             | \$416.78             | -                       | -        | 000        | 999        |          |
| 0370U      | Q                     |  | IADNA SURG WND PTHGN 34&21   |                  | -   | -             | Medicare    | \$694.63                 | \$430.67             | \$416.78             | -                       | -        | 000        | 999        |          |
| 0371U      | Q                     |  | IADNA GU PTHGN SEMIQ DNA16&1 |                  | -   | -             | Medicare    | \$694.63                 | \$430.67             | \$416.78             | -                       | -        | 000        | 999        |          |
| 0372U      | Q                     |  | NFCT DS GU PTHGN ARG DETCJ   |                  | -   | -             | Medicare    | \$694.63                 | \$430.67             | \$416.78             | -                       | -        | 000        | 999        |          |
| 0373T      | E                     |  | ADAPT BHV TX EA 15 MIN       |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0373U      | Q                     |  | IADNA RSP TR NFCT 17 8 13&16 |                  | -   | -             | Medicare    | \$694.63                 | \$430.67             | \$416.78             | -                       | -        | 000        | 999        |          |
| 0374U      | Q                     |  | IADNA GU PTHGN 21 ORG&21ARG  |                  | -   | -             | Medicare    | \$694.63                 | \$430.67             | \$416.78             | -                       | -        | 000        | 999        |          |
| 0375U      | Q                     |  | ONC OVRN BCHM ASY 7 PRTN ALG |                  | -   | -             | Medicare    | \$1,495.00               | \$926.90             | \$897.00             | -                       | -        | 000        | 999        |          |
| 0376U      | Q                     |  | ONC PRST8 CA IMG ALYS 128    |                  | -   | -             | Medicare    | \$1,177.08               | \$729.79             | \$706.25             | -                       | -        | 000        | 999        |          |

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| Proc Cd | 2024 APC |     | Proc Desc                    | Proc Modifier | APC | APC Weight | Method       | Outpatient            | Sole Comm.        | Non-sole          | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---------|----------|-----|------------------------------|---------------|-----|------------|--------------|-----------------------|-------------------|-------------------|----------------------|----------|---------|---------|----------|
|         | Status   | Ind |                              |               |     |            |              | Hospital Fee Schedule | Hospital Lab Fees | Hospital Lab Fees |                      |          |         |         |          |
| 0377U   | Q        |     | CV DS QUAN ADVSRM/PLSM LPRTN |               | -   | -          | Medicare     | \$79.30               | \$49.17           | \$47.58           | -                    | -        | 000     | 999     |          |
| 0378T   | E        |     | VISUAL FIELD ASSMNT REV/RPRT |               | -   | -          | Not Allowed  | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0378U   | Q        |     | RFC1 REPEAT XPNSJ VRNT ALYS  |               | -   | -          | Medicare     | \$228.33              | \$141.56          | \$137.00          | -                    | -        | 000     | 999     |          |
| 0379T   | E        |     | VIS FIELD ASSMNT TECH SUPPT  |               | -   | -          | Not Allowed  | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0379U   | Q        |     | TGSAP SL OR NEO DNA523&RNA55 |               | -   | -          | Medicare     | \$5,480.85            | \$3,398.13        | \$3,288.51        | -                    | -        | 000     | 999     |          |
| 0381U   | Q        |     | MAPLE SYRUP UR DS MNTR QUAN  |               | -   | -          | Medicare     | \$73.53               | \$45.59           | \$44.12           | -                    | -        | 000     | 999     |          |
| 0382U   | Q        |     | HYPRPHENYLALNINMIA MNTR QUAN |               | -   | -          | Medicare     | \$86.07               | \$53.36           | \$51.64           | -                    | -        | 000     | 999     |          |
| 0383U   | Q        |     | TYROSINEMIA TYP I MNTR QUAN  |               | -   | -          | Medicare     | \$86.75               | \$53.79           | \$52.05           | -                    | -        | 000     | 999     |          |
| 0384U   | Q        |     | NEPH CKD RSK HI STG KDN DS   |               | -   | -          | Medicare     | \$1,250.00            | \$775.00          | \$750.00          | -                    | -        | 000     | 999     |          |
| 0385U   | Q        |     | NEPH CKD ALG RSK DBTC KDN DS |               | -   | -          | Medicare     | \$651.25              | \$403.78          | \$390.75          | -                    | -        | 000     | 999     |          |
| 0387U   | Q        |     | ONC MLNMA AMBRA1&AMLO        |               | -   | -          | Medicare     | \$1,580.83            | \$980.11          | \$948.50          | -                    | -        | 000     | 999     |          |
| 0388U   | Q        |     | ONC NONSM CLL LNG CA 37 GEN  |               | -   | -          | Medicare     | \$5,833.33            | \$3,616.66        | \$3,500.00        | -                    | -        | 000     | 999     |          |
| 0389U   | Q        |     | PED FBRL KD IFI27&MCEMP1 RNA |               | -   | -          | Medicare     | \$117.00              | \$72.54           | \$70.20           | -                    | -        | 000     | 999     |          |
| 0390U   | Q        |     | OB PE KDR ENG&RBP4 IA ALG    |               | -   | -          | Medicare     | \$107.35              | \$66.56           | \$64.41           | -                    | -        | 000     | 999     |          |
| 0391U   | Q        |     | ONC SLD TUM DNA&RNA 437 GEN  |               | -   | -          | Medicare     | \$6,000.00            | \$3,720.00        | \$3,600.00        | -                    | -        | 000     | 999     |          |
| 0392T   | E        |     | LAP ES SPH AUGMENT DEV PLACE |               | -   | -          | Not Allowed  | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0392U   | Q        |     | RX METAB GENRX IA 16 GENES   |               | -   | -          | Medicare     | \$2,226.82            | \$1,380.63        | \$1,336.09        | -                    | -        | 000     | 999     |          |
| 0393T   | E        |     | ES SPH AUGMNT DEVICE REMOVAL |               | -   | -          | Not Allowed  | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0393U   | Q        |     | NEU PRKSN MSFL A-SYNCLN PRTN |               | -   | -          | Medicare     | \$901.65              | \$559.02          | \$540.99          | -                    | -        | 000     | 999     |          |
| 0394T   | E        |     | HDR ELCTRNC SKN SURF BRCHYTX |               | -   | -          | Not Allowed  | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0394U   | Q        |     | PFAS 16 PFAS COMPND LC MS/MS |               | -   | -          | Medicare     | \$331.23              | \$205.36          | \$198.74          | -                    | -        | 000     | 999     |          |
| 0395T   | E        |     | HDR ELCTR NTRST/NTRCV BRCHTX |               | -   | -          | Not Allowed  | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0395U   | Q        |     | ONC LNG MULTIOMICS PLSM ALG  |               | -   | -          | Medicare     | \$1,329.08            | \$824.03          | \$797.45          | -                    | -        | 000     | 999     |          |
| 0397T   | E        |     | ERCP W/OPTICAL ENDOMICROSCPY |               | -   | -          | Not Allowed  | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0398U   | Q        |     | GI BARET ESPH DNA MTHYLN ALY |               | -   | -          | Medicare     | \$2,925.00            | \$1,813.50        | \$1,755.00        | -                    | -        | 000     | 999     |          |
| 0399U   | Q        |     | NEURO CERE FOLATE DEFNCY SRM |               | -   | -          | Medicare     | \$500.00              | \$310.00          | \$300.00          | -                    | -        | 000     | 999     |          |
| 0400U   | Q        |     | OB XPND CAR SCR 145 GENES    |               | -   | -          | Medicare     | \$2,428.13            | \$1,505.44        | \$1,456.88        | -                    | -        | 000     | 999     |          |
| 0401U   | Q        |     | CRD C HRT DS 9 GEN 12 VRNTS  |               | -   | -          | Medicare     | \$816.13              | \$506.00          | \$489.68          | -                    | -        | 000     | 999     |          |
| 0402T   | E        |     | COLGN CRS-LINK CRN&PACHYMTRY |               | -   | -          | Not Allowed  | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0402U   | Q        |     | NFCT AGT STI MULT AMP PRB TQ |               | -   | -          | Medicare     | \$237.72              | \$147.39          | \$142.63          | -                    | -        | 000     | 999     |          |
| 0403T   | M        |     | DIABETES PREV STANDARD CURR  |               | -   | -          | Fee Schedule | \$32.99               |                   |                   | -                    | -        | 000     | 999     |          |
| 0403U   | Q        |     | ONC PRST8 MRNA 18 GEN 1ST UR |               | -   | -          | Medicare     | \$1,266.67            | \$785.34          | \$760.00          | -                    | -        | 000     | 999     |          |
| 0404U   | Q        |     | ONC BRST SEMIQ MEAS THYM KN  |               | -   | -          | Medicare     | \$538.27              | \$333.73          | \$322.96          | -                    | -        | 000     | 999     |          |
| 0405U   | Q        |     | ONC PNCRTC 59 MTHLTN BLK MRK |               | -   | -          | Medicare     | \$2,950.80            | \$1,829.50        | \$1,770.48        | -                    | -        | 000     | 999     |          |
| 0406U   | Q        |     | ONC LUNG FLOW CYTMTRY 5 MRK  |               | -   | -          | Medicare     | \$1,266.67            | \$785.34          | \$760.00          | -                    | -        | 000     | 999     |          |
| 0407U   | Q        |     | NEPH DBTC CKD MULT ECLIA ALG |               | -   | -          | Medicare     | \$1,583.33            | \$981.66          | \$950.00          | -                    | -        | 000     | 999     |          |
| 0408T   | E        |     | INSJ/RPLC CARDIAC MODULJ SYS |               | -   | -          | Not Allowed  | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0408U   | Q        |     | IAAD BLK AC WV BSNSR SARSCV2 |               | -   | -          | Medicare     | \$23.55               | \$14.60           | \$14.13           | -                    | -        | 000     | 999     |          |
| 0409T   | E        |     | INSJ/RPLC CAR MODULJ PLS GN  |               | -   | -          | Not Allowed  | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0409U   | Q        |     | ONC SLD TUM DNA 80 & RNA 36  |               | -   | -          | Medicare     | \$4,866.00            | \$3,016.92        | \$2,919.60        | -                    | -        | 000     | 999     |          |
| 0410T   | E        |     | INSJ/RPLC CAR MODULJ ATR ELT |               | -   | -          | Not Allowed  | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0410U   | Q        |     | ONC PNCRTC DNA WHL GN SEQ 5- |               | -   | -          | Medicare     | \$1,933.33            | \$1,198.66        | \$1,160.00        | -                    | -        | 000     | 999     |          |
| 0411T   | E        |     | INSJ/RPLC CAR MODULJ VNT ELT |               | -   | -          | Not Allowed  | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0411U   | Q        |     | PSYC GENOM ALYS PNL 15 GEN   |               | -   | -          | Medicare     | \$2,226.82            | \$1,380.63        | \$1,336.09        | -                    | -        | 000     | 999     |          |
| 0412T   | E        |     | RMVL CARDIAC MODULJ PLS GEN  |               | -   | -          | Not Allowed  | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0412U   | Q        |     | BETA AMYLOID A?42/40 IMPRCIP |               | -   | -          | Medicare     | \$1,250.00            | \$775.00          | \$750.00          | -                    | -        | 000     | 999     |          |
| 0413T   | E        |     | RMVL CAR MODULJ TRANVNS ELT  |               | -   | -          | Not Allowed  | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0413U   | Q        |     | ONC HL NEO OPT GEN MAPG DNA  |               | -   | -          | Medicare     | \$2,105.88            | \$1,305.65        | \$1,263.53        | -                    | -        | 000     | 999     |          |
| 0414T   | E        |     | RMVL & RPL CAR MODULJ PLS GN |               | -   | -          | Not Allowed  | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0414U   | Q        |     | ONC LNG AUG ALG ALY WHL SLD8 |               | -   | -          | Medicare     | \$1,177.08            | \$729.79          | \$706.25          | -                    | -        | 000     | 999     |          |
| 0415T   | E        |     | REPOS CAR MODULJ TRANVNS ELT |               | -   | -          | Not Allowed  | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0415U   | Q        |     | CV DS ACS BLD ALG 5 YR SCORE |               | -   | -          | Medicare     | \$651.25              | \$403.78          | \$390.75          | -                    | -        | 000     | 999     |          |
| 0416T   | E        |     | RELOC SKIN POCKET PLS GEN    |               | -   | -          | Not Allowed  | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0417T   | E        |     | PRGRMG EVAL CARDIAC MODULJ   |               | -   | -          | Not Allowed  | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 0417U   | Q        |     | RARE DS ALYS 335 NUC GENES   |               | -   | -          | Medicare     | \$4,737.55            | \$2,937.28        | \$2,842.53        | -                    | -        | 000     | 999     |          |
| 0418T   | E        |     | INTERRO EVAL CARDIAC MODULJ  |               | -   | -          | Not Allowed  | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc<br>Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                     | Proc<br>Modifier | APC | APC<br>Weight | Method      | Outpatient               | Sole Comm.           | Non-sole             | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|------------------------------|-------------------------------|------------------|-----|---------------|-------------|--------------------------|----------------------|----------------------|-------------------------|----------|------------|------------|----------|
|            |                              |                               |                  |     |               |             | Hospital Fee<br>Schedule | Hospital Lab<br>Fees | Hospital Lab<br>Fees |                         |          |            |            |          |
| 0418U      | Q                            | ONC BRST AUG ALG ALY WHL SL8  |                  | -   | -             | Medicare    | \$1,177.08               | \$729.79             | \$706.25             | -                       | -        | 000        | 999        |          |
| 0419T      | E                            | DSTRJ NEUROFIBROMA XTNSV      |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0419U      | Q                            | NRPSYC GEN SEQ VRNT ALY 13    |                  | -   | -             | Medicare    | \$2,226.82               | \$1,380.63           | \$1,336.09           | -                       | -        | 000        | 999        |          |
| 0420T      | E                            | DSTRJ NEUROFIBROMA XTNSV      |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0420U      | Q                            | ONC URTHL MRNA XPRSN 6 SNP    |                  | -   | -             | Medicare    | \$0.00                   | -                    | -                    | -                       | -        | 000        | 999        |          |
| 0421T      | E                            | WATERJET PROSTATE ABLTJ CMPL  |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0421U      | Q                            | ONC CLRCT SCR SGL AMP 8 RNA   |                  | -   | -             | Medicare    | \$848.12                 | \$525.83             | \$508.87             | -                       | -        | 000        | 999        |          |
| 0422T      | E                            | TACTILE BREAST IMG UNI/BI     |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0422U      | Q                            | ONC PAN SOLID TUM ALYS DNA    |                  | -   | -             | Medicare    | \$0.00                   | -                    | -                    | -                       | -        | 000        | 999        |          |
| 0423U      | Q                            | PSYC GENOMIC ALYS PNL 26 GEN  |                  | -   | -             | Medicare    | \$694.63                 | \$430.67             | \$416.78             | -                       | -        | 000        | 999        |          |
| 0424U      | Q                            | ONC PRST8 XOM ALYS 53 SNCRNA  |                  | -   | -             | Medicare    | \$1,266.67               | \$785.34             | \$760.00             | -                       | -        | 000        | 999        |          |
| 0425U      | Q                            | GENOM RPD SEQ ALYS EA CMPRTR  |                  | -   | -             | Medicare    | \$0.00                   | -                    | -                    | -                       | -        | 000        | 999        |          |
| 0426U      | Q                            | GENOME ULTRA-RAPID SEQ ALYS   |                  | -   | -             | Medicare    | \$0.00                   | -                    | -                    | -                       | -        | 000        | 999        |          |
| 0427U      | Q                            | MONOCYTE DSTRBJ WIDTH WHL BLD |                  | -   | -             | Medicare    | \$7.47                   | \$4.63               | \$4.48               | -                       | -        | 000        | 999        |          |
| 0429U      | Q                            | HPV OROP SWAB 14 HI-RISK TYP  |                  | -   | -             | Medicare    | \$58.48                  | \$36.26              | \$35.09              | -                       | -        | 000        | 999        |          |
| 0430U      | Q                            | GI MALABS AAT CALPRO PNCRTC   |                  | -   | -             | Medicare    | \$102.57                 | \$63.59              | \$61.54              | -                       | -        | 000        | 999        |          |
| 0431U      | Q                            | GLY RCPTR ALPHA1 IGG SRM/CSF  |                  | -   | -             | Medicare    | \$60.95                  | \$37.79              | \$36.57              | -                       | -        | 000        | 999        |          |
| 0432U      | Q                            | KLHL11 ANTB SR/CSF ASY QUAL   |                  | -   | -             | Medicare    | \$60.95                  | \$37.79              | \$36.57              | -                       | -        | 000        | 999        |          |
| 0433U      | Q                            | ONC PRST8 5 DNA REG MRK PCR   |                  | -   | -             | Medicare    | \$1,266.67               | \$785.34             | \$760.00             | -                       | -        | 000        | 999        |          |
| 0434U      | Q                            | RX METAB ADVRS VRNT ALYS 25   |                  | -   | -             | Medicare    | \$694.63                 | \$430.67             | \$416.78             | -                       | -        | 000        | 999        |          |
| 0435U      | Q                            | ONC CHEMO RX CYTOX CSC 14 RX  |                  | -   | -             | Medicare    | \$5,056.43               | \$3,134.99           | \$3,033.86           | -                       | -        | 000        | 999        |          |
| 0436U      | Q                            | ONC LNG PLSM ALYS 388 PRTN    |                  | -   | -             | Medicare    | \$0.00                   | -                    | -                    | -                       | -        | 000        | 999        |          |
| 0437T      | E                            | IMPLTJ SYNTH RNFCMT ABDL WAL  |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0437U      | Q                            | PSYC ANXIETY DO MRNA 15 BMRK  |                  | -   | -             | Medicare    | \$1,266.67               | \$785.34             | \$760.00             | -                       | -        | 000        | 999        |          |
| 0438U      | Q                            | RX METAB ADVRS VRNT ALYS 33   |                  | -   | -             | Medicare    | \$694.63                 | \$430.67             | \$416.78             | -                       | -        | 000        | 999        |          |
| 0439T      | E                            | MYOCDR CONTRAST PRFUJ ECHO    |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0439U      | Q                            | CRD CHD DNA ALYS 5 SNP 3 DNA  |                  | -   | -             | Medicare    | \$0.00                   | -                    | -                    | -                       | -        | 000        | 999        |          |
| 0440T      | E                            | ABLTJ PERC UXTR/PERPH NRV     |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0440U      | Q                            | CRD CHD DNA ALYS 10 SNP 6DNA  |                  | -   | -             | Medicare    | \$0.00                   | -                    | -                    | -                       | -        | 000        | 999        |          |
| 0441T      | E                            | ABLTJ PERC LXTR/PERPH NRV     |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0441U      | Q                            | NFCT DS BCT FNGL/VIRAL SEMIQ  |                  | -   | -             | Medicare    | \$0.00                   | -                    | -                    | -                       | -        | 000        | 999        |          |
| 0442T      | E                            | ABLTJ PERC PLEX/TRNCL NRV     |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0442U      | Q                            | NFCT DS RESPIR NFCTJ MXA&CRP  |                  | -   | -             | Medicare    | \$68.97                  | \$42.76              | \$41.38              | -                       | -        | 000        | 999        |          |
| 0443T      | E                            | R-T SPCTRL ALYS PRST8 TISS    |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0443U      | Q                            | NEURFLMNT LT CHN ULTRSENS IA  |                  | -   | -             | Medicare    | \$0.00                   | -                    | -                    | -                       | -        | 000        | 999        |          |
| 0444T      | E                            | 1ST PLMT DRUG ELUT OC INS     |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0444U      | Q                            | ONC SLD ORGN NEO TGSAP 361    |                  | -   | -             | Medicare    | \$4,866.00               | \$3,016.92           | \$2,919.60           | -                       | -        | 000        | 999        |          |
| 0445T      | E                            | SBSQT PLMT DRUG ELUT OC INS   |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0445U      | Q                            | ABETA42 & PTAU181 ECLIA CSF   |                  | -   | -             | Medicare    | \$434.17                 | \$269.19             | \$260.50             | -                       | -        | 000        | 999        |          |
| 0446T      | E                            | INSJ IMPLTBL GLUCOSE SENSOR   |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0446U      | Q                            | AI DS SLE ALYS 10 CYTOKINE    |                  | -   | -             | Medicare    | \$1,401.08               | \$868.67             | \$840.65             | -                       | -        | 000        | 999        |          |
| 0447T      | E                            | RMVL IMPLTBL GLUCOSE SENSOR   |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0447U      | Q                            | AI DS SLE ALYS 11 CYTOKINE    |                  | -   | -             | Medicare    | \$1,401.08               | \$868.67             | \$840.65             | -                       | -        | 000        | 999        |          |
| 0448T      | E                            | REMLV INSJ IMPLTBL GLUC SENS  |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0449T      | E                            | INSJ AQUEOUS DRAIN DEV 1ST    |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0449U      | Q                            | CAR SCR SEV INH COND 5 GENES  |                  | -   | -             | Medicare    | \$3,041.47               | \$1,885.71           | \$1,824.88           | -                       | -        | 000        | 999        |          |
| 0450T      | E                            | INSJ AQUEOUS DRAIN DEV EACH   |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0450U      | Q                            | ONC MM LC-MS/MS MONOC P-PRTN  |                  | -   | -             | Medicare    | \$72.38                  | \$44.88              | \$43.43              | -                       | -        | 000        | 999        |          |
| 0451U      | Q                            | ONC MM LC-MS/MS PEP ION QUAN  |                  | -   | -             | Medicare    | \$72.38                  | \$44.88              | \$43.43              | -                       | -        | 000        | 999        |          |
| 0452U      | Q                            | ONC BLDR MTHYL PENK LTE-QMSP  |                  | -   | -             | Medicare    | \$320.00                 | \$198.40             | \$192.00             | -                       | -        | 000        | 999        |          |
| 0453U      | Q                            | ONC CLRCT CA CFDNA QPCR ASY   |                  | -   | -             | Medicare    | \$320.00                 | \$198.40             | \$192.00             | -                       | -        | 000        | 999        |          |
| 0454U      | Q                            | U RARE DS ID OPT GENOME MAPG  |                  | -   | -             | Medicare    | \$2,105.88               | \$1,305.65           | \$1,263.53           | -                       | -        | 000        | 999        |          |
| 0455U      | Q                            | NFCT AGT STI MULT AMP PRB UR  |                  | -   | -             | Medicare    | \$237.72                 | \$147.39             | \$142.63             | -                       | -        | 000        | 999        |          |
| 0457U      | Q                            | PFAS 9 CMPND LCMS/MS PLS/SR   |                  | -   | -             | Medicare    | \$331.23                 | \$205.36             | \$198.74             | -                       | -        | 000        | 999        |          |
| 0458U      | Q                            | ONC BRST CA S100 A8&A9 ELISA  |                  | -   | -             | Medicare    | \$434.17                 | \$269.19             | \$260.50             | -                       | -        | 000        | 999        |          |
| 0459U      | Q                            | ABETA42 & TTAU ECLIA CSF      |                  | -   | -             | Medicare    | \$434.17                 | \$269.19             | \$260.50             | -                       | -        | 000        | 999        |          |



Montana Healthcare Programs Fee Schedule  
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| Proc<br>Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                     | Proc<br>Modifier | APC | APC<br>Weight | Method      | Outpatient               | Sole Comm.           | Non-sole             | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|------------------------------|-------------------------------|------------------|-----|---------------|-------------|--------------------------|----------------------|----------------------|-------------------------|----------|------------|------------|----------|
|            |                              |                               |                  |     |               |             | Hospital Fee<br>Schedule | Hospital Lab<br>Fees | Hospital Lab<br>Fees |                         |          |            |            |          |
| 0460U      | Q                            | ONC WHL BLD/BUCC RTPCR 24GEN  |                  | -   | -             | Medicare    | \$0.00                   | -                    | -                    | -                       | -        | 000        | 999        |          |
| 0461U      | Q                            | ONC RXGENOM ALYS RTPCR 24GEN  |                  | -   | -             | Medicare    | \$0.00                   | -                    | -                    | -                       | -        | 000        | 999        |          |
| 0462U      | Q                            | MELATONIN LVL TST SLP STD7/9  |                  | -   | -             | Medicare    | \$28.78                  | \$17.84              | \$17.27              | -                       | -        | 000        | 999        |          |
| 0463U      | Q                            | ONC CRVX MRNA GENXPRSN 14BMK  |                  | -   | -             | Medicare    | \$0.00                   | -                    | -                    | -                       | -        | 000        | 999        |          |
| 0464T      | E                            | VISUAL EP TEST FOR GLAUCOMA   |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0464U      | Q                            | ONC CLRCT SCR QRTSA DNA MRK   |                  | -   | -             | Medicare    | \$986.53                 | \$611.65             | \$591.92             | -                       | -        | 000        | 999        |          |
| 0465U      | Q                            | ONC URTHL CARC DNA QMSP 2GEN  |                  | -   | -             | Medicare    | \$3,230.02               | \$2,002.61           | \$1,938.01           | -                       | -        | 000        | 999        |          |
| 0466U      | Q                            | CRD CAD DNA GWAS 564856 SNP   |                  | -   | -             | Medicare    | \$0.00                   | -                    | -                    | -                       | -        | 000        | 999        |          |
| 0467U      | Q                            | ONC BLDR DNA NGS 60GEN&ANEUP  |                  | -   | -             | Medicare    | \$2,531.77               | \$1,569.70           | \$1,519.06           | -                       | -        | 000        | 999        |          |
| 0468U      | Q                            | HEP NASH MIR34A5P A2M YKL40   |                  | -   | -             | Medicare    | \$419.50                 | \$260.09             | \$251.70             | -                       | -        | 000        | 999        |          |
| 0469T      | E                            | RTA POLARIZE SCAN OC SCR BI   |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0469U      | Q                            | RARE DS WHL GEN SEQ FTL SAMP  |                  | -   | -             | Medicare    | \$1,996.57               | \$1,237.87           | \$1,197.94           | -                       | -        | 000        | 999        |          |
| 0470U      | Q                            | ONC OROP DETCJ MRD 8 DNA HPV  |                  | -   | -             | Medicare    | \$0.00                   | -                    | -                    | -                       | -        | 000        | 999        |          |
| 0471U      | Q                            | ONC CLRC CA 35 VRN KRAS&NRAS  |                  | -   | -             | Medicare    | \$1,266.67               | \$785.34             | \$760.00             | -                       | -        | 000        | 999        |          |
| 0472T      | E                            | PRGRMG IO RTA ELTRD RA        |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0472U      | Q                            | CA VI PSP&SP1 ANTB SJOGREN    |                  | -   | -             | Medicare    | \$0.00                   | -                    | -                    | -                       | -        | 000        | 999        |          |
| 0473T      | E                            | REPRGRMG IO RTA ELTRD RA      |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0473U      | Q                            | ONC SLD TUM BLD/SLV 648 GENE  |                  | -   | -             | Medicare    | \$7,500.00               | \$4,650.00           | \$4,500.00           | -                       | -        | 000        | 999        |          |
| 0474T      | E                            | INSJ AQUEOUS DRG DEV IO RSVR  |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0474U      | Q                            | HERED PAN CA GSAP 88GENE NGS  |                  | -   | -             | Medicare    | \$2,173.25               | \$1,347.42           | \$1,303.95           | -                       | -        | 000        | 999        |          |
| 0475U      | Q                            | HERED PRST8 CA GSAP 23 GENES  |                  | -   | -             | Medicare    | \$2,173.25               | \$1,347.42           | \$1,303.95           | -                       | -        | 000        | 999        |          |
| 0476U      | Q                            | RX METAB PSYC 14GEN&CYP2D6    |                  | -   | -             | Medicare    | \$694.63                 | \$430.67             | \$416.78             | -                       | -        | 000        | 999        |          |
| 0477U      | Q                            | RX METAB PSY 14&CYP2D6 GN-RX  |                  | -   | -             | Medicare    | \$694.63                 | \$430.67             | \$416.78             | -                       | -        | 000        | 999        |          |
| 0478U      | Q                            | ONC NSCLC DNA&RNA DPCR 9GENS  |                  | -   | -             | Medicare    | \$0.00                   | -                    | -                    | -                       | -        | 000        | 999        |          |
| 0479T      | E                            | FXJL ABL LSR 1ST 100 SQ CM    |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0479U      | Q                            | TAU PHOSPHORYLATED PTAU217    |                  | -   | -             | Medicare    | \$28.78                  | \$17.84              | \$17.27              | -                       | -        | 000        | 999        |          |
| 0480T      | E                            | FXJL ABL LSR EA ADDL 100SQCM  |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0480U      | Q                            | NFCT DS CSF METAG NGS ALYS    |                  | -   | -             | Medicare    | \$3,543.67               | \$2,197.08           | \$2,126.20           | -                       | -        | 000        | 999        |          |
| 0481T      | E                            | NJX AUTOL WBC CONCENTRATE     |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0481U      | Q                            | IDH1 IDH2&TERT PROMOTER NGS   |                  | -   | -             | Medicare    | \$1,123.73               | \$696.71             | \$674.24             | -                       | -        | 000        | 999        |          |
| 0482U      | Q                            | OB PE BIOCHEM ASY SFLT1&PLGF  |                  | -   | -             | Medicare    | \$214.70                 | \$133.11             | \$128.82             | -                       | -        | 000        | 999        |          |
| 0483T      | E                            | TMVI PERCUTANEOUS APPROACH    |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0483U      | Q                            | NFCT DS NG GYRA S91F PT MUT   |                  | -   | -             | Medicare    | \$0.00                   | -                    | -                    | -                       | -        | 000        | 999        |          |
| 0484T      | E                            | TMVI TRANSTHORACIC EXPOSURE   |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0484U      | Q                            | NFCT DS MGEN 23S RRNA PT MUT  |                  | -   | -             | Medicare    | \$0.00                   | -                    | -                    | -                       | -        | 000        | 999        |          |
| 0485T      | E                            | OCT MID EAR I&R UNILATERAL    |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0485U      | Q                            | ONC SOL TUM CFDNA&RNA NGS GM  |                  | -   | -             | Medicare    | \$0.00                   | -                    | -                    | -                       | -        | 000        | 999        |          |
| 0486T      | E                            | OCT MID EAR I&R BILATERAL     |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0486U      | Q                            | ONC PAN SOL TUM NGS CFCTDNA   |                  | -   | -             | Medicare    | \$0.00                   | -                    | -                    | -                       | -        | 000        | 999        |          |
| 0487U      | Q                            | ONC SOL TUM CFCDNA TGSAP 84   |                  | -   | -             | Medicare    | \$4,866.00               | \$3,016.92           | \$2,919.60           | -                       | -        | 000        | 999        |          |
| 0488T      | E                            | DIABETES PREV ONLINE/ELEC     |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0488U      | Q                            | OB FETAL AG NIPT CFDNA ALYS   |                  | -   | -             | Medicare    | \$1,265.08               | \$784.35             | \$759.05             | -                       | -        | 000        | 999        |          |
| 0489T      | E                            | REGN CELL TX SCLDR HANDS      |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0489U      | Q                            | OB SGNIPT CFDNA SEQ ALYS 1+   |                  | -   | -             | Medicare    | \$0.00                   | -                    | -                    | -                       | -        | 000        | 999        |          |
| 0490T      | E                            | REGN CELL TX SCLDR H MLT INJ  |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0490U      | Q                            | ONC CUTAN/UVEAL MLNMA CD146   |                  | -   | -             | Medicare    | \$4,058.33               | \$2,516.16           | \$2,435.00           | -                       | -        | 000        | 999        |          |
| 0491U      | Q                            | ONC SOL TUM CTC SLCT ER PRTN  |                  | -   | -             | Medicare    | \$4,058.33               | \$2,516.16           | \$2,435.00           | -                       | -        | 000        | 999        |          |
| 0492U      | Q                            | ONC SOL TUM CTC SLCTN PD-L1   |                  | -   | -             | Medicare    | \$4,058.33               | \$2,516.16           | \$2,435.00           | -                       | -        | 000        | 999        |          |
| 0493U      | Q                            | TRANSPL MED QUAN DD-CFDNA NGS |                  | -   | -             | Medicare    | \$4,588.75               | \$2,845.03           | \$2,753.25           | -                       | -        | 000        | 999        |          |
| 0494T      | E                            | PREP & CANNULJ CDVR DON LUNG  |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0494U      | Q                            | RBC AG FTL RHD GENE ALYS NGS  |                  | -   | -             | Medicare    | \$1,265.08               | \$784.35             | \$759.05             | -                       | -        | 000        | 999        |          |
| 0495T      | E                            | MNTR CDVR DON LNG 1ST 2 HRS   |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0495U      | Q                            | ONC PRST8 ALYS CRCG PLSM PRT  |                  | -   | -             | Medicare    | \$1,266.67               | \$785.34             | \$760.00             | -                       | -        | 000        | 999        |          |
| 0496T      | E                            | MNTR CDVR DON LNG EA ADDL HR  |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 0496U      | Q                            | ONC CLRCT CFDNA 8/7 GENES     |                  | -   | -             | Medicare    | \$0.00                   | -                    | -                    | -                       | -        | 000        | 999        |          |
| 0497T      | E                            | XTRNL PT ACT ECG IN-OFF CONN  |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |

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| Proc<br>Cd | 2024<br>APC |     | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method      | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-------------|-----|------------------------------|------------------|-----|---------------|-------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|            | Status      | Ind |                              |                  |     |               |             |                                        |                                    |                                           |                         |          |            |            |          |
| 0497U      | Q           |     | ONC PRST8 MRNA RT-PCR 6GENES |                  | -   | -             | Medicare    | \$6,455.00                             | \$4,002.10                         | \$3,873.00                                | -                       | -        | 000        | 999        |          |
| 0498T      | E           |     | XTRNL PT ACT ECG R&I PR 30 D |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0498U      | Q           |     | ONC CLRCT NGS MUT DETC 43GEN |                  | -   | -             | Medicare    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 0499U      | Q           |     | ONC CLRCT&LNG DNA NGS 8GENES |                  | -   | -             | Medicare    | \$996.52                               | \$617.84                           | \$597.91                                  | -                       | -        | 000        | 999        |          |
| 0500F      | E           |     | INITIAL PRENATAL CARE VISIT  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0500U      | Q           |     | AUTOINFLAM DS VEXAS SYND DNA |                  | -   | -             | Medicare    | \$292.33                               | \$181.24                           | \$175.40                                  | -                       | -        | 000        | 999        |          |
| 0501F      | E           |     | PRENATAL FLOW SHEET          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0501U      | Q           |     | ONC CLRC BLD QUAN MEAS CFDNA |                  | -   | -             | Medicare    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 0502F      | E           |     | SUBSEQUENT PRENATAL CARE     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0502U      | Q           |     | HPV E6/E7 MRK HIRSK TYP CRV  |                  | -   | -             | Medicare    | \$58.48                                | \$36.26                            | \$35.09                                   | -                       | -        | 000        | 999        |          |
| 0503F      | E           |     | POSTPARTUM CARE VISIT        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0503U      | Q           |     | NEURO ALZ DS BAMY&TAU PRTN   |                  | -   | -             | Medicare    | \$1,250.00                             | \$775.00                           | \$750.00                                  | -                       | -        | 000        | 999        |          |
| 0504U      | Q           |     | NFCT DS UTI ID 17 PATH ORGS  |                  | -   | -             | Medicare    | \$694.63                               | \$430.67                           | \$416.78                                  | -                       | -        | 000        | 999        |          |
| 0505F      | E           |     | HEMODIALYSIS PLAN DOCD       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0505T      | E           |     | EV FEMPOP ARTL REVSC         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0505U      | Q           |     | NFCT DS VAG INFCTJ ID 32ORGS |                  | -   | -             | Medicare    | \$1,132.95                             | \$702.43                           | \$679.77                                  | -                       | -        | 000        | 999        |          |
| 0506T      | E           |     | MAC PGMT OPT DNS MEAS HFP    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0506U      | Q           |     | GI BARRETTS ESOPHGL CELL 89  |                  | -   | -             | Medicare    | \$3,230.02                             | \$2,002.61                         | \$1,938.01                                | -                       | -        | 000        | 999        |          |
| 0507F      | E           |     | PERITON DIALYSIS PLAN DOCD   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0507T      | E           |     | NEAR IFR 2IMG MIBMN GLND I&R |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0507U      | Q           |     | ONC OVR DNA WHOLE GEN W/5HMC |                  | -   | -             | Medicare    | \$1,933.33                             | \$1,198.66                         | \$1,160.00                                | -                       | -        | 000        | 999        |          |
| 0508U      | Q           |     | TRNSPLJ MED DDCFDNA 40 SNPS  |                  | -   | -             | Medicare    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 0509F      | E           |     | URINE INCON PLAN DOCD        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0509T      | E           |     | PATTERN ERG W/I&R            |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0509U      | Q           |     | TRNSPLJ MED DDCFDNA<12 SNPS  |                  | -   | -             | Medicare    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 0510T      | E           |     | RMVL SINUS TARSI IMPLANT     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0510U      | Q           |     | ONC PNCRTC CA ALG ALYS 16GEN |                  | -   | -             | Medicare    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 0511T      | E           |     | RMVL&RINSJ SINUS TARSI IMPLT |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0511U      | Q           |     | ONC SOL TUM 3DMICROENVIR 36+ |                  | -   | -             | Medicare    | \$5,056.43                             | \$3,134.99                         | \$3,033.86                                | -                       | -        | 000        | 999        |          |
| 0512T      | E           |     | ESW INTEG WND HLG 1ST WND    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0512U      | Q           |     | ONC PRST8 ALYS DGTZ IMG MSI  |                  | -   | -             | Medicare    | \$1,177.08                             | \$729.79                           | \$706.25                                  | -                       | -        | 000        | 999        |          |
| 0513F      | E           |     | ELEV BP PLAN OF CARE DOCD    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0513T      | E           |     | ESW INTEG WND HLG EA ADDL    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0513U      | Q           |     | ONC PRST8 ALG ALYS MSI&HRD   |                  | -   | -             | Medicare    | \$1,177.08                             | \$729.79                           | \$706.25                                  | -                       | -        | 000        | 999        |          |
| 0514F      | E           |     | CARE PLAN HGB DOCD ESA PT    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0514T      | E           |     | INTRAOP VIS AXIS ID PT FIXJ  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0514U      | Q           |     | GI IBD IA QUAN DETER ADL LVL |                  | -   | -             | Medicare    | \$64.28                                | \$39.85                            | \$38.57                                   | -                       | -        | 000        | 999        |          |
| 0515T      | E           |     | INSJ WCS LV COMPL SYS        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0515U      | Q           |     | GI IBD IA QUAN DETER IFX LVL |                  | -   | -             | Medicare    | \$64.28                                | \$39.85                            | \$38.57                                   | -                       | -        | 000        | 999        |          |
| 0516F      | E           |     | ANEMIA PLAN OF CARE DOCD     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0516T      | E           |     | INSJ WCS LV ELTRD ONLY       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0516U      | Q           |     | RX METAB RXGENOMIC GNOTYP 40 |                  | -   | -             | Medicare    | \$694.63                               | \$430.67                           | \$416.78                                  | -                       | -        | 000        | 999        |          |
| 0517F      | E           |     | GLAUCOMA PLAN OF CARE DOCD   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0517T      | E           |     | INSJ WCS LV BOTH COMPNT PG   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0517U      | Q           |     | THER RX MNTR 80+ PSYACTIV RX |                  | -   | -             | Medicare    | \$411.53                               | \$255.15                           | \$246.92                                  | -                       | -        | 000        | 999        |          |
| 0518F      | E           |     | FALL PLAN OF CARE DOCD       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0518T      | E           |     | RMVL PG WCS LV BATTERY ONLY  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0518U      | Q           |     | THER RX MNTR 90+ PN&MTL HLTH |                  | -   | -             | Medicare    | \$411.53                               | \$255.15                           | \$246.92                                  | -                       | -        | 000        | 999        |          |
| 0519F      | E           |     | PLAND CHEMO DOCD B/4 TXMNT   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0519T      | E           |     | RMV&RPLCMT PG WCS LV BOTH    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0519U      | Q           |     | THER RX MNTR MEDS P/D/A 110+ |                  | -   | -             | Medicare    | \$411.53                               | \$255.15                           | \$246.92                                  | -                       | -        | 000        | 999        |          |
| 0520F      | E           |     | RAD DOS LIMITS B/4 3D RAD    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0520T      | E           |     | RMV&RPLCMT PG WCS LV BATTERY |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0520U      | Q           |     | THER RX MNTR 200+ RX/SBSTS   |                  | -   | -             | Medicare    | \$411.53                               | \$255.15                           | \$246.92                                  | -                       | -        | 000        | 999        |          |
| 0521F      | E           |     | PLAN OF CARE 4 PAIN DOCD     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0521T      | E           |     | INTERROG DEV EVAL WCS IP     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |

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| Proc<br>Cd | 2024<br>APC |     | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method      | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-------------|-----|------------------------------|------------------|-----|---------------|-------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Status      | Ind |                              |                  |     |               |             |                                        |                                    |                                           |  |                         |          |            |            |          |
| 0521U      | E           |     | RF IGA&IGM CCP ANTB SR-A IA  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0522T      | E           |     | PRGRMG DEV EVAL WCS IP       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0522U      | E           |     | CA VI PSP&SP1 ANTB CL SEMIQL |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0523T      | E           |     | NTRAPX C FFR W/3D FUNCJL MAP |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0523U      | E           |     | ONC SOLTUM DNA NGS SNV 22GEN |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0524T      | E           |     | EV CATH DIR CHEM ABLTJ W/IMG |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0524U      | E           |     | OB PE SFLT-1/PLGF IA SRM/PLS |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0525F      | E           |     | INITIAL VISIT FOR EPISODE    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0525T      | E           |     | INSJ/RPLCMT COMPL IIMS       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0525U      | E           |     | ONC SPHRD CELL CUL 11-RX PNL |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0526F      | E           |     | SUBS VISIT FOR EPISODE       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0526T      | E           |     | INSJ/RPLCMT IIMS ELTRD ONLY  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0526U      | E           |     | NEFRO RNL TRNSPL QUAN CXCL10 |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0527T      | E           |     | INSJ/RPLCMT IIMS IMPLT MNTR  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0527U      | E           |     | HSV 1&2 VZV AMP PRB TQ PTHGN |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0528F      | E           |     | RCMND FLW-UP 10 YRS DOCD     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0528T      | E           |     | PRGRMG DEV EVAL IIMS IP      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0528U      | E           |     | LRT IAD 18BCT/8VIR&7ARG RNA  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0529F      | E           |     | INTRVL 3/>YR PTS CLNSCP DOCD |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 003        | 999        |          |
| 0529T      | E           |     | INTERROG DEV EVAL IIMS IP    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0529U      | E           |     | HEM VTE SNP F2&F5 GEN LEIDEN |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0530T      | E           |     | REMOVAL COMPLETE IIMS        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0530U      | E           |     | ONC PAN-SOL TUM CTDNA 77 GEN |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0531T      | E           |     | REMOVAL IIMS ELECTRODE ONLY  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0532T      | E           |     | REMOVAL IIMS IMPLT MNTR ONLY |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0535F      | E           |     | DYSPNEA MNGMNT PLAN DOCD     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0540F      | E           |     | GLUCO MNGMNT PLAN DOCD       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0541T      | E           |     | MYOCARDIAL IMAGING MCG       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0542T      | E           |     | MYOCARDIAL IMAGING MCG I&R   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0543T      | E           |     | TA MV RPR W/ARTIF CHORD TEND |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0544T      | E           |     | TCAT MV ANNULUS RCNSTJ       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0545F      | E           |     | FOLLOW UP CARE PLAN MDD DOCD |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0545T      | E           |     | TCAT TV ANNULUS RCNSTJ       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0546T      | E           |     | RF SPECTRSC NTRAOP MRGN ASMT |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0547T      | E           |     | B1 MATRL QUAL TST MCRIND TIB |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0550F      | E           |     | CYTOPATH REPORT NONGYN SPCMN |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0551F      | E           |     | CYTOPATH REPORT NON ROUTINE  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0552T      | E           |     | LOW-LEVEL LASER THERAPY      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0554T      | E           |     | B1 STR & FX RSK ANALYSIS     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0555F      | E           |     | SYMPTOM MGMNT PLAN CARE DOCD |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0555T      | E           |     | B1 STR&FX RSK TRANSMIS DATA  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0556F      | E           |     | PLAN CARE LIPID CONTROL DOCD |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0556T      | E           |     | B1 STR & FX RSK ASSESSMENT   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0557F      | E           |     | PLAN CAREMNG ANGNL SYMPTDOCD |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0557T      | E           |     | B1 STR & FX RSK I&R          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0558T      | E           |     | CT SCAN F/BIOMCHN CT ALYS    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0559T      | E           |     | ANTMC MDL 3D PRINT 1ST CMPNT |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0560T      | E           |     | ANTMC MDL 3D PRINT EA ADDL   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0561T      | E           |     | ANTMC GUIDE 3D PRINT 1ST GD  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0562T      | E           |     | ANTMC GUIDE 3D PRINT EA ADDL |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0563T      | E           |     | EVAC MEIBOMIAN GLND HEAT BI  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0565T      | E           |     | AUTOL CELL IMPLT ADPS HRVG   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0566T      | E           |     | AUTOL CELL IMPLT ADPS NJX    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0569T      | E           |     | TTVR PERQ APPR 1ST PROSTH    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0570T      | E           |     | TTVR PERQ EA ADDL PROSTH     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0571T      | E           |     | INSJ/RPLCMT ICDS SS ELTRD    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc<br>Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method      | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|------------------------------|------------------------------|------------------|-----|---------------|-------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|            |                              |                              |                  |     |               |             |                                        |                                    |                                           |                         |          |            |            |          |
| 0572T      | E                            | INSERTION SS DFB ELECTRODE   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0573T      | E                            | REMOVAL SS DFB ELECTRODE     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0574T      | E                            | REPOS PREV SS IMPL DFB ELTRD |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0575F      | E                            | HIV RNA PLAN CARE DOCD       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0575T      | E                            | PRGRMG DEV EVAL ICDS SS IP   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0576T      | E                            | INTERROG DEV EVAL ICDS SS IP |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0577T      | E                            | EPHYS EVAL ICDS SS           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0578T      | E                            | REM INTERROG DEV ICDS PHYS   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0579T      | E                            | REM INTERROG DEV ICDS TECH   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0580F      | E                            | MULTIDISCIPLINARY CARE PLAN  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0580T      | E                            | RMVL SS IMPL DFB PG ONLY     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0581F      | E                            | PT TRNSFRD FROM ANESTH TO CC |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0581T      | E                            | ABLTJ MAL BRST TUM PERQ CRTX |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0582F      | E                            | NO TRNSFR FROM ANESTH TO CC  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0582T      | E                            | TRURL ABLTJ MAL PRST8 TISS   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0583F      | E                            | TRANSFER CARE CHECKLIST USED |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0583T      | E                            | TMPST AUTO TUBE DLVR SYS     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0584F      | E                            | NO TRANSFERCARE CHKLST USED  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0584T      | E                            | PERQ ISLET CELL TRANSPLANT   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0585T      | E                            | LAPS ISLET CELL TRANSPLANT   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0586T      | E                            | OPEN ISLET CELL TRANSPLANT   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0587T      | E                            | PERQ IMPLTJ/RPLCMT ISDNS PTN |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0588T      | E                            | REVISION/REMOVAL ISDNS PTN   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0589T      | E                            | ELEC ALYS SMPL PRGRMG IINS   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0590T      | E                            | ELEC ALYS CPLX PRGRMG IINS   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0591T      | E                            | HLTH&WB COACHING INDIV 1ST   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0592T      | E                            | HLTH&WB COACHING INDIV F-UP  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0593T      | E                            | HLTH&WB COACHING GROUP       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0594T      | E                            | OSTEOT HUM XTRNL LNGTH DEV   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0596T      | E                            | TEMP FML IU VLV-PMP 1ST INSJ |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0597T      | E                            | TEMP FML IU VALVE-PMP RPLCMT |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0598T      | E                            | NCNTC R-T FLUOR WND IMG 1ST  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0599T      | E                            | NCNTC R-T FLUOR WND IMG EA   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0600T      | E                            | IRE ABLTJ 1+TUM ORGAN PERQ   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0601T      | E                            | IRE ABLTJ 1+TUMORS OPEN      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0602T      | E                            | TRANSDERMAL GFR MEASUREMENTS |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0603T      | E                            | TRANSDERMAL GFR MONITORING   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0604T      | E                            | REM OCT RTA DEV SETUP&EDUCAJ |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0605T      | E                            | REM OCT RTA TECHL SPRT MIN 8 |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0606T      | E                            | REM OCT RTA PHYS/QHP EA 30D  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0607T      | E                            | REM MNTR PULM FLU MNTR SETUP |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0608T      | E                            | REM MNTR PULM FLU MNTR ALYS  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0609T      | E                            | MRS DISC PAIN ACQUISJ DATA   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0610T      | E                            | MRS DISC PAIN TRANSMIS DATA  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0611T      | E                            | MRS DISC PAIN ALG ALYS DATA  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0612T      | E                            | MRS DISCOGENIC PAIN I&R      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0613T      | E                            | PERQ TCAT INTRATRL SEPTL SHT |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0614T      | E                            | RMVL&RPLCMT SS IMPL DFB PG   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0615T      | E                            | EYE MVMT ALYS W/O CALBRJ I&R |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0619T      | E                            | CYSTO W/PRST8 COMMISSUROTOMY |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0620T      | E                            | EVASC VEN ARTLZ TIBL/PRNL VN |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0621T      | E                            | TRABECULOSTOMY INTERNO LASER |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0622T      | E                            | TRABECULOSTOMY INT LSR W/SCP |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0623T      | E                            | AUTO QUANTIFICATION C PLAQUE |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0624T      | E                            | AUTO QUAN C PLAQ DATA PREP   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0625T      | E                            | AUTO QUAN C PLAQ CPTR ALYS   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |



Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc<br>Cd | 2024<br>APC |     | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method      | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-------------|-----|------------------------------|------------------|-----|---------------|-------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Status      | Ind |                              |                  |     |               |             |                                        |                                    |                                           |  |                         |          |            |            |          |
| 0626T      | E           |     | AUTO QUAN C PLAQ I&R         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0627T      | E           |     | PERQ NJX ALGC FLUOR LMBR 1ST |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0628T      | E           |     | PERQ NJX ALGC FLUOR LMBR EA  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0629T      | E           |     | PERQ NJX ALGC CT LMBR 1ST    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0630T      | E           |     | PERQ NJX ALGC CT LMBR EA     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0631T      | E           |     | TC VIS LIT HYPERSPECTRAL IMG |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0632T      | E           |     | PERQ TCAT US ABLTJ NRV P-ART |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0633T      | E           |     | CT BREAST W/3D UNI C-        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0634T      | E           |     | CT BREAST W/3D UNI C+        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0635T      | E           |     | CT BREAST W/3D UNI C-/C+     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0636T      | E           |     | CT BREAST W/3D BI C-         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0637T      | E           |     | CT BREAST W/3D BI C+         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0638T      | E           |     | CT BREAST W/3D BI C-/C+      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0639T      | E           |     | WRLS SKN SNR ANISOTROPY MEAS |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0640T      | E           |     | NCNTC IFR SPCTRSC O/T PAD 1  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0643T      | E           |     | TCAT L VENTR RSTRJ DEV IMPLT |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0644T      | E           |     | TCAT RMVL/DBLK ICAR MAS PERQ |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0645T      | E           |     | TCAT IMPLTJ C SINS RDCTJ DEV |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0646T      | E           |     | TTVI/RPLCMT W/PRSTC VLV PERQ |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0647T      | E           |     | INSJ GTUBE PERQ MAG GASTRPXY |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0648T      | E           |     | QUAN MR TIS WO MRI 1ORGN     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0649T      | E           |     | QUAN MR TISS W/MRI 1ORGN     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0650T      | E           |     | PRGRMG DEV EVAL SCRMS REMOTE |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0651T      | E           |     | MAG CTRLD CAPSULE ENDOSCOPY  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0652T      | E           |     | EGD FLX TRANSNASAL DX BR/WA  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0653T      | E           |     | EGD FLX TRANSNASAL BX 1/MLT  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0654T      | E           |     | EGD FLX TRANSNASAL TUBE/CATH |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0655T      | E           |     | TPRNL FOCAL ABLTJ MAL PRST8  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0656T      | E           |     | ANT LMBR VRT BDY TETH <7 SEG |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0657T      | E           |     | ANT LMBR VRT BDY TETH 8+ SEG |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0658T      | E           |     | ELEC IMPD SPECTRSC 1+SKN LES |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0659T      | E           |     | TCAT INTRA-C NFS SUPERSAT O2 |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0660T      | E           |     | IMPLT ANT SGM IO NBIO RX SYS |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0661T      | E           |     | RMVL&RIMPLTJ ANT SGM IMPLT   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0662T      | E           |     | SCALP COOL 1ST MEAS&CALBRJ   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0663T      | E           |     | SCALP COOL PLMT MNTR RMVL    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0664T      | E           |     | DON HYSTERECTOMY OPEN CDVR   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0665T      | E           |     | DON HYSTERECTOMY OPEN LIV    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0666T      | E           |     | DON HYSTERECTOMY LAPS LIV    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0667T      | E           |     | DON HYSTERECTOMY RCP UTER    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0668T      | E           |     | BKBENCH PREP DON UTER ALGRFT |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0669T      | E           |     | BKBENCH RCNSTJ DON UTER VEN  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0670T      | E           |     | BKBENCH RCNSTJ DON UTER ARTL |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0671T      | E           |     | INSJ ANT SGM AQ DRG DEV 1+   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0672T      | E           |     | NDOVAG CRYG RF REMDL TISS    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0673T      | E           |     | ABLTJ B9 THYR NDUL PERQ LASR |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0674T      | E           |     | LAPS INSJ NW/RPCMT PRM ISDSS |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0675T      | E           |     | LAPS INSJ NW/RPCMT ISDSS 1LD |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0676T      | E           |     | LAPS INSJ NW/RPCMT ISDSS EA  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0677T      | E           |     | LAPS REPOS LEAD ISDSS 1ST LD |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0678T      | E           |     | LAPS REPOS LEAD ISDSS EA ADD |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0679T      | E           |     | LAPS RMVL LEAD ISDSS         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0680T      | E           |     | INSJ/RPLCMT PG ONLY ISDSS    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0681T      | E           |     | RLCJ PULSE GEN ONLY ISDSS    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0682T      | E           |     | REMOVAL PULSE GEN ONLY ISDSS |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0683T      | E           |     | PRGRMG DEV EVAL ISDSS IP     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc<br>Cd | 2024<br>APC |     | Proc Desc                     | Proc<br>Modifier | APC | APC<br>Weight | Method      | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-------------|-----|-------------------------------|------------------|-----|---------------|-------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Status      | Ind |                               |                  |     |               |             |                                        |                                    |                                           |  |                         |          |            |            |          |
| 0684T      | E           |     | PERI-PX DEV EVAL ISDSS IP     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0685T      | E           |     | INTERROG DEV EVAL ISDSS IP    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0686T      | E           |     | HISTOTRIPSY MAL HEPATCEL TIS  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0687T      | E           |     | TX AMBLYOPIA DEV SETUP 1ST    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0688T      | E           |     | TX AMBLYOPIA ASSMT W/REPORT   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0689T      | E           |     | QUAN US TIS CHARAC W/O DX US  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0690T      | E           |     | QUAN US TIS CHARAC W/DX US    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0691T      | E           |     | AUTO ALYS XST CT STD VRT FX   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0692T      | E           |     | THERAPEUTIC ULTRAFILTRATION   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0693T      | E           |     | COMPRES FUL BDY 3D MTN ALYS   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0694T      | E           |     | 3D VOL IMG&RCNSTJ BRST/AX     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0695T      | E           |     | BDY SRF MPG PM/CVDFFB TM IMPL |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0696T      | E           |     | BDY SURF MAPG PM/CVDFFB F/UP  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0697T      | E           |     | QUAN MR TIS WO MRI MLT ORGN   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0698T      | E           |     | QUAN MR TISS W/MRI MLT ORGN   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0699T      | E           |     | NJX PST CHMBR EYE MEDICATION  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0700T      | E           |     | MOLEC FLUOR IMG SUS NEV 1ST   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0701T      | E           |     | MOLEC FLUOR IMG SUS NEV EA    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0702T      | E           |     | REM THER MNTR OL TECH SPRT    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0703T      | E           |     | REM THER MNTR OL COG BHV      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0704T      | E           |     | REM TX AMBLYOPIA SETUP&EDU    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0705T      | E           |     | REM TX AMBLYOPIA TECH SPRT    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0706T      | E           |     | REM TX AMBLYOPIA I&R PHY/QHP  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0707T      | E           |     | NJX B1 SUB MTRL SBCHDRL DFCT  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0708T      | E           |     | ID CA IMMNTX PREP & 1ST NJX   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0709T      | E           |     | ID CA IMMNTX EACH ADDL NJX    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0710T      | E           |     | N-INVAS ARTL PLAQ ALYS        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0711T      | E           |     | N-NVS ARTL PLAQ ALYS DAT PRP  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0712T      | E           |     | N-NVS ARTL PLAQ ALYS QUAN     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0713T      | E           |     | N-NVS ARTL PLAQ ALYS RVW I&R  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0714T      | E           |     | TPLA B9 PRST8 HYPRPLSA<50ML   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0716T      | E           |     | CAR ACOUS WAVFRM REC CAD RSK  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0717T      | E           |     | ADRC THER PRTL RC TEAR        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0718T      | E           |     | ADRC THER PRTL RC TEAR NJX    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0719T      | E           |     | PST VRT JT RPLCMT LMBR 1 SGM  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0720T      | E           |     | PRQ ELC NRV STIM CN WO IMPLT  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0721T      | E           |     | QUAN CT TISS CHARAC W/O CT    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0722T      | E           |     | QUAN CT TISS CHARAC W/CT      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0723T      | E           |     | QMRCP W/O DX MRI SM ANAT SES  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0724T      | E           |     | QMRCP W/DX MRI SAME ANATOMY   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0725T      | E           |     | VESTIBULAR DEV IMPLTJ UNI     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0726T      | E           |     | RMVL IMPLT VSTIBULAR DEV UNI  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0727T      | E           |     | RMVL&RPLCMT IMPLT VSTBLR DEV  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0728T      | E           |     | DX ALYS VSTBLR IMPLT UNI 1ST  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0729T      | E           |     | DX ALYS VSTBLR IMPLT UNI SBQ  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0730T      | E           |     | TRABECULOTOMY LSR W/OCT GDN   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0731T      | E           |     | AUGMNT AI-BASED FCL PHNT A/R  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0732T      | E           |     | IMMNTX ADMN ELECTROPORATN IM  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0733T      | E           |     | REM R-T MTN NREHAB THER SPLY  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0734T      | E           |     | REM R-T MTN NREHAB TX MGMT    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0735T      | E           |     | PREP TUM CAV IORT PRIM CRNOT  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0736T      | E           |     | COLONIC LAVAGE 35+L WATER     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0737T      | E           |     | XENOGRAFT IMPLTJ ARTCLR SURF  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0738T      | E           |     | TX PLN MAG FLD ABLTJ PRST8    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0739T      | E           |     | ABLTJ MAL PRST8 MAG FLD NDCT  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0740T      | E           |     | REM AUTON ALG NSLN CAL SETUP  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc Cd | 2024 APC |     | 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 |
|---------|----------|-----|------------------------------|---------------|-----|------------|-------------|----------------------------------|------------------------------|----------------------------------|----------------------|----------|---------|---------|----------|
|         | Status   | Ind |                              |               |     |            |             |                                  |                              |                                  |                      |          |         |         |          |
| 0741T   | E        |     | REM AUTON ALG NSLN DATA COLL |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 0742T   | E        |     | AQMBF SPECT XERS/STRS & REST |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 0743T   | E        |     | B1 STR & FX RSK VRT FX ASSMT |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 0744T   | E        |     | INSJ BIOPROSTC VLV FEM VN    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 0745T   | E        |     | CAR ABLT RAD ARR N-INVAS LOC |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 0746T   | E        |     | CAR ABLT RAD ARR CNV LOC MAP |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 0747T   | E        |     | CAR ABLT RAD ARRHYT DLVR RAD |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 0748T   | E        |     | NJX STM CL PRDCT ANL SFT TIS |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 0749T   | E        |     | B1 STR&FX RSK ASSMT DXR-BMD  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 0750T   | E        |     | B1 STR&FX RSK ASMT DXRBMD1VW |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 0751T   | E        |     | DGTZ GLS MCRSCP SLD LEVEL II |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 0752T   | E        |     | DGTZ GLS MCRSCP SLD LVL III  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 0753T   | E        |     | DGTZ GLS MCRSCP SLD LEVEL IV |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 0754T   | E        |     | DGTZ GLS MCRSCP SLD LEVEL V  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 0755T   | E        |     | DGTZ GLS MCRSCP SLD LEVEL VI |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 0756T   | E        |     | DGTZ GLS MCRSCP SLD SPC GRPI |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 0757T   | E        |     | DGTZ GLS MCRSCP SL SPC GRPII |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 0758T   | E        |     | DGTZ GLS MCRSCP SL SPC HCHEM |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 0759T   | E        |     | DGTZ GLS MCRSCP SL SP GRPIII |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 0760T   | E        |     | DGTZ GLS MCRSCP SL IMM 1ST   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 0761T   | E        |     | DGTZ GLS MCRSCP SL IMM EA 1  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 0762T   | E        |     | DGTZ GLS MCRSCP SL IMM EA M  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 0763T   | E        |     | DGTZ GLS MCRSCP MPHMTTC ALYS |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 0764T   | E        |     | ASSTV ALG ECG RSK ASMT CNCRT |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 0765T   | E        |     | ASSTV ALG ECG RSK ASMT PREV  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 0766T   | E        |     | TC MAG STIMJ PN 1ST NERVE    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 0767T   | E        |     | TC MAG STIMJ PN EA ADDL NRV  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 0770T   | E        |     | VR TECHNOLOGY ASSIST THERAPY |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 0771T   | E        |     | VR PX DISSOC SVC SM PHY 1ST  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 0772T   | E        |     | VR PX DISSOC SVC SM PHY EA   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 0773T   | E        |     | VR PX DISSOC SVC OTH PHY 1ST |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 0774T   | E        |     | VR PX DISSOC SVC OTH PHY EA  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 0776T   | E        |     | THER INDCTJ NTRABRN HYPHTRM  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 0777T   | E        |     | R-T PRS SENSING EDRL GDN SYS |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 0778T   | E        |     | SMMG CNCRNT APPL IMU SNR     |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 0779T   | E        |     | GI MYOELECTRICAL ACTV STUDY  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 0780T   | E        |     | INSTLJ FECAL MICROBIOTA SSP  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 0781T   | E        |     | BRNCHSC RF DSTRJ PULM NRV BI |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 0782T   | E        |     | BRNCHSC RF DSTRJ PLM NRV UNI |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 0783T   | E        |     | TC AURICULR NEUROSTIMULATION |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 0784T   | E        |     | INS/RPLMT ELTRD RA SPI NSTIM |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 0785T   | E        |     | REVJ/RMVL NEA SPI W/NSTIM    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 0786T   | E        |     | INSJ/RPLCMT PRQ RA SAC NSTIM |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 0787T   | E        |     | REVJ/RMVL NEA SAC W/NSTIM    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 0788T   | E        |     | ELEC ALY SMP IINS SP/SAC NRV |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 0789T   | E        |     | ELEC ALY CPX IINS SP/SAC NRV |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 0790T   | E        |     | REVJ RPLCMT/RMVL VRT TETHRG  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 0791T   | E        |     | MOTR COG VR GAIT TRAIN EA 15 |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 0792T   | E        |     | APPL SLVR DIAMN FLUORIDE 38% |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 0793T   | E        |     | PRQ TCAT THRM ABLT NRV P-ART |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 0794T   | E        |     | PT SPEC ALG RX-ONC TX OPTION |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 0795T   | E        |     | TCAT INS 2CHMBR LDLS PM CMPL |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 0796T   | E        |     | TCAT INS 2CHMBR LDLS PM RA   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 0797T   | E        |     | TCAT INS 2CHMBR LDLS PM RV   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 0798T   | E        |     | TCAT RMV 2CHMBR LDLS PM CMPL |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 0799T   | E        |     | TCAT RMVL 2CHMBR LDLS PM RA  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc<br>Cd | 2024<br>APC |     | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method      | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-------------|-----|------------------------------|------------------|-----|---------------|-------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Status      | Ind |                              |                  |     |               |             |                                        |                                    |                                           |  |                         |          |            |            |          |
| 0800T      | E           |     | TCAT RMVL 2CHMBR LDLS PM RV  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0801T      | E           |     | TCAT RMV&RPL 2CHMBR LDLS PM  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0802T      | E           |     | TCAT RMV&RPL2CHMB LDLS PM RA |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0803T      | E           |     | TCAT RMV&RPL2CHMB LDLS PM RV |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0804T      | E           |     | PRGRMG EVL LDLS PM 2CHMBR IP |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0805T      | E           |     | TCAT S&IVC PRSTC VL IMPL PRQ |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0806T      | E           |     | TCAT S&IVC PRSTC VL IMPL OPN |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0807T      | E           |     | PULM TISS VNTJ ALYS PREV CT  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0808T      | E           |     | PULM TISS VNTJ ALYS W/CT     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0810T      | E           |     | SUBRTA NJX RX AGT W/VTRC     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0811T      | E           |     | REM MLT DAY UROFLOW SETUP    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0812T      | E           |     | REM MLT DAY UROFLOW DEV SPLY |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0813T      | E           |     | EGD VOL ADJMT BARIATRIC BALO |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0814T      | E           |     | PRQ NJX BIOD OSTEO MATRL FEM |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0815T      | E           |     | US REMS B1 DNS HIPS PLVS/SPI |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0816T      | E           |     | OPN INSJ/RPLCMT INS PTN SUBQ |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0817T      | E           |     | OPN INSJ/RPLCMT INS PTN SUBF |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0818T      | E           |     | REVJ/RMVL INS PTN SUBQ       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0819T      | E           |     | REVJ/RMVL INS PTN SUBF       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0820T      | E           |     | MNTR PSYCHDLC MED 1STPHY/QHP |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0821T      | E           |     | MNTR PSYCHDLC MED 2NDPHY/QHP |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0822T      | E           |     | MNTR PSYCHDLC MED CLN STAFF  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0823T      | E           |     | TCAT INS 1CHMBR LDLS PM RA   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0824T      | E           |     | TCAT RMV 1CHMBR LDLS PM RA   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0825T      | E           |     | TCAT RMV&RPL1CHMB LDLS PM RA |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0826T      | E           |     | PRGRMG EVL LDLS PM 1CHMBR IP |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0827T      | E           |     | DGTZ GLS MCRSCP CYTP SMEARS  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0828T      | E           |     | DGTZ GLS MCRSCP CYTP SMPL FL |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0829T      | E           |     | DGTZ GLS MCRSCP CYTP CONCTRJ |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0830T      | E           |     | DGTZ GLS MCRSCP CYTP SLCTV   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0831T      | E           |     | DGTZ GLS MCRSCP CYTP C/V     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0832T      | E           |     | DGTZ GLS MCRSCP CYTP OTH SCR |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0833T      | E           |     | DGTZ GLS MCRSCP CYTP OTH PRP |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0834T      | E           |     | DGTZ GLS MCRSCP CYTP OTH XTN |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0835T      | E           |     | DGTZ GLS MCRSCP FNA 1ST EA   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0836T      | E           |     | DGTZ GLS MCRSCP FNA EA ADDL  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0837T      | E           |     | DGTZ GLS MCRSCP FNA I&R      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0838T      | E           |     | DGTZ GLS MCRSCP CSLT SLD ELS |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0839T      | E           |     | DGTZ GLS MCRSCP CSLT MAT PRP |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0840T      | E           |     | DGTZ GLS MCRSCP CSLT COMPRE  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0841T      | E           |     | DGTZ GLS MCRSCP PTH CSLT 1ST |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0842T      | E           |     | DGTZ GLS MCRSCP PTH CSLT EA  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0843T      | E           |     | DGTZ GLS MCRSCP CSLT CYT 1ST |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0844T      | E           |     | DGTZ GLS MCRSCP CSLT CYT EA  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0845T      | E           |     | DGTZ GLS MCRSCP IMFLUOR 1ST  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0846T      | E           |     | DGTZ GLS MCRSCP IMFLUOR EA   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0847T      | E           |     | DGTZ GLS MCRSCP XM ARCH TISS |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0848T      | E           |     | DGTZ GLS MCRSCP ISH 1ST      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0849T      | E           |     | DGTZ GLS MCRSCP ISH EA ADL 1 |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0850T      | E           |     | DGTZ GLS MCRSCP ISH EA MULT  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0851T      | E           |     | DGTZ GLS MCRSCP MPHMTTC 1ST  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0852T      | E           |     | DGTZ GLS MCRSCP MPHMTTC EA 1 |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0853T      | E           |     | DGTZ GLS MCRSCP MPHMTTC EA M |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0854T      | E           |     | DGTZ GLS MCRSCP BLD SMR PRPH |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0855T      | E           |     | DGTZ GLS MCRSCP B1 MAROW SMR |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0856T      | E           |     | DGTZ GLS MCRSCP ELECTRON MIC |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |



Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc<br>Cd | 2024<br>APC |     | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method      | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-------------|-----|------------------------------|------------------|-----|---------------|-------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Status      | Ind |                              |                  |     |               |             |                                        |                                    |                                           |  |                         |          |            |            |          |
| 0857T      | E           |     | OPTO-ACOUSTIC IMG BREAST UNI |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0858T      | E           |     | EXT TRNSCRANL MAG STIMJ MEAS |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0859T      | E           |     | NCNTC IFR SPCTRSC O/T PAD EA |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0860T      | E           |     | NCNTC IFR SPCTRSC SCR PAD    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0861T      | E           |     | RMVL PG WCS LV BOTH COMPNT   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0862T      | E           |     | RLCJ PG WCS LV BATTERY ONLY  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0863T      | E           |     | RLCJ PG WCS LV TRNSMTR ONLY  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0864T      | E           |     | LOW NTSTY ESWT CORPUS CVRNSM |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0865T      | E           |     | QUAN MRI ALYS BRN W/O DX MRI |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0866T      | E           |     | QUAN MRI ALYS BRN W/DX MRI   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0867T      | E           |     | TPLA B9 PRST8 HYPRPLSA>=50ML |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0868T      | E           |     | HI-RES GASTRIC EP MAPPING    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0869T      | E           |     | NJX B1 SUB MTRL HW FIXJ AUG  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0870T      | E           |     | IMP SUBQ PRTL ASCTS PMP SYS  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0871T      | E           |     | RPLCMT SUBQ PRTL ASCITES PMP |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0872T      | E           |     | RPLCMT NDWLLG BLDR&PRTL CATH |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0873T      | E           |     | REVJ SUBQ PRTL ASCT PMP SYS  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0874T      | E           |     | RMVL PERTL ASCITES PMP SYS   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0875T      | E           |     | PRGRM SUBQ PRTL ASCT PMP SYS |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0876T      | E           |     | DUPLEX SCAN HEMO FSTL LMTD   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0877T      | E           |     | AUGMNT ALYS CH CT ILD W/O CT |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0878T      | E           |     | AUGMNT ALYS CH CT ILD W/CT   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0879T      | E           |     | AUGMNT ALYS CH CT ILD PREP   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0880T      | E           |     | AUGMNT ALYS CH CT ILD I&R    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0881T      | E           |     | CRYOTHERAPY ORAL CAVITY      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0882T      | E           |     | INTRAOP THER ESTIM PN UE 1ST |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0883T      | E           |     | INTRAOP THER ESTIM PN UE EA  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0884T      | E           |     | ESPHGSC FLX 1ST TNDSC DILAT  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0885T      | E           |     | COLSC FLX 1ST TNDSC DILAT    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0886T      | E           |     | SGMDSC FLX 1ST TNDSC DILAT   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0887T      | E           |     | END-TIDAL CTRL INHALED ANES  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0888T      | E           |     | HISTOTRIPSY MAL RENAL TISSUE |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0889T      | E           |     | PRSNLZ TRGT DVL ARHFCMRIGTBS |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0890T      | E           |     | ARHFCMRIGTBS 1ST TX DAY      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0891T      | E           |     | ARHFCMRIGTBS SBSQ TX DAY     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0892T      | E           |     | ARHFCMRIGTBS SBSQ PER TX DAY |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0893T      | E           |     | N-INVAS ASSMT BLD OXYGNATION |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0894T      | E           |     | CANNULATION LIVER ALLOGRAFT  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0895T      | E           |     | CONNJ LVR ALGRFT PRFU DEV 1  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0896T      | E           |     | CONNJ LVR ALGRFT PRFU DEV EA |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0897T      | E           |     | N-INVAS AUGMNT ARRHYT ALYS   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0898T      | E           |     | N-INVAS PRST8 CANCER EST MAP |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0899T      | E           |     | N-INVAS DETER AQMBF AUG CMR  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0900T      | E           |     | N-INVAS EST AQMBF ASSTV CMR  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0901T      | E           |     | PLMT BONE MARROW SMPLG PORT  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0902T      | E           |     | QTC NTRVL AUGMNT ALG ALY ECG |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0903T      | E           |     | ECG ALG 12 LEAD REDUCED I&R  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0904T      | E           |     | ECG ALG 12 LD RDCD TRCG ONLY |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0905T      | E           |     | ECG ALG 12 LD RDCD I&R ONLY  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0906T      | E           |     | COMS THER 1ST APPL<=50 SQ CM |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0907T      | E           |     | COMS THER EA ADDL<=50 SQ CM  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0908T      | E           |     | OPN IMP INT NSTM SYS VGS NRV |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0909T      | E           |     | RPLCMT INT NSTIM SYS VGS NRV |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0910T      | E           |     | RMVL INT NSTIM SYS VAGUS NRV |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0911T      | E           |     | ELEC ALY NSTM SYS VGS NRV WO |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 0912T      | E           |     | ELEC ALYS NSTIM SYS VGS SMPL |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc Cd | 2024<br>APC<br>Status | Proc Desc                    | Proc<br>Modifier | APC   | APC<br>Weight | Method                     | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|---------|-----------------------|------------------------------|------------------|-------|---------------|----------------------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|         |                       |                              |                  |       |               |                            |                                        |                                    |                                           |                         |          |            |            |          |
| 0913T   | E                     | PRQ TCAT THER RX NTRAC BALO1 |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0914T   | E                     | PRQ TCAT THR RX NTRC BAL SEP |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0915T   | E                     | INSJ PERM CCM-D SYS PG&ELTRD |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0916T   | E                     | INSJ PERM CCM-D SYS PG ONLY  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0917T   | E                     | INSJ PERM CCM-D SYS 1 LEAD   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0918T   | E                     | INSJ PERM CCM-D SYS DUAL LD  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0919T   | E                     | RMVL PERM CCM-D SYS PG ONLY  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0920T   | E                     | RMVL PERM CCM-D SYS 1 PAC LD |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0921T   | E                     | RMVL PERM CCM-D SYS 1 DFB LD |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0922T   | E                     | RMVL PERM CCM-D SYS DUAL LD  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0923T   | E                     | RMVL&RPLCMT PERM CCM-D PG    |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0924T   | E                     | RPOS PRV CCM-D TRNSVNS ELTRD |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0925T   | E                     | RLCJ SKIN POCKET CCM-D PG    |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0926T   | E                     | PRGRMG DEV EVAL CCM-D IP     |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0927T   | E                     | INTERROG DEV EVAL CCM-D IP   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0928T   | E                     | REM INTERROG DEV CCM-D PHYS  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0929T   | E                     | REM INTERROG DEV CCM-D TECH  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0930T   | E                     | EPHYS EVAL CCM-D LD 1ST IMPL |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0931T   | E                     | EPHYS EVAL CCM-D LD SEPARATE |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0932T   | E                     | N-INVS DET HRT FAIL AUG ECHO |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0933T   | E                     | TCAT IMPL WRLS L ATR PRS SNR |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0934T   | E                     | REM MNTR WRLS L ATR PRS SNR  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0935T   | E                     | CYSTO W/RNL PEL SYMP DNRVTJ  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0936T   | E                     | PHOTOBIMODULATION THER RTA   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0937T   | E                     | XTRNL ECG REC>15D<30D        |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0938T   | E                     | XTRNL ECG REC>15D<30D REC    |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0939T   | E                     | XTRNL ECG REC>15D<30D SCAN   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0940T   | E                     | XTRNL ECG REC>15D<30D R&I    |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0941T   | E                     | CYSTO FLX INS&XPNS URTL SCAF |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0942T   | E                     | CYSTO FLX RMV&RPLC URTL SCAF |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0943T   | E                     | CYSTO FLX RMVL URTL SCAFFOLD |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0944T   | E                     | 3D CNTR SIMULA TRGT LVR LES  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0945T   | E                     | INTRAOP ASSMT ABNL TUM TISS  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0946T   | E                     | ORTHO IMPL MVMT ALYS PAIR CT |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 0947T   | E                     | MGRFUS STRTCTC BL-BR DISRPJ  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 10004   | N                     | FNA BX W/O IMG GDN EA ADDL   |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 10005   | T                     | FNA BX W/US GDN 1ST LES      |                  | 05071 | 7.8905        | APC                        | \$479.11                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 10006   | N                     | FNA BX W/US GDN EA ADDL      |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 10007   | T                     | FNA BX W/FLUOR GDN 1ST LES   |                  | 05071 | 7.8905        | APC                        | \$479.11                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 10008   | N                     | FNA BX W/FLUOR GDN EA ADDL   |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 10009   | T                     | FNA BX W/CT GDN 1ST LES      |                  | 05071 | 7.8905        | APC                        | \$479.11                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 1000F   | E                     | TOBACCO USE ASSESSED         |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 10010   | N                     | FNA BX W/CT GDN EA ADDL      |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 10011   | T                     | FNA BX W/MR GDN 1ST LES      |                  | 05071 | 7.8905        | APC                        | \$479.11                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 10012   | N                     | FNA BX W/MR GDN EA ADDL      |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 10021   | T                     | FNA BX W/O IMG GDN 1ST LES   |                  | 05052 | 4.4806        | APC                        | \$272.06                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 1002F   | E                     | ASSESS ANGINAL SYMPTOM/LEVEL |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 10030   | T                     | IMG GID FLU COLL DRG SFT TIS |                  | 05071 | 7.8905        | APC                        | \$479.11                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 10035   | T                     | PLMT SFT TISS LOCLZJ DEV 1ST |                  | 05071 | 7.8905        | APC                        | \$479.11                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 10036   | N                     | PLMT SFT TISS LOCLZJ DEV EA  |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 1003F   | E                     | LEVEL OF ACTIVITY ASSESS     |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 10040   | N                     | ACNE SURGERY                 |                  | 05051 | 2.2284        | Bundled, sometimes payable | \$135.31                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 1004F   | E                     | CLIN SYMP VOL OVRLD ASSESS   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 1005F   | E                     | ASTHMA SYMPTOMS EVALUATE     |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 10060   | T                     | I&D ABSCESS SIMPLE/SINGLE    |                  | 05051 | 2.2284        | APC                        | \$135.31                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 10061   | T                     | I&D ABSCESS COMP/MULTIPLE    |                  | 05052 | 4.4806        | APC                        | \$272.06                               |                                    |                                           | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc<br>Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC   | APC<br>Weight | Method                     | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|------------------------------|------------------------------|------------------|-------|---------------|----------------------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|            |                              |                              |                  |       |               |                            |                                        |                                    |                                           |                         |          |            |            |          |
| 1006F      | E                            | OSTEOARTHRITIS ASSESS        |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 1007F      | E                            | ANTI-INFLM/ANLGSC OTC ASSESS |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 10080      | T                            | I&D PILONIDAL CYST SIMPLE    |                  | 05071 | 7.8905        | APC                        | \$479.11                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 10081      | T                            | I&D PILONIDAL CYST COMP      |                  | 05071 | 7.8905        | APC                        | \$479.11                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 1008F      | E                            | GI/RENAL RISK ASSESS         |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 1010F      | E                            | SEVERITY ANGINA BY ACTVTY    |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 1011F      | E                            | ANGINA PRESENT               |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 10120      | T                            | INC&RMVL FB SUBQ TISS SMPL   |                  | 05052 | 4.4806        | APC                        | \$272.06                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 10121      | N                            | INC&RMVL FB SUBQ TISS COMP   |                  | 05072 | 18.1704       | Bundled, sometimes payable | \$1,103.31                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 1012F      | E                            | ANGINA ABSENT                |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 10140      | N                            | I&D HMTMA SEROMA/FLUID COLLJ |                  | 05072 | 18.1704       | Bundled, sometimes payable | \$1,103.31                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 1015F      | E                            | COPD SYMPTOMS ASSESS         |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 10160      | T                            | PNXR ASPIR ABSC HMTMA BULLA  |                  | 05052 | 4.4806        | APC                        | \$272.06                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 10180      | N                            | I&D COMPLEX PO WOUND INFCTJ  |                  | 05073 | 32.0969       | Bundled, sometimes payable | \$1,948.92                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 1018F      | E                            | ASSESS DYSPNEA NOT PRESENT   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 1019F      | E                            | ASSESS DYSPNEA PRESENT       |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 1022F      | E                            | PNEUMO IMM STATUS ASSESS     |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 1026F      | E                            | CO-MORBID CONDITION ASSESS   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 1030F      | E                            | INFLUENZA IMM STATUS ASSESS  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 1031F      | E                            | SMOKING & 2ND HAND ASSESSED  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 1032F      | E                            | SMOKER/EXPOSED 2ND HND SMOKE |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 1033F      | E                            | TOBACCO NONSMOKER NOR 2NDHND |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 1034F      | E                            | CURRENT TOBACCO SMOKER       |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 1035F      | E                            | SMOKELESS TOBACCO USER       |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 1036F      | E                            | TOBACCO NON-USER             |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 1038F      | E                            | PERSISTENT ASTHMA            |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 1039F      | E                            | INTERMITTENT ASTHMA          |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 1040F      | E                            | DSM-5 INFO MDD DOCD          |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 1050F      | E                            | HISTORY OF MOLE CHANGES      |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 1052F      | E                            | TYPE LOCATION ACTIVITYASSESS |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 1055F      | E                            | VISUAL FUNCT STATUS ASSESS   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 1060F      | E                            | DOC PERM/CONT/PAROX ATR FIB  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 1061F      | E                            | DOC LACK PERM&CONT&PAROX FIB |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 1065F      | E                            | ISCHM STROKE SYMP LT3 HRSB/4 |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 1066F      | E                            | ISCHM STROKE SX ONSET>=3HR   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 1070F      | E                            | ALARM SYMP ASSESSED-ABSENT   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 1071F      | E                            | ALARM SYMP ASSESSED-1+ PRSNT |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 1090F      | E                            | PRES/ABSN URINE INCON ASSESS |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 1091F      | E                            | URINE INCON CHARACTERIZED    |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 11000      | T                            | DBRDMT ECZ/INFECTED SKIN<10% |                  | 05053 | 6.8648        | APC                        | \$416.83                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 11001      | N                            | DBRDMT ECZ/INFCT SKN EA ADDL |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 11004      | C                            | DBRDMT SKIN XTRNL GENT&PER   |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 11005      | C                            | DBRDMT SKIN ABDOMINAL WALL   |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 11006      | C                            | DBRDMT SKIN XTRNL GENT PER   |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 11008      | C                            | RMV PRSTC MTRL/MESH ABD WALL |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 1100F      | E                            | PTFALLS ASSESS-DOCD GE2>/YR  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 11010      | T                            | DEBRIDE SKIN AT FX SITE      |                  | 05071 | 7.8905        | APC                        | \$479.11                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 11011      | T                            | DEBRIDE SKIN MUSC AT FX SITE |                  | 05071 | 7.8905        | APC                        | \$479.11                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 11012      | N                            | DEB SKIN BONE AT FX SITE     |                  | 05073 | 32.0969       | Bundled, sometimes payable | \$1,948.92                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 1101F      | E                            | PT FALLS ASSESS-DOCD LE1/YR  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 11042      | T                            | DBRDMT SUBQ TIS 1ST 20SQCM/< |                  | 05052 | 4.4806        | APC                        | \$272.06                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 11043      | T                            | DBRDMT MUSC&/FSCA 1ST 20/<   |                  | 05053 | 6.8648        | APC                        | \$416.83                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 11044      | N                            | DBRDMT BONE 1ST 20 SQ CM/<   |                  | 05072 | 18.1704       | Bundled, sometimes payable | \$1,103.31                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 11045      | N                            | DBRDMT SUBQ TISS EACH ADDL   |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 11046      | N                            | DBRDMT MUSC&/FSCA EA ADDL    |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 11047      | N                            | DBRDMT BONE EACH ADDL        |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| 2024<br>APC |        |                              |          |         |                            | Outpatient   | Sole Comm.   | Non-sole     |             |          | Min | Max | Comments |
|-------------|--------|------------------------------|----------|---------|----------------------------|--------------|--------------|--------------|-------------|----------|-----|-----|----------|
| Proc        | Status | Proc Desc                    | Proc     | APC     | Method                     | Hospital Fee | Hospital Lab | Hospital Lab | Prior Auth. | Passport | Age | Age |          |
| Cd          | Ind    |                              | Modifier | Weight  |                            | Schedule     | Fees         | Fees         | Required    |          |     |     |          |
| 11055       | N      | PARING/CUTG B9 HYPRKER LES 1 | 05051    | 2.2284  | Bundled, sometimes payable | \$135.31     |              |              | -           | -        | 000 | 999 |          |
| 11056       | N      | PARNG/CUTG B9 HYPRKR LES 2-4 | 05051    | 2.2284  | Bundled, sometimes payable | \$135.31     |              |              | -           | -        | 000 | 999 |          |
| 11057       | T      | PARNG/CUTG B9 HYPRKR LES >4  | 05051    | 2.2284  | APC                        | \$135.31     |              |              | -           | -        | 000 | 999 |          |
| 11102       | T      | TANGNTL BX SKIN SINGLE LES   | 05051    | 2.2284  | APC                        | \$135.31     |              |              | -           | -        | 000 | 999 |          |
| 11103       | N      | TANGNTL BX SKIN EA SEP/ADDL  | -        | -       | Bundled                    | \$0.00       |              |              | -           | -        | 000 | 999 |          |
| 11104       | T      | PUNCH BX SKIN SINGLE LESION  | 05052    | 4.4806  | APC                        | \$272.06     |              |              | -           | -        | 000 | 999 |          |
| 11105       | N      | PUNCH BX SKIN EA SEP/ADDL    | -        | -       | Bundled                    | \$0.00       |              |              | -           | -        | 000 | 999 |          |
| 11106       | T      | INCAL BX SKN SINGLE LES      | 05053    | 6.8648  | APC                        | \$416.83     |              |              | -           | -        | 000 | 999 |          |
| 11107       | N      | INCAL BX SKN EA SEP/ADDL     | -        | -       | Bundled                    | \$0.00       |              |              | -           | -        | 000 | 999 |          |
| 1110F       | E      | PT LFT INPT FAC W/IN 60 DAYS | -        | -       | Not Allowed                | \$0.00       |              |              | -           | -        | 000 | 999 |          |
| 1111F       | E      | DSCHRG MED/CURRENT MED MERGE | -        | -       | Not Allowed                | \$0.00       |              |              | -           | -        | 000 | 999 |          |
| 1116F       | E      | AURIC/PERI PAIN ASSESSED     | -        | -       | Not Allowed                | \$0.00       |              |              | -           | -        | 000 | 999 |          |
| 1118F       | E      | GERD SYMPS ASSESSED 12 MONTH | -        | -       | Not Allowed                | \$0.00       |              |              | -           | -        | 000 | 999 |          |
| 1119F       | E      | INIT EVAL FOR CONDITION      | -        | -       | Not Allowed                | \$0.00       |              |              | -           | -        | 000 | 999 |          |
| 11200       | N      | RMVL SKIN TAGS UP TO&INC 15  | 05051    | 2.2284  | Bundled, sometimes payable | \$135.31     |              |              | -           | -        | 000 | 999 |          |
| 11201       | N      | RMVL SKIN TAGS EA ADDL 10    | -        | -       | Bundled                    | \$0.00       |              |              | -           | -        | 000 | 999 |          |
| 1121F       | E      | SUBS EVAL FOR CONDITION      | -        | -       | Not Allowed                | \$0.00       |              |              | -           | -        | 000 | 999 |          |
| 1123F       | E      | ACP DISCUSS/DSCN MKR DOCD    | -        | -       | Not Allowed                | \$0.00       |              |              | -           | -        | 000 | 999 |          |
| 1124F       | E      | ACP DISCUSS-NO DSCNMKR DOCD  | -        | -       | Not Allowed                | \$0.00       |              |              | -           | -        | 000 | 999 |          |
| 1125F       | E      | AMNT PAIN NOTED PAIN PRSNT   | -        | -       | Not Allowed                | \$0.00       |              |              | -           | -        | 000 | 999 |          |
| 1126F       | E      | AMNT PAIN NOTED NONE PRSNT   | -        | -       | Not Allowed                | \$0.00       |              |              | -           | -        | 000 | 999 |          |
| 1127F       | E      | NEW EPISODE FOR CONDITION    | -        | -       | Not Allowed                | \$0.00       |              |              | -           | -        | 000 | 999 |          |
| 1128F       | E      | SUBS EPISODE FOR CONDITION   | -        | -       | Not Allowed                | \$0.00       |              |              | -           | -        | 000 | 999 |          |
| 11300       | N      | SHAVE SKIN LESION 0.5 CM/<   | 05052    | 4.4806  | Bundled, sometimes payable | \$272.06     |              |              | -           | -        | 000 | 999 |          |
| 11301       | N      | SHAVE SKIN LESION 0.6-1.0 CM | 05051    | 2.2284  | Bundled, sometimes payable | \$135.31     |              |              | -           | -        | 000 | 999 |          |
| 11302       | N      | SHAVE SKIN LESION 1.1-2.0 CM | 05051    | 2.2284  | Bundled, sometimes payable | \$135.31     |              |              | -           | -        | 000 | 999 |          |
| 11303       | N      | SHAVE SKIN LESION >2.0 CM    | 05052    | 4.4806  | Bundled, sometimes payable | \$272.06     |              |              | -           | -        | 000 | 999 |          |
| 11305       | N      | SHAVE SKIN LESION 0.5 CM/<   | 05051    | 2.2284  | Bundled, sometimes payable | \$135.31     |              |              | -           | -        | 000 | 999 |          |
| 11306       | N      | SHAVE SKIN LESION 0.6-1.0 CM | 05051    | 2.2284  | Bundled, sometimes payable | \$135.31     |              |              | -           | -        | 000 | 999 |          |
| 11307       | T      | SHAVE SKIN LESION 1.1-2.0 CM | 05051    | 2.2284  | APC                        | \$135.31     |              |              | -           | -        | 000 | 999 |          |
| 11308       | N      | SHAVE SKIN LESION >2.0 CM    | 05052    | 4.4806  | Bundled, sometimes payable | \$272.06     |              |              | -           | -        | 000 | 999 |          |
| 1130F       | E      | BK PAIN & FXN ASSESSED       | -        | -       | Not Allowed                | \$0.00       |              |              | -           | -        | 000 | 999 |          |
| 11310       | T      | SHAVE SKIN LESION 0.5 CM/<   | 05051    | 2.2284  | APC                        | \$135.31     |              |              | -           | -        | 000 | 999 |          |
| 11311       | T      | SHAVE SKIN LESION 0.6-1.0 CM | 05051    | 2.2284  | APC                        | \$135.31     |              |              | -           | -        | 000 | 999 |          |
| 11312       | T      | SHAVE SKIN LESION 1.1-2.0 CM | 05052    | 4.4806  | APC                        | \$272.06     |              |              | -           | -        | 000 | 999 |          |
| 11313       | T      | SHAVE SKIN LESION >2.0 CM    | 05052    | 4.4806  | APC                        | \$272.06     |              |              | -           | -        | 000 | 999 |          |
| 1134F       | E      | EPSD BK PAIN FOR 6 WKS/<     | -        | -       | Not Allowed                | \$0.00       |              |              | -           | -        | 000 | 999 |          |
| 1135F       | E      | EPSD BK PAIN FOR >6 WKS      | -        | -       | Not Allowed                | \$0.00       |              |              | -           | -        | 000 | 999 |          |
| 1136F       | E      | EPSD BK PAIN FOR 12 WKS/<    | -        | -       | Not Allowed                | \$0.00       |              |              | -           | -        | 000 | 999 |          |
| 1137F       | E      | EPSD BK PAIN FOR >12 WKS     | -        | -       | Not Allowed                | \$0.00       |              |              | -           | -        | 000 | 999 |          |
| 11400       | T      | EXC TR-EXT B9+MARG 0.5 CM<   | 05071    | 7.8905  | APC                        | \$479.11     |              |              | -           | -        | 000 | 999 |          |
| 11401       | T      | EXC TR-EXT B9+MARG 0.6-1 CM  | 05052    | 4.4806  | APC                        | \$272.06     |              |              | -           | -        | 000 | 999 |          |
| 11402       | T      | EXC TR-EXT B9+MARG 1.1-2 CM  | 05071    | 7.8905  | APC                        | \$479.11     |              |              | -           | -        | 000 | 999 |          |
| 11403       | T      | EXC TR-EXT B9+MARG 2.1-3CM   | 05071    | 7.8905  | APC                        | \$479.11     |              |              | -           | -        | 000 | 999 |          |
| 11404       | N      | EXC TR-EXT B9+MARG 3.1-4 CM  | 05072    | 18.1704 | Bundled, sometimes payable | \$1,103.31   |              |              | -           | -        | 000 | 999 |          |
| 11406       | N      | EXC TR-EXT B9+MARG >4.0 CM   | 05072    | 18.1704 | Bundled, sometimes payable | \$1,103.31   |              |              | -           | -        | 000 | 999 |          |
| 11420       | N      | EXC H-F-NK-SP B9+MARG 0.5/<  | 05072    | 18.1704 | Bundled, sometimes payable | \$1,103.31   |              |              | -           | -        | 000 | 999 |          |
| 11421       | T      | EXC H-F-NK-SP B9+MARG 0.6-1  | 05071    | 7.8905  | APC                        | \$479.11     |              |              | -           | -        | 000 | 999 |          |
| 11422       | N      | EXC H-F-NK-SP B9+MARG 1.1-2  | 05072    | 18.1704 | Bundled, sometimes payable | \$1,103.31   |              |              | -           | -        | 000 | 999 |          |
| 11423       | N      | EXC H-F-NK-SP B9+MARG 2.1-3  | 05072    | 18.1704 | Bundled, sometimes payable | \$1,103.31   |              |              | -           | -        | 000 | 999 |          |
| 11424       | N      | EXC H-F-NK-SP B9+MARG 3.1-4  | 05072    | 18.1704 | Bundled, sometimes payable | \$1,103.31   |              |              | -           | -        | 000 | 999 |          |
| 11426       | N      | EXC H-F-NK-SP B9+MARG >4 CM  | 05073    | 32.0969 | Bundled, sometimes payable | \$1,948.92   |              |              | -           | -        | 000 | 999 |          |
| 11440       | T      | EXC FACE-MM B9+MARG 0.5 CM/< | 05071    | 7.8905  | APC                        | \$479.11     |              |              | -           | -        | 000 | 999 |          |
| 11441       | T      | EXC FACE-MM B9+MARG 0.6-1 CM | 05071    | 7.8905  | APC                        | \$479.11     |              |              | -           | -        | 000 | 999 |          |
| 11442       | T      | EXC FACE-MM B9+MARG 1.1-2 CM | 05071    | 7.8905  | APC                        | \$479.11     |              |              | -           | -        | 000 | 999 |          |
| 11443       | N      | EXC FACE-MM B9+MARG 2.1-3 CM | 05072    | 18.1704 | Bundled, sometimes payable | \$1,103.31   |              |              | -           | -        | 000 | 999 |          |



Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
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| 2024<br>APC |               | Proc Desc                    | Proc<br>Modifier | APC<br>Weight | Method  | Outpatient<br>Hospital Fee<br>Schedule | Non-sole                           |                               | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|-------------|---------------|------------------------------|------------------|---------------|---------|----------------------------------------|------------------------------------|-------------------------------|-------------------------|----------|------------|------------|----------|
| Proc<br>Cd  | Status<br>Ind |                              |                  |               |         |                                        | Sole Comm.<br>Hospital Lab<br>Fees | Comm.<br>Hospital Lab<br>Fees |                         |          |            |            |          |
|             |               |                              |                  |               |         |                                        |                                    |                               |                         |          |            |            |          |
| 11444       | N             | EXC FACE-MM B9+MARG 3.1-4 CM |                  | 05072         | 18.1704 | Bundled, sometimes payable             | \$1,103.31                         |                               | -                       | -        | 000        | 999        |          |
| 11446       | N             | EXC FACE-MM B9+MARG >4 CM    |                  | 05073         | 32.0969 | Bundled, sometimes payable             | \$1,948.92                         |                               | -                       | -        | 000        | 999        |          |
| 11450       | N             | EXC SKN HDRDNT AX SMPL/NTRM  |                  | 05073         | 32.0969 | Bundled, sometimes payable             | \$1,948.92                         |                               | -                       | -        | 000        | 999        |          |
| 11451       | N             | EXC SKN HDRDNT AX COMPLEX    |                  | 05073         | 32.0969 | Bundled, sometimes payable             | \$1,948.92                         |                               | -                       | -        | 000        | 999        |          |
| 11462       | N             | EXC SKN HDRDNT ING SMPL/NTRM |                  | 05073         | 32.0969 | Bundled, sometimes payable             | \$1,948.92                         |                               | -                       | -        | 000        | 999        |          |
| 11463       | N             | EXC SKN HDRDNT ING COMPLEX   |                  | 05073         | 32.0969 | Bundled, sometimes payable             | \$1,948.92                         |                               | -                       | -        | 000        | 999        |          |
| 11470       | N             | EXC SKN H/P/P/U SMPL/NTRM    |                  | 05073         | 32.0969 | Bundled, sometimes payable             | \$1,948.92                         |                               | -                       | -        | 000        | 999        |          |
| 11471       | N             | EXC SKN H/P/P/U COMPLEX      |                  | 05073         | 32.0969 | Bundled, sometimes payable             | \$1,948.92                         |                               | -                       | -        | 000        | 999        |          |
| 1150F       | E             | DOC PT RSK DEATH W/IN 1YR    |                  | -             | -       | Not Allowed                            | \$0.00                             |                               | -                       | -        | 000        | 999        |          |
| 1151F       | E             | DOC NO PT RSK DEATH W/IN 1YR |                  | -             | -       | Not Allowed                            | \$0.00                             |                               | -                       | -        | 000        | 999        |          |
| 1152F       | E             | DOC ADVNCD DIS COMFORT 1ST   |                  | -             | -       | Not Allowed                            | \$0.00                             |                               | -                       | -        | 000        | 999        |          |
| 1153F       | E             | DOC ADVNCD DIS CMFRT NOT 1ST |                  | -             | -       | Not Allowed                            | \$0.00                             |                               | -                       | -        | 000        | 999        |          |
| 1157F       | E             | ADVNC CARE PLAN IN RCRD      |                  | -             | -       | Not Allowed                            | \$0.00                             |                               | -                       | -        | 000        | 999        |          |
| 1158F       | E             | ADVNC CARE PLAN TLK DOCD     |                  | -             | -       | Not Allowed                            | \$0.00                             |                               | -                       | -        | 000        | 999        |          |
| 1159F       | E             | MED LIST DOCD IN RCRD        |                  | -             | -       | Not Allowed                            | \$0.00                             |                               | -                       | -        | 000        | 999        |          |
| 11600       | T             | EXC TR-EXT MAL+MARG 0.5 CM/< |                  | 05071         | 7.8905  | APC                                    | \$479.11                           |                               | -                       | -        | 000        | 999        |          |
| 11601       | T             | EXC TR-EXT MAL+MARG 0.6-1 CM |                  | 05071         | 7.8905  | APC                                    | \$479.11                           |                               | -                       | -        | 000        | 999        |          |
| 11602       | T             | EXC TR-EXT MAL+MARG 1.1-2 CM |                  | 05052         | 4.4806  | APC                                    | \$272.06                           |                               | -                       | -        | 000        | 999        |          |
| 11603       | T             | EXC TR-EXT MAL+MARG 2.1-3 CM |                  | 05071         | 7.8905  | APC                                    | \$479.11                           |                               | -                       | -        | 000        | 999        |          |
| 11604       | T             | EXC TR-EXT MAL+MARG 3.1-4 CM |                  | 05071         | 7.8905  | APC                                    | \$479.11                           |                               | -                       | -        | 000        | 999        |          |
| 11606       | N             | EXC TR-EXT MAL+MARG >4 CM    |                  | 05072         | 18.1704 | Bundled, sometimes payable             | \$1,103.31                         |                               | -                       | -        | 000        | 999        |          |
| 1160F       | E             | RVW MEDS BY RX/DR IN RCRD    |                  | -             | -       | Not Allowed                            | \$0.00                             |                               | -                       | -        | 000        | 999        |          |
| 11620       | N             | EXC H-F-NK-SP MAL+MARG 0.5/< |                  | 05072         | 18.1704 | Bundled, sometimes payable             | \$1,103.31                         |                               | -                       | -        | 000        | 999        |          |
| 11621       | T             | EXC S/N/H/F/G MAL+MRG 0.6-1  |                  | 05071         | 7.8905  | APC                                    | \$479.11                           |                               | -                       | -        | 000        | 999        |          |
| 11622       | T             | EXC S/N/H/F/G MAL+MRG 1.1-2  |                  | 05071         | 7.8905  | APC                                    | \$479.11                           |                               | -                       | -        | 000        | 999        |          |
| 11623       | N             | EXC S/N/H/F/G MAL+MRG 2.1-3  |                  | 05072         | 18.1704 | Bundled, sometimes payable             | \$1,103.31                         |                               | -                       | -        | 000        | 999        |          |
| 11624       | N             | EXC S/N/H/F/G MAL+MRG 3.1-4  |                  | 05072         | 18.1704 | Bundled, sometimes payable             | \$1,103.31                         |                               | -                       | -        | 000        | 999        |          |
| 11626       | N             | EXC S/N/H/F/G MAL+MRG >4 CM  |                  | 05073         | 32.0969 | Bundled, sometimes payable             | \$1,948.92                         |                               | -                       | -        | 000        | 999        |          |
| 11640       | T             | EXC F/E/E/N/L MAL+MRG 0.5CM< |                  | 05071         | 7.8905  | APC                                    | \$479.11                           |                               | -                       | -        | 000        | 999        |          |
| 11641       | T             | EXC F/E/E/N/L MAL+MRG 0.6-1  |                  | 05071         | 7.8905  | APC                                    | \$479.11                           |                               | -                       | -        | 000        | 999        |          |
| 11642       | T             | EXC F/E/E/N/L MAL+MRG 1.1-2  |                  | 05071         | 7.8905  | APC                                    | \$479.11                           |                               | -                       | -        | 000        | 999        |          |
| 11643       | N             | EXC F/E/E/N/L MAL+MRG 2.1-3  |                  | 05072         | 18.1704 | Bundled, sometimes payable             | \$1,103.31                         |                               | -                       | -        | 000        | 999        |          |
| 11644       | N             | EXC F/E/E/N/L MAL+MRG 3.1-4  |                  | 05072         | 18.1704 | Bundled, sometimes payable             | \$1,103.31                         |                               | -                       | -        | 000        | 999        |          |
| 11646       | N             | EXC F/E/E/N/L MAL+MRG >4 CM  |                  | 05073         | 32.0969 | Bundled, sometimes payable             | \$1,948.92                         |                               | -                       | -        | 000        | 999        |          |
| 1170F       | E             | FXNL STATUS ASSESSED         |                  | -             | -       | Not Allowed                            | \$0.00                             |                               | -                       | -        | 000        | 999        |          |
| 11719       | N             | TRIM NAIL(S) ANY NUMBER      |                  | 05733         | 0.6661  | Bundled, sometimes payable             | \$40.45                            |                               | -                       | -        | 000        | 999        |          |
| 11720       | N             | DEBRIDE NAIL 1-5             |                  | 05733         | 0.6661  | Bundled, sometimes payable             | \$40.45                            |                               | -                       | -        | 000        | 999        |          |
| 11721       | N             | DEBRIDE NAIL 6 OR MORE       |                  | 05733         | 0.6661  | Bundled, sometimes payable             | \$40.45                            |                               | -                       | -        | 000        | 999        |          |
| 11730       | N             | REMOVAL OF NAIL PLATE        |                  | 05051         | 2.2284  | Bundled, sometimes payable             | \$135.31                           |                               | -                       | -        | 000        | 999        |          |
| 11732       | N             | REMOVE NAIL PLATE ADD-ON     |                  | -             | -       | Bundled                                | \$0.00                             |                               | -                       | -        | 000        | 999        |          |
| 11740       | N             | DRAIN BLOOD FROM UNDER NAIL  |                  | 05734         | 1.4456  | Bundled, sometimes payable             | \$87.78                            |                               | -                       | -        | 000        | 999        |          |
| 11750       | T             | REMOVAL OF NAIL BED          |                  | 05052         | 4.4806  | APC                                    | \$272.06                           |                               | -                       | -        | 000        | 999        |          |
| 11755       | T             | BIOPSY NAIL UNIT             |                  | 05071         | 7.8905  | APC                                    | \$479.11                           |                               | -                       | -        | 000        | 999        |          |
| 1175F       | E             | FUNCTION STAT ASSESSED RVWD  |                  | -             | -       | Not Allowed                            | \$0.00                             |                               | -                       | -        | 000        | 999        |          |
| 11760       | T             | REPAIR OF NAIL BED           |                  | 05053         | 6.8648  | APC                                    | \$416.83                           |                               | -                       | -        | 000        | 999        |          |
| 11762       | T             | RECONSTRUCTION OF NAIL BED   |                  | 05054         | 20.5142 | APC                                    | \$1,245.62                         |                               | -                       | -        | 000        | 999        |          |
| 11765       | N             | EXCISION OF NAIL FOLD TOE    |                  | 05052         | 4.4806  | Bundled, sometimes payable             | \$272.06                           |                               | -                       | -        | 000        | 999        |          |
| 11770       | N             | REMOVE PILONIDAL CYST SIMPLE |                  | 05073         | 32.0969 | Bundled, sometimes payable             | \$1,948.92                         |                               | -                       | -        | 000        | 999        |          |
| 11771       | N             | REMOVE PILONIDAL CYST EXTEN  |                  | 05073         | 32.0969 | Bundled, sometimes payable             | \$1,948.92                         |                               | -                       | -        | 000        | 999        |          |
| 11772       | N             | REMOVE PILONIDAL CYST COMPL  |                  | 05073         | 32.0969 | Bundled, sometimes payable             | \$1,948.92                         |                               | -                       | -        | 000        | 999        |          |
| 1180F       | E             | THROMBOEMB RISK ASSESSED     |                  | -             | -       | Not Allowed                            | \$0.00                             |                               | -                       | -        | 000        | 999        |          |
| 1181F       | E             | NEUROPSYCHIA SYMPTS ASSESSED |                  | -             | -       | Not Allowed                            | \$0.00                             |                               | -                       | -        | 000        | 999        |          |
| 1182F       | E             | NEUROPSYCHI SYMPT 1+PRESENT  |                  | -             | -       | Not Allowed                            | \$0.00                             |                               | -                       | -        | 000        | 999        |          |
| 1183F       | E             | NEUROPSYCHIATRIC SYMP ABSENT |                  | -             | -       | Not Allowed                            | \$0.00                             |                               | -                       | -        | 000        | 999        |          |
| 11900       | N             | INJECT SKIN LESIONS </W 7    |                  | 05051         | 2.2284  | Bundled, sometimes payable             | \$135.31                           |                               | -                       | -        | 000        | 999        |          |
| 11901       | N             | INJECT SKIN LESIONS >7       |                  | 05051         | 2.2284  | Bundled, sometimes payable             | \$135.31                           |                               | -                       | -        | 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  
April 1, 2025

| Proc Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC   | APC<br>Weight | Method                     | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|---------|------------------------------|------------------------------|------------------|-------|---------------|----------------------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|         |                              |                              |                  |       |               |                            |                                        |                                    |                                           |                         |          |            |            |          |
| 11920   | T                            | CORRECT SKIN COLOR 6.0 CM/<  |                  | 05053 | 6.8648        | APC                        | \$416.83                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 11921   | T                            | CORRECT SKN COLOR 6.1-20.0CM |                  | 05053 | 6.8648        | APC                        | \$416.83                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 11922   | N                            | CORRECT SKIN COLOR EA 20.0CM |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 11950   | E                            | TX CONTOUR DEFECTS 1 CC/<    |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 11951   | E                            | TX CONTOUR DEFECTS 1.1-5.0CC |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 11952   | E                            | TX CONTOUR DEFECTS 5.1-10CC  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 11954   | E                            | TX CONTOUR DEFECTS >10.0 CC  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 11960   | T                            | INSERT TISSUE EXPANDER(S)    |                  | 05055 | 41.0565       | APC                        | \$2,492.95                             |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 11970   | N                            | RPLCMT TISS XPNDR PERM IMPLT |                  | 05114 | 80.1145       | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 11971   | N                            | RMVL TIS XPNDR WO INSJ IMPLT |                  | 05073 | 32.0969       | Bundled, sometimes payable | \$1,948.92                             |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 11976   | N                            | REMOVE CONTRACEPTIVE CAPSULE |                  | 05071 | 7.8905        | Bundled, sometimes payable | \$479.11                               |                                    |                                           | -                       | -        | 010        | 60         |          |
| 11980   | N                            | IMPLANT HORMONE PELLETT(S)   |                  | 05735 | 4.4751        | Bundled, sometimes payable | \$271.73                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 11981   | N                            | INSERTION DRUG DLVR IMPLANT  |                  | 05734 | 1.4456        | Bundled, sometimes payable | \$87.78                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 11982   | N                            | REMOVE DRUG IMPLANT DEVICE   |                  | 05735 | 4.4751        | Bundled, sometimes payable | \$271.73                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 11983   | N                            | REMOVE/INSERT DRUG IMPLANT   |                  | 05735 | 4.4751        | Bundled, sometimes payable | \$271.73                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 12001   | N                            | RPR S/N/AX/GEN/TRNK 2.5CM/<  |                  | 05051 | 2.2284        | Bundled, sometimes payable | \$135.31                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 12002   | N                            | RPR S/N/AX/GEN/TRNK2.6-7.5CM |                  | 05051 | 2.2284        | Bundled, sometimes payable | \$135.31                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 12004   | N                            | RPR S/N/AX/GEN/TRK7.6-12.5CM |                  | 05051 | 2.2284        | Bundled, sometimes payable | \$135.31                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 12005   | N                            | RPR S/N/A/GEN/TRK12.6-20.0CM |                  | 05052 | 4.4806        | Bundled, sometimes payable | \$272.06                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 12006   | N                            | RPR S/N/A/GEN/TRK20.1-30.0CM |                  | 05052 | 4.4806        | Bundled, sometimes payable | \$272.06                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 12007   | T                            | RPR S/N/AX/GEN/TRNK >30.0 CM |                  | 05051 | 2.2284        | APC                        | \$135.31                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 1200F   | E                            | SEIZURE TYPE& FREQU DOCD     |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 12011   | N                            | RPR F/E/E/N/L/M 2.5 CM/<     |                  | 05051 | 2.2284        | Bundled, sometimes payable | \$135.31                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 12013   | N                            | RPR F/E/E/N/L/M 2.6-5.0 CM   |                  | 05051 | 2.2284        | Bundled, sometimes payable | \$135.31                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 12014   | N                            | RPR F/E/E/N/L/M 5.1-7.5 CM   |                  | 05051 | 2.2284        | Bundled, sometimes payable | \$135.31                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 12015   | N                            | RPR F/E/E/N/L/M 7.6-12.5 CM  |                  | 05051 | 2.2284        | Bundled, sometimes payable | \$135.31                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 12016   | N                            | RPR FE/E/EN/L/M 12.6-20.0 CM |                  | 05052 | 4.4806        | Bundled, sometimes payable | \$272.06                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 12017   | N                            | RPR FE/E/EN/L/M 20.1-30.0 CM |                  | 05052 | 4.4806        | Bundled, sometimes payable | \$272.06                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 12018   | N                            | RPR F/E/E/N/L/M >30.0 CM     |                  | 05051 | 2.2284        | Bundled, sometimes payable | \$135.31                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 12020   | T                            | TX SUPFC WND DEHSN SMPL CLSR |                  | 05053 | 6.8648        | APC                        | \$416.83                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 12021   | T                            | TX SUPFC WND DEHSN W/PACKING |                  | 05052 | 4.4806        | APC                        | \$272.06                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 12031   | T                            | INTMD RPR S/A/T/EXT 2.5 CM/< |                  | 05052 | 4.4806        | APC                        | \$272.06                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 12032   | T                            | INTMD RPR S/A/T/EXT 2.6-7.5  |                  | 05052 | 4.4806        | APC                        | \$272.06                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 12034   | T                            | INTMD RPR S/TR/EXT 7.6-12.5  |                  | 05052 | 4.4806        | APC                        | \$272.06                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 12035   | T                            | INTMD RPR S/A/T/EXT 12.6-20  |                  | 05052 | 4.4806        | APC                        | \$272.06                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 12036   | T                            | INTMD RPR S/A/T/EXT 20.1-30  |                  | 05053 | 6.8648        | APC                        | \$416.83                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 12037   | T                            | INTMD RPR S/TR/EXT >30.0 CM  |                  | 05054 | 20.5142       | APC                        | \$1,245.62                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 12041   | N                            | INTMD RPR N-HF/GENIT 2.5CM/< |                  | 05052 | 4.4806        | Bundled, sometimes payable | \$272.06                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 12042   | T                            | INTMD RPR N-HF/GENIT2.6-7.5  |                  | 05052 | 4.4806        | APC                        | \$272.06                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 12044   | T                            | INTMD RPR N-HF/GENIT7.6-12.5 |                  | 05053 | 6.8648        | APC                        | \$416.83                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 12045   | T                            | INTMD RPR N-HF/GENIT12.6-20  |                  | 05053 | 6.8648        | APC                        | \$416.83                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 12046   | T                            | INTMD RPR N-HF/GENIT20.1-30  |                  | 05053 | 6.8648        | APC                        | \$416.83                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 12047   | T                            | INTMD RPR N-HF/GENIT >30.0CM |                  | 05054 | 20.5142       | APC                        | \$1,245.62                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 12051   | T                            | INTMD RPR FACE/MM 2.5 CM/<   |                  | 05052 | 4.4806        | APC                        | \$272.06                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 12052   | T                            | INTMD RPR FACE/MM 2.6-5.0 CM |                  | 05052 | 4.4806        | APC                        | \$272.06                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 12053   | T                            | INTMD RPR FACE/MM 5.1-7.5 CM |                  | 05052 | 4.4806        | APC                        | \$272.06                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 12054   | N                            | INTMD RPR FACE/MM 7.6-12.5CM |                  | 05052 | 4.4806        | Bundled, sometimes payable | \$272.06                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 12055   | T                            | INTMD RPR FACE/MM 12.6-20 CM |                  | 05052 | 4.4806        | APC                        | \$272.06                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 12056   | N                            | INTMD RPR FACE/MM 20.1-30.0  |                  | 05052 | 4.4806        | Bundled, sometimes payable | \$272.06                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 12057   | T                            | INTMD RPR FACE/MM >30.0 CM   |                  | 05052 | 4.4806        | APC                        | \$272.06                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 1205F   | E                            | EPI ETIOL SYND RVWD AND DOCD |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 1220F   | E                            | PT SCREENED FOR DEPRESSION   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 13100   | T                            | CMPLX RPR TRUNK 1.1-2.5 CM   |                  | 05053 | 6.8648        | APC                        | \$416.83                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 13101   | T                            | CMPLX RPR TRUNK 2.6-7.5 CM   |                  | 05053 | 6.8648        | APC                        | \$416.83                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 13102   | N                            | CMPLX RPR TRUNK ADDL 5CM/<   |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 13120   | T                            | CMPLX RPR S/A/L 1.1-2.5 CM   |                  | 05053 | 6.8648        | APC                        | \$416.83                               |                                    |                                           | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC   | APC<br>Weight | Method      | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|---------|------------------------------|------------------------------|------------------|-------|---------------|-------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|         |                              |                              |                  |       |               |             |                                        |                                    |                                           |                         |          |            |            |          |
| 13121   | T                            | CMPLX RPR S/A/L 2.6-7.5 CM   |                  | 05053 | 6.8648        | APC         | \$416.83                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 13122   | N                            | CMPLX RPR S/A/L ADDL 5 CM/>  |                  | -     | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 13131   | T                            | CMPLX RPR F/C/C/M/N/AX/G/H/F |                  | 05052 | 4.4806        | APC         | \$272.06                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 13132   | T                            | CMPLX RPR F/C/C/M/N/AX/G/H/F |                  | 05053 | 6.8648        | APC         | \$416.83                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 13133   | N                            | CMPLX RPR F/C/C/M/N/AX/G/H/F |                  | -     | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 13151   | T                            | CMPLX RPR E/N/E/L 1.1-2.5 CM |                  | 05053 | 6.8648        | APC         | \$416.83                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 13152   | T                            | CMPLX RPR E/N/E/L 2.6-7.5 CM |                  | 05053 | 6.8648        | APC         | \$416.83                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 13153   | N                            | CMPLX RPR E/N/E/L ADDL 5CM/< |                  | -     | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 13160   | T                            | SEC CLSR SURG WND/DEHSN XTN  |                  | 05054 | 20.5142       | APC         | \$1,245.62                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 14000   | T                            | TIS TRNFR TRUNK 10 SQ CM/<   |                  | 05054 | 20.5142       | APC         | \$1,245.62                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 14001   | T                            | TIS TRNFR TRUNK 10.1-30SQCM  |                  | 05054 | 20.5142       | APC         | \$1,245.62                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 1400F   | E                            | PRKNS DIAG RVIEWED           |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 14020   | T                            | TIS TRNFR S/A/L 10 SQ CM/<   |                  | 05054 | 20.5142       | APC         | \$1,245.62                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 14021   | T                            | TIS TRNFR S/A/L 10.1-30 SQCM |                  | 05054 | 20.5142       | APC         | \$1,245.62                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 14040   | T                            | TIS TRNFR F/C/C/M/N/A/G/H/F  |                  | 05054 | 20.5142       | APC         | \$1,245.62                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 14041   | T                            | TIS TRNFR F/C/C/M/N/A/G/H/F  |                  | 05054 | 20.5142       | APC         | \$1,245.62                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 14060   | T                            | TIS TRNFR E/N/E/L 10 SQ CM/< |                  | 05054 | 20.5142       | APC         | \$1,245.62                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 14061   | T                            | TIS TRNFR E/N/E/L10.1-30SQCM |                  | 05054 | 20.5142       | APC         | \$1,245.62                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 14301   | T                            | TIS TRNFR ANY 30.1-60 SQ CM  |                  | 05055 | 41.0565       | APC         | \$2,492.95                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 14302   | N                            | TIS TRNFR ADDL 30 SQ CM      |                  | -     | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 14350   | T                            | FILLETED FINGER/TOE FLAP     |                  | 05054 | 20.5142       | APC         | \$1,245.62                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 1450F   | E                            | SYMPTOMS IMPROVED/CONSIST    |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 1451F   | E                            | SYMPT SHOW CLIN IMPORT DROP  |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 1460F   | E                            | QUAL CARD DIAG PRIOR 12 MONS |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 1461F   | E                            | NO QUAL CARD DIAG PRIOR12MON |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 1490F   | E                            | DEM SEVERITY CLASSIFIED MILD |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 1491F   | E                            | DEM SEVERITY CLASSIFIED MOD  |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 1493F   | E                            | DEM SEVERITY CLASS SEVERE    |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 1494F   | E                            | COGNIT ASSESSED AND REVIEWED |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 15002   | T                            | WOUND PREP TRK/ARM/LEG       |                  | 05054 | 20.5142       | APC         | \$1,245.62                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 15003   | N                            | WOUND PREP ADDL 100 CM       |                  | -     | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 15004   | T                            | WOUND PREP F/N/HF/G          |                  | 05053 | 6.8648        | APC         | \$416.83                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 15005   | N                            | WND PREP F/N/HF/G ADDL CM    |                  | -     | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 1500F   | E                            | SYMPTOM&SIGN SYMM POLYNEURO  |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 15011   | T                            | HRV SKN CLL SSP AGRFT 1ST 25 |                  | 05054 | 20.5142       | APC         | \$1,245.62                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 15012   | N                            | HRV SKN CLL SSP AGRFT EA ADD |                  | -     | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 15013   | S                            | PREPJ SKN CLL SSP AGRFT 1ST  |                  | 01532 | 119.4088      | APC         | \$7,250.50                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 15014   | N                            | PREPJ SKN CLL SSP AGRFT EA   |                  | -     | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 15015   | T                            | APP SKN CL SSP AGRFT T/A/L 1 |                  | 05054 | 20.5142       | APC         | \$1,245.62                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 15016   | N                            | APP SKN CL SSP AGRF T/A/L EA |                  | -     | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 15017   | T                            | APP SKN CLL SSP F/N/G/HF 1ST |                  | 05054 | 20.5142       | APC         | \$1,245.62                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 15018   | N                            | APP SKN CLL SSP F/N/G/HF EA  |                  | -     | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 1501F   | E                            | NOT INITIAL EVAL FOR COND    |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 1502F   | E                            | PT QUERIED PAIN FXN W/ INSTR |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 1503F   | E                            | PT QUERIED SYMP RESP INSUFF  |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 15040   | T                            | HARVEST CULTURED SKIN GRAFT  |                  | 05054 | 20.5142       | APC         | \$1,245.62                             |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 1504F   | E                            | PT HAS RESP INSUFFICIENCY    |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 15050   | T                            | PINCH GRAFT UP TO 2 CM DIAM  |                  | 05053 | 6.8648        | APC         | \$416.83                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 1505F   | E                            | PT HAS NO RESP INSUFFICIENCY |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 15100   | T                            | SPLT AGRFT T/A/L 1ST 100SQCM |                  | 05054 | 20.5142       | APC         | \$1,245.62                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 15101   | N                            | SPLT AGRFT T/A/L EA ADDL 100 |                  | -     | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 15110   | T                            | EPIDRM AGRFT T/A/L 1ST 100   |                  | 05054 | 20.5142       | APC         | \$1,245.62                             |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 15111   | N                            | EPIDRM AGRFT T/A/L EA ADDL   |                  | -     | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 15115   | T                            | EPDRM AGRFT F/S/N/H/F/G/M 1  |                  | 05054 | 20.5142       | APC         | \$1,245.62                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 15116   | N                            | EPDRM AGRFT F/S/N/H/F/G/M EA |                  | -     | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 15120   | T                            | SPLT AGRFT F/S/N/H/F/G/M 1ST |                  | 05055 | 41.0565       | APC         | \$2,492.95                             |                                    |                                           | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
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| Proc Cd | 2024<br>APC<br>Status | Proc Desc                    | Proc<br>Modifier | APC     | APC<br>Weight | Method      | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|---------|-----------------------|------------------------------|------------------|---------|---------------|-------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|         |                       |                              |                  |         |               |             |                                        |                                    |                                           |                         |          |            |            |          |
| 15121   | N                     | SPLT AGRFT F/S/N/H/F/G/M EA  | -                | -       | -             | Bundled     | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 15130   | T                     | DRM AGRFT T/A/L 1ST 100 SQCM | 05054            | 20.5142 | -             | APC         | \$1,245.62                             | -                                  | -                                         | -                       | Y        | 000        | 999        |          |
| 15131   | N                     | DRM AGRFT T/A/L EA ADDL      | -                | -       | -             | Bundled     | \$0.00                                 | -                                  | -                                         | -                       | Y        | 000        | 999        |          |
| 15135   | T                     | DRM AGRFT F/S/N/H/F/G/M 1ST  | 05055            | 41.0565 | -             | APC         | \$2,492.95                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 15136   | N                     | DRM AGRFT F/S/N/H/F/G/M EA   | -                | -       | -             | Bundled     | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 15150   | T                     | TIS CLTR SKN AGRFT T/A/L 1ST | 05054            | 20.5142 | -             | APC         | \$1,245.62                             | -                                  | -                                         | -                       | Y        | 000        | 999        |          |
| 15151   | N                     | TIS CLTR SKN AGRFT T/A/L ADD | -                | -       | -             | Bundled     | \$0.00                                 | -                                  | -                                         | -                       | Y        | 000        | 999        |          |
| 15152   | N                     | TIS CLTR SKN AGRFT T/A/L EA  | -                | -       | -             | Bundled     | \$0.00                                 | -                                  | -                                         | -                       | Y        | 000        | 999        |          |
| 15155   | T                     | TIS CLTR AGRFT F/S/N/H/F/G 1 | 05055            | 41.0565 | -             | APC         | \$2,492.95                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 15156   | N                     | TIS CLT AGRFT F/S/N/H/F/G AD | -                | -       | -             | Bundled     | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 15157   | N                     | TIS CLT AGRFT F/S/N/H/F/G EA | -                | -       | -             | Bundled     | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 15200   | T                     | FTH/GFT FR TRNK 20 SQ CM/<   | 05054            | 20.5142 | -             | APC         | \$1,245.62                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 15201   | N                     | FTH/GFT FR TRNK EACH ADDL    | -                | -       | -             | Bundled     | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 15220   | T                     | FTH/GFT FR S/A/L 20 SQ CM/<  | 05054            | 20.5142 | -             | APC         | \$1,245.62                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 15221   | N                     | FTH/GFT FR S/A/L EACH ADDL   | -                | -       | -             | Bundled     | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 15240   | T                     | FTH/GFT F/C/C/M/N/AX/G/H/F20 | 05054            | 20.5142 | -             | APC         | \$1,245.62                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 15241   | N                     | FTH/GFT F/C/C/M/N/A/G/H/F EA | -                | -       | -             | Bundled     | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 15260   | T                     | FTH/GFT FR N/E/E/L 20 SQCM/< | 05054            | 20.5142 | -             | APC         | \$1,245.62                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 15261   | N                     | FTH/GFT FR N/E/E/L EACH ADDL | -                | -       | -             | Bundled     | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 15271   | T                     | SKIN SUB GRAFT TRNK/ARM/LEG  | 05054            | 20.5142 | -             | APC         | \$1,245.62                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 15272   | N                     | SKIN SUB GRAFT T/A/L ADD-ON  | -                | -       | -             | Bundled     | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 15273   | T                     | SKIN SUB GRFT T/ARM/LG CHILD | 05055            | 41.0565 | -             | APC         | \$2,492.95                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 15274   | N                     | SKN SUB GRFT T/A/L CHILD ADD | -                | -       | -             | Bundled     | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 15275   | T                     | SKIN SUB GRAFT FACE/NK/HF/G  | 05054            | 20.5142 | -             | APC         | \$1,245.62                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 15276   | N                     | SKIN SUB GRAFT F/N/HF/G ADDL | -                | -       | -             | Bundled     | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 15277   | T                     | SKN SUB GRFT F/N/HF/G CHILD  | 05054            | 20.5142 | -             | APC         | \$1,245.62                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 15278   | N                     | SKN SUB GRFT F/N/HF/G CH ADD | -                | -       | -             | Bundled     | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 15570   | T                     | SKIN PEDICLE FLAP TRUNK      | 05054            | 20.5142 | -             | APC         | \$1,245.62                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 15572   | T                     | SKIN PEDICLE FLAP ARMS/LEGS  | 05055            | 41.0565 | -             | APC         | \$2,492.95                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 15574   | T                     | PEDCLE FH/CH/CH/M/N/AX/G/H/F | 05054            | 20.5142 | -             | APC         | \$1,245.62                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 15576   | T                     | PEDICLE E/N/E/L/NTRORAL      | 05054            | 20.5142 | -             | APC         | \$1,245.62                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 15600   | T                     | DELAY FLAP TRUNK             | 05055            | 41.0565 | -             | APC         | \$2,492.95                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 15610   | T                     | DELAY FLAP ARMS/LEGS         | 05054            | 20.5142 | -             | APC         | \$1,245.62                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 15620   | T                     | DELAY FLAP F/C/C/N/AX/G/H/F  | 05054            | 20.5142 | -             | APC         | \$1,245.62                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 15630   | T                     | DELAY FLAP EYE/NOS/EAR/LIP   | 05054            | 20.5142 | -             | APC         | \$1,245.62                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 15650   | T                     | TRANSFER SKIN PEDICLE FLAP   | 05054            | 20.5142 | -             | APC         | \$1,245.62                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 15730   | T                     | MDFC FLAP W/PRSRV VASC PEDCL | 05055            | 41.0565 | -             | APC         | \$2,409.44                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 15731   | T                     | FOREHEAD FLAP W/VASC PEDICLE | 05055            | 41.0565 | -             | APC         | \$2,492.95                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 15733   | T                     | MUSC MYOQ/FSCQ FLP H&N PEDCL | 05055            | 41.0565 | -             | APC         | \$2,409.44                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 15734   | T                     | MUSCLE-SKIN GRAFT TRUNK      | 05055            | 41.0565 | -             | APC         | \$2,492.95                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 15736   | T                     | MUSCLE-SKIN GRAFT ARM        | 05054            | 20.5142 | -             | APC         | \$1,245.62                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 15738   | T                     | MUSCLE-SKIN GRAFT LEG        | 05055            | 41.0565 | -             | APC         | \$2,492.95                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 15740   | T                     | ISLAND PEDICLE FLAP GRAFT    | 05054            | 20.5142 | -             | APC         | \$1,245.62                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 15750   | T                     | NEUROVASCULAR PEDICLE FLAP   | 05055            | 41.0565 | -             | APC         | \$2,492.95                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 15756   | C                     | FREE MYO/SKIN FLAP MICROVASC | -                | -       | -             | IP Only     | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 15757   | C                     | FREE SKIN FLAP MICROVASC     | -                | -       | -             | IP Only     | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 15758   | C                     | FREE FASCIAL FLAP MICROVASC  | -                | -       | -             | IP Only     | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 15760   | T                     | COMPOSITE SKIN GRAFT         | 05054            | 20.5142 | -             | APC         | \$1,245.62                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 15769   | T                     | GRFG AUTOL SOFT TISS DIR EXC | 05055            | 41.0565 | -             | APC         | \$2,409.44                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 15770   | T                     | DERMA-FAT-FASCIA GRAFT       | 05055            | 41.0565 | -             | APC         | \$2,492.95                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 15771   | E                     | GRFG AUTOL FAT LIPO 50 CC/<  | -                | -       | -             | Not Allowed | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 15772   | E                     | GRFG AUTOL FAT LIPO EA ADDL  | -                | -       | -             | Not Allowed | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 15773   | E                     | GRFG AUTOL FAT LIPO 25 CC/<  | -                | -       | -             | Not Allowed | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 15774   | E                     | GFRG AUTOL FAT LIPO EA ADDL  | -                | -       | -             | Not Allowed | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 15775   | E                     | HAIR TRNSPL 1-15 PUNCH GRFTS | -                | -       | -             | Not Allowed | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 15776   | E                     | HAIR TRNSPL >15 PUNCH GRAFTS | -                | -       | -             | Not Allowed | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |



Montana Healthcare Programs Fee Schedule  
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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 |
|---------|---------------------|------------------------------|---------------|-------|------------|----------------------------|----------------------------------|------------------------------|----------------------------------|----------------------|----------|---------|---------|----------|
|         |                     |                              |               |       |            |                            |                                  |                              |                                  |                      |          |         |         |          |
| 15777   | N                   | ACELLULAR DERM MATRIX IMPLT  |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 15778   | E                   | IMPL ABSRB MSH/PRSTH DLY CLS |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 15780   | E                   | DERMABRASION TOTAL FACE      |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 15781   | E                   | DERMABRASION SEGMENTAL FACE  |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 15782   | E                   | DERMABRASION OTHER THAN FACE |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 15783   | E                   | DERMABRASION SUPRFL ANY SITE |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 15786   | E                   | ABRASION LESION SINGLE       |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 15787   | E                   | ABRASION LESIONS ADD-ON      |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 15788   | E                   | CHEMICAL PEEL FACIAL EPIDRM  |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 15789   | E                   | CHEMICAL PEEL FACIAL DERMAL  |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 15792   | E                   | CHEM PEEL NONFACIAL EPIDRM   |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 15793   | E                   | CHEMICAL PEEL NONFACIAL DRM  |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 15820   | T                   | BLEPHAROPLASTY LOWER EYELID  |               | 05054 | 20.5142    | APC                        | \$1,245.62                       |                              |                                  | Y                    | -        | 000     | 999     |          |
| 15821   | T                   | BLEPHARP LWR EYELID FAT PAD  |               | 05054 | 20.5142    | APC                        | \$1,245.62                       |                              |                                  | Y                    | -        | 000     | 999     |          |
| 15822   | T                   | BLEPHAROPLASTY UPPER EYELID  |               | 05054 | 20.5142    | APC                        | \$1,245.62                       |                              |                                  | Y                    | -        | 000     | 999     |          |
| 15823   | T                   | BLEPHARP UPR EYELID XCSV SKN |               | 05054 | 20.5142    | APC                        | \$1,245.62                       |                              |                                  | Y                    | -        | 000     | 999     |          |
| 15824   | E                   | RHYTIDECTOMY FOREHEAD        |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 15825   | E                   | RHYTDCT NCK PLTYSML TGHTG    |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 15826   | E                   | RHYTIDECTOMY GLBLR FRN LINES |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 15828   | E                   | RHYTIDECTOMY CHEEK CHN & NCK |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 15829   | E                   | RHYTIDECTOMY SMAS FLAP       |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 15830   | N                   | EXC EXCESSIVE SKIN ABDOMEN   |               | 05092 | 73.1359    | Bundled, sometimes payable | \$4,440.81                       |                              |                                  | Y                    | -        | 000     | 999     |          |
| 15832   | E                   | EXC EXCESSIVE SKIN THIGH     |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | Y                    | -        | 000     | 999     |          |
| 15833   | E                   | EXC EXCESSIVE SKIN LEG       |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | Y                    | -        | 000     | 999     |          |
| 15834   | E                   | EXC EXCESSIVE SKIN HIP       |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | Y                    | -        | 000     | 999     |          |
| 15835   | E                   | EXC EXCESSIVE SKIN BUTTOCK   |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | Y                    | -        | 000     | 999     |          |
| 15836   | E                   | EXC EXCESSIVE SKIN ARM       |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | Y                    | -        | 000     | 999     |          |
| 15837   | E                   | EXC EXCSV SKIN FOREARM/HAND  |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | Y                    | -        | 000     | 999     |          |
| 15838   | E                   | EXC EXCSV SUBMENTAL FAT PAD  |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | Y                    | -        | 000     | 999     |          |
| 15839   | N                   | EXC EXCESSIVE SKN OTHER AREA |               | 05073 | 32.0969    | Bundled, sometimes payable | \$1,948.92                       |                              |                                  | Y                    | -        | 000     | 999     |          |
| 15840   | T                   | NERVE PALSY FASCIAL GRAFT    |               | 05055 | 41.0565    | APC                        | \$2,492.95                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 15841   | T                   | NERVE PALSY MUSCLE GRAFT     |               | 05055 | 41.0565    | APC                        | \$2,492.95                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 15842   | T                   | NERVE PALSY MICROSURG GRAFT  |               | 05054 | 20.5142    | APC                        | \$1,245.62                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 15845   | T                   | SKIN AND MUSCLE REPAIR FACE  |               | 05055 | 41.0565    | APC                        | \$2,492.95                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 15847   | N                   | EXC SKIN ABD ADD-ON          |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 15851   | T                   | REMOVAL SUTR/STAPLE REQ ANES |               | 05054 | 20.5142    | APC                        | \$1,245.62                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 15852   | N                   | DRESSING CHANGE NOT FOR BURN |               | 05053 | 6.8648     | Bundled, sometimes payable | \$416.83                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 15853   | N                   | REMOVAL SUTR/STAPL XREQ ANES |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 15854   | N                   | REMOVAL SUTR&STAPL XREQ ANES |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 15860   | N                   | TEST FOR BLOOD FLOW IN GRAFT |               | 05735 | 4.4751     | Bundled, sometimes payable | \$271.73                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 15876   | E                   | SUCTION LIPECTOMY HEAD&NECK  |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 15877   | E                   | SUCTION LIPECTOMY TRUNK      |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 15878   | E                   | SUCTION LIPECTOMY UPR EXTREM |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 15879   | E                   | SUCTION LIPECTOMY LWR EXTREM |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 15920   | N                   | EXC COCCYGL PR ULC PRIM SUTR |               | 05073 | 32.0969    | Bundled, sometimes payable | \$1,948.92                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 15922   | T                   | EXC COCCYGL PR ULC FLAP CLSR |               | 05055 | 41.0565    | APC                        | \$2,492.95                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 15931   | N                   | EXC SACRAL PR ULC PRIM SUTR  |               | 05073 | 32.0969    | Bundled, sometimes payable | \$1,948.92                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 15933   | N                   | EXC SAC PR ULC PRIM STR OSTC |               | 05073 | 32.0969    | Bundled, sometimes payable | \$1,948.92                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 15934   | T                   | EXC SACRAL PR ULC SKN FLAP   |               | 05055 | 41.0565    | APC                        | \$2,492.95                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 15935   | T                   | EXC SAC PR ULC SKN FLP OSTC  |               | 05055 | 41.0565    | APC                        | \$2,492.95                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 15936   | T                   | EXC SAC PR ULC PREP MUS FLAP |               | 05054 | 20.5142    | APC                        | \$1,245.62                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 15937   | T                   | EXC SAC PR ULC PREP MUS OSTC |               | 05054 | 20.5142    | APC                        | \$1,245.62                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 15940   | N                   | EXC ISCHIAL PR ULC PRIM SUTR |               | 05073 | 32.0969    | Bundled, sometimes payable | \$1,948.92                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 15941   | N                   | EXC ISCH PR ULC PRM SUT OSTC |               | 05073 | 32.0969    | Bundled, sometimes payable | \$1,948.92                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 15944   | T                   | EXC ISCH PR ULC SKN FLP CLSR |               | 05055 | 41.0565    | APC                        | \$2,492.95                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 15945   | T                   | EXC ISCH PR ULC SKN FLP OSTC |               | 05054 | 20.5142    | APC                        | \$1,245.62                       |                              |                                  | -                    | -        | 000     | 999     |          |

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| Proc<br>Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC<br>Weight | Method  | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|------------------------------|------------------------------|------------------|---------------|---------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|            |                              |                              |                  |               |         |                                        |                                    |                                           |                         |          |            |            |          |
| 15946      | T                            | EXC ISCH PR ULC PREP MUS FLP |                  | 05054         | 20.5142 | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 15950      | N                            | EXC TRCHNTR PR ULC PRIM SUTR |                  | 05072         | 18.1704 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 15951      | N                            | EXC TRCHNTR PR ULC OSTC      |                  | 05073         | 32.0969 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 15952      | T                            | EXC TRCHNTR PR ULC FLP CLSR  |                  | 05054         | 20.5142 | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 15953      | T                            | EXC TRCHNTR PR ULC FLP OSTC  |                  | 05055         | 41.0565 | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 15956      | T                            | EXC TRCHNTR PR ULC PREP FLAP |                  | 05054         | 20.5142 | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 15958      | T                            | EXC TRCHNTR PR ULC PREP OSTC |                  | 05055         | 41.0565 | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 15999      | T                            | UNLISTED PX EXC PRESSURE ULC |                  | 05071         | 7.8905  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 16000      | N                            | INITIAL TREATMENT OF BURN(S) |                  | 05051         | 2.2284  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 16020      | N                            | DRESS/DEBRID P-THICK BURN S  |                  | 05051         | 2.2284  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 16025      | T                            | DRESS/DEBRID P-THICK BURN M  |                  | 05051         | 2.2284  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 16030      | T                            | DRESS/DEBRID P-THICK BURN L  |                  | 05052         | 4.4806  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 16035      | T                            | INCISION OF BURN SCAB INITI  |                  | 05052         | 4.4806  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 16036      | C                            | ESCHAROTOMY ADDL INCISION    |                  | -             | -       | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 17000      | N                            | DESTRUCT PREMALG LESION      |                  | 05051         | 2.2284  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 17003      | N                            | DESTRUCT PREMALG LES 2-14    |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 17004      | T                            | DESTROY PREMAL LESIONS 15/>  |                  | 05052         | 4.4806  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 17106      | T                            | DESTRUCTION OF SKIN LESIONS  |                  | 05052         | 4.4806  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 17107      | T                            | DESTRUCTION OF SKIN LESIONS  |                  | 05053         | 6.8648  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 17108      | T                            | DESTRUCTION OF SKIN LESIONS  |                  | 05054         | 20.5142 | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 17110      | N                            | DESTRUCT B9 LESION 1-14      |                  | 05051         | 2.2284  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 17111      | N                            | DESTRUCT LESION 15 OR MORE   |                  | 05051         | 2.2284  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 17250      | N                            | CHEM CAUT OF GRANLTJ TISSUE  |                  | 05051         | 2.2284  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 17260      | N                            | DSTRJ MAL LES T/A/L 0.5 CM/< |                  | 05051         | 2.2284  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 17261      | N                            | DSTRJ MAL LES T/A/L .6-1.0CM |                  | 05051         | 2.2284  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 17262      | N                            | DSTRJ MAL LES T/A/L 1.1-2.0  |                  | 05051         | 2.2284  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 17263      | N                            | DSTRJ MAL LES T/A/L 2.1-3.0  |                  | 05051         | 2.2284  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 17264      | T                            | DSTRJ MAL LES T/A/L 3.1-4.0  |                  | 05052         | 4.4806  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 17266      | T                            | DSTRJ MAL LES T/A/L >4.0 CM  |                  | 05052         | 4.4806  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 17270      | T                            | DSTR MAL LES S/N/H/F/G .5 /< |                  | 05051         | 2.2284  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 17271      | T                            | DSTR MAL LES S/N/H/F/G 0.6-1 |                  | 05051         | 2.2284  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 17272      | N                            | DSTR MAL LES S/N/H/F/G 1.1-2 |                  | 05051         | 2.2284  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 17273      | T                            | DSTR MAL LES S/N/H/F/G 2.1-3 |                  | 05052         | 4.4806  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 17274      | T                            | DSTR MAL LES S/N/H/F/G 3.1-4 |                  | 05052         | 4.4806  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 17276      | T                            | DSTR MAL LES S/N/H/F/G >4.0  |                  | 05052         | 4.4806  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 17280      | N                            | DSTR MAL LS F/E/E/N/L/M .5/< |                  | 05051         | 2.2284  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 17281      | T                            | DSTR MAL LS F/E/E/N/L/M .6-1 |                  | 05051         | 2.2284  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 17282      | T                            | DSTR MAL LS F/E/E/N/L/M1.1-2 |                  | 05051         | 2.2284  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 17283      | T                            | DSTR MAL LS F/E/E/N/L/M2.1-3 |                  | 05052         | 4.4806  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 17284      | T                            | DSTR MAL LS F/E/E/N/L/M3.1-4 |                  | 05053         | 6.8648  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 17286      | T                            | DSTR MAL LS F/E/E/N/L/M>4.0  |                  | 05053         | 6.8648  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 17311      | T                            | MOHS 1 STAGE H/N/HF/G        |                  | 05053         | 6.8648  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 17312      | N                            | MOHS ADDL STAGE              |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 17313      | T                            | MOHS 1 STAGE T/A/L           |                  | 05053         | 6.8648  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 17314      | N                            | MOHS ADDL STAGE T/A/L        |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 17315      | N                            | MOHS SURG ADDL BLOCK         |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 17340      | N                            | CRYOTHERAPY FOR ACNE         |                  | 05733         | 0.6661  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 17360      | N                            | CHEMICAL EXFOLIATION ACNE    |                  | 05051         | 2.2284  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 17380      | E                            | ELECTROLYSIS EPILATION EA 30 |                  | -             | -       | Not Allowed                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| 17999      | N                            | UNLISTD PX SKN MUC MEMB SUBQ |                  | 05051         | 2.2284  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 19000      | T                            | PUNCTURE ASPIR CYST BREAST   |                  | 05071         | 7.8905  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 19001      | N                            | PUNCTURE ASPIR CYST BRST EA  |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 19020      | N                            | MASTOTOMY EXPL DRG ABSC DP   |                  | 05072         | 18.1704 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 19030      | N                            | NJX PX ONLY MAM DUCTO/GLCTO  |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 19081      | N                            | BX BREAST 1ST LESION STRTCTC |                  | 05072         | 18.1704 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 19082      | N                            | BX BREAST ADD LESION STRTCTC |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |

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| 2024<br>APC |               |                              |                  |               |          |                            |                                    |                               |                         |          |            | Outpatient |          | Non-sole |  |  |  |  |  |  |  |
|-------------|---------------|------------------------------|------------------|---------------|----------|----------------------------|------------------------------------|-------------------------------|-------------------------|----------|------------|------------|----------|----------|--|--|--|--|--|--|--|
| Proc<br>Cd  | Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC<br>Weight | Method   | Hospital Fee<br>Schedule   | Sole Comm.<br>Hospital Lab<br>Fees | Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |          |  |  |  |  |  |  |  |
|             |               |                              |                  |               |          |                            |                                    |                               |                         |          |            |            |          |          |  |  |  |  |  |  |  |
| 19083       | N             | BX BREAST 1ST LESION US IMAG |                  | 05072         | 18.1704  | Bundled, sometimes payable | \$1,103.31                         |                               | -                       | -        | 000        | 999        |          |          |  |  |  |  |  |  |  |
| 19084       | N             | BX BREAST ADD LESION US IMAG |                  | -             | -        | Bundled                    | \$0.00                             |                               | -                       | -        | 000        | 999        |          |          |  |  |  |  |  |  |  |
| 19085       | N             | BX BREAST 1ST LESION MR IMAG |                  | 05072         | 18.1704  | Bundled, sometimes payable | \$1,103.31                         |                               | -                       | -        | 000        | 999        |          |          |  |  |  |  |  |  |  |
| 19086       | N             | BX BREAST ADD LESION MR IMAG |                  | -             | -        | Bundled                    | \$0.00                             |                               | -                       | -        | 000        | 999        |          |          |  |  |  |  |  |  |  |
| 19100       | N             | BX BREAST PERCUT W/O IMAGE   |                  | 05072         | 18.1704  | Bundled, sometimes payable | \$1,103.31                         |                               | -                       | -        | 000        | 999        |          |          |  |  |  |  |  |  |  |
| 19101       | N             | BIOPSY OF BREAST OPEN        |                  | 05091         | 42.9441  | Bundled, sometimes payable | \$2,607.57                         |                               | -                       | -        | 000        | 999        |          |          |  |  |  |  |  |  |  |
| 19105       | N             | CRYOSURG ABLATE FA EACH      |                  | 05091         | 42.9441  | Bundled, sometimes payable | \$2,607.57                         |                               | -                       | -        | 000        | 999        |          |          |  |  |  |  |  |  |  |
| 19110       | N             | NIPPLE EXPLORATION           |                  | 05091         | 42.9441  | Bundled, sometimes payable | \$2,607.57                         |                               | -                       | -        | 000        | 999        |          |          |  |  |  |  |  |  |  |
| 19112       | N             | EXCISE BREAST DUCT FISTULA   |                  | 05091         | 42.9441  | Bundled, sometimes payable | \$2,607.57                         |                               | -                       | -        | 000        | 999        |          |          |  |  |  |  |  |  |  |
| 19120       | N             | REMOVAL OF BREAST LESION     |                  | 05091         | 42.9441  | Bundled, sometimes payable | \$2,607.57                         |                               | -                       | -        | 000        | 999        |          |          |  |  |  |  |  |  |  |
| 19125       | N             | EXCISION BREAST LESION       |                  | 05091         | 42.9441  | Bundled, sometimes payable | \$2,607.57                         |                               | -                       | -        | 000        | 999        |          |          |  |  |  |  |  |  |  |
| 19126       | N             | EXCISION ADDL BREAST LESION  |                  | -             | -        | Bundled                    | \$0.00                             |                               | -                       | -        | 000        | 999        |          |          |  |  |  |  |  |  |  |
| 19281       | N             | PERQ DEVICE BREAST 1ST IMAG  |                  | 05072         | 18.1704  | Bundled, sometimes payable | \$1,103.31                         |                               | -                       | -        | 000        | 999        |          |          |  |  |  |  |  |  |  |
| 19282       | N             | PERQ DEVICE BREAST EA IMAG   |                  | -             | -        | Bundled                    | \$0.00                             |                               | -                       | -        | 000        | 999        |          |          |  |  |  |  |  |  |  |
| 19283       | N             | PERQ DEV BREAST 1ST STRTCTC  |                  | 05071         | 7.8905   | Bundled, sometimes payable | \$479.11                           |                               | -                       | -        | 000        | 999        |          |          |  |  |  |  |  |  |  |
| 19284       | N             | PERQ DEV BREAST ADD STRTCTC  |                  | -             | -        | Bundled                    | \$0.00                             |                               | -                       | -        | 000        | 999        |          |          |  |  |  |  |  |  |  |
| 19285       | N             | PERQ DEV BREAST 1ST US IMAG  |                  | 05071         | 7.8905   | Bundled, sometimes payable | \$479.11                           |                               | -                       | -        | 000        | 999        |          |          |  |  |  |  |  |  |  |
| 19286       | N             | PERQ DEV BREAST ADD US IMAG  |                  | -             | -        | Bundled                    | \$0.00                             |                               | -                       | -        | 000        | 999        |          |          |  |  |  |  |  |  |  |
| 19287       | N             | PERQ DEV BREAST 1ST MR GUIDE |                  | 05071         | 7.8905   | Bundled, sometimes payable | \$479.11                           |                               | -                       | -        | 000        | 999        |          |          |  |  |  |  |  |  |  |
| 19288       | N             | PERQ DEV BREAST ADD MR GUIDE |                  | -             | -        | Bundled                    | \$0.00                             |                               | -                       | -        | 000        | 999        |          |          |  |  |  |  |  |  |  |
| 19294       | N             | PREPJ TUM CAV IORT PRTL MAST |                  | -             | -        | Bundled                    | \$0.00                             |                               | -                       | -        | 000        | 999        |          |          |  |  |  |  |  |  |  |
| 19296       | N             | PLACE PO BREAST CATH FOR RAD |                  | 05093         | 107.3136 | Bundled, sometimes payable | \$6,516.08                         |                               | -                       | Y        | 000        | 999        |          |          |  |  |  |  |  |  |  |
| 19297       | N             | PLACE BREAST CATH FOR RAD    |                  | -             | -        | Bundled                    | \$0.00                             |                               | -                       | Y        | 000        | 999        |          |          |  |  |  |  |  |  |  |
| 19298       | N             | PLACE BREAST RAD TUBE/CATHS  |                  | 05092         | 73.1359  | Bundled, sometimes payable | \$4,440.81                         |                               | -                       | Y        | 000        | 999        |          |          |  |  |  |  |  |  |  |
| 19300       | N             | MASTECTOMY FOR GYNECOMASTIA  |                  | 05091         | 42.9441  | Bundled, sometimes payable | \$2,607.57                         |                               | Y                       | -        | 000        | 999        |          |          |  |  |  |  |  |  |  |
| 19301       | N             | PARTIAL MASTECTOMY           |                  | 05091         | 42.9441  | Bundled, sometimes payable | \$2,607.57                         |                               | Y                       | -        | 000        | 999        |          |          |  |  |  |  |  |  |  |
| 19302       | N             | P-MASTECTOMY W/LN REMOVAL    |                  | 05092         | 73.1359  | Bundled, sometimes payable | \$4,440.81                         |                               | Y                       | -        | 000        | 999        |          |          |  |  |  |  |  |  |  |
| 19303       | N             | MAST SIMPLE COMPLETE         |                  | 05092         | 73.1359  | Bundled, sometimes payable | \$4,440.81                         |                               | Y                       | -        | 000        | 999        |          |          |  |  |  |  |  |  |  |
| 19305       | C             | MAST RADICAL                 |                  | -             | -        | IP Only                    | \$0.00                             |                               | Y                       | -        | 000        | 999        |          |          |  |  |  |  |  |  |  |
| 19306       | C             | MAST RAD URBAN TYPE          |                  | -             | -        | IP Only                    | \$0.00                             |                               | Y                       | -        | 000        | 999        |          |          |  |  |  |  |  |  |  |
| 19307       | N             | MAST MOD RAD                 |                  | 05092         | 73.1359  | Bundled, sometimes payable | \$4,440.81                         |                               | Y                       | -        | 000        | 999        |          |          |  |  |  |  |  |  |  |
| 19316       | N             | MASTOPEXY                    |                  | 05092         | 73.1359  | Bundled, sometimes payable | \$4,440.81                         |                               | Y                       | -        | 016        | 999        |          |          |  |  |  |  |  |  |  |
| 19318       | N             | BREAST REDUCTION             |                  | 05092         | 73.1359  | Bundled, sometimes payable | \$4,440.81                         |                               | Y                       | -        | 016        | 999        |          |          |  |  |  |  |  |  |  |
| 19325       | N             | BREAST AUGMENTATION W/IMPLT  |                  | 05093         | 107.3136 | Bundled, sometimes payable | \$6,516.08                         |                               | Y                       | -        | 016        | 999        |          |          |  |  |  |  |  |  |  |
| 19328       | N             | RMVL INTACT BREAST IMPLANT   |                  | 05091         | 42.9441  | Bundled, sometimes payable | \$2,607.57                         |                               | Y                       | -        | 016        | 999        |          |          |  |  |  |  |  |  |  |
| 19330       | N             | RMVL RUPTURED BREAST IMPLANT |                  | 05091         | 42.9441  | Bundled, sometimes payable | \$2,607.57                         |                               | Y                       | -        | 016        | 999        |          |          |  |  |  |  |  |  |  |
| 19340       | N             | INSJ BREAST IMPLT SM D MAST  |                  | 05092         | 73.1359  | Bundled, sometimes payable | \$4,440.81                         |                               | Y                       | -        | 016        | 999        |          |          |  |  |  |  |  |  |  |
| 19342       | N             | INSJ/RPLCMT BRST IMPLT SEP D |                  | 05093         | 107.3136 | Bundled, sometimes payable | \$6,516.08                         |                               | Y                       | -        | 016        | 999        |          |          |  |  |  |  |  |  |  |
| 19350       | N             | NIPPLE/AREOLA RECONSTRUCTION |                  | 05091         | 42.9441  | Bundled, sometimes payable | \$2,607.57                         |                               | Y                       | -        | 016        | 999        |          |          |  |  |  |  |  |  |  |
| 19355       | E             | CORRECT INVERTED NIPPLE(S)   |                  | -             | -        | Not Allowed                | \$0.00                             |                               | -                       | -        | 016        | 999        |          |          |  |  |  |  |  |  |  |
| 19357       | N             | TISS XPNDR PLMT BRST RCNSTJ  |                  | 05094         | 195.1166 | Bundled, sometimes payable | \$11,847.48                        |                               | Y                       | -        | 016        | 999        |          |          |  |  |  |  |  |  |  |
| 19361       | C             | BRST RCNSTJ LATSMS DRSI FLAP |                  | -             | -        | IP Only                    | \$0.00                             |                               | Y                       | -        | 016        | 999        |          |          |  |  |  |  |  |  |  |
| 19364       | C             | BRST RCNSTJ FREE FLAP        |                  | -             | -        | IP Only                    | \$0.00                             |                               | Y                       | -        | 016        | 999        |          |          |  |  |  |  |  |  |  |
| 19367       | C             | BRST RCNSTJ 1 PDCL TRAM FLAP |                  | -             | -        | IP Only                    | \$0.00                             |                               | Y                       | -        | 016        | 999        |          |          |  |  |  |  |  |  |  |
| 19368       | C             | BRST RCNSTJ 1PDCL TRAM ANAST |                  | -             | -        | IP Only                    | \$0.00                             |                               | Y                       | -        | 016        | 999        |          |          |  |  |  |  |  |  |  |
| 19369       | C             | BRST RCNSTJ 2 PDCL TRAM FLAP |                  | -             | -        | IP Only                    | \$0.00                             |                               | Y                       | -        | 016        | 999        |          |          |  |  |  |  |  |  |  |
| 19370       | N             | REVJ PERI-IMPLT CAPSULE BRST |                  | 05091         | 42.9441  | Bundled, sometimes payable | \$2,607.57                         |                               | Y                       | -        | 000        | 999        |          |          |  |  |  |  |  |  |  |
| 19371       | N             | PERI-IMPLT CAPSLC BRST COMPL |                  | 05091         | 42.9441  | Bundled, sometimes payable | \$2,607.57                         |                               | Y                       | -        | 000        | 999        |          |          |  |  |  |  |  |  |  |
| 19380       | N             | REVJ RECONSTRUCTED BREAST    |                  | 05092         | 73.1359  | Bundled, sometimes payable | \$4,440.81                         |                               | Y                       | -        | 016        | 999        |          |          |  |  |  |  |  |  |  |
| 19396       | N             | DESIGN CUSTOM BREAST IMPLANT |                  | 05091         | 42.9441  | Bundled, sometimes payable | \$2,607.57                         |                               | Y                       | -        | 000        | 999        |          |          |  |  |  |  |  |  |  |
| 19499       | N             | UNLISTED PROCEDURE BREAST    |                  | 05091         | 42.9441  | Bundled, sometimes payable | \$2,607.57                         |                               | Y                       | -        | 000        | 999        |          |          |  |  |  |  |  |  |  |
| 2000F       | E             | BLOOD PRESSURE MEASURE       |                  | -             | -        | Not Allowed                | \$0.00                             |                               | -                       | -        | 000        | 999        |          |          |  |  |  |  |  |  |  |
| 2001F       | E             | WEIGHT RECORD                |                  | -             | -        | Not Allowed                | \$0.00                             |                               | -                       | Y        | 000        | 999        |          |          |  |  |  |  |  |  |  |
| 2002F       | E             | CLIN SIGN VOL OVRLD ASSESS   |                  | -             | -        | Not Allowed                | \$0.00                             |                               | -                       | Y        | 000        | 999        |          |          |  |  |  |  |  |  |  |
| 2004F       | E             | INITIAL EXAM INVOLVED JOINTS |                  | -             | -        | Not Allowed                | \$0.00                             |                               | -                       | Y        | 000        | 999        |          |          |  |  |  |  |  |  |  |
| 20100       | T             | EXPL PENTRG WOUND NECK       |                  | 05162         | 5.7111   | APC                        | \$346.78                           |                               | -                       | -        | 000        | 999        |          |          |  |  |  |  |  |  |  |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| 2024<br>APC |               |                              |                  |               |         | Outpatient                 |                                    | Non-sole                      |                         |          |            |            |          |  |  |
|-------------|---------------|------------------------------|------------------|---------------|---------|----------------------------|------------------------------------|-------------------------------|-------------------------|----------|------------|------------|----------|--|--|
| Proc<br>Cd  | Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC<br>Weight | Method  | Hospital Fee<br>Schedule   | Sole Comm.<br>Hospital Lab<br>Fees | Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |  |  |
| 20101       | T             | EXPL PENTRG WOUND CHEST      |                  | 05054         | 20.5142 | APC                        | \$1,245.62                         |                               | -                       | -        | 000        | 999        |          |  |  |
| 20102       | T             | EXPL PENTRG WND ABD/FLNK/BK  |                  | 05054         | 20.5142 | APC                        | \$1,245.62                         |                               | -                       | -        | 000        | 999        |          |  |  |
| 20103       | N             | EXPL PENTRG WOUND EXTREMITY  |                  | 05072         | 18.1704 | Bundled, sometimes payable | \$1,103.31                         |                               | -                       | -        | 000        | 999        |          |  |  |
| 2010F       | E             | VITAL SIGNS RECORDED         |                  | -             | -       | Not Allowed                | \$0.00                             |                               | -                       | -        | 000        | 999        |          |  |  |
| 2014F       | E             | MENTAL STATUS ASSESS         |                  | -             | -       | Not Allowed                | \$0.00                             |                               | -                       | -        | 000        | 999        |          |  |  |
| 20150       | N             | EXCISION EPIPHYSEAL BAR      |                  | 05113         | 36.3872 | Bundled, sometimes payable | \$2,209.43                         |                               | -                       | -        | 000        | 999        |          |  |  |
| 2015F       | E             | ASTHMA IMPAIRMENT ASSESSED   |                  | -             | -       | Not Allowed                | \$0.00                             |                               | -                       | -        | 000        | 999        |          |  |  |
| 2016F       | E             | ASTHMA RISK ASSESSED         |                  | -             | -       | Not Allowed                | \$0.00                             |                               | -                       | -        | 000        | 999        |          |  |  |
| 2018F       | E             | HYDRATION STATUS ASSESS      |                  | -             | -       | Not Allowed                | \$0.00                             |                               | -                       | -        | 000        | 999        |          |  |  |
| 2019F       | E             | DILATED MACUL EXAM DONE      |                  | -             | -       | Not Allowed                | \$0.00                             |                               | -                       | -        | 000        | 999        |          |  |  |
| 20200       | N             | MUSCLE BIOPSY SUPERFICIAL    |                  | 05072         | 18.1704 | Bundled, sometimes payable | \$1,103.31                         |                               | -                       | -        | 000        | 999        |          |  |  |
| 20205       | N             | DEEP MUSCLE BIOPSY           |                  | 05073         | 32.0969 | Bundled, sometimes payable | \$1,948.92                         |                               | -                       | -        | 000        | 999        |          |  |  |
| 20206       | N             | BIOPSY MUSCLE PERQ NEEDLE    |                  | 05072         | 18.1704 | Bundled, sometimes payable | \$1,103.31                         |                               | -                       | -        | 000        | 999        |          |  |  |
| 2020F       | E             | DILATED FUNDUS EVAL DONE     |                  | -             | -       | Not Allowed                | \$0.00                             |                               | -                       | -        | 000        | 999        |          |  |  |
| 2021F       | E             | DILAT MACULAR EXAM DONE      |                  | -             | -       | Not Allowed                | \$0.00                             |                               | -                       | -        | 000        | 999        |          |  |  |
| 20220       | N             | BONE BIOPSY TROCAR/NDL SUPFC |                  | 05072         | 18.1704 | Bundled, sometimes payable | \$1,103.31                         |                               | -                       | -        | 000        | 999        |          |  |  |
| 20225       | N             | BONE BIOPSY TROCAR/NDL DEEP  |                  | 05072         | 18.1704 | Bundled, sometimes payable | \$1,103.31                         |                               | -                       | -        | 000        | 999        |          |  |  |
| 2022F       | E             | DILAT RTA XM EVC RTNOPHTY    |                  | -             | -       | Not Allowed                | \$0.00                             |                               | -                       | -        | 000        | 999        |          |  |  |
| 2023F       | E             | DILAT RTA XM W/O RTNOPHTY    |                  | -             | -       | Not Allowed                | \$0.00                             |                               | -                       | -        | 000        | 999        |          |  |  |
| 20240       | N             | BONE BIOPSY OPEN SUPERFICIAL |                  | 05073         | 32.0969 | Bundled, sometimes payable | \$1,948.92                         |                               | -                       | -        | 000        | 999        |          |  |  |
| 20245       | N             | BONE BIOPSY OPEN DEEP        |                  | 05073         | 32.0969 | Bundled, sometimes payable | \$1,948.92                         |                               | -                       | -        | 000        | 999        |          |  |  |
| 2024F       | E             | 7 FLD RTA PHOTO EVC RTNOPHTY |                  | -             | -       | Not Allowed                | \$0.00                             |                               | -                       | -        | 000        | 999        |          |  |  |
| 20250       | N             | BIOPSY VRT BDY OPEN THORACIC |                  | 05113         | 36.3872 | Bundled, sometimes payable | \$2,209.43                         |                               | -                       | -        | 000        | 999        |          |  |  |
| 20251       | N             | BIOPSY VRT BDY OPEN LMBR/CRV |                  | 05114         | 80.1145 | Bundled, sometimes payable | \$4,864.55                         |                               | -                       | -        | 000        | 999        |          |  |  |
| 2025F       | E             | 7 FLD RTA PHOTO W/O RTNOPHTY |                  | -             | -       | Not Allowed                | \$0.00                             |                               | -                       | -        | 000        | 999        |          |  |  |
| 2026F       | E             | EYE IMG VALID EVC RTNOPHTY   |                  | -             | -       | Not Allowed                | \$0.00                             |                               | -                       | -        | 000        | 999        |          |  |  |
| 2027F       | E             | OPTIC NERVE HEAD EVAL DONE   |                  | -             | -       | Not Allowed                | \$0.00                             |                               | -                       | -        | 000        | 999        |          |  |  |
| 2028F       | E             | FOOT EXAM PERFORMED          |                  | -             | -       | Not Allowed                | \$0.00                             |                               | -                       | -        | 000        | 999        |          |  |  |
| 2029F       | E             | COMPLETE PHYS SKIN EXAM DONE |                  | -             | -       | Not Allowed                | \$0.00                             |                               | -                       | -        | 000        | 999        |          |  |  |
| 2030F       | E             | H2O STAT DOCD NORMAL         |                  | -             | -       | Not Allowed                | \$0.00                             |                               | -                       | -        | 000        | 999        |          |  |  |
| 2031F       | E             | H2O STAT DOCD DEHYDRATED     |                  | -             | -       | Not Allowed                | \$0.00                             |                               | -                       | -        | 000        | 999        |          |  |  |
| 2033F       | E             | EYE IMG VALID W/O RTNOPHTY   |                  | -             | -       | Not Allowed                | \$0.00                             |                               | -                       | -        | 000        | 999        |          |  |  |
| 2035F       | E             | TYMP MEMB MOTION EXAMD       |                  | -             | -       | Not Allowed                | \$0.00                             |                               | -                       | -        | 000        | 999        |          |  |  |
| 2040F       | E             | BK PN XM ON INIT VISIT DATE  |                  | -             | -       | Not Allowed                | \$0.00                             |                               | -                       | -        | 000        | 999        |          |  |  |
| 2044F       | E             | DOC MNTL TST B/4 BK TRXMNT   |                  | -             | -       | Not Allowed                | \$0.00                             |                               | -                       | -        | 000        | 999        |          |  |  |
| 20500       | N             | INJECTION OF SINUS TRACT     |                  | 05163         | 16.6121 | Bundled, sometimes payable | \$1,008.69                         |                               | -                       | -        | 000        | 999        |          |  |  |
| 20501       | N             | INJECT SINUS TRACT FOR X-RAY |                  | -             | -       | Bundled                    | \$0.00                             |                               | -                       | -        | 000        | 999        |          |  |  |
| 2050F       | E             | WOUND CHAR SIZE ETC DOCD     |                  | -             | -       | Not Allowed                | \$0.00                             |                               | -                       | -        | 000        | 999        |          |  |  |
| 20520       | N             | REMOVAL OF FOREIGN BODY      |                  | 05072         | 18.1704 | Bundled, sometimes payable | \$1,103.31                         |                               | -                       | -        | 000        | 999        |          |  |  |
| 20525       | N             | REMOVAL OF FOREIGN BODY      |                  | 05073         | 32.0969 | Bundled, sometimes payable | \$1,948.92                         |                               | -                       | -        | 000        | 999        |          |  |  |
| 20526       | T             | THER INJECTION CARP TUNNEL   |                  | 05441         | 3.3105  | APC                        | \$201.01                           |                               | -                       | -        | 000        | 999        |          |  |  |
| 20527       | T             | INJ DUPUYTREN CORD W/ENZYME  |                  | 05441         | 3.3105  | APC                        | \$201.01                           |                               | -                       | -        | 000        | 999        |          |  |  |
| 20550       | T             | INJ TENDON SHEATH/LIGAMENT   |                  | 05441         | 3.3105  | APC                        | \$201.01                           |                               | -                       | -        | 000        | 999        |          |  |  |
| 20551       | T             | INJ TENDON ORIGIN/INSERTION  |                  | 05441         | 3.3105  | APC                        | \$201.01                           |                               | -                       | -        | 000        | 999        |          |  |  |
| 20552       | T             | INJ TRIGGER POINT 1/2 MUSCL  |                  | 05441         | 3.3105  | APC                        | \$201.01                           |                               | -                       | -        | 000        | 999        |          |  |  |
| 20553       | T             | INJECT TRIGGER POINTS 3/>    |                  | 05441         | 3.3105  | APC                        | \$201.01                           |                               | -                       | -        | 000        | 999        |          |  |  |
| 20555       | N             | PLACE NDL MUSC/TIS FOR RT    |                  | 05113         | 36.3872 | Bundled, sometimes payable | \$2,209.43                         |                               | -                       | -        | 000        | 999        |          |  |  |
| 20560       | E             | NDL INSJ W/O NJX 1 OR 2 MUSC |                  | -             | -       | Not Allowed                | \$0.00                             |                               | -                       | -        | 000        | 999        |          |  |  |
| 20561       | E             | NDL INSJ W/O NJX 3+ MUSC     |                  | -             | -       | Not Allowed                | \$0.00                             |                               | -                       | -        | 000        | 999        |          |  |  |
| 20600       | T             | DRAIN/INJ JOINT/BURSA W/O US |                  | 05441         | 3.3105  | APC                        | \$201.01                           |                               | -                       | -        | 000        | 999        |          |  |  |
| 20604       | T             | DRAIN/INJ JOINT/BURSA W/US   |                  | 05441         | 3.3105  | APC                        | \$201.01                           |                               | -                       | -        | 000        | 999        |          |  |  |
| 20605       | T             | DRAIN/INJ JOINT/BURSA W/O US |                  | 05441         | 3.3105  | APC                        | \$201.01                           |                               | -                       | -        | 000        | 999        |          |  |  |
| 20606       | T             | DRAIN/INJ JOINT/BURSA W/US   |                  | 05442         | 7.7664  | APC                        | \$471.58                           |                               | -                       | -        | 000        | 999        |          |  |  |
| 2060F       | E             | PT INTRVWD ON/BEFORE DX MDD  |                  | -             | -       | Not Allowed                | \$0.00                             |                               | -                       | -        | 000        | 999        |          |  |  |
| 20610       | T             | DRAIN/INJ JOINT/BURSA W/O US |                  | 05441         | 3.3105  | APC                        | \$201.01                           |                               | -                       | -        | 000        | 999        |          |  |  |
| 20611       | T             | DRAIN/INJ JOINT/BURSA W/US   |                  | 05441         | 3.3105  | APC                        | \$201.01                           |                               | -                       | -        | 000        | 999        |          |  |  |



**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2025**

| Proc Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC   |          | Method                     | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|---------|------------------------------|------------------------------|------------------|-------|----------|----------------------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|         |                              |                              |                  | APC   | Weight   |                            |                                        |                                    |                                           |  |                         |          |            |            |          |
| 20612   | T                            | ASPIRATE/INJ GANGLION CYST   |                  | 05441 | 3.3105   | APC                        | \$201.01                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 20615   | T                            | TREATMENT OF BONE CYST       |                  | 05071 | 7.8905   | APC                        | \$479.11                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 20650   | N                            | INSERT AND REMOVE BONE PIN   |                  | 05113 | 36.3872  | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 20660   | N                            | APPLY REM FIXATION DEVICE    |                  | 05112 | 17.9481  | Bundled, sometimes payable | \$1,089.81                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 20661   | C                            | APPLICATION HALO CRANIAL     |                  | -     | -        | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 20662   | N                            | APPLICATION HALO PELVIC      |                  | 05112 | 17.9481  | Bundled, sometimes payable | \$1,089.81                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 20663   | N                            | APPLICATION HALO FEMORAL     |                  | 05113 | 36.3872  | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 20664   | C                            | APPL HALO CRANIAL 6+PINS     |                  | -     | -        | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 20665   | N                            | RMVL TONGS/HALO ANTHR INDIV  |                  | 05735 | 4.4751   | Bundled, sometimes payable | \$271.73                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 20670   | N                            | REMOVAL IMPLANT SUPERFICIAL  |                  | 05072 | 18.1704  | Bundled, sometimes payable | \$1,103.31                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 20680   | N                            | REMOVAL OF IMPLANT DEEP      |                  | 05073 | 32.0969  | Bundled, sometimes payable | \$1,948.92                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 20690   | N                            | APPL UNIPLN UNI EXT FIXJ SYS |                  | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 20692   | N                            | APPL MLTPLN UNI EXT FIXJ SYS |                  | 05115 | 144.2970 | Bundled, sometimes payable | \$8,761.71                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 20693   | N                            | ADJMT/REVJ EXT FIXJ SYS ANES |                  | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 20694   | N                            | RMVL EXT FIXJ SYS UNDER ANES |                  | 05112 | 17.9481  | Bundled, sometimes payable | \$1,089.81                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 20696   | N                            | APP MLTPLN UNI XTRNL FIX 1ST |                  | 05116 | 206.2381 | Bundled, sometimes payable | \$12,522.78                            |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 20697   | N                            | APP MLTPLN UNI XTRNL FIX XCH |                  | 05112 | 17.9481  | Bundled, sometimes payable | \$1,089.81                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 20700   | N                            | MNL PREP&INSJ DP RX DLVR DEV |                  | -     | -        | Bundled                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 20701   | N                            | RMVL DEEP RX DELIVERY DEVICE |                  | -     | -        | Bundled                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 20702   | N                            | MNL PREP&INSJ IMED RX DEV    |                  | -     | -        | Bundled                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 20703   | N                            | RMVL IMED RX DELIVERY DEVICE |                  | -     | -        | Bundled                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 20704   | N                            | MNL PREP&INSJ I-ARTIC RX DEV |                  | -     | -        | Bundled                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 20705   | N                            | RMVL I-ARTIC RX DELIVERY DEV |                  | -     | -        | Bundled                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 20802   | C                            | REPLANTATION ARM COMPLETE    |                  | -     | -        | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 20805   | C                            | REPLANT FOREARM COMPLETE     |                  | -     | -        | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 20808   | C                            | REPLANTATION HAND COMPLETE   |                  | -     | -        | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 20816   | C                            | REPLANTATION DIGIT COMPLETE  |                  | -     | -        | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 20822   | N                            | REPLANTATION DIGIT COMPLETE  |                  | 05112 | 17.9481  | Bundled, sometimes payable | \$1,089.81                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 20824   | C                            | REPLANTATION THUMB COMPLETE  |                  | -     | -        | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 20827   | C                            | REPLANTATION THUMB COMPLETE  |                  | -     | -        | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 20838   | C                            | REPLANTATION FOOT COMPLETE   |                  | -     | -        | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 20900   | N                            | REMOVAL OF BONE FOR GRAFT    |                  | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 20902   | N                            | REMOVAL OF BONE FOR GRAFT    |                  | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 20910   | T                            | REMOVE CARTILAGE FOR GRAFT   |                  | 05053 | 6.8648   | APC                        | \$416.83                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 20912   | T                            | REMOVE CARTILAGE FOR GRAFT   |                  | 05055 | 41.0565  | APC                        | \$2,492.95                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 20920   | T                            | REMOVAL OF FASCIA FOR GRAFT  |                  | 05054 | 20.5142  | APC                        | \$1,245.62                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 20922   | T                            | REMOVAL OF FASCIA FOR GRAFT  |                  | 05054 | 20.5142  | APC                        | \$1,245.62                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 20924   | N                            | REMOVAL OF TENDON FOR GRAFT  |                  | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 20930   | N                            | SP BONE ALGRFT MORSEL ADD-ON |                  | -     | -        | Bundled                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 20931   | N                            | SP BONE ALGRFT STRUCT ADD-ON |                  | -     | -        | Bundled                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 20932   | N                            | OSTEOART ALGRFT W/SURF & B1  |                  | -     | -        | Bundled                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 20933   | N                            | HEMICRT INTRCLRY ALGRFT PRTL |                  | -     | -        | Bundled                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 20934   | N                            | INTERCALARY ALGRFT COMPL     |                  | -     | -        | Bundled                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 20936   | N                            | SP BONE AGRFT LOCAL ADD-ON   |                  | -     | -        | Bundled                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 20937   | N                            | SP BONE AGRFT MORSEL ADD-ON  |                  | -     | -        | Bundled                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 20938   | N                            | SP BONE AGRFT STRUCT ADD-ON  |                  | -     | -        | Bundled                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 20939   | N                            | BONE MARROW ASPIR BONE GRFG  |                  | -     | -        | Bundled                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 20950   | T                            | FLUID PRESSURE MUSCLE        |                  | 05071 | 7.8905   | APC                        | \$479.11                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 20955   | C                            | FIBULA BONE GRAFT MICROVASC  |                  | -     | -        | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 20956   | C                            | ILIAC BONE GRAFT MICROVASC   |                  | -     | -        | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 20957   | C                            | MT BONE GRAFT MICROVASC      |                  | -     | -        | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 20962   | C                            | OTHER BONE GRAFT MICROVASC   |                  | -     | -        | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 20969   | C                            | BONE/SKIN GRAFT MICROVASC    |                  | -     | -        | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 20970   | C                            | BONE/SKIN GRAFT ILIAC CREST  |                  | -     | -        | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 20972   | N                            | BONE/SKIN GRAFT METATARSAL   |                  | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 20973   | N                            | BONE/SKIN GRAFT GREAT TOE    |                  | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |

**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2025**

| Proc Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC   | APC<br>Weight | Method                     | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|---------|------------------------------|------------------------------|------------------|-------|---------------|----------------------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|         |                              |                              |                  |       |               |                            |                                        |                                    |                                           |                         |          |            |            |          |
| 20974   | M                            | ELECTRICAL BONE STIMULATION  |                  | -     | -             | Fee Schedule               | \$67.52                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 20975   | N                            | ELECTRICAL BONE STIMULATION  |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 20979   | N                            | US BONE STIMULATION          |                  | 05731 | 0.2747        | Bundled, sometimes payable | \$16.68                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 20982   | N                            | ABLATE BONE TUMOR(S) PERQ    |                  | 05115 | 144.2970      | Bundled, sometimes payable | \$8,761.71                             |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 20983   | N                            | ABLATE BONE TUMOR(S) PERQ    |                  | 05114 | 80.1145       | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 20985   | N                            | CPTR-ASST DIR MS PX          |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 20999   | T                            | UNLISTED PX MUSCSKEL GENERAL |                  | 05111 | 2.6902        | APC                        | \$163.35                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21010   | N                            | INCISION OF JAW JOINT        |                  | 05164 | 36.3699       | Bundled, sometimes payable | \$2,208.38                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21011   | N                            | EXC FACE LES SC <2 CM        |                  | 05072 | 18.1704       | Bundled, sometimes payable | \$1,103.31                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21012   | N                            | EXC FACE LES SBQ 2 CM/>      |                  | 05072 | 18.1704       | Bundled, sometimes payable | \$1,103.31                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21013   | N                            | EXC FACE TUM DEEP < 2 CM     |                  | 05072 | 18.1704       | Bundled, sometimes payable | \$1,103.31                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21014   | N                            | EXC FACE TUM DEEP 2 CM/>     |                  | 05073 | 32.0969       | Bundled, sometimes payable | \$1,948.92                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21015   | N                            | RESECT FACE/SCALP TUM < 2 CM |                  | 05073 | 32.0969       | Bundled, sometimes payable | \$1,948.92                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21016   | N                            | RESECT FACE/SCALP TUM 2 CM/> |                  | 05073 | 32.0969       | Bundled, sometimes payable | \$1,948.92                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21025   | N                            | EXCISION OF BONE LOWER JAW   |                  | 05165 | 66.3421       | Bundled, sometimes payable | \$4,028.29                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21026   | N                            | EXCISION OF FACIAL BONE(S)   |                  | 05165 | 66.3421       | Bundled, sometimes payable | \$4,028.29                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21029   | N                            | CONTOUR OF FACE BONE LESION  |                  | 05164 | 36.3699       | Bundled, sometimes payable | \$2,208.38                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21030   | N                            | EXCISE MAX/ZYGOMA B9 TUMOR   |                  | 05165 | 66.3421       | Bundled, sometimes payable | \$4,028.29                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21031   | N                            | REMOVE EXOSTOSIS MANDIBLE    |                  | 05164 | 36.3699       | Bundled, sometimes payable | \$2,208.38                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21032   | N                            | REMOVE EXOSTOSIS MAXILLA     |                  | 05164 | 36.3699       | Bundled, sometimes payable | \$2,208.38                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21034   | N                            | EXCISE MAX/ZYGOMA MAL TUMOR  |                  | 05165 | 66.3421       | Bundled, sometimes payable | \$4,028.29                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21040   | N                            | EXCISE MANDIBLE LESION       |                  | 05164 | 36.3699       | Bundled, sometimes payable | \$2,208.38                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21044   | N                            | REMOVAL OF JAW BONE LESION   |                  | 05165 | 66.3421       | Bundled, sometimes payable | \$4,028.29                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21045   | C                            | EXTENSIVE JAW SURGERY        |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21046   | N                            | REMOVE MANDIBLE CYST COMPLEX |                  | 05165 | 66.3421       | Bundled, sometimes payable | \$4,028.29                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21047   | N                            | EXCISE LWR JAW CYST W/REPAIR |                  | 05165 | 66.3421       | Bundled, sometimes payable | \$4,028.29                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21048   | N                            | REMOVE MAXILLA CYST COMPLEX  |                  | 05165 | 66.3421       | Bundled, sometimes payable | \$4,028.29                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21049   | N                            | EXCIS UPPR JAW CYST W/REPAIR |                  | 05165 | 66.3421       | Bundled, sometimes payable | \$4,028.29                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21050   | N                            | REMOVAL OF JAW JOINT         |                  | 05165 | 66.3421       | Bundled, sometimes payable | \$4,028.29                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21060   | N                            | REMOVE JAW JOINT CARTILAGE   |                  | 05165 | 66.3421       | Bundled, sometimes payable | \$4,028.29                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21070   | N                            | REMOVE CORONOID PROCESS      |                  | 05165 | 66.3421       | Bundled, sometimes payable | \$4,028.29                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21073   | N                            | MNPJ OF TMJ W/ANESTH         |                  | 05163 | 16.6121       | Bundled, sometimes payable | \$1,008.69                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21076   | N                            | IMPRES&PREP SURG OBT PROSTH  |                  | 05163 | 16.6121       | Bundled, sometimes payable | \$1,008.69                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21077   | N                            | IMPRES&PREP ORBITAL PROSTH   |                  | 05165 | 66.3421       | Bundled, sometimes payable | \$4,028.29                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21079   | N                            | IMPRES&PREP INTRM OBT PROSTH |                  | 05164 | 36.3699       | Bundled, sometimes payable | \$2,208.38                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21080   | N                            | IMPRES&PREP DEF OBT PROSTH   |                  | 05164 | 36.3699       | Bundled, sometimes payable | \$2,208.38                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21081   | N                            | IMPRES&PREP MNDBL RES PROSTH |                  | 05165 | 66.3421       | Bundled, sometimes payable | \$4,028.29                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21082   | N                            | IMPRES&PREP PALTL AUG PROSTH |                  | 05164 | 36.3699       | Bundled, sometimes payable | \$2,208.38                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21083   | N                            | IMPRES&PREP PALTL LFT PROSTH |                  | 05164 | 36.3699       | Bundled, sometimes payable | \$2,208.38                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21084   | N                            | IMPRES&PREP SP AID PROSTH    |                  | 05164 | 36.3699       | Bundled, sometimes payable | \$2,208.38                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21085   | T                            | IMPRES&PREP ORAL SURG SPLINT |                  | 05161 | 2.6043        | APC                        | \$158.13                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21086   | N                            | IMPRES&PREP AURICULAR PROSTH |                  | 05164 | 36.3699       | Bundled, sometimes payable | \$2,208.38                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21087   | N                            | IMPRES&PREP NASAL PROSTH     |                  | 05165 | 66.3421       | Bundled, sometimes payable | \$4,028.29                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21088   | N                            | IMPRES&PREP FACIAL PROSTH    |                  | 05164 | 36.3699       | Bundled, sometimes payable | \$2,208.38                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21089   | T                            | UNLISTED MAXLFCL PROSTH PX   |                  | 05161 | 2.6043        | APC                        | \$158.13                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21100   | N                            | MAXILLOFACIAL FIXATION       |                  | 05165 | 66.3421       | Bundled, sometimes payable | \$4,028.29                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21110   | N                            | INTERDENTAL FIXATION         |                  | 05163 | 16.6121       | Bundled, sometimes payable | \$1,008.69                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21116   | N                            | INJECTION JAW JOINT X-RAY    |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21120   | N                            | GENIOPLASTY AUGMENTATION     |                  | 05165 | 66.3421       | Bundled, sometimes payable | \$4,028.29                             |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 21121   | N                            | GENIOP SLDG OSTEOT 1         |                  | 05164 | 36.3699       | Bundled, sometimes payable | \$2,208.38                             |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 21122   | N                            | GENIOP SLDG OSTEOT 2/>       |                  | 05165 | 66.3421       | Bundled, sometimes payable | \$4,028.29                             |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 21123   | N                            | GENIOP SLDG AUGMENTATION     |                  | 05164 | 36.3699       | Bundled, sometimes payable | \$2,208.38                             |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 21125   | N                            | AUGMENTATION MNDBLR PROSTC   |                  | 05165 | 66.3421       | Bundled, sometimes payable | \$4,028.29                             |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 21127   | N                            | AUGMENTATION MNDBLR B1 GRF   |                  | 05165 | 66.3421       | Bundled, sometimes payable | \$4,028.29                             |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 21137   | N                            | RDCTJ FOREHEAD CNTRG ONLY    |                  | 05164 | 36.3699       | Bundled, sometimes payable | \$2,208.38                             |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 21138   | N                            | RDCTJ FOREHEAD CNTRG&PROSTC  |                  | 05165 | 66.3421       | Bundled, sometimes payable | \$4,028.29                             |                                    |                                           | 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**  
**April 1, 2025**

| Proc Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC<br>Weight | Method   | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|---------|------------------------------|------------------------------|------------------|---------------|----------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|         |                              |                              |                  |               |          |                                        |                                    |                                           |                         |          |            |            |          |
| 21139   | N                            | RDCTJ FOREHEAD CNTRG&SETBACK |                  | 05165         | 66.3421  | Bundled, sometimes payable             |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 21141   | N                            | LEFORT I-1 PIECE W/O GRAFT   |                  | 05165         | 66.3421  | Bundled, sometimes payable             |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 21142   | N                            | LEFORT I-2 PIECE W/O GRAFT   |                  | 05165         | 66.3421  | Bundled, sometimes payable             |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 21143   | N                            | LEFORT I-3/> PIECE W/O GRAFT |                  | 05165         | 66.3421  | Bundled, sometimes payable             |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 21145   | C                            | LEFORT I-1 PIECE W/ GRAFT    |                  | -             | -        | IP Only                                |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 21146   | C                            | LEFORT I-2 PIECE W/ GRAFT    |                  | -             | -        | IP Only                                |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 21147   | C                            | LEFORT I-3/> PIECE W/ GRAFT  |                  | -             | -        | IP Only                                |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 21150   | N                            | LEFORT II ANTERIOR INTRUSION |                  | 05165         | 66.3421  | Bundled, sometimes payable             |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 21151   | C                            | LEFORT II W/BONE GRAFTS      |                  | -             | -        | IP Only                                |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 21154   | C                            | LEFORT III W/O LEFORT I      |                  | -             | -        | IP Only                                |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 21155   | C                            | LEFORT III W/ LEFORT I       |                  | -             | -        | IP Only                                |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 21159   | C                            | LEFORT III W/FHDW/O LEFORT I |                  | -             | -        | IP Only                                |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 21160   | C                            | LEFORT III W/FHD W/ LEFORT I |                  | -             | -        | IP Only                                |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 21172   | N                            | RECONSTRUCT ORBIT/FOREHEAD   |                  | 05165         | 66.3421  | Bundled, sometimes payable             |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 21175   | N                            | RECONSTRUCT ORBIT/FOREHEAD   |                  | 05165         | 66.3421  | Bundled, sometimes payable             |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 21179   | C                            | RECONSTRUCT ENTIRE FOREHEAD  |                  | -             | -        | IP Only                                |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 21180   | C                            | RECONSTRUCT ENTIRE FOREHEAD  |                  | -             | -        | IP Only                                |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 21181   | N                            | CONTOUR CRANIAL BONE LESION  |                  | 05165         | 66.3421  | Bundled, sometimes payable             |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 21182   | C                            | RECONSTRUCT CRANIAL BONE     |                  | -             | -        | IP Only                                |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 21183   | C                            | RECONSTRUCT CRANIAL BONE     |                  | -             | -        | IP Only                                |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 21184   | C                            | RECONSTRUCT CRANIAL BONE     |                  | -             | -        | IP Only                                |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 21188   | C                            | RECONSTRUCTION OF MIDFACE    |                  | -             | -        | IP Only                                |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 21193   | N                            | RECONST LWR JAW W/O GRAFT    |                  | 05165         | 66.3421  | Bundled, sometimes payable             |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 21194   | N                            | RECONST LWR JAW W/GRAFT      |                  | 05165         | 66.3421  | Bundled, sometimes payable             |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 21195   | N                            | RECONST LWR JAW W/O FIXATION |                  | 05165         | 66.3421  | Bundled, sometimes payable             |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 21196   | N                            | RECONST LWR JAW W/FIXATION   |                  | 05165         | 66.3421  | Bundled, sometimes payable             |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 21198   | N                            | RECONSTR LWR JAW SEGMENT     |                  | 05165         | 66.3421  | Bundled, sometimes payable             |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 21199   | N                            | RECONSTR LWR JAW W/ADVANCE   |                  | 05165         | 66.3421  | Bundled, sometimes payable             |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 21206   | N                            | RECONSTRUCT UPPER JAW BONE   |                  | 05165         | 66.3421  | Bundled, sometimes payable             |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 21208   | N                            | AUGMENTATION OF FACIAL BONES |                  | 05165         | 66.3421  | Bundled, sometimes payable             |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 21209   | N                            | REDUCTION OF FACIAL BONES    |                  | 05165         | 66.3421  | Bundled, sometimes payable             |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 21210   | N                            | FACE BONE GRAFT              |                  | 05165         | 66.3421  | Bundled, sometimes payable             |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 21215   | N                            | LOWER JAW BONE GRAFT         |                  | 05165         | 66.3421  | Bundled, sometimes payable             |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 21230   | N                            | RIB CARTILAGE GRAFT          |                  | 05165         | 66.3421  | Bundled, sometimes payable             |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 21235   | N                            | EAR CARTILAGE GRAFT          |                  | 05165         | 66.3421  | Bundled, sometimes payable             |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 21240   | N                            | RECONSTRUCTION OF JAW JOINT  |                  | 05165         | 66.3421  | Bundled, sometimes payable             |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 21242   | N                            | RECONSTRUCTION OF JAW JOINT  |                  | 05165         | 66.3421  | Bundled, sometimes payable             |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 21243   | N                            | RECONSTRUCTION OF JAW JOINT  |                  | 05116         | 206.2381 | Bundled, sometimes payable             |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 21244   | N                            | RECONSTRUCTION OF LOWER JAW  |                  | 05165         | 66.3421  | Bundled, sometimes payable             |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 21245   | N                            | RECONSTRUCTION OF JAW        |                  | 05165         | 66.3421  | Bundled, sometimes payable             |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 21246   | N                            | RECONSTRUCTION OF JAW        |                  | 05165         | 66.3421  | Bundled, sometimes payable             |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 21247   | C                            | RECONSTRUCT LOWER JAW BONE   |                  | -             | -        | IP Only                                |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 21248   | N                            | RECONSTRUCTION OF JAW        |                  | 05165         | 66.3421  | Bundled, sometimes payable             |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 21249   | N                            | RECONSTRUCTION OF JAW        |                  | 05165         | 66.3421  | Bundled, sometimes payable             |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 21255   | N                            | RECONSTRUCT LOWER JAW BONE   |                  | 05165         | 66.3421  | Bundled, sometimes payable             |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 21256   | N                            | RECONSTRUCTION OF ORBIT      |                  | 05165         | 66.3421  | Bundled, sometimes payable             |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 21260   | N                            | REVISE EYE SOCKETS           |                  | 05165         | 66.3421  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21261   | N                            | REVISE EYE SOCKETS           |                  | 05165         | 66.3421  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21263   | N                            | REVISE EYE SOCKETS           |                  | 05165         | 66.3421  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21267   | N                            | REVISE EYE SOCKETS           |                  | 05165         | 66.3421  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21268   | C                            | REVISE EYE SOCKETS           |                  | -             | -        | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21270   | N                            | AUGMENTATION CHEEK BONE      |                  | 05165         | 66.3421  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21275   | N                            | REVISION ORBITOFACIAL BONES  |                  | 05165         | 66.3421  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21280   | N                            | MEDIAL CANTHOPEXY            |                  | 05164         | 36.3699  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21282   | N                            | LATERAL CANTHOPEXY           |                  | 05164         | 36.3699  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21295   | N                            | REVISION OF JAW MUSCLE/BONE  |                  | 05163         | 16.6121  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |



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| Proc Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC<br>Weight | Method  | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|---------|------------------------------|------------------------------|------------------|---------------|---------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|         |                              |                              |                  |               |         |                                        |                                    |                                           |                         |          |            |            |          |
| 21296   | N                            | REVISION OF JAW MUSCLE/BONE  |                  | 05164         | 36.3699 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21299   | T                            | UNLISTED CRANFCL&MAXLFCL PX  |                  | 05161         | 2.6043  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21315   | N                            | CLSD TX NSL FX MNPJ WO STBLJ |                  | 05163         | 16.6121 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21320   | N                            | CLSD TX NSL FX W/MNPJ&STABLJ |                  | 05164         | 36.3699 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21325   | N                            | OPEN TX NOSE FX UNCOMPLICATD |                  | 05164         | 36.3699 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21330   | N                            | OPEN TX NOSE FX W/SKELE FIXJ |                  | 05165         | 66.3421 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21335   | N                            | OPEN TX NOSE & SEPTAL FX     |                  | 05164         | 36.3699 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21336   | N                            | OPEN TX SEPTAL FX W/WO STABJ |                  | 05113         | 36.3872 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21337   | N                            | CLOSED TX SEPTAL&NOSE FX     |                  | 05164         | 36.3699 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21338   | N                            | OPEN NASOETHMOID FX W/O FIXJ |                  | 05165         | 66.3421 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21339   | N                            | OPEN NASOETHMOID FX W/ FIXJ  |                  | 05165         | 66.3421 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21340   | N                            | PERQ TX NASOETHMOID FX       |                  | 05164         | 36.3699 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21343   | C                            | OPEN TX DPRSD FRONT SINUS FX |                  | -             | -       | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21344   | C                            | OPEN TX COMPL FRONT SINUS FX |                  | -             | -       | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21345   | N                            | CLOSED TX NOSE/JAW FX        |                  | 05163         | 16.6121 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21346   | N                            | OPN TX NASOMAX FX W/FIXJ     |                  | 05165         | 66.3421 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21347   | N                            | OPN TX NASOMAX FX MULTPLE    |                  | 05165         | 66.3421 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21348   | C                            | OPN TX NASOMAX FX W/GRAFT    |                  | -             | -       | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21355   | N                            | PERQ TX MALAR FRACTURE       |                  | 05164         | 36.3699 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21356   | N                            | OPN TX DPRSD ZYGOMATIC ARCH  |                  | 05165         | 66.3421 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21360   | N                            | OPN TX DPRSD MALAR FRACTURE  |                  | 05165         | 66.3421 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21365   | N                            | OPN TX COMPLX MALAR FX       |                  | 05165         | 66.3421 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21366   | N                            | OPN TX COMPLX MALAR W/GRFT   |                  | 05165         | 66.3421 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21385   | N                            | OPN TX ORBIT FX TRANSANTRAL  |                  | 05165         | 66.3421 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21386   | N                            | OPN TX ORBIT FX PERIORBITAL  |                  | 05165         | 66.3421 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21387   | N                            | OPN TX ORBIT FX COMBINED     |                  | 05165         | 66.3421 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21390   | N                            | OPN TX ORBIT PERIORBTL IMPLT |                  | 05165         | 66.3421 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21395   | N                            | OPN TX ORBIT PERIORBT W/GRFT |                  | 05165         | 66.3421 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21400   | T                            | CLOSED TX ORBIT W/O MANIPULJ |                  | 05162         | 5.7111  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21401   | N                            | CLOSED TX ORBIT W/MANIPULJ   |                  | 05163         | 16.6121 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21406   | N                            | OPN TX ORBIT FX W/O IMPLANT  |                  | 05165         | 66.3421 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21407   | N                            | OPN TX ORBIT FX W/IMPLANT    |                  | 05165         | 66.3421 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21408   | N                            | OPN TX ORBIT FX W/BONE GRFT  |                  | 05165         | 66.3421 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21421   | N                            | CLTX PALATAL/MAX FX WIRE FIX |                  | 05164         | 36.3699 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21422   | N                            | OPTX PALATAL/MAX FRACTURE    |                  | 05165         | 66.3421 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21423   | C                            | OPTX PALATAL/MAX FX COMP     |                  | -             | -       | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21431   | C                            | CLTX CRANIOFACIAL SEPARATION |                  | -             | -       | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21432   | C                            | OPTX CRANFCL SEP W/WIRING    |                  | -             | -       | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21433   | C                            | OPTX CRANFCL SEP COMP MLT    |                  | -             | -       | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21435   | C                            | OPTX CRNFC SEP COMP INT&XTR  |                  | -             | -       | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21436   | C                            | OPTX CRNFCL SEP COMP MLT INT |                  | -             | -       | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21440   | N                            | CLTX MNDBLR/MAX ALV RIDGE FX |                  | 05164         | 36.3699 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21445   | N                            | OPTX MNDBLR/MAX ALV RIDGE FX |                  | 05165         | 66.3421 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21450   | T                            | CLTX MNDBLR FX W/O MNPJ      |                  | 05162         | 5.7111  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21451   | N                            | CLTX MNDBLR FX W/MNPJ        |                  | 05163         | 16.6121 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21452   | N                            | PERQ TX MNDBLR FX XTRNL FIXJ |                  | 05165         | 66.3421 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21453   | N                            | CLTX MNDBLR FX NTRDNTL FIXJ  |                  | 05165         | 66.3421 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21454   | N                            | OPTX MNDBLR FX XTRNL FIXJ    |                  | 05165         | 66.3421 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21461   | N                            | OPTX MNDBLR FX WO NTRDNTL    |                  | 05165         | 66.3421 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21462   | N                            | OPTX MNDBLR FX W/NTRDNTL     |                  | 05165         | 66.3421 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21465   | N                            | OPTX MNDBLR CNDYLR FX        |                  | 05165         | 66.3421 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21470   | N                            | OPTX COMPLICATED MNDBLR FX   |                  | 05165         | 66.3421 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21480   | T                            | CLTX TMPRMAND DISLC 1ST/SBSQ |                  | 05111         | 2.6902  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21485   | N                            | CLTX TMPRMAND DISLC COMP     |                  | 05163         | 16.6121 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21490   | N                            | OPTX TMPRMAND DISLOCATION    |                  | 05164         | 36.3699 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21497   | N                            | INTERDENTAL WIRG OTH/THN FX  |                  | 05163         | 16.6121 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |



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| Proc Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC<br>Weight | Method  | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|---------|------------------------------|------------------------------|------------------|---------------|---------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|         |                              |                              |                  |               |         |                                        |                                    |                                           |                         |          |            |            |          |
| 21499   | T                            | UNLISTED MUSCSKEL PX HEAD    |                  | 05161         | 2.6043  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 21501   | N                            | I&D DP ABSC/HMTMA SFT TS NCK |                  | 05073         | 32.0969 | Bundled, sometimes payable             | \$1,948.92                         |                                           | -                       | -        | 000        | 999        |          |
| 21502   | N                            | I&D DP ABS/HMTM NCK RIB OSTC |                  | 05113         | 36.3872 | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 21510   | C                            | INC DEEP OPNG B1 CRTX THORAX |                  | -             | -       | IP Only                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 21550   | N                            | BIOPSY OF NECK/CHEST         |                  | 05072         | 18.1704 | Bundled, sometimes payable             | \$1,103.31                         |                                           | -                       | -        | 000        | 999        |          |
| 21552   | N                            | EXC NECK LES SC 3 CM/>       |                  | 05073         | 32.0969 | Bundled, sometimes payable             | \$1,948.92                         |                                           | -                       | -        | 000        | 999        |          |
| 21554   | N                            | EXC NECK TUM DEEP 5 CM/>     |                  | 05073         | 32.0969 | Bundled, sometimes payable             | \$1,948.92                         |                                           | -                       | -        | 000        | 999        |          |
| 21555   | N                            | EXC NECK LES SC < 3 CM       |                  | 05072         | 18.1704 | Bundled, sometimes payable             | \$1,103.31                         |                                           | -                       | -        | 000        | 999        |          |
| 21556   | N                            | EXC NECK TUM DEEP < 5 CM     |                  | 05073         | 32.0969 | Bundled, sometimes payable             | \$1,948.92                         |                                           | -                       | -        | 000        | 999        |          |
| 21557   | N                            | RESECT NECK THORAX TUMOR<5CM |                  | 05073         | 32.0969 | Bundled, sometimes payable             | \$1,948.92                         |                                           | -                       | -        | 000        | 999        |          |
| 21558   | N                            | RESECT NECK TUMOR 5 CM/>     |                  | 05073         | 32.0969 | Bundled, sometimes payable             | \$1,948.92                         |                                           | -                       | -        | 000        | 999        |          |
| 21600   | N                            | PARTIAL REMOVAL OF RIB       |                  | 05114         | 80.1145 | Bundled, sometimes payable             | \$4,864.55                         |                                           | -                       | -        | 000        | 999        |          |
| 21601   | n                            | EXC CHEST WALL TUMOR W/RIBS  |                  | 05073         | 32.0969 | Bundled, sometimes payable             | \$1,948.92                         |                                           | -                       | -        | 000        | 999        |          |
| 21602   | C                            | EXC CH WAL TUM W/O LYMPHADEC |                  | -             | -       | IP Only                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 21603   | C                            | EXC CH WAL TUM W/LYMPHADEC   |                  | -             | -       | IP Only                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 21610   | N                            | PARTIAL REMOVAL OF RIB       |                  | 05113         | 36.3872 | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 21615   | C                            | REMOVAL OF RIB               |                  | -             | -       | IP Only                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 21616   | C                            | REMOVAL OF RIB AND NERVES    |                  | -             | -       | IP Only                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 21620   | C                            | PARTIAL REMOVAL OF STERNUM   |                  | -             | -       | IP Only                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 21627   | C                            | STERNAL DEBRIDEMENT          |                  | -             | -       | IP Only                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 21630   | C                            | RADICAL RESECTION STERNUM    |                  | -             | -       | IP Only                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 21685   | N                            | HYOID MYOTOMY & SUSPENSION   |                  | 05165         | 66.3421 | Bundled, sometimes payable             | \$4,028.29                         |                                           | -                       | Y        | 000        | 999        |          |
| 21700   | N                            | REVISION OF NECK MUSCLE      |                  | 05114         | 80.1145 | Bundled, sometimes payable             | \$4,864.55                         |                                           | -                       | -        | 000        | 999        |          |
| 21705   | C                            | REVISION OF NECK MUSCLE/RIB  |                  | -             | -       | IP Only                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 21720   | N                            | REVISION OF NECK MUSCLE      |                  | 05113         | 36.3872 | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 21725   | T                            | REVISION OF NECK MUSCLE      |                  | 05071         | 7.8905  | APC                                    | \$479.11                           |                                           | -                       | -        | 000        | 999        |          |
| 21740   | C                            | RECONSTRUCTION OF STERNUM    |                  | -             | -       | IP Only                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 21742   | N                            | REPAIR STERN/NUSS W/O SCOPE  |                  | 05113         | 36.3872 | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 21743   | N                            | REPAIR STERNUM/NUSS W/SCOPE  |                  | 05113         | 36.3872 | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 21750   | C                            | REPAIR OF STERNUM SEPARATION |                  | -             | -       | IP Only                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 21811   | N                            | OPTX OF RIB FX W/FIXJ SCOPE  |                  | 05114         | 80.1145 | Bundled, sometimes payable             | \$4,864.55                         |                                           | -                       | -        | 000        | 999        |          |
| 21812   | N                            | TREATMENT OF RIB FRACTURE    |                  | 05114         | 80.1145 | Bundled, sometimes payable             | \$4,864.55                         |                                           | -                       | -        | 000        | 999        |          |
| 21813   | N                            | TREATMENT OF RIB FRACTURE    |                  | 05112         | 17.9481 | Bundled, sometimes payable             | \$1,089.81                         |                                           | -                       | -        | 000        | 999        |          |
| 21820   | T                            | TREAT STERNUM FRACTURE       |                  | 05111         | 2.6902  | APC                                    | \$163.35                           |                                           | -                       | -        | 000        | 999        |          |
| 21825   | C                            | TREAT STERNUM FRACTURE       |                  | -             | -       | IP Only                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 21899   | T                            | UNLISTED PX NECK/THORAX      |                  | 05161         | 2.6043  | APC                                    | \$158.13                           |                                           | -                       | -        | 000        | 999        |          |
| 21920   | N                            | BIOPSY SOFT TISSUE OF BACK   |                  | 05072         | 18.1704 | Bundled, sometimes payable             | \$1,103.31                         |                                           | -                       | -        | 000        | 999        |          |
| 21925   | N                            | BIOPSY SOFT TISSUE OF BACK   |                  | 05072         | 18.1704 | Bundled, sometimes payable             | \$1,103.31                         |                                           | -                       | -        | 000        | 999        |          |
| 21930   | N                            | EXC BACK LES SC < 3 CM       |                  | 05072         | 18.1704 | Bundled, sometimes payable             | \$1,103.31                         |                                           | -                       | -        | 000        | 999        |          |
| 21931   | N                            | EXC BACK LES SC 3 CM/>       |                  | 05072         | 18.1704 | Bundled, sometimes payable             | \$1,103.31                         |                                           | -                       | -        | 000        | 999        |          |
| 21932   | N                            | EXC BACK TUM DEEP < 5 CM     |                  | 05073         | 32.0969 | Bundled, sometimes payable             | \$1,948.92                         |                                           | -                       | -        | 000        | 999        |          |
| 21933   | N                            | EXC BACK TUM DEEP 5 CM/>     |                  | 05073         | 32.0969 | Bundled, sometimes payable             | \$1,948.92                         |                                           | -                       | -        | 000        | 999        |          |
| 21935   | N                            | RESECT BACK TUM < 5 CM       |                  | 05073         | 32.0969 | Bundled, sometimes payable             | \$1,948.92                         |                                           | -                       | -        | 000        | 999        |          |
| 21936   | N                            | RESECT BACK TUM 5 CM/>       |                  | 05073         | 32.0969 | Bundled, sometimes payable             | \$1,948.92                         |                                           | -                       | -        | 000        | 999        |          |
| 22010   | C                            | I&D P-SPINE C/T/CERV-THOR    |                  | -             | -       | IP Only                                | \$0.00                             |                                           | -                       | Y        | 000        | 999        |          |
| 22015   | C                            | I&D ABSCESS P-SPINE L/S/LS   |                  | -             | -       | IP Only                                | \$0.00                             |                                           | -                       | Y        | 000        | 999        |          |
| 22100   | N                            | REMOVE PART OF NECK VERTEBRA |                  | 05114         | 80.1145 | Bundled, sometimes payable             | \$4,864.55                         |                                           | -                       | -        | 000        | 999        |          |
| 22101   | N                            | REMOVE PART THORAX VERTEBRA  |                  | 05114         | 80.1145 | Bundled, sometimes payable             | \$4,864.55                         |                                           | -                       | -        | 000        | 999        |          |
| 22102   | N                            | REMOVE PART LUMBAR VERTEBRA  |                  | 05114         | 80.1145 | Bundled, sometimes payable             | \$4,864.55                         |                                           | -                       | -        | 000        | 999        |          |
| 22103   | N                            | REMOVE EXTRA SPINE SEGMENT   |                  | -             | -       | Bundled                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 22110   | C                            | REMOVE PART OF NECK VERTEBRA |                  | -             | -       | IP Only                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 22112   | C                            | REMOVE PART THORAX VERTEBRA  |                  | -             | -       | IP Only                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 22114   | C                            | REMOVE PART LUMBAR VERTEBRA  |                  | -             | -       | IP Only                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 22116   | C                            | REMOVE EXTRA SPINE SEGMENT   |                  | -             | -       | IP Only                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 22206   | C                            | INCIS SPINE 3 COLUMN THORAC  |                  | -             | -       | IP Only                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 22207   | C                            | INCIS SPINE 3 COLUMN LUMBAR  |                  | -             | -       | IP Only                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc<br>Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method                     | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|------------------------------|------------------------------|------------------|-----|---------------|----------------------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|            |                              |                              |                  |     |               |                            |                                        |                                    |                                           |                         |          |            |            |          |
| 22208      | C                            | INCIS SPINE 3 COLUMN ADL SEG |                  | -   | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22210      | C                            | INCIS 1 VERTEBRAL SEG CERV   |                  | -   | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22212      | C                            | INCIS 1 VERTEBRAL SEG THORAC |                  | -   | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22214      | C                            | INCIS 1 VERTEBRAL SEG LUMBAR |                  | -   | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22216      | C                            | INCIS ADDL SPINE SEGMENT     |                  | -   | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22220      | C                            | OSTEOT DSC ANT 1 VRT SGM CRV |                  | -   | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22222      | C                            | OSTEOT DSC ANT 1VRT SGM THRC |                  | -   | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22224      | C                            | OSTEOT DSC ANT 1VRT SGM LMBR |                  | -   | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22226      | C                            | OSTEOT DSC ANT 1VRT SGM EA   |                  | -   | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22310      | T                            | CLOSED TX VERT FX W/O MANJ   | 05111            |     | 2.6902        | APC                        | \$163.35                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22315      | N                            | CLOSED TX VERT FX W/MANJ     | 05113            |     | 36.3872       | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22318      | C                            | TREAT ODONTOID FX W/O GRAFT  |                  | -   | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22319      | C                            | TREAT ODONTOID FX W/GRAFT    |                  | -   | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22325      | C                            | TREAT SPINE FRACTURE         |                  | -   | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22326      | C                            | TREAT NECK SPINE FRACTURE    |                  | -   | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22327      | C                            | TREAT THORAX SPINE FRACTURE  |                  | -   | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22328      | C                            | TREAT EACH ADD SPINE FX      |                  | -   | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22505      | N                            | MANIPULATION OF SPINE        | 05112            |     | 17.9481       | Bundled, sometimes payable | \$1,089.81                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22510      | N                            | PERQ CERVICOTHORACIC INJECT  | 05113            |     | 36.3872       | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22511      | N                            | PERQ LUMBOSACRAL INJECTION   | 05113            |     | 36.3872       | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22512      | N                            | VERTEBROPLASTY ADDL INJECT   |                  | -   | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22513      | N                            | PERQ VERTEBRAL AUGMENTATION  | 05114            |     | 80.1145       | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22514      | N                            | PERQ VERTEBRAL AUGMENTATION  | 05114            |     | 80.1145       | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22515      | N                            | PERQ VERTEBRAL AUGMENTATION  |                  | -   | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22526      | E                            | IDET SINGLE LEVEL            |                  | -   | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22527      | E                            | IDET 1 OR MORE LEVELS        |                  | -   | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22532      | C                            | ARTHRD LAT XTRCVTRY TQ THRC  |                  | -   | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22533      | C                            | ARTHRD LAT XTRCVTRY TQ LMBR  |                  | -   | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22534      | C                            | ARTHRD LAT XTRCVTRY TQ EA AD |                  | -   | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22548      | C                            | ARTHRD ANT TORAL/XORAL C1-C2 |                  | -   | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22551      | N                            | ARTHRD ANT NTRBDY CERVICAL   | 05115            |     | 144.2970      | Bundled, sometimes payable | \$8,761.71                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22552      | N                            | ARTHRD ANT NTRBD CERVICAL EA |                  | -   | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22554      | N                            | ARTHRD ANT NTRBD MIN DSC CRV | 05115            |     | 144.2970      | Bundled, sometimes payable | \$8,761.71                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22556      | C                            | ARTHRD ANT NTRBD MIN DSC THC |                  | -   | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22558      | C                            | ARTHRD ANT NTRBD MIN DSC LUM |                  | -   | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22585      | N                            | ARTHRD ANT NTRBD MIN DSC EA  |                  | -   | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22586      | C                            | ARTHRD PRE-SAC NTRBDY L5-S1  |                  | -   | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 22590      | C                            | ARTHRD PST TQ CRANIOCERVICAL |                  | -   | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22595      | C                            | ARTHRD PST TQ ATLAS-AXIS     |                  | -   | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22600      | C                            | ARTHRD PST TQ 1NTRSPC CRV    |                  | -   | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22610      | C                            | ARTHRD PST TQ 1NTRSPC THRC   |                  | -   | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22612      | N                            | ARTHRD PST TQ 1NTRSPC LUMBAR | 05116            |     | 206.2381      | Bundled, sometimes payable | \$12,522.78                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22614      | N                            | ARTHRD PST TQ 1NTRSPC EA ADD |                  | -   | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22630      | N                            | ARTHRD PST TQ 1NTRSPC LUM    | 05116            |     | 206.2381      | Bundled, sometimes payable | \$12,522.78                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22632      | N                            | ARTHRD PST TQ 1NTRSPC LM EA  |                  | -   | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22633      | N                            | ARTHRD CMBN 1NTRSPC LUMBAR   | 05116            |     | 206.2381      | Bundled, sometimes payable | \$12,522.78                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22634      | N                            | ARTHRD CMBN 1NTRSPC EA ADDL  |                  | -   | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22800      | C                            | ARTHRD PST DFRM<6 VRT SGM    |                  | -   | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22802      | C                            | ARTHRD PST DFRM 7-12 VRT SGM |                  | -   | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22804      | C                            | ARTHRD PST DFRM 13+ VRT SGM  |                  | -   | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22808      | C                            | ARTHRD ANT DFRM 2-3 VRT SGM  |                  | -   | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22810      | C                            | ARTHRD ANT DFRM 4-7 VRT SGM  |                  | -   | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22812      | C                            | ARTHRD ANT DFRM 8+ VRT SGM   |                  | -   | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22818      | C                            | KYPHECTOMY 1-2 SEGMENTS      |                  | -   | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22819      | C                            | KYPHECTOMY 3 OR MORE         |                  | -   | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22830      | C                            | EXPLORATION OF SPINAL FUSION |                  | -   | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |

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| Proc<br>Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC   | APC<br>Weight | Method                     | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|------------------------------|------------------------------|------------------|-------|---------------|----------------------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|            |                              |                              |                  |       |               |                            |                                        |                                    |                                           |                         |          |            |            |          |
| 22836      | C                            | ANT THRC VRT BODY TETHRG <7  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22837      | C                            | ANT THRC VRT BODY TETHRG 8+  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22838      | C                            | REV RPLC/RMV THRC VRT TETHRG |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22840      | N                            | INSERT SPINE FIXATION DEVICE |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22841      | C                            | INSERT SPINE FIXATION DEVICE |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22842      | N                            | INSERT SPINE FIXATION DEVICE |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22843      | C                            | INSERT SPINE FIXATION DEVICE |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22844      | C                            | INSERT SPINE FIXATION DEVICE |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22845      | N                            | INSERT SPINE FIXATION DEVICE |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22846      | C                            | INSERT SPINE FIXATION DEVICE |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22847      | C                            | INSERT SPINE FIXATION DEVICE |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22848      | N                            | INSERT PELV FIXATION DEVICE  |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22849      | C                            | REINSERT SPINAL FIXATION     |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22850      | C                            | REMOVE SPINE FIXATION DEVICE |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22852      | C                            | REMOVE SPINE FIXATION DEVICE |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22853      | N                            | INSJ BIOMECHANICAL DEVICE    |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22854      | N                            | INSJ BIOMECHANICAL DEVICE    |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22855      | C                            | REMOVAL ANTERIOR INSTRMJ     |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22856      | N                            | TOT DISC ARTHRP 1NTRSPC CRV  |                  | 05116 | 206.2381      | Bundled, sometimes payable | \$12,522.78                            |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 22857      | C                            | TOT DISC ARTHRP 1NTRSPC LMBR |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 22858      | N                            | TOT DISC ARTHRP 2ND LVL CRV  |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22859      | N                            | INSJ BIOMECHANICAL DEVICE    |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22860      | E                            | TOT DISC ARTHRP 2NTRSPC LMBR |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22861      | C                            | REV RPLCM ARTHRP 1NTRSPC CRV |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22862      | C                            | REV RPLCM RTHRP 1NTRSPC LMBR |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22864      | C                            | RMVL TOT ARTHRP 1NTRSPC CRV  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 22865      | C                            | RMVL TOT ARTHRP 1NTRSPC LMBR |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 22867      | N                            | INSJ STABLJ DEV W/DCMPRN     |                  | 05116 | 206.2381      | Bundled, sometimes payable | \$12,522.78                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22868      | N                            | INSJ STABLJ DEV W/DCMPRN     |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22869      | N                            | INSJ STABLJ DEV W/O DCMPRN   |                  | 05115 | 144.2970      | Bundled, sometimes payable | \$8,761.71                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22870      | N                            | INSJ STABLJ DEV W/O DCMPRN   |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22899      | T                            | UNLISTED PROCEDURE SPINE     |                  | 05111 | 2.6902        | APC                        | \$163.35                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22900      | N                            | EXC ABDL TUM DEEP < 5 CM     |                  | 05073 | 32.0969       | Bundled, sometimes payable | \$1,948.92                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22901      | N                            | EXC ABDL TUM DEEP 5 CM/>     |                  | 05073 | 32.0969       | Bundled, sometimes payable | \$1,948.92                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22902      | N                            | EXC ABD LES SC < 3 CM        |                  | 05072 | 18.1704       | Bundled, sometimes payable | \$1,103.31                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22903      | N                            | EXC ABD LES SC 3 CM/>        |                  | 05073 | 32.0969       | Bundled, sometimes payable | \$1,948.92                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22904      | N                            | RADICAL RESECT ABD TUMOR<5CM |                  | 05073 | 32.0969       | Bundled, sometimes payable | \$1,948.92                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22905      | N                            | RAD RESECT ABD TUMOR 5 CM/>  |                  | 05073 | 32.0969       | Bundled, sometimes payable | \$1,948.92                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 22999      | T                            | UNLISTED PX ABDOMEN MUSCSKEL |                  | 05111 | 2.6902        | APC                        | \$163.35                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 23000      | N                            | REMOVAL OF CALCIUM DEPOSITS  |                  | 05073 | 32.0969       | Bundled, sometimes payable | \$1,948.92                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 23020      | N                            | RELEASE SHOULDER JOINT       |                  | 05113 | 36.3872       | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 23030      | N                            | DRAIN SHOULDER LESION        |                  | 05073 | 32.0969       | Bundled, sometimes payable | \$1,948.92                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 23031      | N                            | DRAIN SHOULDER BURSA         |                  | 05073 | 32.0969       | Bundled, sometimes payable | \$1,948.92                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 23035      | N                            | DRAIN SHOULDER BONE LESION   |                  | 05112 | 17.9481       | Bundled, sometimes payable | \$1,089.81                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 23040      | N                            | EXPLORATORY SHOULDER SURGERY |                  | 05113 | 36.3872       | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 23044      | N                            | EXPLORATORY SHOULDER SURGERY |                  | 05113 | 36.3872       | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 23065      | N                            | BIOPSY SHOULDER TISSUES      |                  | 05072 | 18.1704       | Bundled, sometimes payable | \$1,103.31                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 23066      | N                            | BIOPSY SHOULDER TISSUES      |                  | 05073 | 32.0969       | Bundled, sometimes payable | \$1,948.92                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 23071      | N                            | EXC SHOULDER LES SC 3 CM/>   |                  | 05072 | 18.1704       | Bundled, sometimes payable | \$1,103.31                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 23073      | N                            | EXC SHOULDER TUM DEEP 5 CM/> |                  | 05073 | 32.0969       | Bundled, sometimes payable | \$1,948.92                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 23075      | N                            | EXC SHOULDER LES SC < 3 CM   |                  | 05072 | 18.1704       | Bundled, sometimes payable | \$1,103.31                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 23076      | N                            | EXC SHOULDER TUM DEEP < 5 CM |                  | 05073 | 32.0969       | Bundled, sometimes payable | \$1,948.92                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 23077      | N                            | RESECT SHOULDER TUMOR < 5 CM |                  | 05073 | 32.0969       | Bundled, sometimes payable | \$1,948.92                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 23078      | N                            | RESECT SHOULDER TUMOR 5 CM/> |                  | 05073 | 32.0969       | Bundled, sometimes payable | \$1,948.92                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 23100      | N                            | BIOPSY OF SHOULDER JOINT     |                  | 05113 | 36.3872       | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 23101      | N                            | SHOULDER JOINT SURGERY       |                  | 05113 | 36.3872       | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           | -                       | -        | 000        | 999        |          |

**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2025**

| Proc<br>Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC<br>Weight | Method   | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|------------------------------|------------------------------|------------------|---------------|----------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|            |                              |                              |                  |               |          |                                        |                                    |                                           |                         |          |            |            |          |
| 23105      | N                            | REMOVE SHOULDER JOINT LINING |                  | 05114         | 80.1145  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 23106      | N                            | INCISION OF COLLARBONE JOINT |                  | 05113         | 36.3872  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 23107      | N                            | EXPLORE TREAT SHOULDER JOINT |                  | 05114         | 80.1145  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 23120      | N                            | CLAVICULECTOMY PARTIAL       |                  | 05113         | 36.3872  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 23125      | N                            | CLAVICULECTOMY TOTAL         |                  | 05113         | 36.3872  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 23130      | N                            | ACROMP/ACROMIONECTOMY PRTL   |                  | 05113         | 36.3872  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 23140      | N                            | REMOVAL OF BONE LESION       |                  | 05113         | 36.3872  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 23145      | N                            | REMOVAL OF BONE LESION       |                  | 05113         | 36.3872  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 23146      | N                            | REMOVAL OF BONE LESION       |                  | 05114         | 80.1145  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 23150      | N                            | REMOVAL OF HUMERUS LESION    |                  | 05113         | 36.3872  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 23155      | N                            | REMOVAL OF HUMERUS LESION    |                  | 05114         | 80.1145  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 23156      | N                            | REMOVAL OF HUMERUS LESION    |                  | 05114         | 80.1145  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 23170      | N                            | REMOVE COLLAR BONE LESION    |                  | 05113         | 36.3872  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 23172      | N                            | REMOVE SHOULDER BLADE LESION |                  | 05113         | 36.3872  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 23174      | N                            | REMOVE HUMERUS LESION        |                  | 05114         | 80.1145  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 23180      | N                            | REMOVE COLLAR BONE LESION    |                  | 05114         | 80.1145  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 23182      | N                            | REMOVE SHOULDER BLADE LESION |                  | 05114         | 80.1145  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 23184      | N                            | REMOVE HUMERUS LESION        |                  | 05114         | 80.1145  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 23190      | N                            | PARTIAL REMOVAL OF SCAPULA   |                  | 05113         | 36.3872  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 23195      | N                            | REMOVAL OF HEAD OF HUMERUS   |                  | 05114         | 80.1145  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 23200      | C                            | RESECT CLAVICLE TUMOR        |                  | -             | -        | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 23210      | C                            | RESECT SCAPULA TUMOR         |                  | -             | -        | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 23220      | C                            | RESECT PROX HUMERUS TUMOR    |                  | -             | -        | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 23330      | N                            | REMOVE SHOULDER FOREIGN BODY |                  | 05072         | 18.1704  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 23333      | N                            | REMOVE SHOULDER FB DEEP      |                  | 05073         | 32.0969  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 23334      | N                            | SHOULDER PROSTHESIS REMOVAL  |                  | 05073         | 32.0969  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 23335      | C                            | SHOULDER PROSTHESIS REMOVAL  |                  | -             | -        | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 23350      | N                            | INJECTION FOR SHOULDER X-RAY |                  | -             | -        | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 23395      | N                            | MUSCLE TRANSFER SHOULDER/ARM |                  | 05114         | 80.1145  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 23397      | N                            | MUSCLE TRANSFERS             |                  | 05114         | 80.1145  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 23400      | N                            | FIXATION OF SHOULDER BLADE   |                  | 05114         | 80.1145  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 23405      | N                            | INCISION OF TENDON & MUSCLE  |                  | 05114         | 80.1145  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 23406      | N                            | INCISE TENDON(S) & MUSCLE(S) |                  | 05114         | 80.1145  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 23410      | N                            | REPAIR ROTATOR CUFF ACUTE    |                  | 05114         | 80.1145  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 23412      | N                            | REPAIR ROTATOR CUFF CHRONIC  |                  | 05114         | 80.1145  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 23415      | N                            | RELEASE OF SHOULDER LIGAMENT |                  | 05114         | 80.1145  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 23420      | N                            | REPAIR OF SHOULDER           |                  | 05114         | 80.1145  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 23430      | N                            | REPAIR BICEPS TENDON         |                  | 05114         | 80.1145  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 23440      | N                            | REMOVE/TRANSPLANT TENDON     |                  | 05114         | 80.1145  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 23450      | N                            | REPAIR SHOULDER CAPSULE      |                  | 05114         | 80.1145  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 23455      | N                            | REPAIR SHOULDER CAPSULE      |                  | 05114         | 80.1145  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 23460      | N                            | REPAIR SHOULDER CAPSULE      |                  | 05114         | 80.1145  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 23462      | N                            | REPAIR SHOULDER CAPSULE      |                  | 05114         | 80.1145  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 23465      | N                            | REPAIR SHOULDER CAPSULE      |                  | 05114         | 80.1145  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 23466      | N                            | REPAIR SHOULDER CAPSULE      |                  | 05114         | 80.1145  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 23470      | N                            | RECONSTRUCT SHOULDER JOINT   |                  | 05115         | 144.2970 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 23472      | N                            | RECONSTRUCT SHOULDER JOINT   |                  | 05116         | 206.2381 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 23473      | N                            | REVIS RECONST SHOULDER JOINT |                  | 05115         | 144.2970 | Bundled, sometimes payable             |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 23474      | C                            | REVIS RECONST SHOULDER JOINT |                  | -             | -        | IP Only                                |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 23480      | N                            | REVISION OF COLLAR BONE      |                  | 05114         | 80.1145  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 23485      | N                            | REVISION OF COLLAR BONE      |                  | 05115         | 144.2970 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 23490      | N                            | REINFORCE CLAVICLE           |                  | 05114         | 80.1145  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 23491      | N                            | REINFORCE SHOULDER BONES     |                  | 05115         | 144.2970 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 23500      | T                            | CLTX CLAVICULAR FX W/O MNPJ  |                  | 05111         | 2.6902   | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 23505      | N                            | CLTX CLAVICULAR FX W/MNPJ    |                  | 05112         | 17.9481  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 23515      | N                            | OPTX CLAVICULAR FX W/INT FIX |                  | 05114         | 80.1145  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |



Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| 2024<br>APC |               | Proc Desc                     | Proc<br>Modifier | APC<br>Weight | Method   | Outpatient                 | Sole Comm.   | Non-sole | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|-------------|---------------|-------------------------------|------------------|---------------|----------|----------------------------|--------------|----------|-------------------------|----------|------------|------------|----------|
| Proc<br>Cd  | Status<br>Ind |                               |                  |               |          | Hospital Fee               | Hospital Lab | Comm.    |                         |          |            |            |          |
|             |               |                               |                  |               |          | Schedule<br>Fees           | Fees         | Fees     |                         |          |            |            |          |
| 23520       | N             | CLTX STRNCLAV DISLC W/O MNPJ  |                  | 05112         | 17.9481  | Bundled, sometimes payable | \$1,089.81   |          | -                       | -        | 000        | 999        |          |
| 23525       | T             | CLTX STRNCLAV DISLC W/MNPJ    |                  | 05111         | 2.6902   | APC                        | \$163.35     |          | -                       | -        | 000        | 999        |          |
| 23530       | N             | OPTX STRNCLAV DISLC AQT/CHRN  |                  | 05114         | 80.1145  | Bundled, sometimes payable | \$4,864.55   |          | -                       | -        | 000        | 999        |          |
| 23532       | N             | OPTX STRCLV DSLC AQ/CHRN GRF  |                  | 05114         | 80.1145  | Bundled, sometimes payable | \$4,864.55   |          | -                       | -        | 000        | 999        |          |
| 23540       | T             | CLTX ACROMCLAV DISLC WO MNPJ  |                  | 05111         | 2.6902   | APC                        | \$163.35     |          | -                       | -        | 000        | 999        |          |
| 23545       | T             | CLTX ACROMCLAV DISLC W/MNPJ   |                  | 05111         | 2.6902   | APC                        | \$163.35     |          | -                       | -        | 000        | 999        |          |
| 23550       | N             | OPTX ACROMCLV DISLC AQT/CHRN  |                  | 05114         | 80.1145  | Bundled, sometimes payable | \$4,864.55   |          | -                       | -        | 000        | 999        |          |
| 23552       | N             | OPTX ACRCLV DSLC AQ/CHRN GRF  |                  | 05114         | 80.1145  | Bundled, sometimes payable | \$4,864.55   |          | -                       | -        | 000        | 999        |          |
| 23570       | T             | CLTX SCAPULAR FX W/O MNPJ     |                  | 05111         | 2.6902   | APC                        | \$163.35     |          | -                       | -        | 000        | 999        |          |
| 23575       | N             | CLTX SCAP FX W/MNPJ +/-TRACTJ |                  | 05112         | 17.9481  | Bundled, sometimes payable | \$1,089.81   |          | -                       | -        | 000        | 999        |          |
| 23585       | N             | OPTX SCAPULAR FX W/INT FIXJ   |                  | 05114         | 80.1145  | Bundled, sometimes payable | \$4,864.55   |          | -                       | -        | 000        | 999        |          |
| 23600       | T             | CLTX PROX HUMRL FX W/O MNPJ   |                  | 05111         | 2.6902   | APC                        | \$163.35     |          | -                       | -        | 000        | 999        |          |
| 23605       | N             | CLTX PRX HMRL FX MNPJ+-TRACT  |                  | 05112         | 17.9481  | Bundled, sometimes payable | \$1,089.81   |          | -                       | -        | 000        | 999        |          |
| 23615       | N             | OPTX PROX HUMRL FX W/INT FIX  |                  | 05115         | 144.2970 | Bundled, sometimes payable | \$8,761.71   |          | -                       | -        | 000        | 999        |          |
| 23616       | N             | OPTX PRX HMRL FX FIX RPR RPL  |                  | 05116         | 206.2381 | Bundled, sometimes payable | \$12,522.78  |          | -                       | -        | 000        | 999        |          |
| 23620       | T             | CLTX GR HMRL TBRS FX WO MNPJ  |                  | 05111         | 2.6902   | APC                        | \$163.35     |          | -                       | -        | 000        | 999        |          |
| 23625       | N             | CLTX GR HMRL TBRS FX W/MNPJ   |                  | 05112         | 17.9481  | Bundled, sometimes payable | \$1,089.81   |          | -                       | -        | 000        | 999        |          |
| 23630       | N             | OPTX GR HMRL TBRS FX INT FIX  |                  | 05114         | 80.1145  | Bundled, sometimes payable | \$4,864.55   |          | -                       | -        | 000        | 999        |          |
| 23650       | T             | CLTX SHO DSLC W/MNPJ WO ANES  |                  | 05111         | 2.6902   | APC                        | \$163.35     |          | -                       | -        | 000        | 999        |          |
| 23655       | N             | CLTX SHO DSLC W/MNPJ W/ANES   |                  | 05112         | 17.9481  | Bundled, sometimes payable | \$1,089.81   |          | -                       | -        | 000        | 999        |          |
| 23660       | N             | OPTX ACUTE SHOULDER DISLC     |                  | 05114         | 80.1145  | Bundled, sometimes payable | \$4,864.55   |          | -                       | -        | 000        | 999        |          |
| 23665       | N             | CLTX SHO DSLC FX GR HMRL TBR  |                  | 05112         | 17.9481  | Bundled, sometimes payable | \$1,089.81   |          | -                       | -        | 000        | 999        |          |
| 23670       | N             | OPTX SHO DISLC FX             |                  | 05114         | 80.1145  | Bundled, sometimes payable | \$4,864.55   |          | -                       | -        | 000        | 999        |          |
| 23675       | N             | CLTX SHO DISLC NECK FX MNPJ   |                  | 05112         | 17.9481  | Bundled, sometimes payable | \$1,089.81   |          | -                       | -        | 000        | 999        |          |
| 23680       | N             | OPTX SHO DISLC NECK FX FIXJ   |                  | 05115         | 144.2970 | Bundled, sometimes payable | \$8,761.71   |          | -                       | -        | 000        | 999        |          |
| 23700       | N             | MNPJ ANES SHO JT FIXJ APRATS  |                  | 05112         | 17.9481  | Bundled, sometimes payable | \$1,089.81   |          | -                       | -        | 000        | 999        |          |
| 23800       | N             | ARTHRODESIS GLENOHUMERAL JT   |                  | 05114         | 80.1145  | Bundled, sometimes payable | \$4,864.55   |          | -                       | -        | 000        | 999        |          |
| 23802       | N             | ARTHRD GLENOHUMERAL JT W/GRF  |                  | 05115         | 144.2970 | Bundled, sometimes payable | \$8,761.71   |          | -                       | -        | 000        | 999        |          |
| 23900       | C             | INTERTHORACOSCPLR AMPUTATION  |                  | -             | -        | IP Only                    | \$0.00       |          | -                       | -        | 000        | 999        |          |
| 23920       | C             | DISARTICULATION SHOULDER      |                  | -             | -        | IP Only                    | \$0.00       |          | -                       | -        | 000        | 999        |          |
| 23921       | T             | DISARTICULATION SHO SEC CLSR  |                  | 05054         | 20.5142  | APC                        | \$1,245.62   |          | -                       | -        | 000        | 999        |          |
| 23929       | T             | UNLISTED PROCEDURE SHOULDER   |                  | 05111         | 2.6902   | APC                        | \$163.35     |          | -                       | -        | 000        | 999        |          |
| 23930       | N             | I&D UPR A/E DP ABSC/HMTMA     |                  | 05073         | 32.0969  | Bundled, sometimes payable | \$1,948.92   |          | -                       | -        | 000        | 999        |          |
| 23931       | N             | I&D UPR A/E BURSA             |                  | 05072         | 18.1704  | Bundled, sometimes payable | \$1,103.31   |          | -                       | -        | 000        | 999        |          |
| 23935       | N             | INC DP OPN B1 CRTX HUM/ELBW   |                  | 05113         | 36.3872  | Bundled, sometimes payable | \$2,209.43   |          | -                       | -        | 000        | 999        |          |
| 24000       | N             | ARTHRT ELBW EXPL DRG/RMVL FB  |                  | 05113         | 36.3872  | Bundled, sometimes payable | \$2,209.43   |          | -                       | -        | 000        | 999        |          |
| 24006       | N             | ARTHRT ELBW CAPSL EXC RLS     |                  | 05113         | 36.3872  | Bundled, sometimes payable | \$2,209.43   |          | -                       | -        | 000        | 999        |          |
| 24065       | N             | BIOPSY ARM/ELBOW SOFT TISSUE  |                  | 05072         | 18.1704  | Bundled, sometimes payable | \$1,103.31   |          | -                       | -        | 000        | 999        |          |
| 24066       | N             | BIOPSY ARM/ELBOW SOFT TISSUE  |                  | 05073         | 32.0969  | Bundled, sometimes payable | \$1,948.92   |          | -                       | -        | 000        | 999        |          |
| 24071       | N             | EXC ARM/ELBOW LES SC 3 CM/>   |                  | 05073         | 32.0969  | Bundled, sometimes payable | \$1,948.92   |          | -                       | -        | 000        | 999        |          |
| 24073       | N             | EX ARM/ELBOW TUM DEEP 5 CM/>  |                  | 05073         | 32.0969  | Bundled, sometimes payable | \$1,948.92   |          | -                       | -        | 000        | 999        |          |
| 24075       | N             | EXC ARM/ELBOW LES SC < 3 CM   |                  | 05072         | 18.1704  | Bundled, sometimes payable | \$1,103.31   |          | -                       | -        | 000        | 999        |          |
| 24076       | N             | EX ARM/ELBOW TUM DEEP < 5 CM  |                  | 05073         | 32.0969  | Bundled, sometimes payable | \$1,948.92   |          | -                       | -        | 000        | 999        |          |
| 24077       | N             | RAD RESCJ TUM TISS A/E <5CM   |                  | 05073         | 32.0969  | Bundled, sometimes payable | \$1,948.92   |          | -                       | -        | 000        | 999        |          |
| 24079       | N             | RAD RESCJ TUM TISS A/E 5 CM+  |                  | 05073         | 32.0969  | Bundled, sometimes payable | \$1,948.92   |          | -                       | -        | 000        | 999        |          |
| 24100       | N             | ARTHRT ELBW SYNOVIAL BX ONLY  |                  | 05113         | 36.3872  | Bundled, sometimes payable | \$2,209.43   |          | -                       | -        | 000        | 999        |          |
| 24101       | N             | ARTHRT ELBW JT EXPL BX RMVL   |                  | 05113         | 36.3872  | Bundled, sometimes payable | \$2,209.43   |          | -                       | -        | 000        | 999        |          |
| 24102       | N             | ARTHRT ELBOW W/SYNOVECTOMY    |                  | 05113         | 36.3872  | Bundled, sometimes payable | \$2,209.43   |          | -                       | -        | 000        | 999        |          |
| 24105       | N             | EXCISION OLECRANON BURSA      |                  | 05113         | 36.3872  | Bundled, sometimes payable | \$2,209.43   |          | -                       | -        | 000        | 999        |          |
| 24110       | N             | EXC/CURTG B1 CST/B9 TUM HUM   |                  | 05113         | 36.3872  | Bundled, sometimes payable | \$2,209.43   |          | -                       | -        | 000        | 999        |          |
| 24115       | N             | EXC/CRTG B1 CST/TUM HUM AGRF  |                  | 05114         | 80.1145  | Bundled, sometimes payable | \$4,864.55   |          | -                       | -        | 000        | 999        |          |
| 24116       | N             | EXC/CRTG B1 CST/TUM HUM ALGR  |                  | 05114         | 80.1145  | Bundled, sometimes payable | \$4,864.55   |          | -                       | -        | 000        | 999        |          |
| 24120       | N             | EXC/CRTG B1 CST/B9 TUM RDS    |                  | 05113         | 36.3872  | Bundled, sometimes payable | \$2,209.43   |          | -                       | -        | 000        | 999        |          |
| 24125       | N             | EXC/CRTG B1 CST/TUM RDS AGRF  |                  | 05113         | 36.3872  | Bundled, sometimes payable | \$2,209.43   |          | -                       | -        | 000        | 999        |          |
| 24126       | N             | EXC/CRTG B1 CST/TUM RDS ALGR  |                  | 05114         | 80.1145  | Bundled, sometimes payable | \$4,864.55   |          | -                       | -        | 000        | 999        |          |
| 24130       | N             | EXCISION RADIAL HEAD          |                  | 05113         | 36.3872  | Bundled, sometimes payable | \$2,209.43   |          | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| 2024<br>APC |               |                              |                  |               |          | Outpatient                 |                                    | Non-sole                      |                         |          |            |            |          |  |  |
|-------------|---------------|------------------------------|------------------|---------------|----------|----------------------------|------------------------------------|-------------------------------|-------------------------|----------|------------|------------|----------|--|--|
| Proc<br>Cd  | Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC<br>Weight | Method   | Hospital Fee<br>Schedule   | Sole Comm.<br>Hospital Lab<br>Fees | Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |  |  |
|             |               |                              |                  |               |          |                            |                                    |                               |                         |          |            |            |          |  |  |
| 24134       | N             | SEQUESTRECTOMY SHFT/DSTL HUM |                  | 05114         | 80.1145  | Bundled, sometimes payable | \$4,864.55                         |                               | -                       | -        | 000        | 999        |          |  |  |
| 24136       | N             | SEQUESTRECTOMY RADIAL H/N    |                  | 05113         | 36.3872  | Bundled, sometimes payable | \$2,209.43                         |                               | -                       | -        | 000        | 999        |          |  |  |
| 24138       | N             | SEQUESTRECTOMY OLECRN PROCES |                  | 05114         | 80.1145  | Bundled, sometimes payable | \$4,864.55                         |                               | -                       | -        | 000        | 999        |          |  |  |
| 24140       | N             | PARTIAL EXC BONE HUMERUS     |                  | 05113         | 36.3872  | Bundled, sometimes payable | \$2,209.43                         |                               | -                       | -        | 000        | 999        |          |  |  |
| 24145       | N             | PRTL EXC BONE RADIAL H/N     |                  | 05114         | 80.1145  | Bundled, sometimes payable | \$4,864.55                         |                               | -                       | -        | 000        | 999        |          |  |  |
| 24147       | N             | PRTL EXC BONE OLECRN PROCESS |                  | 05113         | 36.3872  | Bundled, sometimes payable | \$2,209.43                         |                               | -                       | -        | 000        | 999        |          |  |  |
| 24149       | N             | RADICAL RESECTION OF ELBOW   |                  | 05114         | 80.1145  | Bundled, sometimes payable | \$4,864.55                         |                               | -                       | -        | 000        | 999        |          |  |  |
| 24150       | N             | RAD RESCJ TUM DSTL/SHFT HUM  |                  | 05114         | 80.1145  | Bundled, sometimes payable | \$4,864.55                         |                               | -                       | -        | 000        | 999        |          |  |  |
| 24152       | N             | RAD RESECTION TUM RADIAL H/N |                  | 05114         | 80.1145  | Bundled, sometimes payable | \$4,864.55                         |                               | -                       | -        | 000        | 999        |          |  |  |
| 24155       | N             | RESECTION OF ELBOW JOINT     |                  | 05113         | 36.3872  | Bundled, sometimes payable | \$2,209.43                         |                               | -                       | -        | 000        | 999        |          |  |  |
| 24160       | N             | RMVL PROSTHHUMRL&ULNAR CMPNT |                  | 05113         | 36.3872  | Bundled, sometimes payable | \$2,209.43                         |                               | -                       | -        | 000        | 999        |          |  |  |
| 24164       | N             | REMOVAL PROSTH RADIAL HEAD   |                  | 05113         | 36.3872  | Bundled, sometimes payable | \$2,209.43                         |                               | -                       | -        | 000        | 999        |          |  |  |
| 24200       | N             | RMVL FB UPPER ARM/ELBW SUBQ  |                  | 05072         | 18.1704  | Bundled, sometimes payable | \$1,103.31                         |                               | -                       | -        | 000        | 999        |          |  |  |
| 24201       | N             | RMVL FB UPPER ARM/ELBW DEEP  |                  | 05073         | 32.0969  | Bundled, sometimes payable | \$1,948.92                         |                               | -                       | -        | 000        | 999        |          |  |  |
| 24220       | N             | INJECTION PX FOR ELBOW ARTHG |                  | -             | -        | Bundled                    | \$0.00                             |                               | -                       | -        | 000        | 999        |          |  |  |
| 24300       | N             | MNPJ ELBOW UNDER ANES        |                  | 05112         | 17.9481  | Bundled, sometimes payable | \$1,089.81                         |                               | -                       | -        | 000        | 999        |          |  |  |
| 24301       | N             | MUSC/TDN TRANSFER UPR A/E 1  |                  | 05114         | 80.1145  | Bundled, sometimes payable | \$4,864.55                         |                               | -                       | -        | 000        | 999        |          |  |  |
| 24305       | N             | TENDON LNGTH UPR A/E EA TDN  |                  | 05113         | 36.3872  | Bundled, sometimes payable | \$2,209.43                         |                               | -                       | -        | 000        | 999        |          |  |  |
| 24310       | N             | TNOT OPN ELBW TO SHO EA TDN  |                  | 05113         | 36.3872  | Bundled, sometimes payable | \$2,209.43                         |                               | -                       | -        | 000        | 999        |          |  |  |
| 24320       | N             | TENOPLASTY ELBOW TO SHO 1    |                  | 05114         | 80.1145  | Bundled, sometimes payable | \$4,864.55                         |                               | -                       | -        | 000        | 999        |          |  |  |
| 24330       | N             | FLEXOR-PLASTY ELBOW          |                  | 05114         | 80.1145  | Bundled, sometimes payable | \$4,864.55                         |                               | -                       | -        | 000        | 999        |          |  |  |
| 24331       | N             | FLEXOR-PLASTY ELBW W/ADVMNT  |                  | 05114         | 80.1145  | Bundled, sometimes payable | \$4,864.55                         |                               | -                       | -        | 000        | 999        |          |  |  |
| 24332       | N             | TENOLYSIS TRICEPS            |                  | 05113         | 36.3872  | Bundled, sometimes payable | \$2,209.43                         |                               | -                       | -        | 000        | 999        |          |  |  |
| 24340       | N             | TENODESIS BICEPS TDN AT ELBW |                  | 05114         | 80.1145  | Bundled, sometimes payable | \$4,864.55                         |                               | -                       | -        | 000        | 999        |          |  |  |
| 24341       | N             | RPR TDN/MUSC UPR A/E EACH    |                  | 05114         | 80.1145  | Bundled, sometimes payable | \$4,864.55                         |                               | -                       | -        | 000        | 999        |          |  |  |
| 24342       | N             | REPAIR OF RUPTURED TENDON    |                  | 05114         | 80.1145  | Bundled, sometimes payable | \$4,864.55                         |                               | -                       | -        | 000        | 999        |          |  |  |
| 24343       | N             | REPR ELBOW LAT LIGMNT W/TISS |                  | 05113         | 36.3872  | Bundled, sometimes payable | \$2,209.43                         |                               | -                       | -        | 000        | 999        |          |  |  |
| 24344       | N             | RECONSTRUCT ELBOW LAT LIGMNT |                  | 05114         | 80.1145  | Bundled, sometimes payable | \$4,864.55                         |                               | -                       | -        | 000        | 999        |          |  |  |
| 24345       | N             | REPR ELBW MED LIGMNT W/TISSU |                  | 05114         | 80.1145  | Bundled, sometimes payable | \$4,864.55                         |                               | -                       | -        | 000        | 999        |          |  |  |
| 24346       | N             | RECONSTRUCT ELBOW MED LIGMNT |                  | 05115         | 144.2970 | Bundled, sometimes payable | \$8,761.71                         |                               | -                       | -        | 000        | 999        |          |  |  |
| 24357       | N             | REPAIR ELBOW PERC            |                  | 05113         | 36.3872  | Bundled, sometimes payable | \$2,209.43                         |                               | -                       | -        | 000        | 999        |          |  |  |
| 24358       | N             | REPAIR ELBOW W/DEB OPEN      |                  | 05113         | 36.3872  | Bundled, sometimes payable | \$2,209.43                         |                               | -                       | -        | 000        | 999        |          |  |  |
| 24359       | N             | REPAIR ELBOW DEB/ATTCH OPEN  |                  | 05113         | 36.3872  | Bundled, sometimes payable | \$2,209.43                         |                               | -                       | -        | 000        | 999        |          |  |  |
| 24360       | N             | RECONSTRUCT ELBOW JOINT      |                  | 05114         | 80.1145  | Bundled, sometimes payable | \$4,864.55                         |                               | -                       | -        | 000        | 999        |          |  |  |
| 24361       | N             | RECONSTRUCT ELBOW JOINT      |                  | 05116         | 206.2381 | Bundled, sometimes payable | \$12,522.78                        |                               | -                       | -        | 000        | 999        |          |  |  |
| 24362       | N             | RECONSTRUCT ELBOW JOINT      |                  | 05115         | 144.2970 | Bundled, sometimes payable | \$8,761.71                         |                               | -                       | -        | 000        | 999        |          |  |  |
| 24363       | N             | REPLACE ELBOW JOINT          |                  | 05116         | 206.2381 | Bundled, sometimes payable | \$12,522.78                        |                               | -                       | -        | 000        | 999        |          |  |  |
| 24365       | N             | RECONSTRUCT HEAD OF RADIUS   |                  | 05115         | 144.2970 | Bundled, sometimes payable | \$8,761.71                         |                               | -                       | -        | 000        | 999        |          |  |  |
| 24366       | N             | RECONSTRUCT HEAD OF RADIUS   |                  | 05115         | 144.2970 | Bundled, sometimes payable | \$8,761.71                         |                               | -                       | -        | 000        | 999        |          |  |  |
| 24370       | N             | REVISE RECONST ELBOW JOINT   |                  | 05115         | 144.2970 | Bundled, sometimes payable | \$8,761.71                         |                               | -                       | Y        | 000        | 999        |          |  |  |
| 24371       | N             | REVISE RECONST ELBOW JOINT   |                  | 05116         | 206.2381 | Bundled, sometimes payable | \$12,522.78                        |                               | -                       | Y        | 000        | 999        |          |  |  |
| 24400       | N             | REVISION OF HUMERUS          |                  | 05114         | 80.1145  | Bundled, sometimes payable | \$4,864.55                         |                               | -                       | -        | 000        | 999        |          |  |  |
| 24410       | N             | REVISION OF HUMERUS          |                  | 05115         | 144.2970 | Bundled, sometimes payable | \$8,761.71                         |                               | -                       | -        | 000        | 999        |          |  |  |
| 24420       | N             | REVISION OF HUMERUS          |                  | 05114         | 80.1145  | Bundled, sometimes payable | \$4,864.55                         |                               | -                       | -        | 000        | 999        |          |  |  |
| 24430       | N             | REPAIR OF HUMERUS            |                  | 05115         | 144.2970 | Bundled, sometimes payable | \$8,761.71                         |                               | -                       | -        | 000        | 999        |          |  |  |
| 24435       | N             | REPAIR HUMERUS WITH GRAFT    |                  | 05115         | 144.2970 | Bundled, sometimes payable | \$8,761.71                         |                               | -                       | -        | 000        | 999        |          |  |  |
| 24470       | N             | REVISION OF ELBOW JOINT      |                  | 05113         | 36.3872  | Bundled, sometimes payable | \$2,209.43                         |                               | -                       | -        | 000        | 999        |          |  |  |
| 24495       | N             | DECOMPRESSION OF FOREARM     |                  | 05114         | 80.1145  | Bundled, sometimes payable | \$4,864.55                         |                               | -                       | -        | 000        | 999        |          |  |  |
| 24498       | N             | REINFORCE HUMERUS            |                  | 05115         | 144.2970 | Bundled, sometimes payable | \$8,761.71                         |                               | -                       | -        | 000        | 999        |          |  |  |
| 24500       | T             | TREAT HUMERUS FRACTURE       |                  | 05111         | 2.6902   | APC                        | \$163.35                           |                               | -                       | -        | 000        | 999        |          |  |  |
| 24505       | N             | TREAT HUMERUS FRACTURE       |                  | 05112         | 17.9481  | Bundled, sometimes payable | \$1,089.81                         |                               | -                       | -        | 000        | 999        |          |  |  |
| 24515       | N             | TREAT HUMERUS FRACTURE       |                  | 05115         | 144.2970 | Bundled, sometimes payable | \$8,761.71                         |                               | -                       | -        | 000        | 999        |          |  |  |
| 24516       | N             | TREAT HUMERUS FRACTURE       |                  | 05115         | 144.2970 | Bundled, sometimes payable | \$8,761.71                         |                               | -                       | -        | 000        | 999        |          |  |  |
| 24530       | T             | TREAT HUMERUS FRACTURE       |                  | 05111         | 2.6902   | APC                        | \$163.35                           |                               | -                       | -        | 000        | 999        |          |  |  |
| 24535       | N             | TREAT HUMERUS FRACTURE       |                  | 05112         | 17.9481  | Bundled, sometimes payable | \$1,089.81                         |                               | -                       | -        | 000        | 999        |          |  |  |
| 24538       | N             | TREAT HUMERUS FRACTURE       |                  | 05114         | 80.1145  | Bundled, sometimes payable | \$4,864.55                         |                               | -                       | -        | 000        | 999        |          |  |  |

**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2025**

| 2024<br>APC |               |                              |                  |               |          |                            |                                    |                               |                         |          |            | Non-sole   |          |
|-------------|---------------|------------------------------|------------------|---------------|----------|----------------------------|------------------------------------|-------------------------------|-------------------------|----------|------------|------------|----------|
| Proc<br>Cd  | Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC<br>Weight | Method   | Outpatient<br>Hospital Fee | Sole Comm.<br>Hospital Lab<br>Fees | Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|             |               |                              |                  |               |          | Schedule                   |                                    |                               |                         |          |            |            |          |
| 24545       | N             | TREAT HUMERUS FRACTURE       |                  | 05115         | 144.2970 | Bundled, sometimes payable | \$8,761.71                         |                               | -                       | -        | 000        | 999        |          |
| 24546       | N             | TREAT HUMERUS FRACTURE       |                  | 05115         | 144.2970 | Bundled, sometimes payable | \$8,761.71                         |                               | -                       | -        | 000        | 999        |          |
| 24560       | T             | TREAT HUMERUS FRACTURE       |                  | 05111         | 2.6902   | APC                        | \$163.35                           |                               | -                       | -        | 000        | 999        |          |
| 24565       | N             | TREAT HUMERUS FRACTURE       |                  | 05112         | 17.9481  | Bundled, sometimes payable | \$1,089.81                         |                               | -                       | -        | 000        | 999        |          |
| 24566       | N             | TREAT HUMERUS FRACTURE       |                  | 05112         | 17.9481  | Bundled, sometimes payable | \$1,089.81                         |                               | -                       | -        | 000        | 999        |          |
| 24575       | N             | TREAT HUMERUS FRACTURE       |                  | 05115         | 144.2970 | Bundled, sometimes payable | \$8,761.71                         |                               | -                       | -        | 000        | 999        |          |
| 24576       | T             | TREAT HUMERUS FRACTURE       |                  | 05111         | 2.6902   | APC                        | \$163.35                           |                               | -                       | -        | 000        | 999        |          |
| 24577       | N             | TREAT HUMERUS FRACTURE       |                  | 05112         | 17.9481  | Bundled, sometimes payable | \$1,089.81                         |                               | -                       | -        | 000        | 999        |          |
| 24579       | N             | TREAT HUMERUS FRACTURE       |                  | 05115         | 144.2970 | Bundled, sometimes payable | \$8,761.71                         |                               | -                       | -        | 000        | 999        |          |
| 24582       | N             | TREAT HUMERUS FRACTURE       |                  | 05114         | 80.1145  | Bundled, sometimes payable | \$4,864.55                         |                               | -                       | -        | 000        | 999        |          |
| 24586       | N             | TREAT ELBOW FRACTURE         |                  | 05115         | 144.2970 | Bundled, sometimes payable | \$8,761.71                         |                               | -                       | -        | 000        | 999        |          |
| 24587       | N             | TREAT ELBOW FRACTURE         |                  | 05115         | 144.2970 | Bundled, sometimes payable | \$8,761.71                         |                               | -                       | -        | 000        | 999        |          |
| 24600       | T             | TREAT ELBOW DISLOCATION      |                  | 05111         | 2.6902   | APC                        | \$163.35                           |                               | -                       | -        | 000        | 999        |          |
| 24605       | N             | TREAT ELBOW DISLOCATION      |                  | 05112         | 17.9481  | Bundled, sometimes payable | \$1,089.81                         |                               | -                       | -        | 000        | 999        |          |
| 24615       | N             | TREAT ELBOW DISLOCATION      |                  | 05114         | 80.1145  | Bundled, sometimes payable | \$4,864.55                         |                               | -                       | -        | 000        | 999        |          |
| 24620       | N             | TREAT ELBOW FRACTURE         |                  | 05112         | 17.9481  | Bundled, sometimes payable | \$1,089.81                         |                               | -                       | -        | 000        | 999        |          |
| 24635       | N             | TREAT ELBOW FRACTURE         |                  | 05114         | 80.1145  | Bundled, sometimes payable | \$4,864.55                         |                               | -                       | -        | 000        | 999        |          |
| 24640       | T             | TREAT ELBOW DISLOCATION      |                  | 05111         | 2.6902   | APC                        | \$163.35                           |                               | -                       | -        | 000        | 17         |          |
| 24650       | T             | TREAT RADIUS FRACTURE        |                  | 05111         | 2.6902   | APC                        | \$163.35                           |                               | -                       | -        | 000        | 999        |          |
| 24655       | N             | TREAT RADIUS FRACTURE        |                  | 05112         | 17.9481  | Bundled, sometimes payable | \$1,089.81                         |                               | -                       | -        | 000        | 999        |          |
| 24665       | N             | TREAT RADIUS FRACTURE        |                  | 05114         | 80.1145  | Bundled, sometimes payable | \$4,864.55                         |                               | -                       | -        | 000        | 999        |          |
| 24666       | N             | TREAT RADIUS FRACTURE        |                  | 05115         | 144.2970 | Bundled, sometimes payable | \$8,761.71                         |                               | -                       | -        | 000        | 999        |          |
| 24670       | T             | TREAT ULNAR FRACTURE         |                  | 05111         | 2.6902   | APC                        | \$163.35                           |                               | -                       | -        | 000        | 999        |          |
| 24675       | N             | TREAT ULNAR FRACTURE         |                  | 05112         | 17.9481  | Bundled, sometimes payable | \$1,089.81                         |                               | -                       | -        | 000        | 999        |          |
| 24685       | N             | TREAT ULNAR FRACTURE         |                  | 05114         | 80.1145  | Bundled, sometimes payable | \$4,864.55                         |                               | -                       | -        | 000        | 999        |          |
| 24800       | N             | FUSION OF ELBOW JOINT        |                  | 05114         | 80.1145  | Bundled, sometimes payable | \$4,864.55                         |                               | -                       | -        | 000        | 999        |          |
| 24802       | N             | FUSION/GRAFT OF ELBOW JOINT  |                  | 05115         | 144.2970 | Bundled, sometimes payable | \$8,761.71                         |                               | -                       | -        | 000        | 999        |          |
| 24900       | C             | AMPUTATION OF UPPER ARM      |                  | -             | -        | IP Only                    | \$0.00                             |                               | -                       | -        | 000        | 999        |          |
| 24920       | C             | AMPUTATION OF UPPER ARM      |                  | -             | -        | IP Only                    | \$0.00                             |                               | -                       | -        | 000        | 999        |          |
| 24925       | N             | AMPUTATION FOLLOW-UP SURGERY |                  | 05113         | 36.3872  | Bundled, sometimes payable | \$2,209.43                         |                               | -                       | -        | 000        | 999        |          |
| 24930       | C             | AMPUTATION FOLLOW-UP SURGERY |                  | -             | -        | IP Only                    | \$0.00                             |                               | -                       | -        | 000        | 999        |          |
| 24931       | C             | AMPUTATE UPPER ARM & IMPLANT |                  | -             | -        | IP Only                    | \$0.00                             |                               | -                       | -        | 000        | 999        |          |
| 24935       | N             | REVISION OF AMPUTATION       |                  | 05114         | 80.1145  | Bundled, sometimes payable | \$4,864.55                         |                               | -                       | -        | 000        | 999        |          |
| 24940       | C             | REVISION OF UPPER ARM        |                  | -             | -        | IP Only                    | \$0.00                             |                               | -                       | -        | 000        | 999        |          |
| 24999       | T             | UNLISTED PX HUMERUS/ELBOW    |                  | 05111         | 2.6902   | APC                        | \$163.35                           |                               | -                       | -        | 000        | 999        |          |
| 25000       | N             | INCISION OF TENDON SHEATH    |                  | 05112         | 17.9481  | Bundled, sometimes payable | \$1,089.81                         |                               | -                       | -        | 000        | 999        |          |
| 25001       | N             | INCISE FLEXOR CARPI RADIALIS |                  | 05113         | 36.3872  | Bundled, sometimes payable | \$2,209.43                         |                               | -                       | -        | 000        | 999        |          |
| 25020       | N             | DECOMPRESS FOREARM 1 SPACE   |                  | 05112         | 17.9481  | Bundled, sometimes payable | \$1,089.81                         |                               | -                       | -        | 000        | 999        |          |
| 25023       | N             | DECOMPRESS FOREARM 1 SPACE   |                  | 05113         | 36.3872  | Bundled, sometimes payable | \$2,209.43                         |                               | -                       | -        | 000        | 999        |          |
| 25024       | N             | DECOMPRESS FOREARM 2 SPACES  |                  | 05113         | 36.3872  | Bundled, sometimes payable | \$2,209.43                         |                               | -                       | -        | 000        | 999        |          |
| 25025       | N             | DECOMPRESS FOREARM 2 SPACES  |                  | 05112         | 17.9481  | Bundled, sometimes payable | \$1,089.81                         |                               | -                       | -        | 000        | 999        |          |
| 25028       | N             | DRAINAGE OF FOREARM LESION   |                  | 05113         | 36.3872  | Bundled, sometimes payable | \$2,209.43                         |                               | -                       | -        | 000        | 999        |          |
| 25031       | N             | DRAINAGE OF FOREARM BURSA    |                  | 05112         | 17.9481  | Bundled, sometimes payable | \$1,089.81                         |                               | -                       | -        | 000        | 999        |          |
| 25035       | N             | TREAT FOREARM BONE LESION    |                  | 05114         | 80.1145  | Bundled, sometimes payable | \$4,864.55                         |                               | -                       | -        | 000        | 999        |          |
| 25040       | N             | EXPLORE/TREAT WRIST JOINT    |                  | 05113         | 36.3872  | Bundled, sometimes payable | \$2,209.43                         |                               | -                       | -        | 000        | 999        |          |
| 25065       | N             | BIOPSY FOREARM SOFT TISSUES  |                  | 05072         | 18.1704  | Bundled, sometimes payable | \$1,103.31                         |                               | -                       | -        | 000        | 999        |          |
| 25066       | N             | BIOPSY FOREARM SOFT TISSUES  |                  | 05073         | 32.0969  | Bundled, sometimes payable | \$1,948.92                         |                               | -                       | -        | 000        | 999        |          |
| 25071       | N             | EXC FOREARM LES SC 3 CM/>    |                  | 05072         | 18.1704  | Bundled, sometimes payable | \$1,103.31                         |                               | -                       | -        | 000        | 999        |          |
| 25073       | N             | EXC FOREARM TUM DEEP 3 CM/>  |                  | 05073         | 32.0969  | Bundled, sometimes payable | \$1,948.92                         |                               | -                       | -        | 000        | 999        |          |
| 25075       | N             | EXC FOREARM LES SC < 3 CM    |                  | 05072         | 18.1704  | Bundled, sometimes payable | \$1,103.31                         |                               | -                       | -        | 000        | 999        |          |
| 25076       | N             | EXC FOREARM TUM DEEP < 3 CM  |                  | 05072         | 18.1704  | Bundled, sometimes payable | \$1,103.31                         |                               | -                       | -        | 000        | 999        |          |
| 25077       | N             | RESECT FOREARM/WRIST TUM<3CM |                  | 05073         | 32.0969  | Bundled, sometimes payable | \$1,948.92                         |                               | -                       | -        | 000        | 999        |          |
| 25078       | N             | RESECT FORARM/WRIST TUM 3CM> |                  | 05073         | 32.0969  | Bundled, sometimes payable | \$1,948.92                         |                               | -                       | -        | 000        | 999        |          |
| 25085       | N             | INCISION OF WRIST CAPSULE    |                  | 05113         | 36.3872  | Bundled, sometimes payable | \$2,209.43                         |                               | -                       | -        | 000        | 999        |          |
| 25100       | N             | BIOPSY OF WRIST JOINT        |                  | 05113         | 36.3872  | Bundled, sometimes payable | \$2,209.43                         |                               | -                       | -        | 000        | 999        |          |
| 25101       | N             | EXPLORE/TREAT WRIST JOINT    |                  | 05113         | 36.3872  | Bundled, sometimes payable | \$2,209.43                         |                               | -                       | -        | 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  
April 1, 2025

| Proc<br>Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC<br>Weight | Method   | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|------------------------------|------------------------------|------------------|---------------|----------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|            |                              |                              |                  |               |          |                                        |                                    |                                           |                         |          |            |            |          |
| 25105      | N                            | REMOVE WRIST JOINT LINING    |                  | 05113         | 36.3872  | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 25107      | N                            | REMOVE WRIST JOINT CARTILAGE |                  | 05113         | 36.3872  | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 25109      | N                            | EXCISE TENDON FOREARM/WRIST  |                  | 05113         | 36.3872  | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 25110      | N                            | REMOVE WRIST TENDON LESION   |                  | 05112         | 17.9481  | Bundled, sometimes payable             | \$1,089.81                         |                                           | -                       | -        | 000        | 999        |          |
| 25111      | N                            | REMOVE WRIST TENDON LESION   |                  | 05112         | 17.9481  | Bundled, sometimes payable             | \$1,089.81                         |                                           | -                       | -        | 000        | 999        |          |
| 25112      | N                            | REREMOVE WRIST TENDON LESION |                  | 05112         | 17.9481  | Bundled, sometimes payable             | \$1,089.81                         |                                           | -                       | -        | 000        | 999        |          |
| 25115      | N                            | REMOVE WRIST/FOREARM LESION  |                  | 05112         | 17.9481  | Bundled, sometimes payable             | \$1,089.81                         |                                           | -                       | -        | 000        | 999        |          |
| 25116      | N                            | REMOVE WRIST/FOREARM LESION  |                  | 05113         | 36.3872  | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 25118      | N                            | EXCISE WRIST TENDON SHEATH   |                  | 05112         | 17.9481  | Bundled, sometimes payable             | \$1,089.81                         |                                           | -                       | -        | 000        | 999        |          |
| 25119      | N                            | PARTIAL REMOVAL OF ULNA      |                  | 05113         | 36.3872  | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 25120      | N                            | REMOVAL OF FOREARM LESION    |                  | 05113         | 36.3872  | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 25125      | N                            | REMOVE/GRAFT FOREARM LESION  |                  | 05112         | 17.9481  | Bundled, sometimes payable             | \$1,089.81                         |                                           | -                       | -        | 000        | 999        |          |
| 25126      | N                            | REMOVE/GRAFT FOREARM LESION  |                  | 05113         | 36.3872  | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 25130      | N                            | REMOVAL OF WRIST LESION      |                  | 05113         | 36.3872  | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 25135      | N                            | REMOVE & GRAFT WRIST LESION  |                  | 05114         | 80.1145  | Bundled, sometimes payable             | \$4,864.55                         |                                           | -                       | -        | 000        | 999        |          |
| 25136      | N                            | REMOVE & GRAFT WRIST LESION  |                  | 05114         | 80.1145  | Bundled, sometimes payable             | \$4,864.55                         |                                           | -                       | -        | 000        | 999        |          |
| 25145      | N                            | REMOVE FOREARM BONE LESION   |                  | 05113         | 36.3872  | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 25150      | N                            | PARTIAL REMOVAL OF ULNA      |                  | 05113         | 36.3872  | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 25151      | N                            | PARTIAL REMOVAL OF RADIUS    |                  | 05113         | 36.3872  | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 25170      | N                            | RESECT RADIUS/ULNAR TUMOR    |                  | 05114         | 80.1145  | Bundled, sometimes payable             | \$4,864.55                         |                                           | -                       | -        | 000        | 999        |          |
| 25210      | N                            | REMOVAL OF WRIST BONE        |                  | 05113         | 36.3872  | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 25215      | N                            | REMOVAL OF WRIST BONES       |                  | 05113         | 36.3872  | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 25230      | N                            | PARTIAL REMOVAL OF RADIUS    |                  | 05113         | 36.3872  | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 25240      | N                            | PARTIAL REMOVAL OF ULNA      |                  | 05113         | 36.3872  | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 25246      | N                            | INJECTION FOR WRIST X-RAY    |                  | -             | -        | Bundled<br>\$0.00                      |                                    |                                           | -                       | -        | 000        | 999        |          |
| 25248      | N                            | REMOVE FOREARM FOREIGN BODY  |                  | 05112         | 17.9481  | Bundled, sometimes payable             | \$1,089.81                         |                                           | -                       | -        | 000        | 999        |          |
| 25250      | N                            | REMOVAL OF WRIST PROSTHESIS  |                  | 05112         | 17.9481  | Bundled, sometimes payable             | \$1,089.81                         |                                           | -                       | -        | 000        | 999        |          |
| 25251      | N                            | REMOVAL OF WRIST PROSTHESIS  |                  | 05113         | 36.3872  | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 25259      | N                            | MANIPULATE WRIST W/ANESTHES  |                  | 05112         | 17.9481  | Bundled, sometimes payable             | \$1,089.81                         |                                           | -                       | -        | 000        | 999        |          |
| 25260      | N                            | REPAIR FOREARM TENDON/MUSCLE |                  | 05113         | 36.3872  | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 25263      | N                            | REPAIR FOREARM TENDON/MUSCLE |                  | 05114         | 80.1145  | Bundled, sometimes payable             | \$4,864.55                         |                                           | -                       | -        | 000        | 999        |          |
| 25265      | N                            | REPAIR FOREARM TENDON/MUSCLE |                  | 05113         | 36.3872  | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 25270      | N                            | REPAIR FOREARM TENDON/MUSCLE |                  | 05113         | 36.3872  | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 25272      | N                            | REPAIR FOREARM TENDON/MUSCLE |                  | 05113         | 36.3872  | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 25274      | N                            | REPAIR FOREARM TENDON/MUSCLE |                  | 05113         | 36.3872  | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 25275      | N                            | REPAIR FOREARM TENDON SHEATH |                  | 05113         | 36.3872  | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 25280      | N                            | REVISE WRIST/FOREARM TENDON  |                  | 05113         | 36.3872  | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 25290      | N                            | INCISE WRIST/FOREARM TENDON  |                  | 05113         | 36.3872  | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 25295      | N                            | RELEASE WRIST/FOREARM TENDON |                  | 05113         | 36.3872  | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 25300      | N                            | FUSION OF TENDONS AT WRIST   |                  | 05113         | 36.3872  | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 25301      | N                            | FUSION OF TENDONS AT WRIST   |                  | 05113         | 36.3872  | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 25310      | N                            | TRANSPLANT FOREARM TENDON    |                  | 05113         | 36.3872  | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 25312      | N                            | TRANSPLANT FOREARM TENDON    |                  | 05113         | 36.3872  | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 25315      | N                            | REVISE PALSY HAND TENDON(S)  |                  | 05114         | 80.1145  | Bundled, sometimes payable             | \$4,864.55                         |                                           | -                       | -        | 000        | 999        |          |
| 25316      | N                            | REVISE PALSY HAND TENDON(S)  |                  | 05114         | 80.1145  | Bundled, sometimes payable             | \$4,864.55                         |                                           | -                       | -        | 000        | 999        |          |
| 25320      | N                            | REPAIR/REVISE WRIST JOINT    |                  | 05114         | 80.1145  | Bundled, sometimes payable             | \$4,864.55                         |                                           | -                       | -        | 000        | 999        |          |
| 25332      | N                            | REVISE WRIST JOINT           |                  | 05113         | 36.3872  | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 25335      | N                            | CENTRALIZATION WRIST ON ULNA |                  | 05113         | 36.3872  | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 25337      | N                            | RECONSTRUCT ULNA/RADIOULNAR  |                  | 05114         | 80.1145  | Bundled, sometimes payable             | \$4,864.55                         |                                           | -                       | -        | 000        | 999        |          |
| 25350      | N                            | REVISION OF RADIUS           |                  | 05114         | 80.1145  | Bundled, sometimes payable             | \$4,864.55                         |                                           | -                       | -        | 000        | 999        |          |
| 25355      | N                            | REVISION OF RADIUS           |                  | 05113         | 36.3872  | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 25360      | N                            | REVISION OF ULNA             |                  | 05114         | 80.1145  | Bundled, sometimes payable             | \$4,864.55                         |                                           | -                       | -        | 000        | 999        |          |
| 25365      | N                            | REVISE RADIUS & ULNA         |                  | 05115         | 144.2970 | Bundled, sometimes payable             | \$8,761.71                         |                                           | -                       | -        | 000        | 999        |          |
| 25370      | N                            | REVISE RADIUS OR ULNA        |                  | 05113         | 36.3872  | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 25375      | N                            | REVISE RADIUS & ULNA         |                  | 05113         | 36.3872  | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 25390      | N                            | SHORTEN RADIUS OR ULNA       |                  | 05114         | 80.1145  | Bundled, sometimes payable             | \$4,864.55                         |                                           | -                       | -        | 000        | 999        |          |



Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc<br>Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC   |          | Method                     | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|------------------------------|------------------------------|------------------|-------|----------|----------------------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            |                              |                              |                  | APC   | Weight   |                            |                                        |                                    |                                           |  |                         |          |            |            |          |
| 25391      | N                            | LENGTHEN RADIUS OR ULNA      |                  | 05115 | 144.2970 | Bundled, sometimes payable | \$8,761.71                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 25392      | N                            | SHORTEN RADIUS & ULNA        |                  | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 25393      | N                            | LENGTHEN RADIUS & ULNA       |                  | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 25394      | N                            | REPAIR CARPAL BONE SHORTEN   |                  | 05113 | 36.3872  | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 25400      | N                            | REPAIR RADIUS OR ULNA        |                  | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 25405      | N                            | REPAIR/GRAFT RADIUS OR ULNA  |                  | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 25415      | N                            | REPAIR RADIUS & ULNA         |                  | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 25420      | N                            | REPAIR/GRAFT RADIUS & ULNA   |                  | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 25425      | N                            | REPAIR/GRAFT RADIUS OR ULNA  |                  | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 25426      | N                            | REPAIR/GRAFT RADIUS & ULNA   |                  | 05113 | 36.3872  | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 25430      | N                            | VASC GRAFT INTO CARPAL BONE  |                  | 05113 | 36.3872  | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 25431      | N                            | REPAIR NONUNION CARPAL BONE  |                  | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 25440      | N                            | REPAIR NONU SCPHD CARPL B1   |                  | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 25441      | N                            | ARTHRP W/PROSTC DSTL RDS     |                  | 05115 | 144.2970 | Bundled, sometimes payable | \$8,761.71                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 25442      | N                            | ARTHRP W/PROSTC DSTL ULNA    |                  | 05116 | 206.2381 | Bundled, sometimes payable | \$12,522.78                            |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 25443      | N                            | ARTHRP PROSTC DSTL SCPH CRPL |                  | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 25444      | N                            | ARTHRP W/PROSTC LUNATE       |                  | 05115 | 144.2970 | Bundled, sometimes payable | \$8,761.71                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 25445      | N                            | ARTHRP W/PROSTC TRAPEZIUM    |                  | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 25446      | N                            | ARTHRP W/PROSTC DST RDS&CRPS |                  | 05116 | 206.2381 | Bundled, sometimes payable | \$12,522.78                            |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 25447      | N                            | REPAIR WRIST JOINTS          |                  | 05113 | 36.3872  | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 25448      | N                            | ARTHRP NTRCRPL/CRP/MTCRP SSP |                  | 05113 | 36.3872  | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 25449      | N                            | REVJ ARTHRP WRIST JOINT      |                  | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 25450      | N                            | EPIPHYSL ARRST DSTL RDS/ULNA |                  | 05113 | 36.3872  | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 25455      | N                            | EPIPHYSL ARRST DSTL RDS&ULNA |                  | 05113 | 36.3872  | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 25490      | N                            | PROPHYLACTIC TX RADIUS       |                  | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 25491      | N                            | PROPHYLACTIC TX ULNA         |                  | 05115 | 144.2970 | Bundled, sometimes payable | \$8,761.71                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 25492      | N                            | PROPHYLACTIC TX RADIUS&ULNA  |                  | 05113 | 36.3872  | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 25500      | T                            | CLTX RDL SHFT FX W/O MNPJ    |                  | 05111 | 2.6902   | APC                        | \$163.35                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 25505      | N                            | CLTX RDL SHFT FX W/MNPJ      |                  | 05112 | 17.9481  | Bundled, sometimes payable | \$1,089.81                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 25515      | N                            | OPTX RADIAL SHAFT FRACTURE   |                  | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 25520      | N                            | CLTX RDL SHFT FX&DISLC       |                  | 05112 | 17.9481  | Bundled, sometimes payable | \$1,089.81                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 25525      | N                            | OPTX RDL SHFT FX&CLTX RAD/UL |                  | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 25526      | N                            | OPTX RDL SHFT FX&DSTL RAD/UL |                  | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 25530      | T                            | CLTX ULNAR SHFT FX W/O MNPJ  |                  | 05111 | 2.6902   | APC                        | \$163.35                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 25535      | T                            | CLTX ULNAR SHFT FX W/MNPJ    |                  | 05111 | 2.6902   | APC                        | \$163.35                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 25545      | N                            | OPTX ULNAR SHFT FX INT FIXJ  |                  | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 25560      | T                            | CLTX RDL&ULN SHFT FX WO MNPJ |                  | 05111 | 2.6902   | APC                        | \$163.35                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 25565      | N                            | CLTX RDL&ULN SHFT FX W/MNPJ  |                  | 05112 | 17.9481  | Bundled, sometimes payable | \$1,089.81                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 25574      | N                            | OPTX RDL&ULN SHFT FX RDS/ULN |                  | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 25575      | N                            | OPTX RDL&ULN SHFT FX RDS&ULN |                  | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 25600      | T                            | CLTX DST RDL FX/EPHYS SEP WO |                  | 05111 | 2.6902   | APC                        | \$163.35                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 25605      | N                            | CLTX DST RDL FX/EPHYS SEP W/ |                  | 05112 | 17.9481  | Bundled, sometimes payable | \$1,089.81                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 25606      | N                            | PERQ SKEL FIXJ DSTL RDL FX   |                  | 05113 | 36.3872  | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 25607      | N                            | OPTX DST RD XARTC FX/EPI SEP |                  | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 25608      | N                            | OPTX DST RD XART FX/EPI SEP2 |                  | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 25609      | N                            | OPTX DST RD XART FX/EP SEP3+ |                  | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 25622      | T                            | CLTX CARPL SCPHD FX W/O MNPJ |                  | 05111 | 2.6902   | APC                        | \$163.35                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 25624      | N                            | CLTX CARPL SCPHD FX W/MNPJ   |                  | 05112 | 17.9481  | Bundled, sometimes payable | \$1,089.81                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 25628      | N                            | OPTX CARPL SCPHD FX INT FIXJ |                  | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 25630      | T                            | CLTX CARPL FX W/O MNPJ EA B1 |                  | 05111 | 2.6902   | APC                        | \$163.35                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 25635      | N                            | CLTX CARPL FX W/MNPJ EA B1   |                  | 05112 | 17.9481  | Bundled, sometimes payable | \$1,089.81                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 25645      | N                            | OPTX CRPL FX OTH/THN SCPH EA |                  | 05113 | 36.3872  | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 25650      | T                            | CLTX ULNAR STYLOID FRACTURE  |                  | 05111 | 2.6902   | APC                        | \$163.35                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 25651      | N                            | PERQ SKEL FIX ULNAR STYLD FX |                  | 05113 | 36.3872  | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 25652      | N                            | OPTX ULNAR STYLOID FRACTURE  |                  | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 25660      | T                            | CLTX RDCRPL/NTRCRPL DISLC 1+ |                  | 05111 | 2.6902   | APC                        | \$163.35                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |

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| 2024 APC |            | Proc Desc                    | Proc Modifier | APC   | APC Weight | Method                     | Outpatient   | Sole Comm.        | Non-sole Comm.    | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|----------|------------|------------------------------|---------------|-------|------------|----------------------------|--------------|-------------------|-------------------|----------------------|----------|---------|---------|----------|
| Proc Cd  | Status Ind |                              |               |       |            |                            | Hospital Fee | Hospital Lab Fees | Hospital Lab Fees |                      |          |         |         |          |
|          |            |                              |               |       |            |                            | Schedule     |                   |                   |                      |          |         |         |          |
| 25670    | N          | OPTX RDCRPL/NTRCRPL DISLC 1+ |               | 05114 | 80.1145    | Bundled, sometimes payable | \$4,864.55   |                   |                   | -                    | -        | 000     | 999     |          |
| 25671    | N          | PERQ SKEL FIX RAD/ULN DISLC  |               | 05113 | 36.3872    | Bundled, sometimes payable | \$2,209.43   |                   |                   | -                    | -        | 000     | 999     |          |
| 25675    | T          | CLTX DSTL RAD/ULN DISLC MNPJ |               | 05111 | 2.6902     | APC                        | \$163.35     |                   |                   | -                    | -        | 000     | 999     |          |
| 25676    | N          | OPTX RAD/ULN DISLC AQT/CHRN  |               | 05114 | 80.1145    | Bundled, sometimes payable | \$4,864.55   |                   |                   | -                    | -        | 000     | 999     |          |
| 25680    | T          | CLTX TRNS-SCPHPRLNR FX MNPJ  |               | 05111 | 2.6902     | APC                        | \$163.35     |                   |                   | -                    | -        | 000     | 999     |          |
| 25685    | N          | OPTX TRNS-SCPHPRLNR FX DISLC |               | 05114 | 80.1145    | Bundled, sometimes payable | \$4,864.55   |                   |                   | -                    | -        | 000     | 999     |          |
| 25690    | N          | CLTX LUNATE DISLC W/MNPJ     |               | 05112 | 17.9481    | Bundled, sometimes payable | \$1,089.81   |                   |                   | -                    | -        | 000     | 999     |          |
| 25695    | N          | OPTX LUNATE DISLOCATION      |               | 05114 | 80.1145    | Bundled, sometimes payable | \$4,864.55   |                   |                   | -                    | -        | 000     | 999     |          |
| 25800    | N          | ARTHRD WRIST COMPLETE WO GRF |               | 05114 | 80.1145    | Bundled, sometimes payable | \$4,864.55   |                   |                   | -                    | -        | 000     | 999     |          |
| 25805    | N          | ARTHRD WRIST W/SLIDING GRAFT |               | 05114 | 80.1145    | Bundled, sometimes payable | \$4,864.55   |                   |                   | -                    | -        | 000     | 999     |          |
| 25810    | N          | ARTHRD WRST ILIAC/OTH AGRFT  |               | 05115 | 144.2970   | Bundled, sometimes payable | \$8,761.71   |                   |                   | -                    | -        | 000     | 999     |          |
| 25820    | N          | ARTHRD WRIST LMTD W/O B1 GRF |               | 05114 | 80.1145    | Bundled, sometimes payable | \$4,864.55   |                   |                   | -                    | -        | 000     | 999     |          |
| 25825    | N          | ARTHRD WRIST WITH AUTOGRAFT  |               | 05114 | 80.1145    | Bundled, sometimes payable | \$4,864.55   |                   |                   | -                    | -        | 000     | 999     |          |
| 25830    | N          | ARTHRD DST RAD/UL JT SGM RSC |               | 05114 | 80.1145    | Bundled, sometimes payable | \$4,864.55   |                   |                   | -                    | -        | 000     | 999     |          |
| 25900    | C          | AMPUTATION OF FOREARM        |               | -     | -          | IP Only                    | \$0.00       |                   |                   | -                    | -        | 000     | 999     |          |
| 25905    | C          | AMPUTATION OF FOREARM        |               | -     | -          | IP Only                    | \$0.00       |                   |                   | -                    | -        | 000     | 999     |          |
| 25907    | N          | AMPUTATION FOLLOW-UP SURGERY |               | 05113 | 36.3872    | Bundled, sometimes payable | \$2,209.43   |                   |                   | -                    | -        | 000     | 999     |          |
| 25909    | N          | AMPUTATION FOLLOW-UP SURGERY |               | 05114 | 80.1145    | Bundled, sometimes payable | \$4,864.55   |                   |                   | -                    | -        | 000     | 999     |          |
| 25915    | C          | AMPUTATION OF FOREARM        |               | -     | -          | IP Only                    | \$0.00       |                   |                   | -                    | -        | 000     | 999     |          |
| 25920    | C          | AMPUTATE HAND AT WRIST       |               | -     | -          | IP Only                    | \$0.00       |                   |                   | -                    | -        | 000     | 999     |          |
| 25922    | N          | AMPUTATE HAND AT WRIST       |               | 05112 | 17.9481    | Bundled, sometimes payable | \$1,089.81   |                   |                   | -                    | -        | 000     | 999     |          |
| 25924    | C          | AMPUTATION FOLLOW-UP SURGERY |               | -     | -          | IP Only                    | \$0.00       |                   |                   | -                    | -        | 000     | 999     |          |
| 25927    | C          | AMPUTATION OF HAND           |               | -     | -          | IP Only                    | \$0.00       |                   |                   | -                    | -        | 000     | 999     |          |
| 25929    | T          | AMPUTATION FOLLOW-UP SURGERY |               | 05054 | 20.5142    | APC                        | \$1,245.62   |                   |                   | -                    | -        | 000     | 999     |          |
| 25931    | N          | AMPUTATION FOLLOW-UP SURGERY |               | 05113 | 36.3872    | Bundled, sometimes payable | \$2,209.43   |                   |                   | -                    | -        | 000     | 999     |          |
| 25999    | T          | UNLISTED PX FOREARM/WRIST    |               | 05111 | 2.6902     | APC                        | \$163.35     |                   |                   | -                    | -        | 000     | 999     |          |
| 26010    | T          | DRAINAGE OF FINGER ABSCESS   |               | 05051 | 2.2284     | APC                        | \$135.31     |                   |                   | -                    | -        | 000     | 999     |          |
| 26011    | N          | DRAINAGE OF FINGER ABSCESS   |               | 05072 | 18.1704    | Bundled, sometimes payable | \$1,103.31   |                   |                   | -                    | -        | 000     | 999     |          |
| 26020    | N          | DRAIN HAND TENDON SHEATH     |               | 05113 | 36.3872    | Bundled, sometimes payable | \$2,209.43   |                   |                   | -                    | -        | 000     | 999     |          |
| 26025    | N          | DRAINAGE OF PALM BURSA       |               | 05113 | 36.3872    | Bundled, sometimes payable | \$2,209.43   |                   |                   | -                    | -        | 000     | 999     |          |
| 26030    | N          | DRAINAGE OF PALM BURSAS      |               | 05113 | 36.3872    | Bundled, sometimes payable | \$2,209.43   |                   |                   | -                    | -        | 000     | 999     |          |
| 26034    | N          | TREAT HAND BONE LESION       |               | 05112 | 17.9481    | Bundled, sometimes payable | \$1,089.81   |                   |                   | -                    | -        | 000     | 999     |          |
| 26035    | N          | DECOMPRESS FINGERS/HAND      |               | 05113 | 36.3872    | Bundled, sometimes payable | \$2,209.43   |                   |                   | -                    | -        | 000     | 999     |          |
| 26037    | N          | DECOMPRESS FINGERS/HAND      |               | 05113 | 36.3872    | Bundled, sometimes payable | \$2,209.43   |                   |                   | -                    | -        | 000     | 999     |          |
| 26040    | N          | RELEASE PALM CONTRACTURE     |               | 05112 | 17.9481    | Bundled, sometimes payable | \$1,089.81   |                   |                   | -                    | -        | 000     | 999     |          |
| 26045    | N          | RELEASE PALM CONTRACTURE     |               | 05113 | 36.3872    | Bundled, sometimes payable | \$2,209.43   |                   |                   | -                    | -        | 000     | 999     |          |
| 26055    | N          | INCISE FINGER TENDON SHEATH  |               | 05112 | 17.9481    | Bundled, sometimes payable | \$1,089.81   |                   |                   | -                    | -        | 000     | 999     |          |
| 26060    | N          | INCISION OF FINGER TENDON    |               | 05112 | 17.9481    | Bundled, sometimes payable | \$1,089.81   |                   |                   | -                    | -        | 000     | 999     |          |
| 26070    | N          | EXPLORE/TREAT HAND JOINT     |               | 05112 | 17.9481    | Bundled, sometimes payable | \$1,089.81   |                   |                   | -                    | -        | 000     | 999     |          |
| 26075    | N          | EXPLORE/TREAT FINGER JOINT   |               | 05113 | 36.3872    | Bundled, sometimes payable | \$2,209.43   |                   |                   | -                    | -        | 000     | 999     |          |
| 26080    | N          | EXPLORE/TREAT FINGER JOINT   |               | 05112 | 17.9481    | Bundled, sometimes payable | \$1,089.81   |                   |                   | -                    | -        | 000     | 999     |          |
| 26100    | N          | BIOPSY HAND JOINT LINING     |               | 05113 | 36.3872    | Bundled, sometimes payable | \$2,209.43   |                   |                   | -                    | -        | 000     | 999     |          |
| 26105    | N          | BIOPSY FINGER JOINT LINING   |               | 05113 | 36.3872    | Bundled, sometimes payable | \$2,209.43   |                   |                   | -                    | -        | 000     | 999     |          |
| 26110    | N          | BIOPSY FINGER JOINT LINING   |               | 05112 | 17.9481    | Bundled, sometimes payable | \$1,089.81   |                   |                   | -                    | -        | 000     | 999     |          |
| 26111    | N          | EXC HAND LES SC 1.5 CM/>     |               | 05072 | 18.1704    | Bundled, sometimes payable | \$1,103.31   |                   |                   | -                    | -        | 000     | 999     |          |
| 26113    | N          | EXC HAND TUM DEEP 1.5 CM/>   |               | 05072 | 18.1704    | Bundled, sometimes payable | \$1,103.31   |                   |                   | -                    | -        | 000     | 999     |          |
| 26115    | N          | EXC HAND LES SC < 1.5 CM     |               | 05072 | 18.1704    | Bundled, sometimes payable | \$1,103.31   |                   |                   | -                    | -        | 000     | 999     |          |
| 26116    | N          | EXC HAND TUM DEEP < 1.5 CM   |               | 05072 | 18.1704    | Bundled, sometimes payable | \$1,103.31   |                   |                   | -                    | -        | 000     | 999     |          |
| 26117    | N          | RAD RESECT HAND TUMOR < 3 CM |               | 05073 | 32.0969    | Bundled, sometimes payable | \$1,948.92   |                   |                   | -                    | -        | 000     | 999     |          |
| 26118    | N          | RAD RESECT HAND TUMOR 3 CM/> |               | 05073 | 32.0969    | Bundled, sometimes payable | \$1,948.92   |                   |                   | -                    | -        | 000     | 999     |          |
| 26121    | N          | RELEASE PALM CONTRACTURE     |               | 05113 | 36.3872    | Bundled, sometimes payable | \$2,209.43   |                   |                   | -                    | -        | 000     | 999     |          |
| 26123    | N          | RELEASE PALM CONTRACTURE     |               | 05113 | 36.3872    | Bundled, sometimes payable | \$2,209.43   |                   |                   | -                    | -        | 000     | 999     |          |
| 26125    | N          | RELEASE PALM CONTRACTURE     |               | -     | -          | Bundled                    | \$0.00       |                   |                   | -                    | -        | 000     | 999     |          |
| 26130    | N          | REMOVE WRIST JOINT LINING    |               | 05113 | 36.3872    | Bundled, sometimes payable | \$2,209.43   |                   |                   | -                    | -        | 000     | 999     |          |
| 26135    | N          | REVISE FINGER JOINT EACH     |               | 05113 | 36.3872    | Bundled, sometimes payable | \$2,209.43   |                   |                   | -                    | -        | 000     | 999     |          |
| 26140    | N          | REVISE FINGER JOINT EACH     |               | 05112 | 17.9481    | Bundled, sometimes payable | \$1,089.81   |                   |                   | -                    | -        | 000     | 999     |          |

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| 2024<br>APC |               |                              |                  |               |                            | Outpatient               |                                    | Non-sole                      |                         |          |            |            |          |  |  |
|-------------|---------------|------------------------------|------------------|---------------|----------------------------|--------------------------|------------------------------------|-------------------------------|-------------------------|----------|------------|------------|----------|--|--|
| Proc<br>Cd  | Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC<br>Weight | Method                     | Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |  |  |
| 26145       | N             | TENDON EXCISION PALM/FINGER  |                  | 05112 17.9481 | Bundled, sometimes payable | \$1,089.81               |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 26160       | N             | REMOVE TENDON SHEATH LESION  |                  | 05112 17.9481 | Bundled, sometimes payable | \$1,089.81               |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 26170       | N             | REMOVAL OF PALM TENDON EACH  |                  | 05112 17.9481 | Bundled, sometimes payable | \$1,089.81               |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 26180       | N             | REMOVAL OF FINGER TENDON     |                  | 05112 17.9481 | Bundled, sometimes payable | \$1,089.81               |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 26185       | N             | REMOVE FINGER BONE           |                  | 05112 17.9481 | Bundled, sometimes payable | \$1,089.81               |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 26200       | N             | REMOVE HAND BONE LESION      |                  | 05112 17.9481 | Bundled, sometimes payable | \$1,089.81               |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 26205       | N             | REMOVE/GRAFT BONE LESION     |                  | 05114 80.1145 | Bundled, sometimes payable | \$4,864.55               |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 26210       | N             | REMOVAL OF FINGER LESION     |                  | 05112 17.9481 | Bundled, sometimes payable | \$1,089.81               |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 26215       | N             | REMOVE/GRAFT FINGER LESION   |                  | 05113 36.3872 | Bundled, sometimes payable | \$2,209.43               |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 26230       | N             | PARTIAL REMOVAL OF HAND BONE |                  | 05113 36.3872 | Bundled, sometimes payable | \$2,209.43               |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 26235       | N             | PARTIAL REMOVAL FINGER BONE  |                  | 05112 17.9481 | Bundled, sometimes payable | \$1,089.81               |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 26236       | N             | PARTIAL REMOVAL FINGER BONE  |                  | 05112 17.9481 | Bundled, sometimes payable | \$1,089.81               |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 26250       | N             | EXTENSIVE HAND SURGERY       |                  | 05113 36.3872 | Bundled, sometimes payable | \$2,209.43               |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 26260       | N             | RESECT PROX FINGER TUMOR     |                  | 05113 36.3872 | Bundled, sometimes payable | \$2,209.43               |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 26262       | N             | RESECT DISTAL FINGER TUMOR   |                  | 05112 17.9481 | Bundled, sometimes payable | \$1,089.81               |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 26320       | N             | REMOVAL OF IMPLANT FROM HAND |                  | 05072 18.1704 | Bundled, sometimes payable | \$1,103.31               |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 26340       | N             | MANIPULATE FINGER W/ANESTH   |                  | 05112 17.9481 | Bundled, sometimes payable | \$1,089.81               |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 26341       | T             | MANIPULAT PALM CORD POST INJ |                  | 05111 2.6902  | APC                        | \$163.35                 |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 26350       | N             | REPAIR FINGER/HAND TENDON    |                  | 05113 36.3872 | Bundled, sometimes payable | \$2,209.43               |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 26352       | N             | REPAIR/GRAFT HAND TENDON     |                  | 05114 80.1145 | Bundled, sometimes payable | \$4,864.55               |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 26356       | N             | REPAIR FINGER/HAND TENDON    |                  | 05113 36.3872 | Bundled, sometimes payable | \$2,209.43               |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 26357       | N             | REPAIR FINGER/HAND TENDON    |                  | 05113 36.3872 | Bundled, sometimes payable | \$2,209.43               |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 26358       | N             | REPAIR/GRAFT HAND TENDON     |                  | 05114 80.1145 | Bundled, sometimes payable | \$4,864.55               |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 26370       | N             | REPAIR FINGER/HAND TENDON    |                  | 05113 36.3872 | Bundled, sometimes payable | \$2,209.43               |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 26372       | N             | REPAIR/GRAFT HAND TENDON     |                  | 05114 80.1145 | Bundled, sometimes payable | \$4,864.55               |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 26373       | N             | REPAIR FINGER/HAND TENDON    |                  | 05113 36.3872 | Bundled, sometimes payable | \$2,209.43               |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 26390       | N             | REVISE HAND/FINGER TENDON    |                  | 05114 80.1145 | Bundled, sometimes payable | \$4,864.55               |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 26392       | N             | REPAIR/GRAFT HAND TENDON     |                  | 05114 80.1145 | Bundled, sometimes payable | \$4,864.55               |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 26410       | N             | REPAIR HAND TENDON           |                  | 05112 17.9481 | Bundled, sometimes payable | \$1,089.81               |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 26412       | N             | REPAIR/GRAFT HAND TENDON     |                  | 05113 36.3872 | Bundled, sometimes payable | \$2,209.43               |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 26415       | N             | EXCISION HAND/FINGER TENDON  |                  | 05113 36.3872 | Bundled, sometimes payable | \$2,209.43               |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 26416       | N             | GRAFT HAND OR FINGER TENDON  |                  | 05113 36.3872 | Bundled, sometimes payable | \$2,209.43               |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 26418       | N             | REPAIR FINGER TENDON         |                  | 05112 17.9481 | Bundled, sometimes payable | \$1,089.81               |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 26420       | N             | REPAIR/GRAFT FINGER TENDON   |                  | 05113 36.3872 | Bundled, sometimes payable | \$2,209.43               |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 26426       | N             | REPAIR FINGER/HAND TENDON    |                  | 05113 36.3872 | Bundled, sometimes payable | \$2,209.43               |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 26428       | N             | REPAIR/GRAFT FINGER TENDON   |                  | 05113 36.3872 | Bundled, sometimes payable | \$2,209.43               |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 26432       | N             | REPAIR FINGER TENDON         |                  | 05112 17.9481 | Bundled, sometimes payable | \$1,089.81               |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 26433       | N             | REPAIR FINGER TENDON         |                  | 05113 36.3872 | Bundled, sometimes payable | \$2,209.43               |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 26434       | N             | REPAIR/GRAFT FINGER TENDON   |                  | 05113 36.3872 | Bundled, sometimes payable | \$2,209.43               |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 26437       | N             | REALIGNMENT OF TENDONS       |                  | 05113 36.3872 | Bundled, sometimes payable | \$2,209.43               |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 26440       | N             | RELEASE PALM/FINGER TENDON   |                  | 05112 17.9481 | Bundled, sometimes payable | \$1,089.81               |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 26442       | N             | RELEASE PALM & FINGER TENDON |                  | 05113 36.3872 | Bundled, sometimes payable | \$2,209.43               |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 26445       | N             | RELEASE HAND/FINGER TENDON   |                  | 05113 36.3872 | Bundled, sometimes payable | \$2,209.43               |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 26449       | N             | RELEASE FOREARM/HAND TENDON  |                  | 05113 36.3872 | Bundled, sometimes payable | \$2,209.43               |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 26450       | N             | INCISION OF PALM TENDON      |                  | 05113 36.3872 | Bundled, sometimes payable | \$2,209.43               |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 26455       | N             | INCISION OF FINGER TENDON    |                  | 05112 17.9481 | Bundled, sometimes payable | \$1,089.81               |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 26460       | N             | INCISE HAND/FINGER TENDON    |                  | 05112 17.9481 | Bundled, sometimes payable | \$1,089.81               |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 26471       | N             | FUSION OF FINGER TENDONS     |                  | 05113 36.3872 | Bundled, sometimes payable | \$2,209.43               |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 26474       | N             | FUSION OF FINGER TENDONS     |                  | 05112 17.9481 | Bundled, sometimes payable | \$1,089.81               |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 26476       | N             | TENDON LENGTHENING           |                  | 05113 36.3872 | Bundled, sometimes payable | \$2,209.43               |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 26477       | N             | TENDON SHORTENING            |                  | 05113 36.3872 | Bundled, sometimes payable | \$2,209.43               |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 26478       | N             | LENGTHENING OF HAND TENDON   |                  | 05113 36.3872 | Bundled, sometimes payable | \$2,209.43               |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 26479       | N             | SHORTENING OF HAND TENDON    |                  | 05113 36.3872 | Bundled, sometimes payable | \$2,209.43               |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 26480       | N             | TRANSPLANT HAND TENDON       |                  | 05113 36.3872 | Bundled, sometimes payable | \$2,209.43               |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 26483       | N             | TRANSPLANT/GRAFT HAND TENDON |                  | 05113 36.3872 | Bundled, sometimes payable | \$2,209.43               |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 26485       | N             | TRANSPLANT PALM TENDON       |                  | 05113 36.3872 | Bundled, sometimes payable | \$2,209.43               |                                    |                               | -                       | -        | 000        | 999        |          |  |  |



**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2025**

| 2024<br>APC |               | Proc Desc                    | Proc<br>Modifier | APC<br>Weight | Method  | Outpatient                 | Sole Comm.   | Non-sole | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|-------------|---------------|------------------------------|------------------|---------------|---------|----------------------------|--------------|----------|-------------------------|----------|------------|------------|----------|
| Proc<br>Cd  | Status<br>Ind |                              |                  |               |         | Hospital Fee               | Hospital Lab | Comm.    |                         |          |            |            |          |
|             |               |                              |                  |               |         | Schedule<br>Fees           | Fees         | Fees     |                         |          |            |            |          |
| 26489       | N             | TRANSPLANT/GRAFT PALM TENDON |                  | 05113         | 36.3872 | Bundled, sometimes payable | \$2,209.43   |          | -                       | -        | 000        | 999        |          |
| 26490       | N             | REVISE THUMB TENDON          |                  | 05113         | 36.3872 | Bundled, sometimes payable | \$2,209.43   |          | -                       | -        | 000        | 999        |          |
| 26492       | N             | TENDON TRANSFER WITH GRAFT   |                  | 05113         | 36.3872 | Bundled, sometimes payable | \$2,209.43   |          | -                       | -        | 000        | 999        |          |
| 26494       | N             | HAND TENDON/MUSCLE TRANSFER  |                  | 05113         | 36.3872 | Bundled, sometimes payable | \$2,209.43   |          | -                       | -        | 000        | 999        |          |
| 26496       | N             | REVISE THUMB TENDON          |                  | 05113         | 36.3872 | Bundled, sometimes payable | \$2,209.43   |          | -                       | -        | 000        | 999        |          |
| 26497       | N             | FINGER TENDON TRANSFER       |                  | 05113         | 36.3872 | Bundled, sometimes payable | \$2,209.43   |          | -                       | -        | 000        | 999        |          |
| 26498       | N             | FINGER TENDON TRANSFER       |                  | 05113         | 36.3872 | Bundled, sometimes payable | \$2,209.43   |          | -                       | -        | 000        | 999        |          |
| 26499       | N             | REVISION OF FINGER           |                  | 05113         | 36.3872 | Bundled, sometimes payable | \$2,209.43   |          | -                       | -        | 000        | 999        |          |
| 26500       | N             | HAND TENDON RECONSTRUCTION   |                  | 05114         | 80.1145 | Bundled, sometimes payable | \$4,864.55   |          | -                       | -        | 000        | 999        |          |
| 26502       | N             | HAND TENDON RECONSTRUCTION   |                  | 05113         | 36.3872 | Bundled, sometimes payable | \$2,209.43   |          | -                       | -        | 000        | 999        |          |
| 26508       | N             | RELEASE THUMB CONTRACTURE    |                  | 05113         | 36.3872 | Bundled, sometimes payable | \$2,209.43   |          | -                       | -        | 000        | 999        |          |
| 26510       | N             | THUMB TENDON TRANSFER        |                  | 05113         | 36.3872 | Bundled, sometimes payable | \$2,209.43   |          | -                       | -        | 000        | 999        |          |
| 26516       | N             | FUSION OF KNUCKLE JOINT      |                  | 05113         | 36.3872 | Bundled, sometimes payable | \$2,209.43   |          | -                       | -        | 000        | 999        |          |
| 26517       | N             | FUSION OF KNUCKLE JOINTS     |                  | 05113         | 36.3872 | Bundled, sometimes payable | \$2,209.43   |          | -                       | -        | 000        | 999        |          |
| 26518       | N             | FUSION OF KNUCKLE JOINTS     |                  | 05114         | 80.1145 | Bundled, sometimes payable | \$4,864.55   |          | -                       | -        | 000        | 999        |          |
| 26520       | N             | RELEASE KNUCKLE CONTRACTURE  |                  | 05113         | 36.3872 | Bundled, sometimes payable | \$2,209.43   |          | -                       | -        | 000        | 999        |          |
| 26525       | N             | RELEASE FINGER CONTRACTURE   |                  | 05112         | 17.9481 | Bundled, sometimes payable | \$1,089.81   |          | -                       | -        | 000        | 999        |          |
| 26530       | N             | REVISE KNUCKLE JOINT         |                  | 05114         | 80.1145 | Bundled, sometimes payable | \$4,864.55   |          | -                       | -        | 000        | 999        |          |
| 26531       | N             | REVISE KNUCKLE WITH IMPLANT  |                  | 05114         | 80.1145 | Bundled, sometimes payable | \$4,864.55   |          | -                       | -        | 000        | 999        |          |
| 26535       | N             | REVISE FINGER JOINT          |                  | 05113         | 36.3872 | Bundled, sometimes payable | \$2,209.43   |          | -                       | -        | 000        | 999        |          |
| 26536       | N             | REVISE/IMPLANT FINGER JOINT  |                  | 05114         | 80.1145 | Bundled, sometimes payable | \$4,864.55   |          | -                       | -        | 000        | 999        |          |
| 26540       | N             | REPAIR HAND JOINT            |                  | 05113         | 36.3872 | Bundled, sometimes payable | \$2,209.43   |          | -                       | -        | 000        | 999        |          |
| 26541       | N             | REPAIR HAND JOINT WITH GRAFT |                  | 05113         | 36.3872 | Bundled, sometimes payable | \$2,209.43   |          | -                       | -        | 000        | 999        |          |
| 26542       | N             | REPAIR HAND JOINT WITH GRAFT |                  | 05113         | 36.3872 | Bundled, sometimes payable | \$2,209.43   |          | -                       | -        | 000        | 999        |          |
| 26545       | N             | RECONSTRUCT FINGER JOINT     |                  | 05113         | 36.3872 | Bundled, sometimes payable | \$2,209.43   |          | -                       | -        | 000        | 999        |          |
| 26546       | N             | REPAIR NONUNION HAND         |                  | 05114         | 80.1145 | Bundled, sometimes payable | \$4,864.55   |          | -                       | -        | 000        | 999        |          |
| 26548       | N             | RECONSTRUCT FINGER JOINT     |                  | 05113         | 36.3872 | Bundled, sometimes payable | \$2,209.43   |          | -                       | -        | 000        | 999        |          |
| 26550       | N             | POLLICIZATION DIGIT          |                  | 05113         | 36.3872 | Bundled, sometimes payable | \$2,209.43   |          | -                       | -        | 000        | 999        |          |
| 26551       | C             | GREAT TOE-HAND TRANSFER      |                  | -             | -       | IP Only                    | \$0.00       |          | -                       | -        | 000        | 999        |          |
| 26553       | C             | SINGLE TRANSFER TOE-HAND     |                  | -             | -       | IP Only                    | \$0.00       |          | -                       | -        | 000        | 999        |          |
| 26554       | C             | DOUBLE TRANSFER TOE-HAND     |                  | -             | -       | IP Only                    | \$0.00       |          | -                       | -        | 000        | 999        |          |
| 26555       | N             | POSITIONAL CHANGE OF FINGER  |                  | 05114         | 80.1145 | Bundled, sometimes payable | \$4,864.55   |          | -                       | -        | 000        | 999        |          |
| 26556       | C             | TOE JOINT TRANSFER           |                  | -             | -       | IP Only                    | \$0.00       |          | -                       | -        | 000        | 999        |          |
| 26560       | N             | REPAIR OF WEB FINGER         |                  | 05112         | 17.9481 | Bundled, sometimes payable | \$1,089.81   |          | -                       | -        | 000        | 999        |          |
| 26561       | N             | REPAIR OF WEB FINGER         |                  | 05113         | 36.3872 | Bundled, sometimes payable | \$2,209.43   |          | -                       | -        | 000        | 999        |          |
| 26562       | N             | REPAIR OF WEB FINGER         |                  | 05113         | 36.3872 | Bundled, sometimes payable | \$2,209.43   |          | -                       | -        | 000        | 999        |          |
| 26565       | N             | CORRECT METACARPAL FLAW      |                  | 05113         | 36.3872 | Bundled, sometimes payable | \$2,209.43   |          | -                       | -        | 000        | 999        |          |
| 26567       | N             | CORRECT FINGER DEFORMITY     |                  | 05113         | 36.3872 | Bundled, sometimes payable | \$2,209.43   |          | -                       | -        | 000        | 999        |          |
| 26568       | N             | LENGTHEN METACARPAL/FINGER   |                  | 05114         | 80.1145 | Bundled, sometimes payable | \$4,864.55   |          | -                       | -        | 000        | 999        |          |
| 26580       | N             | REPAIR CLEFT HAND            |                  | 05113         | 36.3872 | Bundled, sometimes payable | \$2,209.43   |          | -                       | -        | 000        | 999        |          |
| 26587       | N             | RECONSTRUCT EXTRA FINGER     |                  | 05113         | 36.3872 | Bundled, sometimes payable | \$2,209.43   |          | -                       | -        | 000        | 999        |          |
| 26590       | N             | REPAIR FINGER DEFORMITY      |                  | 05112         | 17.9481 | Bundled, sometimes payable | \$1,089.81   |          | -                       | -        | 000        | 999        |          |
| 26591       | N             | REPAIR MUSCLES OF HAND       |                  | 05113         | 36.3872 | Bundled, sometimes payable | \$2,209.43   |          | -                       | -        | 000        | 999        |          |
| 26593       | N             | RELEASE MUSCLES OF HAND      |                  | 05113         | 36.3872 | Bundled, sometimes payable | \$2,209.43   |          | -                       | -        | 000        | 999        |          |
| 26596       | N             | EXCISION CONSTRICTING TISSUE |                  | 05113         | 36.3872 | Bundled, sometimes payable | \$2,209.43   |          | -                       | -        | 000        | 999        |          |
| 26600       | T             | TREAT METACARPAL FRACTURE    |                  | 05111         | 2.6902  | APC                        | \$163.35     |          | -                       | -        | 000        | 999        |          |
| 26605       | T             | TREAT METACARPAL FRACTURE    |                  | 05111         | 2.6902  | APC                        | \$163.35     |          | -                       | -        | 000        | 999        |          |
| 26607       | N             | TREAT METACARPAL FRACTURE    |                  | 05113         | 36.3872 | Bundled, sometimes payable | \$2,209.43   |          | -                       | -        | 000        | 999        |          |
| 26608       | N             | TREAT METACARPAL FRACTURE    |                  | 05113         | 36.3872 | Bundled, sometimes payable | \$2,209.43   |          | -                       | -        | 000        | 999        |          |
| 26615       | N             | TREAT METACARPAL FRACTURE    |                  | 05113         | 36.3872 | Bundled, sometimes payable | \$2,209.43   |          | -                       | -        | 000        | 999        |          |
| 26641       | T             | TREAT THUMB DISLOCATION      |                  | 05111         | 2.6902  | APC                        | \$163.35     |          | -                       | -        | 000        | 999        |          |
| 26645       | N             | TREAT THUMB FRACTURE         |                  | 05112         | 17.9481 | Bundled, sometimes payable | \$1,089.81   |          | -                       | -        | 000        | 999        |          |
| 26650       | N             | TREAT THUMB FRACTURE         |                  | 05113         | 36.3872 | Bundled, sometimes payable | \$2,209.43   |          | -                       | -        | 000        | 999        |          |
| 26665       | N             | TREAT THUMB FRACTURE         |                  | 05113         | 36.3872 | Bundled, sometimes payable | \$2,209.43   |          | -                       | -        | 000        | 999        |          |
| 26670       | T             | TREAT HAND DISLOCATION       |                  | 05111         | 2.6902  | APC                        | \$163.35     |          | -                       | -        | 000        | 999        |          |
| 26675       | N             | TREAT HAND DISLOCATION       |                  | 05112         | 17.9481 | Bundled, sometimes payable | \$1,089.81   |          | -                       | -        | 000        | 999        |          |



**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2025**

| Proc<br>Cd | 2024<br>APC<br>Status |  | Proc Desc                    | Proc<br>Modifier | APC<br>Weight | Method  | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-----------------------|--|------------------------------|------------------|---------------|---------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Ind                   |  |                              |                  |               |         |                                        |                                    |                                           |  |                         |          |            |            |          |
| 26676      | N                     |  | PIN HAND DISLOCATION         |                  | 05113         | 36.3872 | Bundled, sometimes payable             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 26685      | N                     |  | TREAT HAND DISLOCATION       |                  | 05113         | 36.3872 | Bundled, sometimes payable             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 26686      | N                     |  | TREAT HAND DISLOCATION       |                  | 05113         | 36.3872 | Bundled, sometimes payable             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 26700      | T                     |  | TREAT KNUCKLE DISLOCATION    |                  | 05111         | 2.6902  | APC                                    |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 26705      | N                     |  | TREAT KNUCKLE DISLOCATION    |                  | 05112         | 17.9481 | Bundled, sometimes payable             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 26706      | N                     |  | PIN KNUCKLE DISLOCATION      |                  | 05113         | 36.3872 | Bundled, sometimes payable             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 26715      | N                     |  | TREAT KNUCKLE DISLOCATION    |                  | 05113         | 36.3872 | Bundled, sometimes payable             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 26720      | T                     |  | TREAT FINGER FRACTURE EACH   |                  | 05111         | 2.6902  | APC                                    |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 26725      | T                     |  | TREAT FINGER FRACTURE EACH   |                  | 05111         | 2.6902  | APC                                    |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 26727      | N                     |  | TREAT FINGER FRACTURE EACH   |                  | 05113         | 36.3872 | Bundled, sometimes payable             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 26735      | N                     |  | TREAT FINGER FRACTURE EACH   |                  | 05113         | 36.3872 | Bundled, sometimes payable             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 26740      | T                     |  | TREAT FINGER FRACTURE EACH   |                  | 05111         | 2.6902  | APC                                    |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 26742      | N                     |  | TREAT FINGER FRACTURE EACH   |                  | 05112         | 17.9481 | Bundled, sometimes payable             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 26746      | N                     |  | TREAT FINGER FRACTURE EACH   |                  | 05113         | 36.3872 | Bundled, sometimes payable             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 26750      | T                     |  | TREAT FINGER FRACTURE EACH   |                  | 05111         | 2.6902  | APC                                    |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 26755      | T                     |  | TREAT FINGER FRACTURE EACH   |                  | 05111         | 2.6902  | APC                                    |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 26756      | N                     |  | PIN FINGER FRACTURE EACH     |                  | 05113         | 36.3872 | Bundled, sometimes payable             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 26765      | N                     |  | TREAT FINGER FRACTURE EACH   |                  | 05113         | 36.3872 | Bundled, sometimes payable             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 26770      | T                     |  | TREAT FINGER DISLOCATION     |                  | 05111         | 2.6902  | APC                                    |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 26775      | T                     |  | TREAT FINGER DISLOCATION     |                  | 05102         | 2.9784  | APC                                    |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 26776      | N                     |  | PIN FINGER DISLOCATION       |                  | 05113         | 36.3872 | Bundled, sometimes payable             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 26785      | N                     |  | TREAT FINGER DISLOCATION     |                  | 05113         | 36.3872 | Bundled, sometimes payable             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 26820      | N                     |  | THUMB FUSION WITH GRAFT      |                  | 05114         | 80.1145 | Bundled, sometimes payable             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 26841      | N                     |  | FUSION OF THUMB              |                  | 05114         | 80.1145 | Bundled, sometimes payable             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 26842      | N                     |  | THUMB FUSION WITH GRAFT      |                  | 05114         | 80.1145 | Bundled, sometimes payable             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 26843      | N                     |  | FUSION OF HAND JOINT         |                  | 05114         | 80.1145 | Bundled, sometimes payable             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 26844      | N                     |  | FUSION/GRAFT OF HAND JOINT   |                  | 05114         | 80.1145 | Bundled, sometimes payable             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 26850      | N                     |  | FUSION OF KNUCKLE            |                  | 05114         | 80.1145 | Bundled, sometimes payable             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 26852      | N                     |  | FUSION OF KNUCKLE WITH GRAFT |                  | 05114         | 80.1145 | Bundled, sometimes payable             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 26860      | N                     |  | FUSION OF FINGER JOINT       |                  | 05113         | 36.3872 | Bundled, sometimes payable             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 26861      | N                     |  | FUSION OF FINGER JNT ADD-ON  |                  | -             | -       | Bundled                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 26862      | N                     |  | FUSION/GRAFT OF FINGER JOINT |                  | 05113         | 36.3872 | Bundled, sometimes payable             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 26863      | N                     |  | FUSE/GRAFT ADDED JOINT       |                  | -             | -       | Bundled                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 26910      | N                     |  | AMPUTATE METACARPAL BONE     |                  | 05113         | 36.3872 | Bundled, sometimes payable             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 26951      | N                     |  | AMPUTATION OF FINGER/THUMB   |                  | 05113         | 36.3872 | Bundled, sometimes payable             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 26952      | N                     |  | AMPUTATION OF FINGER/THUMB   |                  | 05113         | 36.3872 | Bundled, sometimes payable             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 26989      | T                     |  | UNLISTED PX HANDS/FINGERS    |                  | 05111         | 2.6902  | APC                                    |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 26990      | N                     |  | DRAINAGE OF PELVIS LESION    |                  | 05113         | 36.3872 | Bundled, sometimes payable             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 26991      | N                     |  | DRAINAGE OF PELVIS BURSA     |                  | 05112         | 17.9481 | Bundled, sometimes payable             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 26992      | C                     |  | DRAINAGE OF BONE LESION      |                  | -             | -       | IP Only                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 27000      | N                     |  | INCISION OF HIP TENDON       |                  | 05112         | 17.9481 | Bundled, sometimes payable             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 27001      | N                     |  | INCISION OF HIP TENDON       |                  | 05113         | 36.3872 | Bundled, sometimes payable             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 27003      | N                     |  | INCISION OF HIP TENDON       |                  | 05114         | 80.1145 | Bundled, sometimes payable             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 27005      | C                     |  | INCISION OF HIP TENDON       |                  | -             | -       | IP Only                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 27006      | N                     |  | INCISION OF HIP TENDONS      |                  | 05113         | 36.3872 | Bundled, sometimes payable             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 27025      | C                     |  | INCISION OF HIP/THIGH FASCIA |                  | -             | -       | IP Only                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 27027      | N                     |  | BUTTOCK FASCIOTOMY           |                  | 05114         | 80.1145 | Bundled, sometimes payable             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 27030      | C                     |  | DRAINAGE OF HIP JOINT        |                  | -             | -       | IP Only                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 27033      | N                     |  | EXPLORATION OF HIP JOINT     |                  | 05114         | 80.1145 | Bundled, sometimes payable             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 27035      | N                     |  | DENERVATION OF HIP JOINT     |                  | 05113         | 36.3872 | Bundled, sometimes payable             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 27036      | C                     |  | EXCISION OF HIP JOINT/MUSCLE |                  | -             | -       | IP Only                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 27040      | N                     |  | BIOPSY OF SOFT TISSUES       |                  | 05072         | 18.1704 | Bundled, sometimes payable             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 27041      | N                     |  | BIOPSY OF SOFT TISSUES       |                  | 05072         | 18.1704 | Bundled, sometimes payable             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 27043      | N                     |  | EXC HIP PELVIS LES SC 3 CM/> |                  | 05073         | 32.0969 | Bundled, sometimes payable             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 27045      | N                     |  | EXC HIP/PELV TUM DEEP 5 CM/> |                  | 05073         | 32.0969 | Bundled, sometimes payable             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 27047      | N                     |  | EXC HIP/PELVIS LES SC < 3 CM |                  | 05073         | 32.0969 | Bundled, sometimes payable             |                                    |                                           |  | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc<br>Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC<br>Weight | Method   | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|------------------------------|------------------------------|------------------|---------------|----------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|            |                              |                              |                  |               |          |                                        |                                    |                                           |                         |          |            |            |          |
| 27048      | N                            | EXC HIP/PELV TUM DEEP < 5 CM |                  | 05073         | 32.0969  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27049      | N                            | RESECT HIP/PELV TUM < 5 CM   |                  | 05073         | 32.0969  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27050      | N                            | BIOPSY OF SACROILIAC JOINT   |                  | 05112         | 17.9481  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27052      | N                            | BIOPSY OF HIP JOINT          |                  | 05112         | 17.9481  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27054      | C                            | REMOVAL OF HIP JOINT LINING  |                  | -             | -        | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27057      | N                            | BUTTOCK FASCIOTOMY W/DBRDMT  |                  | 05112         | 17.9481  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27059      | N                            | RESECT HIP/PELV TUM 5 CM/>   |                  | 05073         | 32.0969  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27060      | N                            | REMOVAL OF ISCHIAL BURSA     |                  | 05114         | 80.1145  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27062      | N                            | REMOVE FEMUR LESION/BURSA    |                  | 05113         | 36.3872  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27065      | N                            | REMOVE HIP BONE LES SUPER    |                  | 05114         | 80.1145  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27066      | N                            | REMOVE HIP BONE LES DEEP     |                  | 05113         | 36.3872  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27067      | N                            | REMOVE/GRAFT HIP BONE LESION |                  | 05114         | 80.1145  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27070      | C                            | PART REMOVE HIP BONE SUPER   |                  | -             | -        | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27071      | C                            | PART REMOVAL HIP BONE DEEP   |                  | -             | -        | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27075      | C                            | RESECT HIP TUMOR             |                  | -             | -        | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27076      | C                            | RESECT HIP TUM INCL ACETABUL |                  | -             | -        | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27077      | C                            | RESECT HIP TUM W/INNOM BONE  |                  | -             | -        | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27078      | C                            | RSECT HIP TUM INCL FEMUR     |                  | -             | -        | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27080      | N                            | REMOVAL OF TAIL BONE         |                  | 05113         | 36.3872  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27086      | N                            | REMOVE HIP FOREIGN BODY      |                  | 05073         | 32.0969  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27087      | N                            | REMOVE HIP FOREIGN BODY      |                  | 05113         | 36.3872  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27090      | C                            | REMOVAL OF HIP PROSTHESIS    |                  | -             | -        | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27091      | C                            | REMOVAL OF HIP PROSTHESIS    |                  | -             | -        | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27093      | N                            | INJECTION FOR HIP X-RAY      |                  | -             | -        | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27095      | N                            | INJECTION FOR HIP X-RAY      |                  | -             | -        | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27096      | E                            | INJECT SACROILIAC JOINT      |                  | -             | -        | Not Allowed                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27097      | N                            | REVISION OF HIP TENDON       |                  | 05113         | 36.3872  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27098      | N                            | TRANSFER TENDON TO PELVIS    |                  | 05113         | 36.3872  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27100      | N                            | TRANSFER OF ABDOMINAL MUSCLE |                  | 05114         | 80.1145  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27105      | N                            | TRANSFER OF SPINAL MUSCLE    |                  | 05113         | 36.3872  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27110      | N                            | TRANSFER OF ILIOPSOAS MUSCLE |                  | 05114         | 80.1145  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27111      | N                            | TRANSFER OF ILIOPSOAS MUSCLE |                  | 05113         | 36.3872  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27120      | C                            | RECONSTRUCTION OF HIP SOCKET |                  | -             | -        | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27122      | C                            | RECONSTRUCTION OF HIP SOCKET |                  | -             | -        | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27125      | C                            | PARTIAL HIP REPLACEMENT      |                  | -             | -        | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27130      | N                            | TOTAL HIP ARTHROPLASTY       |                  | 05115         | 144.2970 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27132      | C                            | TOTAL HIP ARTHROPLASTY       |                  | -             | -        | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27134      | C                            | REVISE HIP JOINT REPLACEMENT |                  | -             | -        | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27137      | C                            | REVISE HIP JOINT REPLACEMENT |                  | -             | -        | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27138      | C                            | REVISE HIP JOINT REPLACEMENT |                  | -             | -        | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27140      | C                            | TRANSPLANT FEMUR RIDGE       |                  | -             | -        | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27146      | C                            | INCISION OF HIP BONE         |                  | -             | -        | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27147      | C                            | REVISION OF HIP BONE         |                  | -             | -        | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27151      | C                            | INCISION OF HIP BONES        |                  | -             | -        | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27156      | C                            | REVISION OF HIP BONES        |                  | -             | -        | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27158      | C                            | REVISION OF PELVIS           |                  | -             | -        | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27161      | C                            | INCISION OF NECK OF FEMUR    |                  | -             | -        | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27165      | C                            | INCISION/FIXATION OF FEMUR   |                  | -             | -        | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27170      | C                            | REPAIR/GRAFT FEMUR HEAD/NECK |                  | -             | -        | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27175      | C                            | TREAT SLIPPED EPIPHYSIS      |                  | -             | -        | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27176      | C                            | TREAT SLIPPED EPIPHYSIS      |                  | -             | -        | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27177      | C                            | TREAT SLIPPED EPIPHYSIS      |                  | -             | -        | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27178      | C                            | TREAT SLIPPED EPIPHYSIS      |                  | -             | -        | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27179      | N                            | REVISE HEAD/NECK OF FEMUR    |                  | 05114         | 80.1145  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27181      | C                            | TREAT SLIPPED EPIPHYSIS      |                  | -             | -        | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27185      | C                            | REVISION OF FEMUR EPIPHYSIS  |                  | -             | -        | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
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| Proc<br>Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC      | APC<br>Weight | Method                     | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|------------------------------|------------------------------|------------------|----------|---------------|----------------------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|            |                              |                              |                  |          |               |                            |                                        |                                    |                                           |                         |          |            |            |          |
| 27187      | C                            | REINFORCE HIP BONES          | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 27197      | T                            | CLSD TX PELVIC RING FX       | 05111            | 2.6902   | -             | APC                        | \$163.35                               | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 27198      | T                            | CLSD TX PELVIC RING FX       | 05111            | 2.6902   | -             | APC                        | \$163.35                               | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 27200      | T                            | TREAT TAIL BONE FRACTURE     | 05111            | 2.6902   | -             | APC                        | \$163.35                               | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 27202      | N                            | TREAT TAIL BONE FRACTURE     | 05113            | 36.3872  | -             | Bundled, sometimes payable | \$2,209.43                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 27215      | E                            | TREAT PELVIC FRACTURE(S)     | -                | -        | -             | Not Allowed                | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 27216      | E                            | TREAT PELVIC RING FRACTURE   | -                | -        | -             | Not Allowed                | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 27217      | E                            | TREAT PELVIC RING FRACTURE   | -                | -        | -             | Not Allowed                | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 27218      | E                            | TREAT PELVIC RING FRACTURE   | -                | -        | -             | Not Allowed                | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 27220      | T                            | TREAT HIP SOCKET FRACTURE    | 05111            | 2.6902   | -             | APC                        | \$163.35                               | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 27222      | C                            | TREAT HIP SOCKET FRACTURE    | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 27226      | C                            | TREAT HIP WALL FRACTURE      | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 27227      | C                            | TREAT HIP FRACTURE(S)        | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 27228      | C                            | TREAT HIP FRACTURE(S)        | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 27230      | T                            | TREAT THIGH FRACTURE         | 05111            | 2.6902   | -             | APC                        | \$163.35                               | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 27232      | C                            | TREAT THIGH FRACTURE         | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 27235      | N                            | TREAT THIGH FRACTURE         | 05114            | 80.1145  | -             | Bundled, sometimes payable | \$4,864.55                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 27236      | C                            | TREAT THIGH FRACTURE         | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 27238      | N                            | TREAT THIGH FRACTURE         | 05112            | 17.9481  | -             | Bundled, sometimes payable | \$1,089.81                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 27240      | C                            | TREAT THIGH FRACTURE         | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 27244      | C                            | TREAT THIGH FRACTURE         | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 27245      | C                            | TREAT THIGH FRACTURE         | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 27246      | T                            | TREAT THIGH FRACTURE         | 05111            | 2.6902   | -             | APC                        | \$163.35                               | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 27248      | C                            | TREAT THIGH FRACTURE         | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 27250      | T                            | TREAT HIP DISLOCATION        | 05111            | 2.6902   | -             | APC                        | \$163.35                               | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 27252      | N                            | TREAT HIP DISLOCATION        | 05112            | 17.9481  | -             | Bundled, sometimes payable | \$1,089.81                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 27253      | C                            | TREAT HIP DISLOCATION        | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 27254      | C                            | TREAT HIP DISLOCATION        | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 27256      | T                            | TREAT HIP DISLOCATION        | 05111            | 2.6902   | -             | APC                        | \$163.35                               | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 27257      | N                            | TREAT HIP DISLOCATION        | 05112            | 17.9481  | -             | Bundled, sometimes payable | \$1,089.81                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 27258      | C                            | TREAT HIP DISLOCATION        | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 27259      | C                            | TREAT HIP DISLOCATION        | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 27265      | T                            | TREAT HIP DISLOCATION        | 05111            | 2.6902   | -             | APC                        | \$163.35                               | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 27266      | N                            | TREAT HIP DISLOCATION        | 05112            | 17.9481  | -             | Bundled, sometimes payable | \$1,089.81                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 27267      | N                            | CLTX THIGH FX                | 05113            | 36.3872  | -             | Bundled, sometimes payable | \$2,209.43                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 27268      | C                            | CLTX THIGH FX W/MNPJ         | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 27269      | C                            | OPTX THIGH FX                | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 27275      | N                            | MANIPULATION OF HIP JOINT    | 05112            | 17.9481  | -             | Bundled, sometimes payable | \$1,089.81                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 27278      | N                            | ARTHRD SI JT PRQ WO TFXJ DEV | 05116            | 206.2381 | -             | Bundled, sometimes payable | \$12,522.78                            | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 27279      | N                            | ARTHRD SI JT PERQ/MIN NVAS   | 05116            | 206.2381 | -             | Bundled, sometimes payable | \$12,522.78                            | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 27280      | C                            | ARTHRSI JT OPN B1GRF INSTRM  | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 27282      | C                            | ARTHRODESIS SYMPHYSIS PUBIS  | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 27284      | C                            | ARTHRODESIS HIP JOINT        | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 27286      | C                            | ARTHRD HIP JT SBTRCHC OSTEOT | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 27290      | C                            | AMPUTATION OF LEG AT HIP     | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 27295      | C                            | AMPUTATION OF LEG AT HIP     | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 27299      | T                            | UNLISTED PX PELVIS/HIP JOINT | 05111            | 2.6902   | -             | APC                        | \$163.35                               | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 27301      | N                            | DRAIN THIGH/KNEE LESION      | 05073            | 32.0969  | -             | Bundled, sometimes payable | \$1,948.92                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 27303      | C                            | DRAINAGE OF BONE LESION      | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 27305      | N                            | INCISE THIGH TENDON & FASCIA | 05113            | 36.3872  | -             | Bundled, sometimes payable | \$2,209.43                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 27306      | N                            | INCISION OF THIGH TENDON     | 05113            | 36.3872  | -             | Bundled, sometimes payable | \$2,209.43                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 27307      | N                            | INCISION OF THIGH TENDONS    | 05113            | 36.3872  | -             | Bundled, sometimes payable | \$2,209.43                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 27310      | N                            | EXPLORATION OF KNEE JOINT    | 05113            | 36.3872  | -             | Bundled, sometimes payable | \$2,209.43                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 27323      | N                            | BIOPSY THIGH SOFT TISSUES    | 05072            | 18.1704  | -             | Bundled, sometimes payable | \$1,103.31                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 27324      | N                            | BIOPSY THIGH SOFT TISSUES    | 05073            | 32.0969  | -             | Bundled, sometimes payable | \$1,948.92                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 27325      | N                            | NEURECTOMY HAMSTRING         | 05431            | 21.8997  | -             | Bundled, sometimes payable | \$1,329.75                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |

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|------------|------------------------------|------------------------------|------------------|----------------|----------------------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|            |                              |                              |                  |                |                            |                                        |                                    |                                           |                         |          |            |            |          |
| 27326      | N                            | NEURECTOMY POPLITEAL         |                  | 05431 21.8997  | Bundled, sometimes payable | \$1,329.75                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27327      | N                            | EXC THIGH/KNEE LES SC < 3 CM |                  | 05072 18.1704  | Bundled, sometimes payable | \$1,103.31                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27328      | N                            | EXC THIGH/KNEE TUM DEEP <5CM |                  | 05073 32.0969  | Bundled, sometimes payable | \$1,948.92                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27329      | N                            | RESECT THIGH/KNEE TUM < 5 CM |                  | 05073 32.0969  | Bundled, sometimes payable | \$1,948.92                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27330      | N                            | BIOPSY KNEE JOINT LINING     |                  | 05113 36.3872  | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27331      | N                            | EXPLORE/TREAT KNEE JOINT     |                  | 05113 36.3872  | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27332      | N                            | REMOVAL OF KNEE CARTILAGE    |                  | 05113 36.3872  | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27333      | N                            | REMOVAL OF KNEE CARTILAGE    |                  | 05113 36.3872  | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27334      | N                            | REMOVE KNEE JOINT LINING     |                  | 05113 36.3872  | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27335      | N                            | REMOVE KNEE JOINT LINING     |                  | 05114 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27337      | N                            | EXC THIGH/KNEE LES SC 3 CM/> |                  | 05073 32.0969  | Bundled, sometimes payable | \$1,948.92                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27339      | N                            | EXC THIGH/KNEE TUM DEP 5CM/> |                  | 05073 32.0969  | Bundled, sometimes payable | \$1,948.92                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27340      | N                            | REMOVAL OF KNEECAP BURSA     |                  | 05113 36.3872  | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27345      | N                            | REMOVAL OF KNEE CYST         |                  | 05113 36.3872  | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27347      | N                            | REMOVE KNEE CYST             |                  | 05113 36.3872  | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27350      | N                            | REMOVAL OF KNEECAP           |                  | 05114 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27355      | N                            | REMOVE FEMUR LESION          |                  | 05113 36.3872  | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27356      | N                            | REMOVE FEMUR LESION/GRAFT    |                  | 05115 144.2970 | Bundled, sometimes payable | \$8,761.71                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27357      | N                            | REMOVE FEMUR LESION/GRAFT    |                  | 05114 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27358      | N                            | REMOVE FEMUR LESION/FIXATION |                  | - -            | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27360      | N                            | PARTIAL REMOVAL LEG BONE(S)  |                  | 05113 36.3872  | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27364      | N                            | RESECT THIGH/KNEE TUM 5 CM/> |                  | 05073 32.0969  | Bundled, sometimes payable | \$1,948.92                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27365      | C                            | RESECT FEMUR/KNEE TUMOR      |                  | - -            | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27369      | N                            | NJX CNTRST KNE ARTHG/CT/MRI  |                  | - -            | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27372      | N                            | REMOVAL OF FOREIGN BODY      |                  | 05073 32.0969  | Bundled, sometimes payable | \$1,948.92                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27380      | N                            | REPAIR OF KNEECAP TENDON     |                  | 05114 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27381      | N                            | REPAIR/GRAFT KNEECAP TENDON  |                  | 05114 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27385      | N                            | REPAIR OF THIGH MUSCLE       |                  | 05114 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27386      | N                            | REPAIR/GRAFT OF THIGH MUSCLE |                  | 05114 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27390      | N                            | INCISION OF THIGH TENDON     |                  | 05113 36.3872  | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27391      | N                            | INCISION OF THIGH TENDONS    |                  | 05113 36.3872  | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27392      | N                            | INCISION OF THIGH TENDONS    |                  | 05113 36.3872  | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27393      | N                            | LENGTHENING OF THIGH TENDON  |                  | 05114 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27394      | N                            | LENGTHENING OF THIGH TENDONS |                  | 05114 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27395      | N                            | LENGTHENING OF THIGH TENDONS |                  | 05113 36.3872  | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27396      | N                            | TRANSPLANT OF THIGH TENDON   |                  | 05114 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27397      | N                            | TRANSPLANTS OF THIGH TENDONS |                  | 05114 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27400      | N                            | REVISE THIGH MUSCLES/TENDONS |                  | 05114 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27403      | N                            | REPAIR OF KNEE CARTILAGE     |                  | 05114 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27405      | N                            | REPAIR OF KNEE LIGAMENT      |                  | 05114 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27407      | N                            | REPAIR OF KNEE LIGAMENT      |                  | 05114 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27409      | N                            | REPAIR OF KNEE LIGAMENTS     |                  | 05114 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27412      | N                            | AUTOCHONDROCYTE IMPLANT KNEE |                  | 05114 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 27415      | N                            | OSTEOCHONDRAL KNEE ALLOGRAFT |                  | 05115 144.2970 | Bundled, sometimes payable | \$8,761.71                             |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 27416      | N                            | OSTEOCHONDRAL KNEE AUTOGRAFT |                  | 05114 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27418      | N                            | REPAIR DEGENERATED KNEECAP   |                  | 05114 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27420      | N                            | REVISION OF UNSTABLE KNEECAP |                  | 05114 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27422      | N                            | REVISION OF UNSTABLE KNEECAP |                  | 05114 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27424      | N                            | REVISION/REMOVAL OF KNEECAP  |                  | 05114 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27425      | N                            | LAT RETINACULAR RELEASE OPEN |                  | 05113 36.3872  | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27427      | N                            | RECONSTRUCTION KNEE          |                  | 05114 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27428      | N                            | RECONSTRUCTION KNEE          |                  | 05115 144.2970 | Bundled, sometimes payable | \$8,761.71                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27429      | N                            | RECONSTRUCTION KNEE          |                  | 05115 144.2970 | Bundled, sometimes payable | \$8,761.71                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27430      | N                            | REVISION OF THIGH MUSCLES    |                  | 05114 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27435      | N                            | INCISION OF KNEE JOINT       |                  | 05113 36.3872  | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27437      | N                            | REVISE KNEECAP               |                  | 05114 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           | -                       | -        | 000        | 999        |          |



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| 2024<br>APC |               |                             |                  |                |                            |                          | Outpatient                         |                               | Non-sole                |          |            |            |          |  |
|-------------|---------------|-----------------------------|------------------|----------------|----------------------------|--------------------------|------------------------------------|-------------------------------|-------------------------|----------|------------|------------|----------|--|
| Proc<br>Cd  | Status<br>Ind | Proc Desc                   | Proc<br>Modifier | APC<br>Weight  | Method                     | Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |  |
| 27438       | N             | REVISE KNEECAP WITH IMPLANT |                  | 05115 144.2970 | Bundled, sometimes payable | \$8,761.71               |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 27440       | N             | REVISION OF KNEE JOINT      |                  | 05115 144.2970 | Bundled, sometimes payable | \$8,761.71               |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 27441       | N             | REVISION OF KNEE JOINT      |                  | 05115 144.2970 | Bundled, sometimes payable | \$8,761.71               |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 27442       | N             | REVISION OF KNEE JOINT      |                  | 05115 144.2970 | Bundled, sometimes payable | \$8,761.71               |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 27443       | N             | REVISION OF KNEE JOINT      |                  | 05115 144.2970 | Bundled, sometimes payable | \$8,761.71               |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 27445       | C             | REVISION OF KNEE JOINT      |                  | - -            | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 27446       | N             | REVISION OF KNEE JOINT      |                  | 05115 144.2970 | Bundled, sometimes payable | \$8,761.71               |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 27447       | N             | TOTAL KNEE ARTHROPLASTY     |                  | 05115 144.2970 | Bundled, sometimes payable | \$8,761.71               |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 27448       | C             | INCISION OF THIGH           |                  | - -            | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 27450       | C             | INCISION OF THIGH           |                  | - -            | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 27454       | C             | REALIGNMENT OF THIGH BONE   |                  | - -            | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 27455       | C             | REALIGNMENT OF KNEE         |                  | - -            | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 27457       | C             | REALIGNMENT OF KNEE         |                  | - -            | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 27465       | C             | SHORTENING OF THIGH BONE    |                  | - -            | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 27466       | C             | LENGTHENING OF THIGH BONE   |                  | - -            | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 27468       | C             | SHORTEN/LENGTHEN THIGHS     |                  | - -            | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 27470       | C             | REPAIR OF THIGH             |                  | - -            | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 27472       | C             | REPAIR/GRAFT OF THIGH       |                  | - -            | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 27475       | N             | SURGERY TO STOP LEG GROWTH  |                  | 05114 80.1145  | Bundled, sometimes payable | \$4,864.55               |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 27477       | N             | SURGERY TO STOP LEG GROWTH  |                  | 05114 80.1145  | Bundled, sometimes payable | \$4,864.55               |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 27479       | N             | SURGERY TO STOP LEG GROWTH  |                  | 05114 80.1145  | Bundled, sometimes payable | \$4,864.55               |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 27485       | N             | SURGERY TO STOP LEG GROWTH  |                  | 05114 80.1145  | Bundled, sometimes payable | \$4,864.55               |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 27486       | C             | REVISE/REPLACE KNEE JOINT   |                  | - -            | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 27487       | C             | REVISE/REPLACE KNEE JOINT   |                  | - -            | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 27488       | C             | REMOVAL OF KNEE PROSTHESIS  |                  | - -            | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 27495       | C             | REINFORCE THIGH             |                  | - -            | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 27496       | N             | DECOMPRESSION OF THIGH/KNEE |                  | 05113 36.3872  | Bundled, sometimes payable | \$2,209.43               |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 27497       | N             | DECOMPRESSION OF THIGH/KNEE |                  | 05113 36.3872  | Bundled, sometimes payable | \$2,209.43               |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 27498       | N             | DECOMPRESSION OF THIGH/KNEE |                  | 05112 17.9481  | Bundled, sometimes payable | \$1,089.81               |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 27499       | N             | DECOMPRESSION OF THIGH/KNEE |                  | 05114 80.1145  | Bundled, sometimes payable | \$4,864.55               |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 27500       | T             | TREATMENT OF THIGH FRACTURE |                  | 05111 2.6902   | APC                        | \$163.35                 |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 27501       | T             | TREATMENT OF THIGH FRACTURE |                  | 05111 2.6902   | APC                        | \$163.35                 |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 27502       | N             | TREATMENT OF THIGH FRACTURE |                  | 05112 17.9481  | Bundled, sometimes payable | \$1,089.81               |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 27503       | N             | TREATMENT OF THIGH FRACTURE |                  | 05112 17.9481  | Bundled, sometimes payable | \$1,089.81               |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 27506       | C             | TREATMENT OF THIGH FRACTURE |                  | - -            | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 27507       | C             | TREATMENT OF THIGH FRACTURE |                  | - -            | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 27508       | T             | TREATMENT OF THIGH FRACTURE |                  | 05111 2.6902   | APC                        | \$163.35                 |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 27509       | N             | TREATMENT OF THIGH FRACTURE |                  | 05114 80.1145  | Bundled, sometimes payable | \$4,864.55               |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 27510       | N             | TREATMENT OF THIGH FRACTURE |                  | 05112 17.9481  | Bundled, sometimes payable | \$1,089.81               |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 27511       | C             | TREATMENT OF THIGH FRACTURE |                  | - -            | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 27513       | C             | TREATMENT OF THIGH FRACTURE |                  | - -            | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 27514       | C             | TREATMENT OF THIGH FRACTURE |                  | - -            | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 27516       | T             | TREAT THIGH FX GROWTH PLATE |                  | 05111 2.6902   | APC                        | \$163.35                 |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 27517       | N             | TREAT THIGH FX GROWTH PLATE |                  | 05112 17.9481  | Bundled, sometimes payable | \$1,089.81               |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 27519       | C             | TREAT THIGH FX GROWTH PLATE |                  | - -            | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 27520       | T             | TREAT KNEECAP FRACTURE      |                  | 05111 2.6902   | APC                        | \$163.35                 |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 27524       | N             | TREAT KNEECAP FRACTURE      |                  | 05114 80.1145  | Bundled, sometimes payable | \$4,864.55               |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 27530       | T             | TREAT KNEE FRACTURE         |                  | 05111 2.6902   | APC                        | \$163.35                 |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 27532       | N             | TREAT KNEE FRACTURE         |                  | 05113 36.3872  | Bundled, sometimes payable | \$2,209.43               |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 27535       | C             | TREAT KNEE FRACTURE         |                  | - -            | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 27536       | C             | TREAT KNEE FRACTURE         |                  | - -            | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 27538       | T             | TREAT KNEE FRACTURE(S)      |                  | 05111 2.6902   | APC                        | \$163.35                 |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 27540       | C             | TREAT KNEE FRACTURE         |                  | - -            | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 27550       | T             | TREAT KNEE DISLOCATION      |                  | 05111 2.6902   | APC                        | \$163.35                 |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 27552       | N             | TREAT KNEE DISLOCATION      |                  | 05112 17.9481  | Bundled, sometimes payable | \$1,089.81               |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 27556       | C             | TREAT KNEE DISLOCATION      |                  | - -            | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |  |

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| Proc<br>Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC   | APC<br>Weight | Method                     | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|------------------------------|------------------------------|------------------|-------|---------------|----------------------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|            |                              |                              |                  |       |               |                            |                                        |                                    |                                           |                         |          |            |            |          |
| 27557      | C                            | TREAT KNEE DISLOCATION       |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27558      | C                            | TREAT KNEE DISLOCATION       |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27560      | T                            | TREAT KNEECAP DISLOCATION    |                  | 05111 | 2.6902        | APC                        | \$163.35                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27562      | T                            | TREAT KNEECAP DISLOCATION    |                  | 05111 | 2.6902        | APC                        | \$163.35                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27566      | N                            | TREAT KNEECAP DISLOCATION    |                  | 05114 | 80.1145       | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27570      | N                            | FIXATION OF KNEE JOINT       |                  | 05112 | 17.9481       | Bundled, sometimes payable | \$1,089.81                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27580      | C                            | FUSION OF KNEE               |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27590      | C                            | AMPUTATE LEG AT THIGH        |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27591      | C                            | AMPUTATE LEG AT THIGH        |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27592      | C                            | AMPUTATE LEG AT THIGH        |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27594      | N                            | AMPUTATION FOLLOW-UP SURGERY |                  | 05113 | 36.3872       | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27596      | C                            | AMPUTATION FOLLOW-UP SURGERY |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27598      | C                            | AMPUTATE LOWER LEG AT KNEE   |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27599      | T                            | UNLISTED PX FEMUR/KNEE       |                  | 05111 | 2.6902        | APC                        | \$163.35                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27600      | N                            | DECOMPRESSION OF LOWER LEG   |                  | 05113 | 36.3872       | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27601      | N                            | DECOMPRESSION OF LOWER LEG   |                  | 05113 | 36.3872       | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27602      | N                            | DECOMPRESSION OF LOWER LEG   |                  | 05113 | 36.3872       | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27603      | N                            | DRAIN LOWER LEG LESION       |                  | 05073 | 32.0969       | Bundled, sometimes payable | \$1,948.92                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27604      | N                            | DRAIN LOWER LEG BURSA        |                  | 05113 | 36.3872       | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27605      | N                            | INCISION OF ACHILLES TENDON  |                  | 05112 | 17.9481       | Bundled, sometimes payable | \$1,089.81                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27606      | N                            | INCISION OF ACHILLES TENDON  |                  | 05113 | 36.3872       | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27607      | N                            | TREAT LOWER LEG BONE LESION  |                  | 05113 | 36.3872       | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27610      | N                            | EXPLORE/TREAT ANKLE JOINT    |                  | 05113 | 36.3872       | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27612      | N                            | EXPLORATION OF ANKLE JOINT   |                  | 05113 | 36.3872       | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27613      | N                            | BIOPSY LOWER LEG SOFT TISSUE |                  | 05072 | 18.1704       | Bundled, sometimes payable | \$1,103.31                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27614      | N                            | BIOPSY LOWER LEG SOFT TISSUE |                  | 05073 | 32.0969       | Bundled, sometimes payable | \$1,948.92                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27615      | N                            | RESECT LEG/ANKLE TUM < 5 CM  |                  | 05073 | 32.0969       | Bundled, sometimes payable | \$1,948.92                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27616      | N                            | RESECT LEG/ANKLE TUM 5 CM/>  |                  | 05073 | 32.0969       | Bundled, sometimes payable | \$1,948.92                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27618      | N                            | EXC LEG/ANKLE TUM < 3 CM     |                  | 05072 | 18.1704       | Bundled, sometimes payable | \$1,103.31                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27619      | N                            | EXC LEG/ANKLE TUM DEEP <5 CM |                  | 05073 | 32.0969       | Bundled, sometimes payable | \$1,948.92                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27620      | N                            | EXPLORE/TREAT ANKLE JOINT    |                  | 05113 | 36.3872       | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27625      | N                            | REMOVE ANKLE JOINT LINING    |                  | 05113 | 36.3872       | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27626      | N                            | REMOVE ANKLE JOINT LINING    |                  | 05113 | 36.3872       | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27630      | N                            | REMOVAL OF TENDON LESION     |                  | 05113 | 36.3872       | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27632      | N                            | EXC LEG/ANKLE LES SC 3 CM/>  |                  | 05073 | 32.0969       | Bundled, sometimes payable | \$1,948.92                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27634      | N                            | EXC LEG/ANKLE TUM DEP 5 CM/> |                  | 05073 | 32.0969       | Bundled, sometimes payable | \$1,948.92                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27635      | N                            | REMOVE LOWER LEG BONE LESION |                  | 05113 | 36.3872       | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27637      | N                            | REMOVE/GRAFT LEG BONE LESION |                  | 05114 | 80.1145       | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27638      | N                            | REMOVE/GRAFT LEG BONE LESION |                  | 05114 | 80.1145       | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27640      | N                            | PARTIAL REMOVAL OF TIBIA     |                  | 05113 | 36.3872       | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27641      | N                            | PARTIAL REMOVAL OF FIBULA    |                  | 05113 | 36.3872       | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27645      | C                            | RESECT TIBIA TUMOR           |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27646      | C                            | RESECT FIBULA TUMOR          |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27647      | N                            | RESECT TALUS/CALCANEUS TUM   |                  | 05113 | 36.3872       | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27648      | N                            | INJECTION FOR ANKLE X-RAY    |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27650      | N                            | REPAIR ACHILLES TENDON       |                  | 05114 | 80.1145       | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27652      | N                            | REPAIR/GRAFT ACHILLES TENDON |                  | 05114 | 80.1145       | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27654      | N                            | REPAIR OF ACHILLES TENDON    |                  | 05114 | 80.1145       | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27656      | N                            | REPAIR LEG FASCIA DEFECT     |                  | 05113 | 36.3872       | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27658      | N                            | REPAIR OF LEG TENDON EACH    |                  | 05113 | 36.3872       | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27659      | N                            | REPAIR OF LEG TENDON EACH    |                  | 05114 | 80.1145       | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27664      | N                            | REPAIR OF LEG TENDON EACH    |                  | 05114 | 80.1145       | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27665      | N                            | REPAIR OF LEG TENDON EACH    |                  | 05114 | 80.1145       | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27675      | N                            | REPAIR LOWER LEG TENDONS     |                  | 05113 | 36.3872       | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27676      | N                            | REPAIR LOWER LEG TENDONS     |                  | 05114 | 80.1145       | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 27680      | N                            | RELEASE OF LOWER LEG TENDON  |                  | 05113 | 36.3872       | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc<br>Cd | 2024<br>APC<br>Status |  | Proc Desc                    | Proc<br>Modifier | APC   |          | Method                     | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-----------------------|--|------------------------------|------------------|-------|----------|----------------------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Ind                   |  |                              |                  | APC   | Weight   |                            |                                        |                                    |                                           |  |                         |          |            |            |          |
| 27681      | N                     |  | RELEASE OF LOWER LEG TENDONS |                  | 05113 | 36.3872  | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 27685      | N                     |  | REVISION OF LOWER LEG TENDON |                  | 05113 | 36.3872  | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 27686      | N                     |  | REVISE LOWER LEG TENDONS     |                  | 05113 | 36.3872  | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 27687      | N                     |  | REVISION OF CALF TENDON      |                  | 05113 | 36.3872  | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 27690      | N                     |  | REVISE LOWER LEG TENDON      |                  | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 27691      | N                     |  | REVISE LOWER LEG TENDON      |                  | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 27692      | N                     |  | REVISE ADDITIONAL LEG TENDON |                  | -     | -        | Bundled                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 27695      | N                     |  | REPAIR OF ANKLE LIGAMENT     |                  | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 27696      | N                     |  | REPAIR OF ANKLE LIGAMENTS    |                  | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 27698      | N                     |  | REPAIR OF ANKLE LIGAMENT     |                  | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 27700      | N                     |  | REVISION OF ANKLE JOINT      |                  | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 27702      | N                     |  | RECONSTRUCT ANKLE JOINT      |                  | 05116 | 206.2381 | Bundled, sometimes payable | \$12,522.78                            |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 27703      | C                     |  | RECONSTRUCTION ANKLE JOINT   |                  | -     | -        | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 27704      | N                     |  | REMOVAL OF ANKLE IMPLANT     |                  | 05113 | 36.3872  | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 27705      | N                     |  | OSTEOTOMY TIBIA              |                  | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 27707      | N                     |  | OSTEOTOMY FIBULA             |                  | 05113 | 36.3872  | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 27709      | N                     |  | OSTEOTOMY TIBIA & FIBULA     |                  | 05115 | 144.2970 | Bundled, sometimes payable | \$8,761.71                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 27712      | C                     |  | OSTEOT MLT RELIGNMT IMED ROD |                  | -     | -        | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 27715      | C                     |  | OSTPL TIBFIB LNGTH/SHRT      |                  | -     | -        | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 27720      | N                     |  | REPAIR OF TIBIA              |                  | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 27722      | N                     |  | REPAIR/GRAFT OF TIBIA        |                  | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 27724      | C                     |  | REPAIR/GRAFT OF TIBIA        |                  | -     | -        | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 27725      | C                     |  | REPAIR OF LOWER LEG          |                  | -     | -        | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 27726      | N                     |  | REPAIR FIBULA NONUNION       |                  | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 27727      | C                     |  | REPAIR OF LOWER LEG          |                  | -     | -        | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 27730      | N                     |  | REPAIR OF TIBIA EPIPHYSIS    |                  | 05113 | 36.3872  | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 27732      | N                     |  | REPAIR OF FIBULA EPIPHYSIS   |                  | 05113 | 36.3872  | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 27734      | N                     |  | REPAIR LOWER LEG EPIPHYSES   |                  | 05113 | 36.3872  | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 27740      | N                     |  | REPAIR OF LEG EPIPHYSES      |                  | 05113 | 36.3872  | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 27742      | N                     |  | REPAIR OF LEG EPIPHYSES      |                  | 05113 | 36.3872  | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 27745      | N                     |  | REINFORCE TIBIA              |                  | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 27750      | T                     |  | TREATMENT OF TIBIA FRACTURE  |                  | 05111 | 2.6902   | APC                        | \$163.35                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 27752      | N                     |  | TREATMENT OF TIBIA FRACTURE  |                  | 05112 | 17.9481  | Bundled, sometimes payable | \$1,089.81                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 27756      | N                     |  | TREATMENT OF TIBIA FRACTURE  |                  | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 27758      | N                     |  | TREATMENT OF TIBIA FRACTURE  |                  | 05115 | 144.2970 | Bundled, sometimes payable | \$8,761.71                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 27759      | N                     |  | TREATMENT OF TIBIA FRACTURE  |                  | 05115 | 144.2970 | Bundled, sometimes payable | \$8,761.71                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 27760      | T                     |  | CLTX MEDIAL ANKLE FX         |                  | 05111 | 2.6902   | APC                        | \$163.35                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 27762      | N                     |  | CLTX MED ANKLE FX W/MNPJ     |                  | 05112 | 17.9481  | Bundled, sometimes payable | \$1,089.81                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 27766      | N                     |  | OPTX MEDIAL ANKLE FX         |                  | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 27767      | T                     |  | CLTX POST ANKLE FX           |                  | 05111 | 2.6902   | APC                        | \$163.35                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 27768      | N                     |  | CLTX POST ANKLE FX W/MNPJ    |                  | 05112 | 17.9481  | Bundled, sometimes payable | \$1,089.81                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 27769      | N                     |  | OPTX POST ANKLE FX           |                  | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 27780      | T                     |  | TREATMENT OF FIBULA FRACTURE |                  | 05111 | 2.6902   | APC                        | \$163.35                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 27781      | N                     |  | TREATMENT OF FIBULA FRACTURE |                  | 05112 | 17.9481  | Bundled, sometimes payable | \$1,089.81                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 27784      | N                     |  | TREATMENT OF FIBULA FRACTURE |                  | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 27786      | T                     |  | TREATMENT OF ANKLE FRACTURE  |                  | 05111 | 2.6902   | APC                        | \$163.35                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 27788      | T                     |  | TREATMENT OF ANKLE FRACTURE  |                  | 05111 | 2.6902   | APC                        | \$163.35                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 27792      | N                     |  | TREATMENT OF ANKLE FRACTURE  |                  | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 27808      | T                     |  | TREATMENT OF ANKLE FRACTURE  |                  | 05111 | 2.6902   | APC                        | \$163.35                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 27810      | N                     |  | TREATMENT OF ANKLE FRACTURE  |                  | 05112 | 17.9481  | Bundled, sometimes payable | \$1,089.81                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 27814      | N                     |  | TREATMENT OF ANKLE FRACTURE  |                  | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 27816      | T                     |  | TREATMENT OF ANKLE FRACTURE  |                  | 05111 | 2.6902   | APC                        | \$163.35                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 27818      | N                     |  | TREATMENT OF ANKLE FRACTURE  |                  | 05112 | 17.9481  | Bundled, sometimes payable | \$1,089.81                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 27822      | N                     |  | TREATMENT OF ANKLE FRACTURE  |                  | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 27823      | N                     |  | TREATMENT OF ANKLE FRACTURE  |                  | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 27824      | T                     |  | TREAT LOWER LEG FRACTURE     |                  | 05111 | 2.6902   | APC                        | \$163.35                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |



**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2025**

| Proc Cd | 2024 APC |     | 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 |
|---------|----------|-----|------------------------------|---------------|-------|----------|----------------------------|----------------------------------|------------------------------|----------------------------------|-------------------|----------------------|----------|---------|---------|----------|
|         | Status   | Ind |                              |               |       |          |                            |                                  |                              | Hospital Lab Fees                | Hospital Lab Fees |                      |          |         |         |          |
| 27825   | N        |     | TREAT LOWER LEG FRACTURE     |               | 05112 | 17.9481  | Bundled, sometimes payable | \$1,089.81                       |                              |                                  |                   | -                    | -        | 000     | 999     |          |
| 27826   | N        |     | TREAT LOWER LEG FRACTURE     |               | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                       |                              |                                  |                   | -                    | -        | 000     | 999     |          |
| 27827   | N        |     | TREAT LOWER LEG FRACTURE     |               | 05115 | 144.2970 | Bundled, sometimes payable | \$8,761.71                       |                              |                                  |                   | -                    | -        | 000     | 999     |          |
| 27828   | N        |     | TREAT LOWER LEG FRACTURE     |               | 05115 | 144.2970 | Bundled, sometimes payable | \$8,761.71                       |                              |                                  |                   | -                    | -        | 000     | 999     |          |
| 27829   | N        |     | TREAT LOWER LEG JOINT        |               | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                       |                              |                                  |                   | -                    | -        | 000     | 999     |          |
| 27830   | T        |     | TREAT LOWER LEG DISLOCATION  |               | 05111 | 2.6902   | APC                        | \$163.35                         |                              |                                  |                   | -                    | -        | 000     | 999     |          |
| 27831   | N        |     | TREAT LOWER LEG DISLOCATION  |               | 05113 | 36.3872  | Bundled, sometimes payable | \$2,209.43                       |                              |                                  |                   | -                    | -        | 000     | 999     |          |
| 27832   | N        |     | TREAT LOWER LEG DISLOCATION  |               | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                       |                              |                                  |                   | -                    | -        | 000     | 999     |          |
| 27840   | T        |     | TREAT ANKLE DISLOCATION      |               | 05111 | 2.6902   | APC                        | \$163.35                         |                              |                                  |                   | -                    | -        | 000     | 999     |          |
| 27842   | N        |     | TREAT ANKLE DISLOCATION      |               | 05112 | 17.9481  | Bundled, sometimes payable | \$1,089.81                       |                              |                                  |                   | -                    | -        | 000     | 999     |          |
| 27846   | N        |     | TREAT ANKLE DISLOCATION      |               | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                       |                              |                                  |                   | -                    | -        | 000     | 999     |          |
| 27848   | N        |     | TREAT ANKLE DISLOCATION      |               | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                       |                              |                                  |                   | -                    | -        | 000     | 999     |          |
| 27860   | N        |     | FIXATION OF ANKLE JOINT      |               | 05113 | 36.3872  | Bundled, sometimes payable | \$2,209.43                       |                              |                                  |                   | -                    | -        | 000     | 999     |          |
| 27870   | N        |     | FUSION OF ANKLE JOINT OPEN   |               | 05115 | 144.2970 | Bundled, sometimes payable | \$8,761.71                       |                              |                                  |                   | -                    | -        | 000     | 999     |          |
| 27871   | N        |     | FUSION OF TIBIOFIBULAR JOINT |               | 05115 | 144.2970 | Bundled, sometimes payable | \$8,761.71                       |                              |                                  |                   | -                    | -        | 000     | 999     |          |
| 27880   | C        |     | AMPUTATION OF LOWER LEG      |               | -     | -        | IP Only                    | \$0.00                           |                              |                                  |                   | -                    | -        | 000     | 999     |          |
| 27881   | C        |     | AMPUTATION OF LOWER LEG      |               | -     | -        | IP Only                    | \$0.00                           |                              |                                  |                   | -                    | -        | 000     | 999     |          |
| 27882   | C        |     | AMPUTATION OF LOWER LEG      |               | -     | -        | IP Only                    | \$0.00                           |                              |                                  |                   | -                    | -        | 000     | 999     |          |
| 27884   | N        |     | AMPUTATION FOLLOW-UP SURGERY |               | 05113 | 36.3872  | Bundled, sometimes payable | \$2,209.43                       |                              |                                  |                   | -                    | -        | 000     | 999     |          |
| 27886   | C        |     | AMPUTATION FOLLOW-UP SURGERY |               | -     | -        | IP Only                    | \$0.00                           |                              |                                  |                   | -                    | -        | 000     | 999     |          |
| 27888   | C        |     | AMPUTATION OF FOOT AT ANKLE  |               | -     | -        | IP Only                    | \$0.00                           |                              |                                  |                   | -                    | -        | 000     | 999     |          |
| 27889   | N        |     | ANKLE DISARTICULATION        |               | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                       |                              |                                  |                   | -                    | -        | 000     | 999     |          |
| 27892   | N        |     | DECOMPRESSION OF LEG         |               | 05113 | 36.3872  | Bundled, sometimes payable | \$2,209.43                       |                              |                                  |                   | -                    | -        | 000     | 999     |          |
| 27893   | N        |     | DECOMPRESSION OF LEG         |               | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                       |                              |                                  |                   | -                    | -        | 000     | 999     |          |
| 27894   | N        |     | DECOMPRESSION OF LEG         |               | 05113 | 36.3872  | Bundled, sometimes payable | \$2,209.43                       |                              |                                  |                   | -                    | -        | 000     | 999     |          |
| 27899   | T        |     | UNLISTED PX LEG/ANKLE        |               | 05111 | 2.6902   | APC                        | \$163.35                         |                              |                                  |                   | -                    | -        | 000     | 999     |          |
| 28001   | N        |     | DRAINAGE OF BURSA OF FOOT    |               | 05072 | 18.1704  | Bundled, sometimes payable | \$1,103.31                       |                              |                                  |                   | -                    | -        | 000     | 999     |          |
| 28002   | N        |     | TREATMENT OF FOOT INFECTION  |               | 05112 | 17.9481  | Bundled, sometimes payable | \$1,089.81                       |                              |                                  |                   | -                    | -        | 000     | 999     |          |
| 28003   | N        |     | TREATMENT OF FOOT INFECTION  |               | 05113 | 36.3872  | Bundled, sometimes payable | \$2,209.43                       |                              |                                  |                   | -                    | -        | 000     | 999     |          |
| 28005   | N        |     | TREAT FOOT BONE LESION       |               | 05113 | 36.3872  | Bundled, sometimes payable | \$2,209.43                       |                              |                                  |                   | -                    | -        | 000     | 999     |          |
| 28008   | N        |     | INCISION OF FOOT FASCIA      |               | 05113 | 36.3872  | Bundled, sometimes payable | \$2,209.43                       |                              |                                  |                   | -                    | -        | 000     | 999     |          |
| 28010   | N        |     | INCISION OF TOE TENDON       |               | 05112 | 17.9481  | Bundled, sometimes payable | \$1,089.81                       |                              |                                  |                   | -                    | -        | 000     | 999     |          |
| 28011   | N        |     | INCISION OF TOE TENDONS      |               | 05112 | 17.9481  | Bundled, sometimes payable | \$1,089.81                       |                              |                                  |                   | -                    | -        | 000     | 999     |          |
| 28020   | N        |     | EXPLORATION OF FOOT JOINT    |               | 05113 | 36.3872  | Bundled, sometimes payable | \$2,209.43                       |                              |                                  |                   | -                    | -        | 000     | 999     |          |
| 28022   | N        |     | EXPLORATION OF FOOT JOINT    |               | 05113 | 36.3872  | Bundled, sometimes payable | \$2,209.43                       |                              |                                  |                   | -                    | -        | 000     | 999     |          |
| 28024   | N        |     | EXPLORATION OF TOE JOINT     |               | 05112 | 17.9481  | Bundled, sometimes payable | \$1,089.81                       |                              |                                  |                   | -                    | -        | 000     | 999     |          |
| 28035   | N        |     | DECOMPRESSION OF TIBIA NERVE |               | 05431 | 21.8997  | Bundled, sometimes payable | \$1,329.75                       |                              |                                  |                   | -                    | -        | 000     | 999     |          |
| 28039   | N        |     | EXC FOOT/TOE TUM SC 1.5 CM/> |               | 05073 | 32.0969  | Bundled, sometimes payable | \$1,948.92                       |                              |                                  |                   | -                    | -        | 000     | 999     |          |
| 28041   | N        |     | EXC FOOT/TOE TUM DEP 1.5CM/> |               | 05073 | 32.0969  | Bundled, sometimes payable | \$1,948.92                       |                              |                                  |                   | -                    | -        | 000     | 999     |          |
| 28043   | N        |     | EXC FOOT/TOE TUM SC < 1.5 CM |               | 05072 | 18.1704  | Bundled, sometimes payable | \$1,103.31                       |                              |                                  |                   | -                    | -        | 000     | 999     |          |
| 28045   | N        |     | EXC FOOT/TOE TUM DEEP <1.5CM |               | 05073 | 32.0969  | Bundled, sometimes payable | \$1,948.92                       |                              |                                  |                   | -                    | -        | 000     | 999     |          |
| 28046   | N        |     | RESECT FOOT/TOE TUMOR < 3 CM |               | 05073 | 32.0969  | Bundled, sometimes payable | \$1,948.92                       |                              |                                  |                   | -                    | -        | 000     | 999     |          |
| 28047   | N        |     | RESECT FOOT/TOE TUMOR 3 CM/> |               | 05073 | 32.0969  | Bundled, sometimes payable | \$1,948.92                       |                              |                                  |                   | -                    | -        | 000     | 999     |          |
| 28050   | N        |     | BIOPSY OF FOOT JOINT LINING  |               | 05113 | 36.3872  | Bundled, sometimes payable | \$2,209.43                       |                              |                                  |                   | -                    | -        | 000     | 999     |          |
| 28052   | N        |     | BIOPSY OF FOOT JOINT LINING  |               | 05113 | 36.3872  | Bundled, sometimes payable | \$2,209.43                       |                              |                                  |                   | -                    | -        | 000     | 999     |          |
| 28054   | N        |     | BIOPSY OF TOE JOINT LINING   |               | 05113 | 36.3872  | Bundled, sometimes payable | \$2,209.43                       |                              |                                  |                   | -                    | -        | 000     | 999     |          |
| 28055   | N        |     | NEURECTOMY FOOT              |               | 05431 | 21.8997  | Bundled, sometimes payable | \$1,329.75                       |                              |                                  |                   | -                    | -        | 000     | 999     |          |
| 28060   | N        |     | PARTIAL REMOVAL FOOT FASCIA  |               | 05113 | 36.3872  | Bundled, sometimes payable | \$2,209.43                       |                              |                                  |                   | -                    | -        | 000     | 999     |          |
| 28062   | N        |     | REMOVAL OF FOOT FASCIA       |               | 05113 | 36.3872  | Bundled, sometimes payable | \$2,209.43                       |                              |                                  |                   | -                    | -        | 000     | 999     |          |
| 28070   | N        |     | REMOVAL OF FOOT JOINT LINING |               | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                       |                              |                                  |                   | -                    | -        | 000     | 999     |          |
| 28072   | N        |     | REMOVAL OF FOOT JOINT LINING |               | 05113 | 36.3872  | Bundled, sometimes payable | \$2,209.43                       |                              |                                  |                   | -                    | -        | 000     | 999     |          |
| 28080   | N        |     | REMOVAL OF FOOT LESION       |               | 05112 | 17.9481  | Bundled, sometimes payable | \$1,089.81                       |                              |                                  |                   | -                    | -        | 000     | 999     |          |
| 28086   | N        |     | EXCISE FOOT TENDON SHEATH    |               | 05113 | 36.3872  | Bundled, sometimes payable | \$2,209.43                       |                              |                                  |                   | -                    | -        | 000     | 999     |          |
| 28088   | N        |     | EXCISE FOOT TENDON SHEATH    |               | 05113 | 36.3872  | Bundled, sometimes payable | \$2,209.43                       |                              |                                  |                   | -                    | -        | 000     | 999     |          |
| 28090   | N        |     | REMOVAL OF FOOT LESION       |               | 05112 | 17.9481  | Bundled, sometimes payable | \$1,089.81                       |                              |                                  |                   | -                    | -        | 000     | 999     |          |
| 28092   | N        |     | REMOVAL OF TOE LESIONS       |               | 05112 | 17.9481  | Bundled, sometimes payable | \$1,089.81                       |                              |                                  |                   | -                    | -        | 000     | 999     |          |



**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2025**

| Proc<br>Cd | 2024<br>APC<br>Status |  | Proc Desc                    | Proc<br>Modifier | APC<br>Weight | Method  | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-----------------------|--|------------------------------|------------------|---------------|---------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Ind                   |  |                              |                  |               |         |                                        |                                    |                                           |  |                         |          |            |            |          |
| 28100      | N                     |  | REMOVAL OF ANKLE/HEEL LESION |                  | 05113         | 36.3872 | Bundled, sometimes payable             | \$2,209.43                         |                                           |  | -                       | -        | 000        | 999        |          |
| 28102      | N                     |  | REMOVE/GRAFT FOOT LESION     |                  | 05114         | 80.1145 | Bundled, sometimes payable             | \$4,864.55                         |                                           |  | -                       | -        | 000        | 999        |          |
| 28103      | N                     |  | REMOVE/GRAFT FOOT LESION     |                  | 05114         | 80.1145 | Bundled, sometimes payable             | \$4,864.55                         |                                           |  | -                       | -        | 000        | 999        |          |
| 28104      | N                     |  | REMOVAL OF FOOT LESION       |                  | 05113         | 36.3872 | Bundled, sometimes payable             | \$2,209.43                         |                                           |  | -                       | -        | 000        | 999        |          |
| 28106      | N                     |  | REMOVE/GRAFT FOOT LESION     |                  | 05114         | 80.1145 | Bundled, sometimes payable             | \$4,864.55                         |                                           |  | -                       | -        | 000        | 999        |          |
| 28107      | N                     |  | REMOVE/GRAFT FOOT LESION     |                  | 05114         | 80.1145 | Bundled, sometimes payable             | \$4,864.55                         |                                           |  | -                       | -        | 000        | 999        |          |
| 28108      | N                     |  | REMOVAL OF TOE LESIONS       |                  | 05112         | 17.9481 | Bundled, sometimes payable             | \$1,089.81                         |                                           |  | -                       | -        | 000        | 999        |          |
| 28110      | N                     |  | PART REMOVAL OF METATARSAL   |                  | 05113         | 36.3872 | Bundled, sometimes payable             | \$2,209.43                         |                                           |  | -                       | -        | 000        | 999        |          |
| 28111      | N                     |  | PART REMOVAL OF METATARSAL   |                  | 05113         | 36.3872 | Bundled, sometimes payable             | \$2,209.43                         |                                           |  | -                       | -        | 000        | 999        |          |
| 28112      | N                     |  | PART REMOVAL OF METATARSAL   |                  | 05113         | 36.3872 | Bundled, sometimes payable             | \$2,209.43                         |                                           |  | -                       | -        | 000        | 999        |          |
| 28113      | N                     |  | PART REMOVAL OF METATARSAL   |                  | 05113         | 36.3872 | Bundled, sometimes payable             | \$2,209.43                         |                                           |  | -                       | -        | 000        | 999        |          |
| 28114      | N                     |  | REMOVAL OF METATARSAL HEADS  |                  | 05113         | 36.3872 | Bundled, sometimes payable             | \$2,209.43                         |                                           |  | -                       | -        | 000        | 999        |          |
| 28116      | N                     |  | REVISION OF FOOT             |                  | 05113         | 36.3872 | Bundled, sometimes payable             | \$2,209.43                         |                                           |  | -                       | -        | 000        | 999        |          |
| 28118      | N                     |  | REMOVAL OF HEEL BONE         |                  | 05113         | 36.3872 | Bundled, sometimes payable             | \$2,209.43                         |                                           |  | -                       | -        | 000        | 999        |          |
| 28119      | N                     |  | REMOVAL OF HEEL SPUR         |                  | 05113         | 36.3872 | Bundled, sometimes payable             | \$2,209.43                         |                                           |  | -                       | -        | 000        | 999        |          |
| 28120      | N                     |  | PART REMOVAL OF ANKLE/HEEL   |                  | 05113         | 36.3872 | Bundled, sometimes payable             | \$2,209.43                         |                                           |  | -                       | -        | 000        | 999        |          |
| 28122      | N                     |  | PARTIAL REMOVAL OF FOOT BONE |                  | 05113         | 36.3872 | Bundled, sometimes payable             | \$2,209.43                         |                                           |  | -                       | -        | 000        | 999        |          |
| 28124      | N                     |  | PARTIAL REMOVAL OF TOE       |                  | 05113         | 36.3872 | Bundled, sometimes payable             | \$2,209.43                         |                                           |  | -                       | -        | 000        | 999        |          |
| 28126      | N                     |  | PARTIAL REMOVAL OF TOE       |                  | 05113         | 36.3872 | Bundled, sometimes payable             | \$2,209.43                         |                                           |  | -                       | -        | 000        | 999        |          |
| 28130      | N                     |  | REMOVAL OF ANKLE BONE        |                  | 05114         | 80.1145 | Bundled, sometimes payable             | \$4,864.55                         |                                           |  | -                       | -        | 000        | 999        |          |
| 28140      | N                     |  | REMOVAL OF METATARSAL        |                  | 05113         | 36.3872 | Bundled, sometimes payable             | \$2,209.43                         |                                           |  | -                       | -        | 000        | 999        |          |
| 28150      | N                     |  | REMOVAL OF TOE               |                  | 05113         | 36.3872 | Bundled, sometimes payable             | \$2,209.43                         |                                           |  | -                       | -        | 000        | 999        |          |
| 28153      | N                     |  | PARTIAL REMOVAL OF TOE       |                  | 05113         | 36.3872 | Bundled, sometimes payable             | \$2,209.43                         |                                           |  | -                       | -        | 000        | 999        |          |
| 28160      | N                     |  | PARTIAL REMOVAL OF TOE       |                  | 05113         | 36.3872 | Bundled, sometimes payable             | \$2,209.43                         |                                           |  | -                       | -        | 000        | 999        |          |
| 28171      | N                     |  | RESECT TARSAL TUMOR          |                  | 05113         | 36.3872 | Bundled, sometimes payable             | \$2,209.43                         |                                           |  | -                       | -        | 000        | 999        |          |
| 28173      | N                     |  | RESECT METATARSAL TUMOR      |                  | 05113         | 36.3872 | Bundled, sometimes payable             | \$2,209.43                         |                                           |  | -                       | -        | 000        | 999        |          |
| 28175      | N                     |  | RESECT PHALANX OF TOE TUMOR  |                  | 05112         | 17.9481 | Bundled, sometimes payable             | \$1,089.81                         |                                           |  | -                       | -        | 000        | 999        |          |
| 28190      | T                     |  | REMOVAL OF FOOT FOREIGN BODY |                  | 05071         | 7.8905  | APC                                    | \$479.11                           |                                           |  | -                       | -        | 000        | 999        |          |
| 28192      | N                     |  | REMOVAL OF FOOT FOREIGN BODY |                  | 05072         | 18.1704 | Bundled, sometimes payable             | \$1,103.31                         |                                           |  | -                       | -        | 000        | 999        |          |
| 28193      | N                     |  | REMOVAL OF FOOT FOREIGN BODY |                  | 05072         | 18.1704 | Bundled, sometimes payable             | \$1,103.31                         |                                           |  | -                       | -        | 000        | 999        |          |
| 28200      | N                     |  | REPAIR OF FOOT TENDON        |                  | 05113         | 36.3872 | Bundled, sometimes payable             | \$2,209.43                         |                                           |  | -                       | -        | 000        | 999        |          |
| 28202      | N                     |  | REPAIR/GRAFT OF FOOT TENDON  |                  | 05114         | 80.1145 | Bundled, sometimes payable             | \$4,864.55                         |                                           |  | -                       | -        | 000        | 999        |          |
| 28208      | N                     |  | REPAIR OF FOOT TENDON        |                  | 05113         | 36.3872 | Bundled, sometimes payable             | \$2,209.43                         |                                           |  | -                       | -        | 000        | 999        |          |
| 28210      | N                     |  | REPAIR/GRAFT OF FOOT TENDON  |                  | 05114         | 80.1145 | Bundled, sometimes payable             | \$4,864.55                         |                                           |  | -                       | -        | 000        | 999        |          |
| 28220      | N                     |  | RELEASE OF FOOT TENDON       |                  | 05112         | 17.9481 | Bundled, sometimes payable             | \$1,089.81                         |                                           |  | -                       | -        | 000        | 999        |          |
| 28222      | N                     |  | RELEASE OF FOOT TENDONS      |                  | 05113         | 36.3872 | Bundled, sometimes payable             | \$2,209.43                         |                                           |  | -                       | -        | 000        | 999        |          |
| 28225      | N                     |  | RELEASE OF FOOT TENDON       |                  | 05113         | 36.3872 | Bundled, sometimes payable             | \$2,209.43                         |                                           |  | -                       | -        | 000        | 999        |          |
| 28226      | N                     |  | RELEASE OF FOOT TENDONS      |                  | 05113         | 36.3872 | Bundled, sometimes payable             | \$2,209.43                         |                                           |  | -                       | -        | 000        | 999        |          |
| 28230      | N                     |  | INCISION OF FOOT TENDON(S)   |                  | 05112         | 17.9481 | Bundled, sometimes payable             | \$1,089.81                         |                                           |  | -                       | -        | 000        | 999        |          |
| 28232      | N                     |  | INCISION OF TOE TENDON       |                  | 05112         | 17.9481 | Bundled, sometimes payable             | \$1,089.81                         |                                           |  | -                       | -        | 000        | 999        |          |
| 28234      | N                     |  | INCISION OF FOOT TENDON      |                  | 05112         | 17.9481 | Bundled, sometimes payable             | \$1,089.81                         |                                           |  | -                       | -        | 000        | 999        |          |
| 28238      | N                     |  | REVISION OF FOOT TENDON      |                  | 05114         | 80.1145 | Bundled, sometimes payable             | \$4,864.55                         |                                           |  | -                       | -        | 000        | 999        |          |
| 28240      | N                     |  | RELEASE OF BIG TOE           |                  | 05113         | 36.3872 | Bundled, sometimes payable             | \$2,209.43                         |                                           |  | -                       | -        | 000        | 999        |          |
| 28250      | N                     |  | REVISION OF FOOT FASCIA      |                  | 05113         | 36.3872 | Bundled, sometimes payable             | \$2,209.43                         |                                           |  | -                       | -        | 000        | 999        |          |
| 28260      | N                     |  | RELEASE OF MIDFOOT JOINT     |                  | 05113         | 36.3872 | Bundled, sometimes payable             | \$2,209.43                         |                                           |  | -                       | -        | 000        | 999        |          |
| 28261      | N                     |  | REVISION OF FOOT TENDON      |                  | 05112         | 17.9481 | Bundled, sometimes payable             | \$1,089.81                         |                                           |  | -                       | -        | 000        | 999        |          |
| 28262      | N                     |  | REVISION OF FOOT AND ANKLE   |                  | 05114         | 80.1145 | Bundled, sometimes payable             | \$4,864.55                         |                                           |  | -                       | -        | 000        | 999        |          |
| 28264      | N                     |  | RELEASE OF MIDFOOT JOINT     |                  | 05112         | 17.9481 | Bundled, sometimes payable             | \$1,089.81                         |                                           |  | -                       | -        | 000        | 999        |          |
| 28270      | N                     |  | RELEASE OF FOOT CONTRACTURE  |                  | 05113         | 36.3872 | Bundled, sometimes payable             | \$2,209.43                         |                                           |  | -                       | -        | 000        | 999        |          |
| 28272      | N                     |  | RELEASE OF TOE JOINT EACH    |                  | 05112         | 17.9481 | Bundled, sometimes payable             | \$1,089.81                         |                                           |  | -                       | -        | 000        | 999        |          |
| 28280      | N                     |  | FUSION OF TOES               |                  | 05113         | 36.3872 | Bundled, sometimes payable             | \$2,209.43                         |                                           |  | -                       | -        | 000        | 999        |          |
| 28285      | N                     |  | REPAIR OF HAMMERTOES         |                  | 05113         | 36.3872 | Bundled, sometimes payable             | \$2,209.43                         |                                           |  | -                       | -        | 000        | 999        |          |
| 28286      | N                     |  | REPAIR OF HAMMERTOES         |                  | 05113         | 36.3872 | Bundled, sometimes payable             | \$2,209.43                         |                                           |  | -                       | -        | 000        | 999        |          |
| 28288      | N                     |  | PARTIAL REMOVAL OF FOOT BONE |                  | 05113         | 36.3872 | Bundled, sometimes payable             | \$2,209.43                         |                                           |  | -                       | -        | 000        | 999        |          |
| 28289      | N                     |  | CORRJ HALUX RIGDUS W/O IMPLT |                  | 05113         | 36.3872 | Bundled, sometimes payable             | \$2,209.43                         |                                           |  | -                       | -        | 000        | 999        |          |
| 28291      | N                     |  | CORRJ HALUX RIGDUS W/IMPLT   |                  | 05114         | 80.1145 | Bundled, sometimes payable             | \$4,864.55                         |                                           |  | -                       | -        | 000        | 999        |          |

**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2025**

| Proc<br>Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC<br>Weight | Method   | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|------------------------------|------------------------------|------------------|---------------|----------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|            |                              |                              |                  |               |          |                                        |                                    |                                           |                         |          |            |            |          |
| 28292      | N                            | COR HLX VLGS RSC PRX PHLX BS |                  | 05113         | 36.3872  | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 28295      | N                            | COR HLX VLGS PRX MTAR OSTEO  |                  | 05113         | 36.3872  | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 28296      | N                            | COR HLX VLGS DSTL MTAR OSTEO |                  | 05113         | 36.3872  | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 28297      | N                            | COR HLX VLGS JT ARTHRD       |                  | 05115         | 144.2970 | Bundled, sometimes payable             | \$8,761.71                         |                                           | -                       | -        | 000        | 999        |          |
| 28298      | N                            | COR HLX VLGS PRX PHLX OSTEO  |                  | 05114         | 80.1145  | Bundled, sometimes payable             | \$4,864.55                         |                                           | -                       | -        | 000        | 999        |          |
| 28299      | N                            | COR HLX VLGS DOUBLE OSTEO    |                  | 05114         | 80.1145  | Bundled, sometimes payable             | \$4,864.55                         |                                           | -                       | -        | 000        | 999        |          |
| 28300      | N                            | INCISION OF HEEL BONE        |                  | 05114         | 80.1145  | Bundled, sometimes payable             | \$4,864.55                         |                                           | -                       | -        | 000        | 999        |          |
| 28302      | N                            | INCISION OF ANKLE BONE       |                  | 05114         | 80.1145  | Bundled, sometimes payable             | \$4,864.55                         |                                           | -                       | -        | 000        | 999        |          |
| 28304      | N                            | INCISION OF MIDFOOT BONES    |                  | 05114         | 80.1145  | Bundled, sometimes payable             | \$4,864.55                         |                                           | -                       | -        | 000        | 999        |          |
| 28305      | N                            | INCISE/GRAFT MIDFOOT BONES   |                  | 05114         | 80.1145  | Bundled, sometimes payable             | \$4,864.55                         |                                           | -                       | -        | 000        | 999        |          |
| 28306      | N                            | INCISION OF METATARSAL       |                  | 05114         | 80.1145  | Bundled, sometimes payable             | \$4,864.55                         |                                           | -                       | -        | 000        | 999        |          |
| 28307      | N                            | INCISION OF METATARSAL       |                  | 05114         | 80.1145  | Bundled, sometimes payable             | \$4,864.55                         |                                           | -                       | -        | 000        | 999        |          |
| 28308      | N                            | INCISION OF METATARSAL       |                  | 05113         | 36.3872  | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 28309      | N                            | INCISION OF METATARSALS      |                  | 05114         | 80.1145  | Bundled, sometimes payable             | \$4,864.55                         |                                           | -                       | -        | 000        | 999        |          |
| 28310      | N                            | REVISION OF BIG TOE          |                  | 05114         | 80.1145  | Bundled, sometimes payable             | \$4,864.55                         |                                           | -                       | -        | 000        | 999        |          |
| 28312      | N                            | REVISION OF TOE              |                  | 05113         | 36.3872  | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 28313      | N                            | REPAIR DEFORMITY OF TOE      |                  | 05113         | 36.3872  | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 28315      | N                            | REMOVAL OF SESAMOID BONE     |                  | 05113         | 36.3872  | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 28320      | N                            | REPAIR OF FOOT BONES         |                  | 05115         | 144.2970 | Bundled, sometimes payable             | \$8,761.71                         |                                           | -                       | -        | 000        | 999        |          |
| 28322      | N                            | REPAIR OF METATARSALS        |                  | 05114         | 80.1145  | Bundled, sometimes payable             | \$4,864.55                         |                                           | -                       | -        | 000        | 999        |          |
| 28340      | N                            | RESECT ENLARGED TOE TISSUE   |                  | 05113         | 36.3872  | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 28341      | N                            | RESECT ENLARGED TOE          |                  | 05113         | 36.3872  | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 28344      | N                            | REPAIR EXTRA TOE(S)          |                  | 05113         | 36.3872  | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 28345      | N                            | REPAIR WEBBED TOE(S)         |                  | 05112         | 17.9481  | Bundled, sometimes payable             | \$1,089.81                         |                                           | -                       | -        | 000        | 999        |          |
| 28360      | N                            | RECONSTRUCT CLEFT FOOT       |                  | 05114         | 80.1145  | Bundled, sometimes payable             | \$4,864.55                         |                                           | -                       | -        | 000        | 999        |          |
| 28400      | T                            | TREATMENT OF HEEL FRACTURE   |                  | 05111         | 2.6902   | APC                                    | \$163.35                           |                                           | -                       | -        | 000        | 999        |          |
| 28405      | T                            | TREATMENT OF HEEL FRACTURE   |                  | 05111         | 2.6902   | APC                                    | \$163.35                           |                                           | -                       | -        | 000        | 999        |          |
| 28406      | N                            | TREATMENT OF HEEL FRACTURE   |                  | 05114         | 80.1145  | Bundled, sometimes payable             | \$4,864.55                         |                                           | -                       | -        | 000        | 999        |          |
| 28415      | N                            | TREAT HEEL FRACTURE          |                  | 05114         | 80.1145  | Bundled, sometimes payable             | \$4,864.55                         |                                           | -                       | -        | 000        | 999        |          |
| 28420      | N                            | TREAT/GRAFT HEEL FRACTURE    |                  | 05115         | 144.2970 | Bundled, sometimes payable             | \$8,761.71                         |                                           | -                       | -        | 000        | 999        |          |
| 28430      | T                            | TREATMENT OF ANKLE FRACTURE  |                  | 05111         | 2.6902   | APC                                    | \$163.35                           |                                           | -                       | -        | 000        | 999        |          |
| 28435      | N                            | TREATMENT OF ANKLE FRACTURE  |                  | 05112         | 17.9481  | Bundled, sometimes payable             | \$1,089.81                         |                                           | -                       | -        | 000        | 999        |          |
| 28436      | N                            | TREATMENT OF ANKLE FRACTURE  |                  | 05114         | 80.1145  | Bundled, sometimes payable             | \$4,864.55                         |                                           | -                       | -        | 000        | 999        |          |
| 28445      | N                            | TREAT ANKLE FRACTURE         |                  | 05114         | 80.1145  | Bundled, sometimes payable             | \$4,864.55                         |                                           | -                       | -        | 000        | 999        |          |
| 28446      | N                            | OSTEOCHONDRAL TALUS AUTOGRFT |                  | 05114         | 80.1145  | Bundled, sometimes payable             | \$4,864.55                         |                                           | -                       | -        | 000        | 999        |          |
| 28450      | T                            | TREAT MIDFOOT FRACTURE EACH  |                  | 05111         | 2.6902   | APC                                    | \$163.35                           |                                           | -                       | -        | 000        | 999        |          |
| 28455      | N                            | TREAT MIDFOOT FRACTURE EACH  |                  | 05112         | 17.9481  | Bundled, sometimes payable             | \$1,089.81                         |                                           | -                       | -        | 000        | 999        |          |
| 28456      | N                            | TREAT MIDFOOT FRACTURE       |                  | 05114         | 80.1145  | Bundled, sometimes payable             | \$4,864.55                         |                                           | -                       | -        | 000        | 999        |          |
| 28465      | N                            | TREAT MIDFOOT FRACTURE EACH  |                  | 05114         | 80.1145  | Bundled, sometimes payable             | \$4,864.55                         |                                           | -                       | -        | 000        | 999        |          |
| 28470      | T                            | TREAT METATARSAL FRACTURE    |                  | 05111         | 2.6902   | APC                                    | \$163.35                           |                                           | -                       | -        | 000        | 999        |          |
| 28475      | T                            | TREAT METATARSAL FRACTURE    |                  | 05111         | 2.6902   | APC                                    | \$163.35                           |                                           | -                       | -        | 000        | 999        |          |
| 28476      | N                            | TREAT METATARSAL FRACTURE    |                  | 05113         | 36.3872  | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 28485      | N                            | TREAT METATARSAL FRACTURE    |                  | 05114         | 80.1145  | Bundled, sometimes payable             | \$4,864.55                         |                                           | -                       | -        | 000        | 999        |          |
| 28490      | T                            | TREAT BIG TOE FRACTURE       |                  | 05111         | 2.6902   | APC                                    | \$163.35                           |                                           | -                       | -        | 000        | 999        |          |
| 28495      | T                            | TREAT BIG TOE FRACTURE       |                  | 05111         | 2.6902   | APC                                    | \$163.35                           |                                           | -                       | -        | 000        | 999        |          |
| 28496      | N                            | TREAT BIG TOE FRACTURE       |                  | 05113         | 36.3872  | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 28505      | N                            | TREAT BIG TOE FRACTURE       |                  | 05113         | 36.3872  | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 28510      | T                            | TREATMENT OF TOE FRACTURE    |                  | 05111         | 2.6902   | APC                                    | \$163.35                           |                                           | -                       | -        | 000        | 999        |          |
| 28515      | T                            | TREATMENT OF TOE FRACTURE    |                  | 05111         | 2.6902   | APC                                    | \$163.35                           |                                           | -                       | -        | 000        | 999        |          |
| 28525      | N                            | TREAT TOE FRACTURE           |                  | 05113         | 36.3872  | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 28530      | T                            | TREAT SESAMOID BONE FRACTURE |                  | 05111         | 2.6902   | APC                                    | \$163.35                           |                                           | -                       | -        | 000        | 999        |          |
| 28531      | N                            | TREAT SESAMOID BONE FRACTURE |                  | 05114         | 80.1145  | Bundled, sometimes payable             | \$4,864.55                         |                                           | -                       | -        | 000        | 999        |          |
| 28540      | T                            | TREAT FOOT DISLOCATION       |                  | 05111         | 2.6902   | APC                                    | \$163.35                           |                                           | -                       | -        | 000        | 999        |          |
| 28545      | N                            | TREAT FOOT DISLOCATION       |                  | 05113         | 36.3872  | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 28546      | N                            | TREAT FOOT DISLOCATION       |                  | 05112         | 17.9481  | Bundled, sometimes payable             | \$1,089.81                         |                                           | -                       | -        | 000        | 999        |          |
| 28555      | N                            | REPAIR FOOT DISLOCATION      |                  | 05114         | 80.1145  | Bundled, sometimes payable             | \$4,864.55                         |                                           | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc<br>Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC   |          | Method                     | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|------------------------------|------------------------------|------------------|-------|----------|----------------------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            |                              |                              |                  | APC   | Weight   |                            |                                        |                                    |                                           |  |                         |          |            |            |          |
| 28570      | T                            | TREAT FOOT DISLOCATION       |                  | 05111 | 2.6902   | APC                        | \$163.35                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 28575      | N                            | TREAT FOOT DISLOCATION       |                  | 05113 | 36.3872  | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 28576      | N                            | TREAT FOOT DISLOCATION       |                  | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 28585      | N                            | REPAIR FOOT DISLOCATION      |                  | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 28600      | T                            | TREAT FOOT DISLOCATION       |                  | 05111 | 2.6902   | APC                        | \$163.35                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 28605      | T                            | TREAT FOOT DISLOCATION       |                  | 05111 | 2.6902   | APC                        | \$163.35                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 28606      | N                            | TREAT FOOT DISLOCATION       |                  | 05113 | 36.3872  | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 28615      | N                            | REPAIR FOOT DISLOCATION      |                  | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 28630      | T                            | TREAT TOE DISLOCATION        |                  | 05111 | 2.6902   | APC                        | \$163.35                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 28635      | N                            | TREAT TOE DISLOCATION        |                  | 05112 | 17.9481  | Bundled, sometimes payable | \$1,089.81                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 28636      | N                            | TREAT TOE DISLOCATION        |                  | 05113 | 36.3872  | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 28645      | N                            | REPAIR TOE DISLOCATION       |                  | 05113 | 36.3872  | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 28660      | T                            | TREAT TOE DISLOCATION        |                  | 05111 | 2.6902   | APC                        | \$163.35                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 28665      | T                            | TREAT TOE DISLOCATION        |                  | 05102 | 2.9784   | APC                        | \$180.85                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 28666      | N                            | TREAT TOE DISLOCATION        |                  | 05113 | 36.3872  | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 28675      | N                            | REPAIR OF TOE DISLOCATION    |                  | 05113 | 36.3872  | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 28705      | N                            | ARTHRODESIS PANTALAR         |                  | 05116 | 206.2381 | Bundled, sometimes payable | \$12,522.78                            |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 28715      | N                            | ARTHRODESIS TRIPLE           |                  | 05115 | 144.2970 | Bundled, sometimes payable | \$8,761.71                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 28725      | N                            | ARTHRODESIS SUBTALAR         |                  | 05115 | 144.2970 | Bundled, sometimes payable | \$8,761.71                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 28730      | N                            | FUSION OF FOOT BONES         |                  | 05115 | 144.2970 | Bundled, sometimes payable | \$8,761.71                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 28735      | N                            | FUSION OF FOOT BONES         |                  | 05115 | 144.2970 | Bundled, sometimes payable | \$8,761.71                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 28737      | N                            | REVISION OF FOOT BONES       |                  | 05115 | 144.2970 | Bundled, sometimes payable | \$8,761.71                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 28740      | N                            | FUSION OF FOOT BONES         |                  | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 28750      | N                            | FUSION OF BIG TOE JOINT      |                  | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 28755      | N                            | FUSION OF BIG TOE JOINT      |                  | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 28760      | N                            | FUSION OF BIG TOE JOINT      |                  | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 28800      | C                            | AMPUTATION OF MIDFOOT        |                  | -     | -        | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 28805      | N                            | AMPUTATION THRU METATARSAL   |                  | 05113 | 36.3872  | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 28810      | N                            | AMPUTATION TOE & METATARSAL  |                  | 05113 | 36.3872  | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 28820      | N                            | AMPUTATION OF TOE            |                  | 05113 | 36.3872  | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 28825      | N                            | PARTIAL AMPUTATION OF TOE    |                  | 05113 | 36.3872  | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 28890      | N                            | HI ENRGY ESWT PLANTAR FASCIA |                  | 05112 | 17.9481  | Bundled, sometimes payable | \$1,089.81                             |                                    |                                           |  | -                       | Y        | 000        | 999        |          |
| 28899      | T                            | UNLISTED PX FOOT/TOES        |                  | 05111 | 2.6902   | APC                        | \$163.35                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 29000      | T                            | APPLICATION OF BODY CAST     |                  | 05102 | 2.9784   | APC                        | \$180.85                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 29010      | T                            | APPLICATION OF BODY CAST     |                  | 05102 | 2.9784   | APC                        | \$180.85                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 29015      | T                            | APPLICATION OF BODY CAST     |                  | 05102 | 2.9784   | APC                        | \$180.85                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 29035      | T                            | APPLICATION OF BODY CAST     |                  | 05102 | 2.9784   | APC                        | \$180.85                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 29040      | T                            | APPLICATION OF BODY CAST     |                  | 05102 | 2.9784   | APC                        | \$180.85                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 29044      | T                            | APPLICATION OF BODY CAST     |                  | 05101 | 1.7696   | APC                        | \$107.45                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 29046      | T                            | APPLICATION OF BODY CAST     |                  | 05102 | 2.9784   | APC                        | \$180.85                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 29049      | T                            | APPLICATION OF FIGURE EIGHT  |                  | 05102 | 2.9784   | APC                        | \$180.85                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 29055      | T                            | APPLICATION OF SHOULDER CAST |                  | 05102 | 2.9784   | APC                        | \$180.85                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 29058      | T                            | APPLICATION OF SHOULDER CAST |                  | 05102 | 2.9784   | APC                        | \$180.85                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 29065      | T                            | APPLICATION OF LONG ARM CAST |                  | 05102 | 2.9784   | APC                        | \$180.85                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 29075      | T                            | APPLICATION OF FOREARM CAST  |                  | 05102 | 2.9784   | APC                        | \$180.85                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 29085      | T                            | APPLY HAND/WRIST CAST        |                  | 05101 | 1.7696   | APC                        | \$107.45                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 29086      | T                            | APPLY FINGER CAST            |                  | 05101 | 1.7696   | APC                        | \$107.45                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 29105      | T                            | APPLY LONG ARM SPLINT        |                  | 05101 | 1.7696   | APC                        | \$107.45                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 29125      | N                            | APPLY FOREARM SPLINT         |                  | 05734 | 1.4456   | Bundled, sometimes payable | \$87.78                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 29126      | N                            | APPLY FOREARM SPLINT         |                  | 05734 | 1.4456   | Bundled, sometimes payable | \$87.78                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 29130      | N                            | APPLICATION OF FINGER SPLINT |                  | 05734 | 1.4456   | Bundled, sometimes payable | \$87.78                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 29131      | N                            | APPLICATION OF FINGER SPLINT |                  | 05733 | 0.6661   | Bundled, sometimes payable | \$40.45                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 29200      | T                            | STRAPPING THORAX             |                  | 05101 | 1.7696   | APC                        | \$107.45                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 29240      | N                            | STRAPPING OF SHOULDER        |                  | 05734 | 1.4456   | Bundled, sometimes payable | \$87.78                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 29260      | N                            | STRAPPING OF ELBOW OR WRIST  |                  | 05733 | 0.6661   | Bundled, sometimes payable | \$40.45                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 29280      | N                            | STRAPPING OF HAND OR FINGER  |                  | 05733 | 0.6661   | Bundled, sometimes payable | \$40.45                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |



**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2025**

| Proc Cd | 2024 APC |     | 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 |
|---------|----------|-----|-------------------------------|---------------|-------|---------|----------------------------|----------------------------------|------------------------------|----------------------------------|----------------------|----------|---------|---------|----------|
|         | Status   | Ind |                               |               |       |         |                            |                                  |                              |                                  |                      |          |         |         |          |
| 29305   | T        |     | APPLICATION OF HIP CAST       |               | 05102 | 2.9784  | APC                        | \$180.85                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 29325   | T        |     | APPLICATION OF HIP CASTS      |               | 05102 | 2.9784  | APC                        | \$180.85                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 29345   | T        |     | APPLICATION OF LONG LEG CAST  |               | 05102 | 2.9784  | APC                        | \$180.85                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 29355   | T        |     | APPLICATION OF LONG LEG CAST  |               | 05102 | 2.9784  | APC                        | \$180.85                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 29358   | T        |     | APPLY LONG LEG CAST BRACE     |               | 05102 | 2.9784  | APC                        | \$180.85                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 29365   | T        |     | APPLICATION OF LONG LEG CAST  |               | 05102 | 2.9784  | APC                        | \$180.85                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 29405   | T        |     | APPLY SHORT LEG CAST          |               | 05102 | 2.9784  | APC                        | \$180.85                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 29425   | T        |     | APPLY SHORT LEG CAST          |               | 05102 | 2.9784  | APC                        | \$180.85                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 29435   | T        |     | APPLY SHORT LEG CAST          |               | 05102 | 2.9784  | APC                        | \$180.85                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 29440   | T        |     | ADDITION OF WALKER TO CAST    |               | 05101 | 1.7696  | APC                        | \$107.45                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 29445   | T        |     | APPLY RIGID LEG CAST          |               | 05102 | 2.9784  | APC                        | \$180.85                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 29450   | T        |     | APPLICATION OF LEG CAST       |               | 05101 | 1.7696  | APC                        | \$107.45                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 29505   | T        |     | APPLICATION LONG LEG SPLINT   |               | 05101 | 1.7696  | APC                        | \$107.45                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 29515   | T        |     | APPLICATION LOWER LEG SPLINT  |               | 05101 | 1.7696  | APC                        | \$107.45                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 29520   | N        |     | STRAPPING OF HIP              |               | 05734 | 1.4456  | Bundled, sometimes payable | \$87.78                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 29530   | N        |     | STRAPPING OF KNEE             |               | 05734 | 1.4456  | Bundled, sometimes payable | \$87.78                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 29540   | T        |     | STRAPPING OF ANKLE AND/OR FT  |               | 05101 | 1.7696  | APC                        | \$107.45                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 29550   | N        |     | STRAPPING OF TOES             |               | 05733 | 0.6661  | Bundled, sometimes payable | \$40.45                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 29580   | T        |     | STRAPPING UNNA BOOT           |               | 05101 | 1.7696  | APC                        | \$107.45                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 29581   | T        |     | APPLY MULTLAY COMPRS LWR LEG  |               | 05101 | 1.7696  | APC                        | \$107.45                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 29584   | T        |     | APPL MULTLAY COMPRS ARM/HAND  |               | 05101 | 1.7696  | APC                        | \$107.45                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 29700   | T        |     | REMOVAL/REVISION OF CAST      |               | 05102 | 2.9784  | APC                        | \$180.85                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 29705   | T        |     | REMOVAL/REVISION OF CAST      |               | 05102 | 2.9784  | APC                        | \$180.85                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 29710   | T        |     | REMOVAL/REVISION OF CAST      |               | 05102 | 2.9784  | APC                        | \$180.85                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 29720   | T        |     | REPAIR OF BODY CAST           |               | 05101 | 1.7696  | APC                        | \$107.45                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 29730   | T        |     | WINDOWING OF CAST             |               | 05101 | 1.7696  | APC                        | \$107.45                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 29740   | T        |     | WEDGING OF CAST               |               | 05102 | 2.9784  | APC                        | \$180.85                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 29750   | T        |     | WEDGING OF CLUBFOOT CAST      |               | 05102 | 2.9784  | APC                        | \$180.85                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 29799   | T        |     | UNLISTED PX CASTING/STRPG     |               | 05101 | 1.7696  | APC                        | \$107.45                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 29800   | N        |     | JAW ARTHROSCOPY/SURGERY       |               | 05113 | 36.3872 | Bundled, sometimes payable | \$2,209.43                       |                              |                                  | Y                    | -        | 000     | 999     |          |
| 29804   | N        |     | JAW ARTHROSCOPY/SURGERY       |               | 05113 | 36.3872 | Bundled, sometimes payable | \$2,209.43                       |                              |                                  | Y                    | -        | 000     | 999     |          |
| 29805   | N        |     | SHO ARTHRS DX +/- SYNOVIAL BX |               | 05113 | 36.3872 | Bundled, sometimes payable | \$2,209.43                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 29806   | N        |     | SHO ARTHRS SRG CAPSULORRAPHY  |               | 05114 | 80.1145 | Bundled, sometimes payable | \$4,864.55                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 29807   | N        |     | SHO ARTHRS SRG RPR SLAP LES   |               | 05114 | 80.1145 | Bundled, sometimes payable | \$4,864.55                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 29819   | N        |     | SHO ARTHRS SRG RMVL LOOSE/FB  |               | 05113 | 36.3872 | Bundled, sometimes payable | \$2,209.43                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 29820   | N        |     | SHO ARTHRS SRG PRTL SYNVCT    |               | 05114 | 80.1145 | Bundled, sometimes payable | \$4,864.55                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 29821   | N        |     | SHO ARTHRS SRG COMPL SYNVCT   |               | 05113 | 36.3872 | Bundled, sometimes payable | \$2,209.43                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 29822   | N        |     | SHO ARTHRS SRG LMTD DBRDMT    |               | 05113 | 36.3872 | Bundled, sometimes payable | \$2,209.43                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 29823   | N        |     | SHO ARTHRS SRG XTNSV DBRDMT   |               | 05113 | 36.3872 | Bundled, sometimes payable | \$2,209.43                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 29824   | N        |     | SHO ARTHRS SRG DSTL CLAVICLC  |               | 05113 | 36.3872 | Bundled, sometimes payable | \$2,209.43                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 29825   | N        |     | SHO ARTHRS SRG LSS&RESCJ ADS  |               | 05113 | 36.3872 | Bundled, sometimes payable | \$2,209.43                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 29826   | N        |     | SHO ARTHRS SRG DECOMPRESSION  |               | -     | -       | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 29827   | N        |     | SHO ARTHRS SRG RT8TR CUF RPR  |               | 05114 | 80.1145 | Bundled, sometimes payable | \$4,864.55                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 29828   | N        |     | SHO ARTHRS SRG BICP TENODSIS  |               | 05114 | 80.1145 | Bundled, sometimes payable | \$4,864.55                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 29830   | N        |     | ELBOW ARTHROSCOPY             |               | 05113 | 36.3872 | Bundled, sometimes payable | \$2,209.43                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 29834   | N        |     | ELBOW ARTHROSCOPY/SURGERY     |               | 05113 | 36.3872 | Bundled, sometimes payable | \$2,209.43                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 29835   | N        |     | ELBOW ARTHROSCOPY/SURGERY     |               | 05113 | 36.3872 | Bundled, sometimes payable | \$2,209.43                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 29836   | N        |     | ELBOW ARTHROSCOPY/SURGERY     |               | 05114 | 80.1145 | Bundled, sometimes payable | \$4,864.55                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 29837   | N        |     | ELBOW ARTHROSCOPY/SURGERY     |               | 05113 | 36.3872 | Bundled, sometimes payable | \$2,209.43                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 29838   | N        |     | ELBOW ARTHROSCOPY/SURGERY     |               | 05113 | 36.3872 | Bundled, sometimes payable | \$2,209.43                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 29840   | N        |     | WRIST ARTHROSCOPY             |               | 05113 | 36.3872 | Bundled, sometimes payable | \$2,209.43                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 29843   | N        |     | WRIST ARTHROSCOPY/SURGERY     |               | 05113 | 36.3872 | Bundled, sometimes payable | \$2,209.43                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 29844   | N        |     | WRIST ARTHROSCOPY/SURGERY     |               | 05113 | 36.3872 | Bundled, sometimes payable | \$2,209.43                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 29845   | N        |     | WRIST ARTHROSCOPY/SURGERY     |               | 05113 | 36.3872 | Bundled, sometimes payable | \$2,209.43                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 29846   | N        |     | WRIST ARTHROSCOPY/SURGERY     |               | 05113 | 36.3872 | Bundled, sometimes payable | \$2,209.43                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 29847   | N        |     | WRIST ARTHROSCOPY/SURGERY     |               | 05114 | 80.1145 | Bundled, sometimes payable | \$4,864.55                       |                              |                                  | -                    | -        | 000     | 999     |          |



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|---------|------------------------------|-----------------------------|------------------|---------------|----------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|         |                              |                             |                  |               |          |                                        |                                    |                                           |                         |          |            |            |          |
| 29848   | N                            | WRIST ENDOSCOPY/SURGERY     |                  | 05112         | 17.9481  | Bundled, sometimes payable             | \$1,089.81                         |                                           | -                       | -        | 000        | 999        |          |
| 29850   | N                            | KNEE ARTHROSCOPY/SURGERY    |                  | 05112         | 17.9481  | Bundled, sometimes payable             | \$1,089.81                         |                                           | -                       | -        | 000        | 999        |          |
| 29851   | N                            | KNEE ARTHROSCOPY/SURGERY    |                  | 05112         | 17.9481  | Bundled, sometimes payable             | \$1,089.81                         |                                           | -                       | -        | 000        | 999        |          |
| 29855   | N                            | TIBIAL ARTHROSCOPY/SURGERY  |                  | 05114         | 80.1145  | Bundled, sometimes payable             | \$4,864.55                         |                                           | -                       | -        | 000        | 999        |          |
| 29856   | N                            | TIBIAL ARTHROSCOPY/SURGERY  |                  | 05115         | 144.2970 | Bundled, sometimes payable             | \$8,761.71                         |                                           | -                       | -        | 000        | 999        |          |
| 29860   | N                            | HIP ARTHROSCOPY DX          |                  | 05114         | 80.1145  | Bundled, sometimes payable             | \$4,864.55                         |                                           | -                       | -        | 000        | 999        |          |
| 29861   | N                            | HIP ARTHRO W/FB REMOVAL     |                  | 05114         | 80.1145  | Bundled, sometimes payable             | \$4,864.55                         |                                           | -                       | -        | 000        | 999        |          |
| 29862   | N                            | HIP ARTHRO W/DEBRIDEMENT    |                  | 05114         | 80.1145  | Bundled, sometimes payable             | \$4,864.55                         |                                           | -                       | -        | 000        | 999        |          |
| 29863   | N                            | HIP ARTHRO W/SYNOVECTOMY    |                  | 05113         | 36.3872  | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 29866   | N                            | AUTGRFT IMPLNT KNEE W/SCOPE |                  | 05114         | 80.1145  | Bundled, sometimes payable             | \$4,864.55                         |                                           | -                       | Y        | 000        | 999        |          |
| 29867   | N                            | ALLGRFT IMPLNT KNEE W/SCOPE |                  | 05115         | 144.2970 | Bundled, sometimes payable             | \$8,761.71                         |                                           | -                       | Y        | 000        | 999        |          |
| 29868   | N                            | MENISCAL TRNSPL KNEE W/SCPE |                  | 05114         | 80.1145  | Bundled, sometimes payable             | \$4,864.55                         |                                           | -                       | Y        | 000        | 999        |          |
| 29870   | N                            | KNEE ARTHROSCOPY DX         |                  | 05113         | 36.3872  | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 29871   | N                            | KNEE ARTHROSCOPY/DRAINAGE   |                  | 05113         | 36.3872  | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 29873   | N                            | KNEE ARTHROSCOPY/SURGERY    |                  | 05113         | 36.3872  | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 29874   | N                            | KNEE ARTHROSCOPY/SURGERY    |                  | 05113         | 36.3872  | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 29875   | N                            | KNEE ARTHROSCOPY/SURGERY    |                  | 05113         | 36.3872  | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 29876   | N                            | KNEE ARTHROSCOPY/SURGERY    |                  | 05113         | 36.3872  | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 29877   | N                            | KNEE ARTHROSCOPY/SURGERY    |                  | 05113         | 36.3872  | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 29879   | N                            | KNEE ARTHROSCOPY/SURGERY    |                  | 05113         | 36.3872  | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 29880   | N                            | KNEE ARTHROSCOPY/SURGERY    |                  | 05113         | 36.3872  | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 29881   | N                            | KNEE ARTHROSCOPY/SURGERY    |                  | 05113         | 36.3872  | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 29882   | N                            | KNEE ARTHROSCOPY/SURGERY    |                  | 05113         | 36.3872  | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 29883   | N                            | KNEE ARTHROSCOPY/SURGERY    |                  | 05113         | 36.3872  | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 29884   | N                            | KNEE ARTHROSCOPY/SURGERY    |                  | 05113         | 36.3872  | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 29885   | N                            | KNEE ARTHROSCOPY/SURGERY    |                  | 05114         | 80.1145  | Bundled, sometimes payable             | \$4,864.55                         |                                           | -                       | -        | 000        | 999        |          |
| 29886   | N                            | KNEE ARTHROSCOPY/SURGERY    |                  | 05113         | 36.3872  | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 29887   | N                            | KNEE ARTHROSCOPY/SURGERY    |                  | 05114         | 80.1145  | Bundled, sometimes payable             | \$4,864.55                         |                                           | -                       | -        | 000        | 999        |          |
| 29888   | N                            | KNEE ARTHROSCOPY/SURGERY    |                  | 05114         | 80.1145  | Bundled, sometimes payable             | \$4,864.55                         |                                           | -                       | -        | 000        | 999        |          |
| 29889   | N                            | KNEE ARTHROSCOPY/SURGERY    |                  | 05115         | 144.2970 | Bundled, sometimes payable             | \$8,761.71                         |                                           | -                       | -        | 000        | 999        |          |
| 29891   | N                            | ANKLE ARTHROSCOPY/SURGERY   |                  | 05113         | 36.3872  | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 29892   | N                            | ANKLE ARTHROSCOPY/SURGERY   |                  | 05114         | 80.1145  | Bundled, sometimes payable             | \$4,864.55                         |                                           | -                       | -        | 000        | 999        |          |
| 29893   | N                            | SCOPE PLANTAR FASCIOTOMY    |                  | 05113         | 36.3872  | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 29894   | N                            | ANKLE ARTHROSCOPY/SURGERY   |                  | 05113         | 36.3872  | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 29895   | N                            | ANKLE ARTHROSCOPY/SURGERY   |                  | 05113         | 36.3872  | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 29897   | N                            | ANKLE ARTHROSCOPY/SURGERY   |                  | 05113         | 36.3872  | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 29898   | N                            | ANKLE ARTHROSCOPY/SURGERY   |                  | 05113         | 36.3872  | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 29899   | N                            | ANKLE ARTHROSCOPY/SURGERY   |                  | 05114         | 80.1145  | Bundled, sometimes payable             | \$4,864.55                         |                                           | -                       | -        | 000        | 999        |          |
| 29900   | N                            | MCP JOINT ARTHROSCOPY DX    |                  | 05113         | 36.3872  | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 29901   | N                            | MCP JOINT ARTHROSCOPY SURG  |                  | 05113         | 36.3872  | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 29902   | N                            | MCP JOINT ARTHROSCOPY SURG  |                  | 05112         | 17.9481  | Bundled, sometimes payable             | \$1,089.81                         |                                           | -                       | -        | 000        | 999        |          |
| 29904   | N                            | SUBTALAR ARTHRO W/FB RMVL   |                  | 05113         | 36.3872  | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 29905   | N                            | SUBTALAR ARTHRO W/EXC       |                  | 05114         | 80.1145  | Bundled, sometimes payable             | \$4,864.55                         |                                           | -                       | -        | 000        | 999        |          |
| 29906   | N                            | SUBTALAR ARTHRO W/DEB       |                  | 05113         | 36.3872  | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 29907   | N                            | SUBTALAR ARTHRO W/FUSION    |                  | 05115         | 144.2970 | Bundled, sometimes payable             | \$8,761.71                         |                                           | -                       | -        | 000        | 999        |          |
| 29914   | N                            | HIP ARTHRO W/FEMOROPLASTY   |                  | 05114         | 80.1145  | Bundled, sometimes payable             | \$4,864.55                         |                                           | -                       | -        | 000        | 999        |          |
| 29915   | N                            | HIP ARTHRO ACETABULOPLASTY  |                  | 05114         | 80.1145  | Bundled, sometimes payable             | \$4,864.55                         |                                           | -                       | -        | 000        | 999        |          |
| 29916   | N                            | HIP ARTHRO W/LABRAL REPAIR  |                  | 05114         | 80.1145  | Bundled, sometimes payable             | \$4,864.55                         |                                           | -                       | -        | 000        | 999        |          |
| 29999   | T                            | UNLISTED PX ARTHROSCOPY     |                  | 05111         | 2.6902   | APC                                    | \$163.35                           |                                           | -                       | -        | 000        | 999        |          |
| 30000   | T                            | DRAINAGE OF NOSE LESION     |                  | 05161         | 2.6043   | APC                                    | \$158.13                           |                                           | -                       | -        | 000        | 999        |          |
| 30020   | T                            | DRAINAGE OF NOSE LESION     |                  | 05162         | 5.7111   | APC                                    | \$346.78                           |                                           | -                       | -        | 000        | 999        |          |
| 3006F   | E                            | CXR DOC REV                 |                  | -             | -        | Not Allowed                            | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 3008F   | E                            | BODY MASS INDEX DOCD        |                  | -             | -        | Not Allowed                            | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 30100   | N                            | INTRANASAL BIOPSY           |                  | 05163         | 16.6121  | Bundled, sometimes payable             | \$1,008.69                         |                                           | -                       | -        | 000        | 999        |          |
| 30110   | N                            | REMOVAL OF NOSE POLYP(S)    |                  | 05163         | 16.6121  | Bundled, sometimes payable             | \$1,008.69                         |                                           | -                       | -        | 000        | 999        |          |
| 30115   | N                            | REMOVAL OF NOSE POLYP(S)    |                  | 05164         | 36.3699  | Bundled, sometimes payable             | \$2,208.38                         |                                           | -                       | -        | 000        | 999        |          |

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| Proc<br>Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC<br>Weight | Method  | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|------------------------------|------------------------------|------------------|---------------|---------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|            |                              |                              |                  |               |         |                                        |                                    |                                           |                         |          |            |            |          |
| 30117      | N                            | REMOVAL OF INTRANASAL LESION |                  | 05164         | 36.3699 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 30118      | N                            | REMOVAL OF INTRANASAL LESION |                  | 05164         | 36.3699 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 3011F      | E                            | LIPID PANEL DOC REV          |                  | -             | -       | Not Allowed                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| 30120      | N                            | REVISION OF NOSE             |                  | 05164         | 36.3699 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 30124      | N                            | REMOVAL OF NOSE LESION       |                  | 05163         | 16.6121 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 30125      | N                            | REMOVAL OF NOSE LESION       |                  | 05165         | 66.3421 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 30130      | N                            | EXCISE INFERIOR TURBINATE    |                  | 05164         | 36.3699 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 30140      | N                            | RESECT INFERIOR TURBINATE    |                  | 05164         | 36.3699 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 3014F      | E                            | SCREEN MAMMO DOC REV         |                  | -             | -       | Not Allowed                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| 30150      | N                            | RHINECTOMY PARTIAL           |                  | 05165         | 66.3421 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 3015F      | E                            | CERV CANCER SCREEN DOCD      |                  | -             | -       | Not Allowed                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| 30160      | N                            | RHINECTOMY TOTAL             |                  | 05165         | 66.3421 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 3016F      | E                            | PT SCRND UNHLTHY OH USE      |                  | -             | -       | Not Allowed                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| 3017F      | E                            | COLORECTAL CA SCREEN DOC REV |                  | -             | -       | Not Allowed                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| 3018F      | E                            | PRE-PRXD RSK ET AL DOCD      |                  | -             | -       | Not Allowed                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| 3019F      | E                            | LVEF ASSESS PLANPOST DSCHRG  |                  | -             | -       | Not Allowed                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| 30200      | T                            | INJECTION TREATMENT OF NOSE  |                  | 05162         | 5.7111  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 3020F      | E                            | LVEF ASSESS                  |                  | -             | -       | Not Allowed                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| 30210      | N                            | NASAL SINUS THERAPY          |                  | 05163         | 16.6121 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 3021F      | E                            | LVEF MOD/SEVER DEPRS SYST    |                  | -             | -       | Not Allowed                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| 30220      | N                            | INSERT NASAL SEPTAL BUTTON   |                  | 05163         | 16.6121 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 3022F      | E                            | LVEF >=40% SYSTOLIC          |                  | -             | -       | Not Allowed                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| 3023F      | E                            | SPIROM DOC REV               |                  | -             | -       | Not Allowed                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| 3025F      | E                            | SPIROM FEV/FVC <70% W/COPD   |                  | -             | -       | Not Allowed                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| 3027F      | E                            | SPIROM FEV/FVC>=70%/W/OCOPD  |                  | -             | -       | Not Allowed                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| 3028F      | E                            | O2 SATURATION DOC REV        |                  | -             | -       | Not Allowed                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| 30300      | N                            | REMOVE NASAL FOREIGN BODY    |                  | 05734         | 1.4456  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 30310      | N                            | REMOVE NASAL FOREIGN BODY    |                  | 05164         | 36.3699 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 30320      | N                            | REMOVE NASAL FOREIGN BODY    |                  | 05163         | 16.6121 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 3035F      | E                            | O2 SATURATION<=88%/PAO<=55   |                  | -             | -       | Not Allowed                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| 3037F      | E                            | O2 SATURATION >88%/PAO>55 HG |                  | -             | -       | Not Allowed                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| 3038F      | E                            | PULM FX W/IN 12 MON B/4 SURG |                  | -             | -       | Not Allowed                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| 30400      | N                            | RECONSTRUCTION OF NOSE       |                  | 05165         | 66.3421 | Bundled, sometimes payable             |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 3040F      | E                            | FEV <40% PREDICTED VALUE     |                  | -             | -       | Not Allowed                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| 30410      | N                            | RECONSTRUCTION OF NOSE       |                  | 05165         | 66.3421 | Bundled, sometimes payable             |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 30420      | N                            | RECONSTRUCTION OF NOSE       |                  | 05165         | 66.3421 | Bundled, sometimes payable             |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 3042F      | E                            | FEV >=40% PREDICTED VALUE    |                  | -             | -       | Not Allowed                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| 30430      | N                            | REVISION OF NOSE             |                  | 05165         | 66.3421 | Bundled, sometimes payable             |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 30435      | N                            | REVISION OF NOSE             |                  | 05165         | 66.3421 | Bundled, sometimes payable             |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 3044F      | E                            | HG A1C LEVEL LT 7.0%         |                  | -             | -       | Not Allowed                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| 30450      | N                            | REVISION OF NOSE             |                  | 05165         | 66.3421 | Bundled, sometimes payable             |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 30460      | N                            | REVISION OF NOSE             |                  | 05165         | 66.3421 | Bundled, sometimes payable             |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 30462      | N                            | REVISION OF NOSE             |                  | 05165         | 66.3421 | Bundled, sometimes payable             |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 30465      | N                            | REPAIR NASAL STENOSIS        |                  | 05165         | 66.3421 | Bundled, sometimes payable             |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 30468      | N                            | RPR NSL VLV COLLAPSE W/IMPLT |                  | 05165         | 66.3421 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 30469      | N                            | RPR NSL VLV COLLAPSE W/RMDLG |                  | 05165         | 66.3421 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 3046F      | E                            | HEMOGLOBIN A1C LEVEL >9.0%   |                  | -             | -       | Not Allowed                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| 3048F      | E                            | LDL-C <100 MG/DL             |                  | -             | -       | Not Allowed                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| 3049F      | E                            | LDL-C 100-129 MG/DL          |                  | -             | -       | Not Allowed                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| 3050F      | E                            | LDL-C >= 130 MG/DL           |                  | -             | -       | Not Allowed                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| 3051F      | E                            | HG A1C>EQUAL 7.0%<8.0%       |                  | -             | -       | Not Allowed                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| 30520      | N                            | REPAIR OF NASAL SEPTUM       |                  | 05164         | 36.3699 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 3052F      | E                            | HG A1C>EQUAL 8.0%<EQUAL 9.0% |                  | -             | -       | Not Allowed                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| 30540      | N                            | RPR CHOANAL ATRESIA NTRANASL |                  | 05165         | 66.3421 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 30545      | N                            | RPR CHOANAL ATRESIA TRSNPLTN |                  | 05165         | 66.3421 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 3055F      | E                            | LVEF LESS THAN/EQUAL TO 35%  |                  | -             | -       | Not Allowed                            |                                    |                                           | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc<br>Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC   |         | Method                     | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|------------------------------|------------------------------|------------------|-------|---------|----------------------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            |                              |                              |                  | APC   | Weight  |                            |                                        |                                    |                                           |  |                         |          |            |            |          |
| 30560      | T                            | LYSIS INTRANASAL SYNECHIA    |                  | 05162 | 5.7111  | APC                        | \$346.78                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 3056F      | E                            | LVEF GREATER THAN 35%        |                  | -     | -       | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 30580      | N                            | REPAIR UPPER JAW FISTULA     |                  | 05165 | 66.3421 | Bundled, sometimes payable | \$4,028.29                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 30600      | N                            | REPAIR MOUTH/NOSE FISTULA    |                  | 05165 | 66.3421 | Bundled, sometimes payable | \$4,028.29                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 3060F      | E                            | POS MICROALBUMINURIA REV     |                  | -     | -       | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 3061F      | E                            | NEG MICROALBUMINURIA REV     |                  | -     | -       | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 30620      | N                            | INTRNASAL RECONSTRUCTION     |                  | 05165 | 66.3421 | Bundled, sometimes payable | \$4,028.29                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 3062F      | E                            | POS MACROALBUMINURIA REV     |                  | -     | -       | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 30630      | N                            | REPAIR NASAL SEPTUM DEFECT   |                  | 05164 | 36.3699 | Bundled, sometimes payable | \$2,208.38                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 3066F      | E                            | NEPHROPATHY DOC TX           |                  | -     | -       | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 3072F      | E                            | LOW RISK FOR RETINOPATHY     |                  | -     | -       | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 3073F      | E                            | PRE-SURG EYE MEASURES DOCD   |                  | -     | -       | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 3074F      | E                            | SYST BP LT 130 MM HG         |                  | -     | -       | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 3075F      | E                            | SYST BP GE 130 - 139MM HG    |                  | -     | -       | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 3077F      | E                            | SYST BP >= 140 MM HG         |                  | -     | -       | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 3078F      | E                            | DIAST BP <80 MM HG           |                  | -     | -       | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 3079F      | E                            | DIAST BP 80-89 MM HG         |                  | -     | -       | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 30801      | N                            | ABLATE INF TURBINATE SUPERF  |                  | 05163 | 16.6121 | Bundled, sometimes payable | \$1,008.69                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 30802      | N                            | ABLATE INF TURBINATE SUBMUC  |                  | 05163 | 16.6121 | Bundled, sometimes payable | \$1,008.69                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 3080F      | E                            | DIAST BP >= 90 MM HG         |                  | -     | -       | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 3082F      | E                            | KT/V <1.2                    |                  | -     | -       | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 3083F      | E                            | KT/V >= 1.2 & <1.7           |                  | -     | -       | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 3084F      | E                            | KT/V >= 1.7                  |                  | -     | -       | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 3085F      | E                            | SUICIDE RISK ASSESSED        |                  | -     | -       | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 3088F      | E                            | MDD MILD                     |                  | -     | -       | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 3089F      | E                            | MDD MODERATE                 |                  | -     | -       | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 30901      | N                            | CONTROL OF NOSEBLEED         |                  | 05734 | 1.4456  | Bundled, sometimes payable | \$87.78                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 30903      | T                            | CONTROL OF NOSEBLEED         |                  | 05734 | 1.4456  | APC                        | \$87.78                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 30905      | T                            | CONTROL OF NOSEBLEED         |                  | 05734 | 1.4456  | APC                        | \$87.78                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 30906      | T                            | REPEAT CONTROL OF NOSEBLEED  |                  | 05161 | 2.6043  | APC                        | \$158.13                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 3090F      | E                            | MDD SEVERE W/O PSYCH         |                  | -     | -       | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 30915      | N                            | LIGATION NASAL SINUS ARTERY  |                  | 05183 | 35.2981 | Bundled, sometimes payable | \$2,143.30                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 3091F      | E                            | MDD SEVERE W/PSYCH           |                  | -     | -       | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 30920      | N                            | LIGATION UPPER JAW ARTERY    |                  | 05183 | 35.2981 | Bundled, sometimes payable | \$2,143.30                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 3092F      | E                            | MDD IN REMISSION             |                  | -     | -       | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 30930      | N                            | THER FX NASAL INF TURBINATE  |                  | 05164 | 36.3699 | Bundled, sometimes payable | \$2,208.38                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 3093F      | E                            | DOC NEW DIAG 1ST/ADDL MDD    |                  | -     | -       | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 3095F      | E                            | CENTRAL DEXA RESULTS DOCD    |                  | -     | -       | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 3096F      | E                            | CENTRAL DEXA ORDERED         |                  | -     | -       | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 30999      | T                            | UNLISTED PROCEDURE NOSE      |                  | 05161 | 2.6043  | APC                        | \$158.13                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 31000      | T                            | IRRIGATION MAXILLARY SINUS   |                  | 05161 | 2.6043  | APC                        | \$158.13                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 31002      | N                            | IRRIGATION SPHENOID SINUS    |                  | 05163 | 16.6121 | Bundled, sometimes payable | \$1,008.69                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 3100F      | E                            | IMAGE TEST REF CAROT DIAM    |                  | -     | -       | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 31020      | N                            | EXPLORATION MAXILLARY SINUS  |                  | 05164 | 36.3699 | Bundled, sometimes payable | \$2,208.38                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 31030      | N                            | EXPLORATION MAXILLARY SINUS  |                  | 05165 | 66.3421 | Bundled, sometimes payable | \$4,028.29                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 31032      | N                            | EXPLORE SINUS REMOVE POLYPS  |                  | 05165 | 66.3421 | Bundled, sometimes payable | \$4,028.29                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 31040      | N                            | EXPLORATION BEHIND UPPER JAW |                  | 05165 | 66.3421 | Bundled, sometimes payable | \$4,028.29                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 31050      | N                            | EXPLORATION SPHENOID SINUS   |                  | 05165 | 66.3421 | Bundled, sometimes payable | \$4,028.29                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 31051      | N                            | SPHENOID SINUS SURGERY       |                  | 05165 | 66.3421 | Bundled, sometimes payable | \$4,028.29                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 31070      | N                            | EXPLORATION OF FRONTAL SINUS |                  | 05165 | 66.3421 | Bundled, sometimes payable | \$4,028.29                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 31075      | N                            | EXPLORATION OF FRONTAL SINUS |                  | 05165 | 66.3421 | Bundled, sometimes payable | \$4,028.29                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 31080      | N                            | REMOVAL OF FRONTAL SINUS     |                  | 05165 | 66.3421 | Bundled, sometimes payable | \$4,028.29                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 31081      | N                            | REMOVAL OF FRONTAL SINUS     |                  | 05165 | 66.3421 | Bundled, sometimes payable | \$4,028.29                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 31084      | N                            | REMOVAL OF FRONTAL SINUS     |                  | 05165 | 66.3421 | Bundled, sometimes payable | \$4,028.29                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 31085      | N                            | REMOVAL OF FRONTAL SINUS     |                  | 05165 | 66.3421 | Bundled, sometimes payable | \$4,028.29                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 31086      | N                            | REMOVAL OF FRONTAL SINUS     |                  | 05165 | 66.3421 | Bundled, sometimes payable | \$4,028.29                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |



**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2025**

| 2024<br>APC |               |                              |                  |               |                            |                          | Outpatient                         |                               | Non-sole                |          |            |            |          |  |
|-------------|---------------|------------------------------|------------------|---------------|----------------------------|--------------------------|------------------------------------|-------------------------------|-------------------------|----------|------------|------------|----------|--|
| Proc<br>Cd  | Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC<br>Weight | Method                     | Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |  |
| 31087       | N             | REMOVAL OF FRONTAL SINUS     |                  | 05165 66.3421 | Bundled, sometimes payable | \$4,028.29               |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 31090       | N             | EXPLORATION OF SINUSES       |                  | 05165 66.3421 | Bundled, sometimes payable | \$4,028.29               |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 3110F       | E             | PRES/ABSN HMRHG/LESION DOCD  |                  | - -           | Not Allowed                | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 3111F       | E             | CT/MRI BRAIN DONE W/IN 24HRS |                  | - -           | Not Allowed                | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 3112F       | E             | CT/MRI BRAIN DONE 24 HRS     |                  | - -           | Not Allowed                | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 3115F       | E             | QUANT RESULTS ACTIVITY &SYMP |                  | - -           | Not Allowed                | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 3117F       | E             | HF ASSESSMENT TOOL COMPLETED |                  | - -           | Not Allowed                | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 3118F       | E             | NY HEART ASSOC CLASS DOCD    |                  | - -           | Not Allowed                | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 3119F       | E             | NO EVAL ACTIVITY CLIN SYMP   |                  | - -           | Not Allowed                | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 31200       | N             | REMOVAL OF ETHMOID SINUS     |                  | 05165 66.3421 | Bundled, sometimes payable | \$4,028.29               |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 31201       | N             | REMOVAL OF ETHMOID SINUS     |                  | 05163 16.6121 | Bundled, sometimes payable | \$1,008.69               |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 31205       | N             | REMOVAL OF ETHMOID SINUS     |                  | 05164 36.3699 | Bundled, sometimes payable | \$2,208.38               |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 3120F       | E             | 12-LEAD ECG PERFORMED        |                  | - -           | Not Allowed                | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 31225       | C             | REMOVAL OF UPPER JAW         |                  | - -           | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 31230       | C             | REMOVAL OF UPPER JAW         |                  | - -           | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 31231       | T             | NASAL ENDOSCOPY DX           |                  | 05151 2.1772  | APC                        | \$132.20                 |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 31233       | T             | NSL/SINS NDSC DX MAX SINUSC  |                  | 05152 4.3548  | APC                        | \$264.42                 |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 31235       | N             | NSL/SINS NDSC DX SPHN SINUSC |                  | 05153 19.3394 | Bundled, sometimes payable | \$1,174.29               |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 31237       | N             | NSL/SINS NDSC SURG BX POLYPC |                  | 05153 19.3394 | Bundled, sometimes payable | \$1,174.29               |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 31238       | N             | NSL/SINS NDSC SRG NSL HEMRRG |                  | 05153 19.3394 | Bundled, sometimes payable | \$1,174.29               |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 31239       | N             | NSL/SINUS ENDOSCOPY SURG DCR |                  | 05154 41.3479 | Bundled, sometimes payable | \$2,510.64               |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 31240       | N             | NSL/SNS NDSC CNCH BULL RESCJ |                  | 05153 19.3394 | Bundled, sometimes payable | \$1,174.29               |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 31241       | N             | NSL/SNS NDSC LIG SPHNPTN ART |                  | 05153 19.3394 | Bundled, sometimes payable | \$1,174.29               |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 31242       | N             | NSL/SINUS NDSC RF ABLTJ PNN  |                  | 05165 66.3421 | Bundled, sometimes payable | \$4,028.29               |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 31243       | N             | NSL/SINUS NDSC CRYOABLTJ PNN |                  | 05165 66.3421 | Bundled, sometimes payable | \$4,028.29               |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 31253       | N             | NSL/SINS NDSC TOTAL          |                  | 05155 77.6331 | Bundled, sometimes payable | \$4,713.88               |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 31254       | N             | NSL/SINS NDSC W/PRTL ETHMDCT |                  | 05155 77.6331 | Bundled, sometimes payable | \$4,713.88               |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 31255       | N             | NSL/SINS NDSC W/TOT ETHMDCT  |                  | 05155 77.6331 | Bundled, sometimes payable | \$4,713.88               |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 31256       | N             | EXPLORATION MAXILLARY SINUS  |                  | 05154 41.3479 | Bundled, sometimes payable | \$2,510.64               |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 31257       | N             | NSL/SINS NDSC TOT W/SPHENDT  |                  | 05155 77.6331 | Bundled, sometimes payable | \$4,713.88               |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 31259       | N             | NSL/SINS NDSC SPHN TISS RMVL |                  | 05155 77.6331 | Bundled, sometimes payable | \$4,713.88               |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 31267       | N             | ENDOSCOPY MAXILLARY SINUS    |                  | 05155 77.6331 | Bundled, sometimes payable | \$4,713.88               |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 3126F       | E             | ESOPH BX RPRT W/DYSPL INFO   |                  | - -           | Not Allowed                | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 31276       | N             | NSL/SINS NDSC FRNT TISS RMVL |                  | 05155 77.6331 | Bundled, sometimes payable | \$4,713.88               |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 31287       | N             | NASAL/SINUS ENDOSCOPY SURG   |                  | 05155 77.6331 | Bundled, sometimes payable | \$4,713.88               |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 31288       | N             | NASAL/SINUS ENDOSCOPY SURG   |                  | 05155 77.6331 | Bundled, sometimes payable | \$4,713.88               |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 31290       | C             | NASAL/SINUS ENDOSCOPY SURG   |                  | - -           | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 31291       | C             | NASAL/SINUS ENDOSCOPY SURG   |                  | - -           | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 31292       | N             | NSL/SINS NDSC MED/INF DCMPRN |                  | 05155 77.6331 | Bundled, sometimes payable | \$4,713.88               |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 31293       | N             | NSL/SINS NDSC MED&INF DCMPRN |                  | 05155 77.6331 | Bundled, sometimes payable | \$4,713.88               |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 31294       | N             | NSL/SINS NDSC SURG ON DCMPRN |                  | 05155 77.6331 | Bundled, sometimes payable | \$4,713.88               |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 31295       | N             | NSL/SINS NDSC SURG MAX SINS  |                  | 05155 77.6331 | Bundled, sometimes payable | \$4,713.88               |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 31296       | N             | NSL/SINS NDSC SURG FRNT SINS |                  | 05155 77.6331 | Bundled, sometimes payable | \$4,713.88               |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 31297       | N             | NSL/SINS NDSC SURG SPHN SINS |                  | 05155 77.6331 | Bundled, sometimes payable | \$4,713.88               |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 31298       | N             | NSL/SINS NDSC SURG FRNT&SPHN |                  | 05155 77.6331 | Bundled, sometimes payable | \$4,713.88               |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 31299       | T             | UNLISTED PX ACCESSORY SINUS  |                  | 05161 2.6043  | APC                        | \$158.13                 |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 31300       | N             | REMOVAL OF LARYNX LESION     |                  | 05164 36.3699 | Bundled, sometimes payable | \$2,208.38               |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 3130F       | E             | UPPER GI ENDOSCOPY PERFORMED |                  | - -           | Not Allowed                | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 3132F       | E             | DOC REF UPPER GI ENDOSCOPY   |                  | - -           | Not Allowed                | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 31360       | C             | REMOVAL OF LARYNX            |                  | - -           | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 31365       | C             | REMOVAL OF LARYNX            |                  | - -           | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 31367       | C             | PARTIAL REMOVAL OF LARYNX    |                  | - -           | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 31368       | C             | PARTIAL REMOVAL OF LARYNX    |                  | - -           | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 31370       | C             | PARTIAL REMOVAL OF LARYNX    |                  | - -           | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 31375       | C             | PARTIAL REMOVAL OF LARYNX    |                  | - -           | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 31380       | C             | PARTIAL REMOVAL OF LARYNX    |                  | - -           | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |  |



Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc<br>Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC   | APC<br>Weight | Method                     | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|------------------------------|------------------------------|------------------|-------|---------------|----------------------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|            |                              |                              |                  |       |               |                            |                                        |                                    |                                           |                         |          |            |            |          |
| 31382      | C                            | PARTIAL REMOVAL OF LARYNX    |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31390      | C                            | REMOVAL OF LARYNX & PHARYNX  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31395      | C                            | RECONSTRUCT LARYNX & PHARYNX |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31400      | N                            | REVISION OF LARYNX           |                  | 05165 | 66.3421       | Bundled, sometimes payable | \$4,028.29                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 3140F      | E                            | UPPER GI ENDO SHOWS BARRTTS  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 3141F      | E                            | UPPER GI ENDO NOT BARRTTS    |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31420      | N                            | EPIGLOTTIDECTOMY             |                  | 05165 | 66.3421       | Bundled, sometimes payable | \$4,028.29                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 3142F      | E                            | BARIUM SWALLOW TEST ORDERED  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31500      | T                            | INSERT EMERGENCY AIRWAY      |                  | 05161 | 2.6043        | APC                        | \$158.13                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31502      | T                            | CHANGE OF WINDPIPE AIRWAY    |                  | 05161 | 2.6043        | APC                        | \$158.13                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31505      | T                            | DIAGNOSTIC LARYNGOSCOPY      |                  | 05151 | 2.1772        | APC                        | \$132.20                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 3150F      | E                            | FORCEPS ESOPH BIOPSY DONE    |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31510      | N                            | LARYNGOSCOPY WITH BIOPSY     |                  | 05154 | 41.3479       | Bundled, sometimes payable | \$2,510.64                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31511      | T                            | REMOVE FOREIGN BODY LARYNX   |                  | 05151 | 2.1772        | APC                        | \$132.20                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31512      | N                            | REMOVAL OF LARYNX LESION     |                  | 05154 | 41.3479       | Bundled, sometimes payable | \$2,510.64                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31513      | T                            | INJECTION INTO VOCAL CORD    |                  | 05152 | 4.3548        | APC                        | \$264.42                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31515      | T                            | LARYNGOSCOPY FOR ASPIRATION  |                  | 05152 | 4.3548        | APC                        | \$264.42                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31520      | T                            | DX LARYNGOSCOPY NEWBORN      |                  | 05152 | 4.3548        | APC                        | \$264.42                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31525      | N                            | DX LARYNGOSCOPY EXCL NB      |                  | 05153 | 19.3394       | Bundled, sometimes payable | \$1,174.29                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31526      | N                            | DX LARYNGOSCOPY W/OPER SCOPE |                  | 05153 | 19.3394       | Bundled, sometimes payable | \$1,174.29                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31527      | N                            | LARYNGOSCOPY FOR TREATMENT   |                  | 05154 | 41.3479       | Bundled, sometimes payable | \$2,510.64                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31528      | N                            | LARYNGOSCOPY AND DILATION    |                  | 05154 | 41.3479       | Bundled, sometimes payable | \$2,510.64                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31529      | N                            | LARYNGOSCOPY AND DILATION    |                  | 05154 | 41.3479       | Bundled, sometimes payable | \$2,510.64                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31530      | N                            | LARYNGOSCOPY W/FB REMOVAL    |                  | 05153 | 19.3394       | Bundled, sometimes payable | \$1,174.29                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31531      | N                            | LARYNGOSCOPY W/FB & OP SCOPE |                  | 05154 | 41.3479       | Bundled, sometimes payable | \$2,510.64                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31535      | N                            | LARYNGOSCOPY W/BIOPSY        |                  | 05154 | 41.3479       | Bundled, sometimes payable | \$2,510.64                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31536      | N                            | LARYNGOSCOPY W/BX & OP SCOPE |                  | 05154 | 41.3479       | Bundled, sometimes payable | \$2,510.64                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31540      | N                            | LARYNGOSCOPY W/EXC OF TUMOR  |                  | 05154 | 41.3479       | Bundled, sometimes payable | \$2,510.64                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31541      | N                            | LARYNSCOP W/TUMR EXC + SCOPE |                  | 05154 | 41.3479       | Bundled, sometimes payable | \$2,510.64                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31545      | N                            | REMOVE VC LESION W/SCOPE     |                  | 05154 | 41.3479       | Bundled, sometimes payable | \$2,510.64                             |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 31546      | N                            | REMOVE VC LESION SCOPE/GRAFT |                  | 05155 | 77.6331       | Bundled, sometimes payable | \$4,713.88                             |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 31551      | N                            | LARYNGOPLASTY LARYNGEAL STEN |                  | 05165 | 66.3421       | Bundled, sometimes payable | \$4,028.29                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31552      | N                            | LARYNGOPLASTY LARYNGEAL STEN |                  | 05165 | 66.3421       | Bundled, sometimes payable | \$4,028.29                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31553      | N                            | LARYNGOPLASTY LARYNGEAL STEN |                  | 05165 | 66.3421       | Bundled, sometimes payable | \$4,028.29                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31554      | N                            | LARYNGOPLASTY LARYNGEAL STEN |                  | 05165 | 66.3421       | Bundled, sometimes payable | \$4,028.29                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 3155F      | E                            | CYTOGEN TEST MARROW B/4 TX   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31560      | N                            | LARYNGOSCOP W/ARYTENOIDECTOM |                  | 05155 | 77.6331       | Bundled, sometimes payable | \$4,713.88                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31561      | N                            | LARYNSCOP REMVE CART + SCOP  |                  | 05155 | 77.6331       | Bundled, sometimes payable | \$4,713.88                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31570      | N                            | LARYNGOSCOPE W/VC INJ        |                  | 05154 | 41.3479       | Bundled, sometimes payable | \$2,510.64                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31571      | N                            | LARYNGOSCOP W/VC INJ + SCOPE |                  | 05154 | 41.3479       | Bundled, sometimes payable | \$2,510.64                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31572      | N                            | LARGSC W/LASER DSTRJ LES     |                  | 05154 | 41.3479       | Bundled, sometimes payable | \$2,510.64                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31573      | N                            | LARGSC W/THER INJECTION      |                  | 05153 | 19.3394       | Bundled, sometimes payable | \$1,174.29                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31574      | N                            | LARGSC W/NJX AUGMENTATION    |                  | 05153 | 19.3394       | Bundled, sometimes payable | \$1,174.29                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31575      | T                            | DIAGNOSTIC LARYNGOSCOPY      |                  | 05151 | 2.1772        | APC                        | \$132.20                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31576      | N                            | LARYNGOSCOPY WITH BIOPSY     |                  | 05153 | 19.3394       | Bundled, sometimes payable | \$1,174.29                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31577      | T                            | LARGSC W/RMVL FOREIGN BDY(S) |                  | 05152 | 4.3548        | APC                        | \$264.42                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31578      | N                            | LARGSC W/REMOVAL LESION      |                  | 05154 | 41.3479       | Bundled, sometimes payable | \$2,510.64                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31579      | T                            | LARYNGOSCOPY TELESCOPIC      |                  | 05152 | 4.3548        | APC                        | \$264.42                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31580      | N                            | LARYNGOPLASTY LARYNGEAL WEB  |                  | 05165 | 66.3421       | Bundled, sometimes payable | \$4,028.29                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31584      | N                            | LARYNGOPLASTY FX RDCTJ FIXJ  |                  | 05165 | 66.3421       | Bundled, sometimes payable | \$4,028.29                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31587      | N                            | LARYNGOPLASTY CRICOID SPLIT  |                  | 05165 | 66.3421       | Bundled, sometimes payable | \$4,028.29                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31590      | N                            | REINNERVATE LARYNX           |                  | 05165 | 66.3421       | Bundled, sometimes payable | \$4,028.29                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31591      | N                            | LARYNGOPLASTY MEDIALIZATION  |                  | 05165 | 66.3421       | Bundled, sometimes payable | \$4,028.29                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31592      | N                            | CRICOTRACHEAL RESECTION      |                  | 05165 | 66.3421       | Bundled, sometimes payable | \$4,028.29                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31599      | T                            | UNLISTED PROCEDURE LARYNX    |                  | 05161 | 2.6043        | APC                        | \$158.13                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31600      | N                            | PLANNED TRACHEOSTOMY         |                  | 05164 | 36.3699       | Bundled, sometimes payable | \$2,208.38                             |                                    |                                           | -                       | -        | 000        | 999        |          |

**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2025**

| Proc Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC<br>Weight | Method  | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|---------|------------------------------|------------------------------|------------------|---------------|---------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|         |                              |                              |                  |               |         |                                        |                                    |                                           |                         |          |            |            |          |
| 31601   | N                            | PLANNED TRACHEOSTOMY<2 YRS   |                  | 05165         | 66.3421 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 1          |          |
| 31603   | N                            | EMER TRACHEOSTOMY TTRACH     |                  | 05163         | 16.6121 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31605   | T                            | EMER TRACHEOSTOMY CTHYR MEM  |                  | 05161         | 2.6043  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 3160F   | E                            | DOC FE+ STORES B/4 EPO THX   |                  | -             | -       | Not Allowed                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31610   | N                            | TRACHEOSTOMY FENEST SKIN FLP |                  | 05165         | 66.3421 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31611   | N                            | CONSTJ TRACHESOPHGL FSTL     |                  | 05164         | 36.3699 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31612   | N                            | PERQ TRCHL PNXR TTRACH ASPIR |                  | 05164         | 36.3699 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31613   | N                            | TRACHEOSTOMA REVJ SIMPLE     |                  | 05164         | 36.3699 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31614   | N                            | TRACHEOSTOMA REVJ COMPLEX    |                  | 05165         | 66.3421 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31615   | T                            | TRCHEOBRNCHSC EST TRACHS INC |                  | 05162         | 5.7111  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31622   | N                            | DX BRONCHOSCOPE/WASH         |                  | 05153         | 19.3394 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31623   | N                            | DX BRONCHOSCOPE/BRUSH        |                  | 05153         | 19.3394 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31624   | N                            | DX BRONCHOSCOPE/LAVAGE       |                  | 05153         | 19.3394 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31625   | N                            | BRONCHOSCOPY W/BIOPSY(S)     |                  | 05153         | 19.3394 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31626   | N                            | BRONCHOSCOPY W/MARKERS       |                  | 05155         | 77.6331 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31627   | N                            | NAVIGATIONAL BRONCHOSCOPY    |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31628   | N                            | BRONCHOSCOPY/LUNG BX EACH    |                  | 05154         | 41.3479 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31629   | N                            | BRONCHOSCOPY/NEEDLE BX EACH  |                  | 05154         | 41.3479 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31630   | N                            | BRONCHOSCOPY DILATE/FX REPR  |                  | 05154         | 41.3479 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31631   | N                            | BRONCHOSCOPY DILATE W/STENT  |                  | 05155         | 77.6331 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31632   | N                            | BRONCHOSCOPY/LUNG BX ADDL    |                  | -             | -       | Bundled                                |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 31633   | N                            | BRONCHOSCOPY/NEEDLE BX ADDL  |                  | -             | -       | Bundled                                |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 31634   | N                            | BRONCH W/BALLOON OCCLUSION   |                  | 05155         | 77.6331 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31635   | N                            | BRONCHOSCOPY W/FB REMOVAL    |                  | 05153         | 19.3394 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31636   | N                            | BRONCHOSCOPY BRONCH STENTS   |                  | 05155         | 77.6331 | Bundled, sometimes payable             |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 31637   | N                            | BRONCHOSCOPY STENT ADD-ON    |                  | -             | -       | Bundled                                |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 31638   | N                            | BRONCHOSCOPY REVISE STENT    |                  | 05155         | 77.6331 | Bundled, sometimes payable             |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 31640   | N                            | BRONCHOSCOPY W/TUMOR EXCISE  |                  | 05154         | 41.3479 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31641   | N                            | BRONCHOSCOPY TREAT BLOCKAGE  |                  | 05154         | 41.3479 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31643   | N                            | DIAG BRONCHOSCOPE/CATHETER   |                  | 05153         | 19.3394 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31645   | N                            | BRNCHSC W/THER ASPIR 1ST     |                  | 05153         | 19.3394 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31646   | T                            | BRNCHSC W/THER ASPIR SBSQ    |                  | 05152         | 4.3548  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31647   | N                            | BRONCHIAL VALVE INIT INSERT  |                  | 05155         | 77.6331 | Bundled, sometimes payable             |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 31648   | N                            | BRONCHIAL VALVE REMOV INIT   |                  | 05154         | 41.3479 | Bundled, sometimes payable             |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 31649   | N                            | BRONCHIAL VALVE REMOV ADDL   |                  | 05153         | 19.3394 | Bundled, sometimes payable             |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 31651   | N                            | BRONCHIAL VALVE ADDL INSERT  |                  | -             | -       | Bundled                                |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 31652   | N                            | BRONCH EBUS SAMPLNG 1/2 NODE |                  | 05154         | 41.3479 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31653   | N                            | BRONCH EBUS SAMPLNG 3/> NODE |                  | 05154         | 41.3479 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31654   | N                            | BRONCH EBUS IVNTJ PERPH LES  |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31660   | N                            | BRONCH THERMOPLSTY 1 LOBE    |                  | 05155         | 77.6331 | Bundled, sometimes payable             |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 31661   | N                            | BRONCH THERMOPLSTY 2/> LOBES |                  | 05155         | 77.6331 | Bundled, sometimes payable             |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 3170F   | E                            | BASELIN FLO CYTOMETRY B/4 TX |                  | -             | -       | Not Allowed                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31717   | T                            | BRONCHIAL BRUSH BIOPSY       |                  | 05152         | 4.3548  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31720   | N                            | CLEARANCE OF AIRWAYS         |                  | 05791         | 2.2810  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31725   | C                            | CLEARANCE OF AIRWAYS         |                  | -             | -       | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31730   | N                            | INTRO WINDPIPE WIRE/TUBE     |                  | 05153         | 19.3394 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31750   | N                            | TRACHEOPLASTY CERVICAL       |                  | 05165         | 66.3421 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31755   | N                            | TRACHPLSTY TRCHPHRYNGL FSTLJ |                  | 05165         | 66.3421 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31760   | C                            | TRACHEOPLASTY INTRATHORACIC  |                  | -             | -       | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31766   | C                            | CARINAL RECONSTRUCTION       |                  | -             | -       | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31770   | C                            | REPAIR/GRAFT OF BRONCHUS     |                  | -             | -       | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31775   | C                            | RECONSTRUCT BRONCHUS         |                  | -             | -       | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31780   | C                            | RECONSTRUCT WINDPIPE         |                  | -             | -       | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31781   | C                            | RECONSTRUCT WINDPIPE         |                  | -             | -       | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31785   | N                            | REMOVE WINDPIPE LESION       |                  | 05165         | 66.3421 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31786   | C                            | REMOVE WINDPIPE LESION       |                  | -             | -       | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
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| Proc Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC   | APC<br>Weight | Method                     | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|---------|------------------------------|------------------------------|------------------|-------|---------------|----------------------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|         |                              |                              |                  |       |               |                            |                                        |                                    |                                           |                         |          |            |            |          |
| 31800   | C                            | REPAIR OF WINDPIPE INJURY    |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31805   | C                            | REPAIR OF WINDPIPE INJURY    |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31820   | N                            | CLOSURE OF WINDPIPE LESION   |                  | 05164 | 36.3699       | Bundled, sometimes payable | \$2,208.38                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31825   | N                            | REPAIR OF WINDPIPE DEFECT    |                  | 05164 | 36.3699       | Bundled, sometimes payable | \$2,208.38                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31830   | N                            | REVISE WINDPIPE SCAR         |                  | 05164 | 36.3699       | Bundled, sometimes payable | \$2,208.38                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 31899   | T                            | UNLISTED PX TRACHEA BRONCHI  |                  | 05151 | 2.1772        | APC                        | \$132.20                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 3200F   | E                            | BARIUM SWALLOW TEST NOT REQ  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 32035   | C                            | THORACOSTOMY W/RIB RESECTION |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 32036   | C                            | THORACOSTOMY W/FLAP DRAINAGE |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 32096   | C                            | OPEN WEDGE/BX LUNG INFILTR   |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 32097   | C                            | OPEN WEDGE/BX LUNG NODULE    |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 32098   | C                            | OPEN BIOPSY OF LUNG PLEURA   |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 32100   | C                            | EXPLORATION OF CHEST         |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 3210F   | E                            | GRP A STREP TEST PERFORMED   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 32110   | C                            | EXPLORE/REPAIR CHEST         |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 32120   | C                            | RE-EXPLORATION OF CHEST      |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 32124   | C                            | EXPLORE CHEST FREE ADHESIONS |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 32140   | C                            | REMOVAL OF LUNG LESION(S)    |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 32141   | C                            | REMOVE/TREAT LUNG LESIONS    |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 32150   | C                            | REMOVAL OF LUNG LESION(S)    |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 32151   | C                            | REMOVE LUNG FOREIGN BODY     |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 3215F   | E                            | PT IMMUNITY TO HEP A DOCD    |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 32160   | C                            | OPEN CHEST HEART MASSAGE     |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 3216F   | E                            | PT IMMUNITY TO HEP B DOCD    |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 3218F   | E                            | RNA TSTNG HEP C DOCD DONE    |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 32200   | C                            | DRAIN OPEN LUNG LESION       |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 3220F   | E                            | HEP C QUANT RNA TSTNG DOCD   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 32215   | C                            | TREAT CHEST LINING           |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 32220   | C                            | RELEASE OF LUNG              |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 32225   | C                            | PARTIAL RELEASE OF LUNG      |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 3230F   | E                            | NOTE HRING TST W/IN 6 MON    |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 32310   | C                            | REMOVAL OF CHEST LINING      |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 32320   | C                            | FREE/REMOVE CHEST LINING     |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 32400   | N                            | NEEDLE BIOPSY CHEST LINING   |                  | 05072 | 18.1704       | Bundled, sometimes payable | \$1,103.31                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 32408   | N                            | CORE NDL BX LNG/MED PERQ     |                  | 05072 | 18.1704       | Bundled, sometimes payable | \$1,103.31                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 32440   | C                            | REMOVE LUNG PNEUMONECTOMY    |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 32442   | C                            | SLEEVE PNEUMONECTOMY         |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 32445   | C                            | REMOVAL OF LUNG EXTRAPLEURAL |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 32480   | C                            | PARTIAL REMOVAL OF LUNG      |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 32482   | C                            | BILOBECTOMY                  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 32484   | C                            | SEGMENTECTOMY                |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 32486   | C                            | SLEEVE LOBECTOMY             |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 32488   | C                            | COMPLETION PNEUMONECTOMY     |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 32491   | C                            | LUNG VOLUME REDUCTION        |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 32501   | C                            | REPAIR BRONCHUS ADD-ON       |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 32503   | C                            | RESECT APICAL LUNG TUMOR     |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 32504   | C                            | RESECT APICAL LUNG TUM/CHEST |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 32505   | C                            | WEDGE RESECT OF LUNG INITIAL |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 32506   | C                            | WEDGE RESECT OF LUNG ADD-ON  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 32507   | C                            | WEDGE RESECT OF LUNG DIAG    |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 3250F   | E                            | NONPRIM LOC ANAT BX SITE TUM |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 32540   | C                            | REMOVAL OF LUNG LESION       |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 32550   | N                            | INSERT PLEURAL CATH          |                  | 05341 | 39.5772       | Bundled, sometimes payable | \$2,403.13                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 32551   | N                            | INSERTION OF CHEST TUBE      |                  | 05182 | 17.4213       | Bundled, sometimes payable | \$1,057.82                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 32552   | N                            | REMOVE LUNG CATHETER         |                  | 05181 | 6.9336        | Bundled, sometimes payable | \$421.01                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 32553   | S                            | INS MARK THOR FOR RT PERQ    |                  | 05613 | 15.3446       | APC                        | \$931.72                               |                                    |                                           | -                       | -        | 000        | 999        |          |

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| 2024<br>APC |               |                               |                  |                |                            | Outpatient               | Sole Comm.           | Non-sole             |                         |          | Min | Max | Comments |
|-------------|---------------|-------------------------------|------------------|----------------|----------------------------|--------------------------|----------------------|----------------------|-------------------------|----------|-----|-----|----------|
| Proc<br>Cd  | Status<br>Ind | Proc Desc                     | Proc<br>Modifier | APC<br>Weight  | Method                     | Hospital Fee<br>Schedule | Hospital Lab<br>Fees | Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Age | Age |          |
| 32554       | T             | ASPIRATE PLEURA W/O IMAGING   |                  | 05181 6.9336   | APC                        | \$370.51                 |                      |                      | -                       | Y        | 000 | 999 |          |
| 32555       | T             | ASPIRATE PLEURA W/ IMAGING    |                  | 05181 6.9336   | APC                        | \$370.51                 |                      |                      | -                       | Y        | 000 | 999 |          |
| 32556       | N             | INSERT CATH PLEURA W/O IMAGE  |                  | 05302 21.2741  | Bundled, sometimes payable | \$1,291.76               |                      |                      | -                       | Y        | 000 | 999 |          |
| 32557       | N             | INSERT CATH PLEURA W/ IMAGE   |                  | 05182 17.4213  | Bundled, sometimes payable | \$1,057.82               |                      |                      | -                       | Y        | 000 | 999 |          |
| 32560       | T             | TREAT PLEURODESIS W/AGENT     |                  | 05181 6.9336   | APC                        | \$421.01                 |                      |                      | -                       | -        | 000 | 999 |          |
| 32561       | T             | LYSE CHEST FIBRIN INIT DAY    |                  | 05181 6.9336   | APC                        | \$421.01                 |                      |                      | -                       | -        | 000 | 999 |          |
| 32562       | T             | LYSE CHEST FIBRIN SUBQ DAY    |                  | 05181 6.9336   | APC                        | \$421.01                 |                      |                      | -                       | -        | 000 | 999 |          |
| 32601       | N             | THORACOSCOPY DIAGNOSTIC       |                  | 05361 65.4304  | Bundled, sometimes payable | \$3,972.93               |                      |                      | -                       | -        | 000 | 999 |          |
| 32604       | N             | THORACOSCOPY WBX SAC          |                  | 05362 116.7583 | Bundled, sometimes payable | \$7,089.56               |                      |                      | -                       | -        | 000 | 999 |          |
| 32606       | N             | THORACOSCOPY W/BX MED SPACE   |                  | 05361 65.4304  | Bundled, sometimes payable | \$3,972.93               |                      |                      | -                       | -        | 000 | 999 |          |
| 32607       | N             | THORACOSCOPY W/BX INFILTRATE  |                  | 05362 116.7583 | Bundled, sometimes payable | \$7,089.56               |                      |                      | -                       | -        | 000 | 999 |          |
| 32608       | N             | THORACOSCOPY W/BX NODULE      |                  | 05362 116.7583 | Bundled, sometimes payable | \$7,089.56               |                      |                      | -                       | -        | 000 | 999 |          |
| 32609       | N             | THORACOSCOPY W/BX PLEURA      |                  | 05361 65.4304  | Bundled, sometimes payable | \$3,972.93               |                      |                      | -                       | -        | 000 | 999 |          |
| 3260F       | E             | PT CAT/PN CAT/HIST GRD DOCD   |                  | - -            | Not Allowed                | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 32650       | C             | THORACOSCOPY W/PLEURODESIS    |                  | - -            | IP Only                    | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 32651       | C             | THORACOSCOPY REMOVE CORTEX    |                  | - -            | IP Only                    | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 32652       | C             | THORACOSCOPY REM TOTL CORTEX  |                  | - -            | IP Only                    | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 32653       | C             | THORACOSCOPY REMOV FB/FIBRIN  |                  | - -            | IP Only                    | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 32654       | C             | THORACOSCOPY CONTRL BLEEDING  |                  | - -            | IP Only                    | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 32655       | C             | THORACOSCOPY RESECT BULLAE    |                  | - -            | IP Only                    | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 32656       | C             | THORACOSCOPY W/PLEURECTOMY    |                  | - -            | IP Only                    | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 32658       | C             | THORACOSCOPY W/SAC FB REMOVE  |                  | - -            | IP Only                    | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 32659       | C             | THORACOSCOPY W/SAC DRAINAGE   |                  | - -            | IP Only                    | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 3265F       | E             | RNA TSTNG HEPC VIR ORD/DOCD   |                  | - -            | Not Allowed                | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 32661       | C             | THORACOSCOPY W/PERICARD EXC   |                  | - -            | IP Only                    | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 32662       | C             | THORACOSCOPY W/MEDIAST EXC    |                  | - -            | IP Only                    | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 32663       | C             | THORACOSCOPY W/LOBECTOMY      |                  | - -            | IP Only                    | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 32664       | C             | THORACOSCOPY W/ TH NRV EXC    |                  | - -            | IP Only                    | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 32665       | C             | THORACOSCOPY W/ESOPH MUSC EXC |                  | - -            | IP Only                    | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 32666       | C             | THORACOSCOPY W/WEDGE RESECT   |                  | - -            | IP Only                    | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 32667       | C             | THORACOSCOPY W/W RESECT ADDL  |                  | - -            | IP Only                    | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 32668       | C             | THORACOSCOPY W/W RESECT DIAG  |                  | - -            | IP Only                    | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 32669       | C             | THORACOSCOPY REMOVE SEGMENT   |                  | - -            | IP Only                    | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 3266F       | E             | HEPC GN TSTNG DOCD B/4TXMNT   |                  | - -            | Not Allowed                | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 32670       | C             | THORACOSCOPY BILOBECTOMY      |                  | - -            | IP Only                    | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 32671       | C             | THORACOSCOPY PNEUMONECTOMY    |                  | - -            | IP Only                    | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 32672       | C             | THORACOSCOPY FOR LVRS         |                  | - -            | IP Only                    | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 32673       | C             | THORACOSCOPY W/THYMUS RESECT  |                  | - -            | IP Only                    | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 32674       | C             | THORACOSCOPY LYMPH NODE EXC   |                  | - -            | IP Only                    | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 3267F       | E             | PATH RPRT W/ PT PN CAT ET AL  |                  | - -            | Not Allowed                | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 3268F       | E             | PSA/T/GLSC DOCD B/4 TXMNT     |                  | - -            | Not Allowed                | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 3269F       | E             | BONE SCN B/4 TXMNT/AFTR DX    |                  | - -            | Not Allowed                | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 32701       | E             | THORAX STEREO RAD TARGETW/TX  |                  | - -            | Not Allowed                | \$0.00                   |                      |                      | -                       | Y        | 000 | 999 |          |
| 3270F       | E             | NO BONE SCN B/4 TXMNT/AFTRDX  |                  | - -            | Not Allowed                | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 3271F       | E             | LOW RISK PROSTATE CANCER      |                  | - -            | Not Allowed                | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 3272F       | E             | MED RISK PROSTATE CANCER      |                  | - -            | Not Allowed                | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 3273F       | E             | HIGH RISK PROSTATE CANCER     |                  | - -            | Not Allowed                | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 3274F       | E             | PROST CNCR RSK NOT LW/MD/HGH  |                  | - -            | Not Allowed                | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 3278F       | E             | SERUM LVLS CA/IPTH/LPD ORD    |                  | - -            | Not Allowed                | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 3279F       | E             | HGB LVL >= 13 G/DL            |                  | - -            | Not Allowed                | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 32800       | C             | REPAIR LUNG HERNIA            |                  | - -            | IP Only                    | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 3280F       | E             | HGB LVL 11-12.9 G/DL          |                  | - -            | Not Allowed                | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 32810       | C             | CLOSE CHEST AFTER DRAINAGE    |                  | - -            | IP Only                    | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 32815       | C             | CLOSE BRONCHIAL FISTULA       |                  | - -            | IP Only                    | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 3281F       | E             | HGB LVL <11 G/DL              |                  | - -            | Not Allowed                | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 32820       | C             | RECONSTRUCT INJURED CHEST     |                  | - -            | IP Only                    | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |



Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc<br>Cd | 2024<br>APC<br>Status |  | Proc Desc                    | Proc<br>Modifier | APC   | APC<br>Weight | Method                     | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-----------------------|--|------------------------------|------------------|-------|---------------|----------------------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Ind                   |  |                              |                  |       |               |                            |                                        |                                    |                                           |  |                         |          |            |            |          |
| 3284F      | E                     |  | IOP RED >=15% PRE-NTRV LVL   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 32850      | C                     |  | DONOR PNEUMONECTOMY          |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | Y        | 000        | 999        |          |
| 32851      | C                     |  | LUNG TRANSPLANT SINGLE       |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | Y                       | Y        | 000        | 999        |          |
| 32852      | C                     |  | LUNG TRANSPLANT WITH BYPASS  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | Y                       | Y        | 000        | 999        |          |
| 32853      | C                     |  | LUNG TRANSPLANT DOUBLE       |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | Y                       | Y        | 000        | 999        |          |
| 32854      | C                     |  | LUNG TRANSPLANT WITH BYPASS  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | Y                       | Y        | 000        | 999        |          |
| 32855      | C                     |  | PREPARE DONOR LUNG SINGLE    |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | Y        | 000        | 999        |          |
| 32856      | C                     |  | PREPARE DONOR LUNG DOUBLE    |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | Y        | 000        | 999        |          |
| 3285F      | E                     |  | IOP DOWN <15% OF PRE-SVC LVL |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 3288F      | E                     |  | FALL RISK ASSESSMENT DOCD    |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 32900      | C                     |  | REMOVAL OF RIB(S)            |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 32905      | C                     |  | REVISE & REPAIR CHEST WALL   |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 32906      | C                     |  | REVISE & REPAIR CHEST WALL   |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 3290F      | E                     |  | PT=D(RH)- AND UNSENSITIZED   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 3291F      | E                     |  | PT=D(RH)+ OR SENSITIZED      |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 3292F      | E                     |  | HIV TSTNG ASKED/DOCD/REVWD   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 3293F      | E                     |  | ABO RH BLOOD TYPING DOCD     |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 32940      | C                     |  | REVISION OF LUNG             |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 3294F      | E                     |  | GRP B STREP SCREENING DOCD   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 32960      | T                     |  | THERAPEUTIC PNEUMOTHORAX     |                  | 05181 | 6.9336        | APC                        | \$421.01                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 32994      | N                     |  | ABLATE PULM TUMOR PERQ CRYBL |                  | 05362 | 116.7583      | Bundled, sometimes payable | \$7,089.56                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 32997      | C                     |  | TOTAL LUNG LAVAGE            |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 32998      | N                     |  | ABLATE PULM TUMOR PERQ RF    |                  | 05361 | 65.4304       | Bundled, sometimes payable | \$3,972.93                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 32999      | T                     |  | UNLISTED PX LUNGS & PLEURA   |                  | 05181 | 6.9336        | APC                        | \$421.01                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 3300F      | E                     |  | AJCC STAGE DOCD B/4 THXPY    |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33016      | N                     |  | PERICARDIOCENTESIS W/IMAGING |                  | 05182 | 17.4213       | Bundled, sometimes payable | \$1,057.82                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33017      | E                     |  | PRCRD DRG 6YR+ W/O CGEN CAR  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 006        | 999        |          |
| 33018      | E                     |  | PRCRD DRG 0-5YR OR W/ANOMLY  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 005        | 999        |          |
| 33019      | E                     |  | PERQ PRCRD DRG INSJ CATH CT  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 3301F      | E                     |  | CANCER STAGE DOCD METAST     |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33020      | C                     |  | INCISION OF HEART SAC        |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33025      | C                     |  | INCISION OF HEART SAC        |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33030      | C                     |  | PARTIAL REMOVAL OF HEART SAC |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33031      | C                     |  | PARTIAL REMOVAL OF HEART SAC |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33050      | C                     |  | RESECT HEART SAC LESION      |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33120      | C                     |  | EXC ICAR TUM RESC W/CARD BYP |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33130      | C                     |  | RESCJ EXTERNAL CARDIAC TUMOR |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33140      | C                     |  | HEART REVASCULARIZE (TMR)    |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33141      | C                     |  | HEART TMR W/OTHER PROCEDURE  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 3315F      | E                     |  | ER+ OR PR+ BREAST CANCER     |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 3316F      | E                     |  | ER- OR PR- BREAST CANCER     |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 3317F      | E                     |  | PATH RPT MALIG CANCER DOCD   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 3318F      | E                     |  | PATH RPT MALIG CANCER DOCD   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 3319F      | E                     |  | X-RAY/CT/ULTRSND ET AL ORD   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33202      | C                     |  | INSERT EPICARD ELTRD OPEN    |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33203      | C                     |  | INSERT EPICARD ELTRD ENDO    |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33206      | N                     |  | INSERT HEART PM ATRIAL       |                  | 05223 | 117.3651      | Bundled, sometimes payable | \$7,126.41                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33207      | N                     |  | INSERT HEART PM VENTRICULAR  |                  | 05223 | 117.3651      | Bundled, sometimes payable | \$7,126.41                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33208      | N                     |  | INSRT HEART PM ATRIAL & VENT |                  | 05223 | 117.3651      | Bundled, sometimes payable | \$7,126.41                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 3320F      | E                     |  | NO XRAY/CT/ ET AL ORDD       |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33210      | N                     |  | INSERT ELECTRD/PM CATH SNGL  |                  | 05222 | 92.8123       | Bundled, sometimes payable | \$5,635.56                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33211      | N                     |  | INSERT CARD ELECTRODES DUAL  |                  | 05222 | 92.8123       | Bundled, sometimes payable | \$5,635.56                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33212      | N                     |  | INSERT PULSE GEN SNGL LEAD   |                  | 05222 | 92.8123       | Bundled, sometimes payable | \$5,635.56                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33213      | N                     |  | INSERT PULSE GEN DUAL LEADS  |                  | 05223 | 117.3651      | Bundled, sometimes payable | \$7,126.41                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33214      | N                     |  | UPGRADE OF PACEMAKER SYSTEM  |                  | 05223 | 117.3651      | Bundled, sometimes payable | \$7,126.41                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33215      | N                     |  | REPOSITION PACING-DEFIB LEAD |                  | 05183 | 35.2981       | Bundled, sometimes payable | \$2,143.30                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |

**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2025**

| Proc Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                     | Proc<br>Modifier | APC   | APC<br>Weight | Method                     | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|---------|------------------------------|-------------------------------|------------------|-------|---------------|----------------------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|         |                              |                               |                  |       |               |                            |                                        |                                    |                                           |                         |          |            |            |          |
| 33216   | N                            | INSERT 1 ELECTRODE PM-DEFIB   |                  | 05222 | 92.8123       | Bundled, sometimes payable | \$5,635.56                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 33217   | N                            | INSERT 2 ELECTRODE PM-DEFIB   |                  | 05222 | 92.8123       | Bundled, sometimes payable | \$5,635.56                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 33218   | T                            | REPAIR LEAD PACE-DEFIB ONE    |                  | 05221 | 40.8135       | APC                        | \$2,478.20                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 3321F   | E                            | AJCC CNCR 0/IA MELAN DOCD     |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 33220   | T                            | REPAIR LEAD PACE-DEFIB DUAL   |                  | 05221 | 40.8135       | APC                        | \$2,478.20                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 33221   | N                            | INSERT PULSE GEN MULT LEADS   |                  | 05224 | 213.8766      | Bundled, sometimes payable | \$12,986.59                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| 33222   | T                            | RELOCATION POCKET PACEMAKER   |                  | 05054 | 20.5142       | APC                        | \$1,245.62                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 33223   | T                            | RELOCATE POCKET FOR DEFIB     |                  | 05054 | 20.5142       | APC                        | \$1,245.62                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 33224   | N                            | INSERT PACING LEAD & CONNECT  |                  | 05223 | 117.3651      | Bundled, sometimes payable | \$7,126.41                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 33225   | N                            | L VENTRIC PACING LEAD ADD-ON  |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 33226   | N                            | REPOSITION L VENTRIC LEAD     |                  | 05183 | 35.2981       | Bundled, sometimes payable | \$2,143.30                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 33227   | N                            | REMOVE&REPLACE PM GEN SINGL   |                  | 05222 | 92.8123       | Bundled, sometimes payable | \$5,635.56                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 33228   | N                            | REMOV&REPLC PM GEN DUAL LEAD  |                  | 05223 | 117.3651      | Bundled, sometimes payable | \$7,126.41                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 33229   | N                            | REMOV&REPLC PM GEN MULT LEADS |                  | 05224 | 213.8766      | Bundled, sometimes payable | \$12,986.59                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| 3322F   | E                            | MELANOMAAJCC STAGE 0 OR IA    |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 33230   | N                            | INSRT PULSE GEN W/DUAL LEADS  |                  | 05231 | 251.7264      | Bundled, sometimes payable | \$15,284.83                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| 33231   | N                            | INSRT PULSE GEN W/MULT LEADS  |                  | 05232 | 359.5597      | Bundled, sometimes payable | \$21,832.46                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| 33233   | N                            | REMOVAL OF PM GENERATOR       |                  | 05222 | 92.8123       | Bundled, sometimes payable | \$5,635.56                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 33234   | N                            | REMOVAL OF PACEMAKER SYSTEM   |                  | 05221 | 40.8135       | Bundled, sometimes payable | \$2,478.20                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 33235   | N                            | REMOVAL PACEMAKER ELECTRODE   |                  | 05221 | 40.8135       | Bundled, sometimes payable | \$2,478.20                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 33236   | C                            | REMOVE ELECTRODE/THORACOTOMY  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 33237   | C                            | REMOVE ELECTRODE/THORACOTOMY  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 33238   | C                            | REMOVE ELECTRODE/THORACOTOMY  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 3323F   | E                            | CLIN NODE STGNG DOCD/4 SURG   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 33240   | N                            | INSRT PULSE GEN W/SINGL LEAD  |                  | 05231 | 251.7264      | Bundled, sometimes payable | \$15,284.83                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| 33241   | N                            | REMOVE PULSE GENERATOR        |                  | 05221 | 40.8135       | Bundled, sometimes payable | \$2,478.20                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 33243   | C                            | REMOVE ELTRD/THORACOTOMY      |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 33244   | N                            | REMOVE ELCTR D TRANSVENOUSLY  |                  | 05221 | 40.8135       | Bundled, sometimes payable | \$2,478.20                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 33249   | N                            | INSJ/RPLCMT DEFIB W/LEAD(S)   |                  | 05232 | 359.5597      | Bundled, sometimes payable | \$21,832.46                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| 3324F   | E                            | MRI CT SCAN ORD RVWD RQSTD    |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 33250   | C                            | ABLATE HEART DYSRHYTHM FOCUS  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 33251   | C                            | ABLATE HEART DYSRHYTHM FOCUS  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 33254   | C                            | ABLATE ATRIA LMTD             |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 33255   | C                            | ABLATE ATRIA W/O BYPASS EXT   |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 33256   | C                            | ABLATE ATRIA W/BYPASS EXTEN   |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 33257   | C                            | ABLATE ATRIA LMTD ADD-ON      |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 33258   | C                            | ABLATE ATRIA X10SV ADD-ON     |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 33259   | C                            | ABLATE ATRIA W/BYPASS ADD-ON  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 3325F   | E                            | PREOP ASSES 4 CATARACT SURG   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 33261   | C                            | ABLATE HEART DYSRHYTHM FOCUS  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 33262   | N                            | RMVL& REPLC PULSE GEN 1 LEAD  |                  | 05231 | 251.7264      | Bundled, sometimes payable | \$15,284.83                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| 33263   | N                            | RMVL & RPLCMT DFB GEN 2 LEAD  |                  | 05231 | 251.7264      | Bundled, sometimes payable | \$15,284.83                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| 33264   | N                            | RMVL & RPLCMT DFB GEN MLT LD  |                  | 05232 | 359.5597      | Bundled, sometimes payable | \$21,832.46                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| 33265   | C                            | ABLATE ATRIA LMTD ENDO        |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 33266   | C                            | ABLATE ATRIA X10SV ENDO       |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 33267   | C                            | EXCL LAA OPEN ANY METHOD      |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 33268   | C                            | EXCL LAA OPN OTH PX ANY METH  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 33269   | C                            | EXCL LAA THRSCP ANY METHOD    |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 33270   | N                            | INS/REP SUBQ DEFIBRILLATOR    |                  | 05232 | 359.5597      | Bundled, sometimes payable | \$21,832.46                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| 33271   | N                            | INSJ SUBQ IMPLTBL DFB ELCTR D |                  | 05222 | 92.8123       | Bundled, sometimes payable | \$5,635.56                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 33272   | N                            | RMVL OF SUBQ DEFIBRILLATOR    |                  | 05221 | 40.8135       | Bundled, sometimes payable | \$2,478.20                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 33273   | T                            | REPOS PREV IMPLTBL SUBQ DFB   |                  | 05221 | 40.8135       | APC                        | \$2,478.20                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 33274   | N                            | TCAT INSJ/RPL PERM LDLS PM    |                  | 05224 | 213.8766      | Bundled, sometimes payable | \$12,986.59                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| 33275   | N                            | TCAT RMVL PERM LDLS PM W/IMG  |                  | 05183 | 35.2981       | Bundled, sometimes payable | \$2,143.30                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 33276   | S                            | INSJ PHRNC NRV STIM SYS       |                  | 01580 | 741.1150      | APC                        | \$45,000.50                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| 33277   | N                            | INSJ PHRNC NRV STIM TRANSVNS  |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| 2024<br>APC |               |                              |                  |               |          | Outpatient                 |                                    | Non-sole                      |                         |          |            |            |          |
|-------------|---------------|------------------------------|------------------|---------------|----------|----------------------------|------------------------------------|-------------------------------|-------------------------|----------|------------|------------|----------|
| Proc<br>Cd  | Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC<br>Weight | Method   | Hospital Fee<br>Schedule   | Sole Comm.<br>Hospital Lab<br>Fees | Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
| 33278       | N             | RMVL PHRNC NRV STIM SYS      |                  | 05461         | 38.5673  | Bundled, sometimes payable | \$2,341.81                         |                               | -                       | -        | 000        | 999        |          |
| 33279       | N             | RMVL PHRNC NRV STIM TRANSVNS |                  | 05461         | 38.5673  | Bundled, sometimes payable | \$2,341.81                         |                               | -                       | -        | 000        | 999        |          |
| 33280       | N             | RMVL PHRNC NRV STIM PG ONLY  |                  | 05461         | 38.5673  | Bundled, sometimes payable | \$2,341.81                         |                               | -                       | -        | 000        | 999        |          |
| 33281       | N             | REPOSG PHRNC NRV STIM TRNSVN |                  | 05461         | 38.5673  | Bundled, sometimes payable | \$2,341.81                         |                               | -                       | -        | 000        | 999        |          |
| 33285       | N             | INSJ SUBQ CAR RHYTHM MNTR    |                  | 05222         | 92.8123  | Bundled, sometimes payable | \$5,635.56                         |                               | -                       | -        | 000        | 999        |          |
| 33286       | N             | RMVL SUBQ CAR RHYTHM MNTR    |                  | 05071         | 7.8905   | Bundled, sometimes payable | \$479.11                           |                               | -                       | -        | 000        | 999        |          |
| 33287       | N             | RMV&RPLCMT PHRNC NRV STIM PG |                  | 05465         | 341.7509 | Bundled, sometimes payable | \$20,751.11                        |                               | -                       | -        | 000        | 999        |          |
| 33288       | N             | RMV&RPLCMT PHRNC NRV STIM LD |                  | 05463         | 139.8503 | Bundled, sometimes payable | \$8,491.71                         |                               | -                       | -        | 000        | 999        |          |
| 33289       | N             | TCAT IMPL WRLS P-ART PRS SNR |                  | 05200         | 318.8140 | Bundled, sometimes payable | \$19,358.39                        |                               | -                       | -        | 000        | 999        |          |
| 3328F       | E             | PRFRMNC DOCD 2 WKS B/4 SURG  |                  | -             | -        | Not Allowed                | \$0.00                             |                               | -                       | -        | 000        | 999        |          |
| 33300       | C             | REPAIR OF HEART WOUND        |                  | -             | -        | IP Only                    | \$0.00                             |                               | -                       | -        | 000        | 999        |          |
| 33305       | C             | REPAIR OF HEART WOUND        |                  | -             | -        | IP Only                    | \$0.00                             |                               | -                       | -        | 000        | 999        |          |
| 3330F       | E             | IMAGING STUDY ORDERED (BKP)  |                  | -             | -        | Not Allowed                | \$0.00                             |                               | -                       | -        | 000        | 999        |          |
| 33310       | C             | EXPLORATORY HEART SURGERY    |                  | -             | -        | IP Only                    | \$0.00                             |                               | -                       | -        | 000        | 999        |          |
| 33315       | C             | EXPLORATORY HEART SURGERY    |                  | -             | -        | IP Only                    | \$0.00                             |                               | -                       | -        | 000        | 999        |          |
| 3331F       | E             | BK IMAGING TST NOT ORDERED   |                  | -             | -        | Not Allowed                | \$0.00                             |                               | -                       | -        | 000        | 999        |          |
| 33320       | C             | REPAIR MAJOR BLOOD VESSEL(S) |                  | -             | -        | IP Only                    | \$0.00                             |                               | -                       | -        | 000        | 999        |          |
| 33321       | C             | REPAIR MAJOR VESSEL          |                  | -             | -        | IP Only                    | \$0.00                             |                               | -                       | -        | 000        | 999        |          |
| 33322       | C             | REPAIR MAJOR BLOOD VESSEL(S) |                  | -             | -        | IP Only                    | \$0.00                             |                               | -                       | -        | 000        | 999        |          |
| 33330       | C             | INSERT MAJOR VESSEL GRAFT    |                  | -             | -        | IP Only                    | \$0.00                             |                               | -                       | -        | 000        | 999        |          |
| 33335       | C             | INSERT MAJOR VESSEL GRAFT    |                  | -             | -        | IP Only                    | \$0.00                             |                               | -                       | -        | 000        | 999        |          |
| 33340       | C             | PERQ CLSR TCAT L ATR APNDGE  |                  | -             | -        | IP Only                    | \$0.00                             |                               | -                       | -        | 000        | 999        |          |
| 33361       | C             | REPLACE AORTIC VALVE PERQ    |                  | -             | -        | IP Only                    | \$0.00                             |                               | -                       | Y        | 000        | 999        |          |
| 33362       | C             | REPLACE AORTIC VALVE OPEN    |                  | -             | -        | IP Only                    | \$0.00                             |                               | -                       | Y        | 000        | 999        |          |
| 33363       | C             | REPLACE AORTIC VALVE OPEN    |                  | -             | -        | IP Only                    | \$0.00                             |                               | -                       | Y        | 000        | 999        |          |
| 33364       | C             | REPLACE AORTIC VALVE OPEN    |                  | -             | -        | IP Only                    | \$0.00                             |                               | -                       | Y        | 000        | 999        |          |
| 33365       | C             | REPLACE AORTIC VALVE OPEN    |                  | -             | -        | IP Only                    | \$0.00                             |                               | -                       | Y        | 000        | 999        |          |
| 33366       | C             | TRCATH REPLACE AORTIC VALVE  |                  | -             | -        | IP Only                    | \$0.00                             |                               | -                       | -        | 000        | 999        |          |
| 33367       | C             | REPLACE AORTIC VALVE W/BYP   |                  | -             | -        | IP Only                    | \$0.00                             |                               | -                       | Y        | 000        | 999        |          |
| 33368       | C             | REPLACE AORTIC VALVE W/BYP   |                  | -             | -        | IP Only                    | \$0.00                             |                               | -                       | Y        | 000        | 999        |          |
| 33369       | C             | REPLACE AORTIC VALVE W/BYP   |                  | -             | -        | IP Only                    | \$0.00                             |                               | -                       | Y        | 000        | 999        |          |
| 33370       | N             | TCAT PLMT&RMVL CEPD PERQ     |                  | -             | -        | Bundled                    | \$0.00                             |                               | -                       | -        | 000        | 999        |          |
| 33390       | C             | VALVULOPLASTY AORTIC VALVE   |                  | -             | -        | IP Only                    | \$0.00                             |                               | -                       | -        | 000        | 999        |          |
| 33391       | C             | VALVULOPLASTY AORTIC VALVE   |                  | -             | -        | IP Only                    | \$0.00                             |                               | -                       | -        | 000        | 999        |          |
| 33404       | C             | PREPARE HEART-AORTA CONDUIT  |                  | -             | -        | IP Only                    | \$0.00                             |                               | -                       | -        | 000        | 999        |          |
| 33405       | C             | REPLACEMENT AORTIC VALVE OPN |                  | -             | -        | IP Only                    | \$0.00                             |                               | -                       | -        | 000        | 999        |          |
| 33406       | C             | REPLACEMENT AORTIC VALVE OPN |                  | -             | -        | IP Only                    | \$0.00                             |                               | -                       | -        | 000        | 999        |          |
| 3340F       | E             | MAMMO ASSESS INC XRAY DOCD   |                  | -             | -        | Not Allowed                | \$0.00                             |                               | -                       | -        | 000        | 999        |          |
| 33410       | C             | REPLACEMENT AORTIC VALVE OPN |                  | -             | -        | IP Only                    | \$0.00                             |                               | -                       | -        | 000        | 999        |          |
| 33411       | C             | REPLACEMENT OF AORTIC VALVE  |                  | -             | -        | IP Only                    | \$0.00                             |                               | -                       | -        | 000        | 999        |          |
| 33412       | C             | REPLACEMENT OF AORTIC VALVE  |                  | -             | -        | IP Only                    | \$0.00                             |                               | -                       | -        | 000        | 999        |          |
| 33413       | C             | REPLACEMENT OF AORTIC VALVE  |                  | -             | -        | IP Only                    | \$0.00                             |                               | -                       | -        | 000        | 999        |          |
| 33414       | C             | REPAIR OF AORTIC VALVE       |                  | -             | -        | IP Only                    | \$0.00                             |                               | -                       | -        | 000        | 999        |          |
| 33415       | C             | REVISION SUBVALVULAR TISSUE  |                  | -             | -        | IP Only                    | \$0.00                             |                               | -                       | -        | 000        | 999        |          |
| 33416       | C             | REVISE VENTRICLE MUSCLE      |                  | -             | -        | IP Only                    | \$0.00                             |                               | -                       | -        | 000        | 999        |          |
| 33417       | C             | REPAIR OF AORTIC VALVE       |                  | -             | -        | IP Only                    | \$0.00                             |                               | -                       | -        | 000        | 999        |          |
| 33418       | C             | REPAIR TCAT MITRAL VALVE     |                  | -             | -        | IP Only                    | \$0.00                             |                               | -                       | -        | 000        | 999        |          |
| 33419       | N             | REPAIR TCAT MITRAL VALVE     |                  | -             | -        | Bundled                    | \$0.00                             |                               | -                       | -        | 000        | 999        |          |
| 3341F       | E             | MAMMO ASSESS NEGATIVE DOCD   |                  | -             | -        | Not Allowed                | \$0.00                             |                               | -                       | -        | 000        | 999        |          |
| 33420       | C             | REVISION OF MITRAL VALVE     |                  | -             | -        | IP Only                    | \$0.00                             |                               | -                       | -        | 000        | 999        |          |
| 33422       | C             | REVISION OF MITRAL VALVE     |                  | -             | -        | IP Only                    | \$0.00                             |                               | -                       | -        | 000        | 999        |          |
| 33425       | C             | REPAIR OF MITRAL VALVE       |                  | -             | -        | IP Only                    | \$0.00                             |                               | -                       | -        | 000        | 999        |          |
| 33426       | C             | REPAIR OF MITRAL VALVE       |                  | -             | -        | IP Only                    | \$0.00                             |                               | -                       | -        | 000        | 999        |          |
| 33427       | C             | REPAIR OF MITRAL VALVE       |                  | -             | -        | IP Only                    | \$0.00                             |                               | -                       | -        | 000        | 999        |          |
| 3342F       | E             | MAMMO ASSESS BENGN DOCD      |                  | -             | -        | Not Allowed                | \$0.00                             |                               | -                       | -        | 000        | 999        |          |
| 33430       | C             | REPLACEMENT OF MITRAL VALVE  |                  | -             | -        | IP Only                    | \$0.00                             |                               | -                       | -        | 000        | 999        |          |

**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2025**

| Proc Cd | 2024 APC |     | 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 |
|---------|----------|-----|-------------------------------|---------------|-----|------------|-------------|----------------------------------|------------------------------|----------------------------------|--|----------------------|----------|---------|---------|----------|
|         | Status   | Ind |                               |               |     |            |             |                                  |                              |                                  |  |                      |          |         |         |          |
| 3343F   | E        |     | MAMMO PROBABLY BENIGN DOCD    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| 33440   | C        |     | RPLCMT A-VALVE TLCJ AUTOL PV  |               | -   | -          | IP Only     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| 3344F   | E        |     | MAMMO ASSESS SUSP DOCD        |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| 3345F   | E        |     | MAMMO ASSESS HIGHLYMALIG DOC  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| 33460   | C        |     | REVISION OF TRICUSPID VALVE   |               | -   | -          | IP Only     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| 33463   | C        |     | VALVULOPLASTY TRICUSPID       |               | -   | -          | IP Only     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| 33464   | C        |     | VALVULOPLASTY TRICUSPID       |               | -   | -          | IP Only     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| 33465   | C        |     | REPLACE TRICUSPID VALVE       |               | -   | -          | IP Only     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| 33468   | C        |     | REVISION OF TRICUSPID VALVE   |               | -   | -          | IP Only     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| 33474   | C        |     | REVISION OF PULMONARY VALVE   |               | -   | -          | IP Only     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| 33475   | C        |     | REPLACEMENT PULMONARY VALVE   |               | -   | -          | IP Only     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| 33476   | C        |     | REVISION OF HEART CHAMBER     |               | -   | -          | IP Only     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| 33477   | C        |     | IMPLANT TCAT PULM VLV PERQ    |               | -   | -          | IP Only     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| 33478   | C        |     | REVISION OF HEART CHAMBER     |               | -   | -          | IP Only     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| 33496   | C        |     | REPAIR PROSTH VALVE CLOT      |               | -   | -          | IP Only     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| 33500   | C        |     | REPAIR HEART VESSEL FISTULA   |               | -   | -          | IP Only     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| 33501   | C        |     | REPAIR HEART VESSEL FISTULA   |               | -   | -          | IP Only     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| 33502   | C        |     | CORONARY ARTERY CORRECTION    |               | -   | -          | IP Only     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| 33503   | C        |     | CORONARY ARTERY GRAFT         |               | -   | -          | IP Only     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| 33504   | C        |     | CORONARY ARTERY GRAFT         |               | -   | -          | IP Only     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| 33505   | C        |     | REPAIR ARTERY W/TUNNEL        |               | -   | -          | IP Only     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| 33506   | C        |     | REPAIR ARTERY TRANSLOCATION   |               | -   | -          | IP Only     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| 33507   | C        |     | REPAIR ART INTRAMURAL         |               | -   | -          | IP Only     | \$0.00                           |                              |                                  |  | -                    | Y        | 000     | 999     |          |
| 33508   | N        |     | ENDOSCOPIC VEIN HARVEST       |               | -   | -          | Bundled     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| 33509   | C        |     | NDSC HRV UXTR ART 1 SGM CAB   |               | -   | -          | IP Only     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| 3350F   | E        |     | MAMMO BX PROVEN MALIG DOCD    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| 33510   | C        |     | CABG VEIN SINGLE              |               | -   | -          | IP Only     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| 33511   | C        |     | CABG VEIN TWO                 |               | -   | -          | IP Only     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| 33512   | C        |     | CABG VEIN THREE               |               | -   | -          | IP Only     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| 33513   | C        |     | CABG VEIN FOUR                |               | -   | -          | IP Only     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| 33514   | C        |     | CABG VEIN FIVE                |               | -   | -          | IP Only     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| 33516   | C        |     | CABG VEIN SIX OR MORE         |               | -   | -          | IP Only     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| 33517   | C        |     | CABG ARTERY-VEIN SINGLE       |               | -   | -          | IP Only     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| 33518   | C        |     | CABG ARTERY-VEIN TWO          |               | -   | -          | IP Only     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| 33519   | C        |     | CABG ARTERY-VEIN THREE        |               | -   | -          | IP Only     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| 3351F   | E        |     | NEG SCRIN DEP SYMP BY DEPTOOL |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| 33521   | C        |     | CABG ARTERY-VEIN FOUR         |               | -   | -          | IP Only     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| 33522   | C        |     | CABG ARTERY-VEIN FIVE         |               | -   | -          | IP Only     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| 33523   | C        |     | CABG ART-VEIN SIX OR MORE     |               | -   | -          | IP Only     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| 3352F   | E        |     | NO SIG DEP SYMP BY DEP TOOL   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| 33530   | C        |     | CORONARY ARTERY BYPASS/REOP   |               | -   | -          | IP Only     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| 33533   | C        |     | CABG ARTERIAL SINGLE          |               | -   | -          | IP Only     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| 33534   | C        |     | CABG ARTERIAL TWO             |               | -   | -          | IP Only     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| 33535   | C        |     | CABG ARTERIAL THREE           |               | -   | -          | IP Only     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| 33536   | C        |     | CABG ARTERIAL FOUR OR MORE    |               | -   | -          | IP Only     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| 3353F   | E        |     | MILD-MOD DEP SYMP BY DEPTOOL  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| 33542   | C        |     | REMOVAL OF HEART LESION       |               | -   | -          | IP Only     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| 33545   | C        |     | REPAIR OF HEART DAMAGE        |               | -   | -          | IP Only     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| 33548   | C        |     | RESTORE/REMODEL VENTRICLE     |               | -   | -          | IP Only     | \$0.00                           |                              |                                  |  | -                    | Y        | 000     | 999     |          |
| 3354F   | E        |     | CLIN SIG DEP SYM BY DEP TOOL  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| 33572   | C        |     | OPEN CORONARY ENDARTERECTOMY  |               | -   | -          | IP Only     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| 33600   | C        |     | CLOSURE OF VALVE              |               | -   | -          | IP Only     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| 33602   | C        |     | CLOSURE OF VALVE              |               | -   | -          | IP Only     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| 33606   | C        |     | ANASTOMOSIS/ARTERY-AORTA      |               | -   | -          | IP Only     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| 33608   | C        |     | REPAIR ANOMALY W/CONDUIT      |               | -   | -          | IP Only     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| 33610   | C        |     | REPAIR BY ENLARGEMENT         |               | -   | -          | IP Only     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |



**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2025**

| Proc<br>Cd | 2024<br>APC<br>Status |  | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method      | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-----------------------|--|------------------------------|------------------|-----|---------------|-------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Ind                   |  |                              |                  |     |               |             |                                        |                                    |                                           |  |                         |          |            |            |          |
| 33611      | C                     |  | REPAIR DOUBLE VENTRICLE      |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33612      | C                     |  | REPAIR DOUBLE VENTRICLE      |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33615      | C                     |  | REPAIR MODIFIED FONTAN       |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33617      | C                     |  | REPAIR SINGLE VENTRICLE      |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33619      | C                     |  | REPAIR SINGLE VENTRICLE      |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33620      | C                     |  | APPLY R&L PULM ART BANDS     |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33621      | C                     |  | TRANSTHOR CATH FOR STENT     |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33622      | C                     |  | REDO COMPL CARDIAC ANOMALY   |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33641      | C                     |  | REPAIR HEART SEPTUM DEFECT   |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33645      | C                     |  | REVISION OF HEART VEINS      |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33647      | C                     |  | REPAIR HEART SEPTUM DEFECTS  |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33660      | C                     |  | REPAIR OF HEART DEFECTS      |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33665      | C                     |  | REPAIR OF HEART DEFECTS      |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33670      | C                     |  | REPAIR OF HEART CHAMBERS     |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33675      | C                     |  | CLOSE MULT VSD               |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33676      | C                     |  | CLOSE MULT VSD W/RESECTION   |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33677      | C                     |  | CL MULT VSD W/REM PUL BAND   |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33681      | C                     |  | CLOSURE 1 VSD W/WO PATCH     |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33684      | C                     |  | CLSR 1 VSD W/WO PATCH W/VLVT |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33688      | C                     |  | CLSR 1VSD W/WO PTCH RMVL BND |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33690      | C                     |  | BANDING PULMONARY ARTERY     |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33692      | C                     |  | COMP RPR TOF WO PULM ATRESIA |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33694      | C                     |  | CMP RPR TOF WO PLM ATRS PTCH |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33697      | C                     |  | COMPL RPR TOF W/PULM ATRESIA |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33702      | C                     |  | REPAIR OF HEART DEFECTS      |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 3370F      | E                     |  | AJCC BRST CNCR STAGE 0 DOCD  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33710      | C                     |  | REPAIR OF HEART DEFECTS      |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33720      | C                     |  | REPAIR OF HEART DEFECT       |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33724      | C                     |  | REPAIR VENOUS ANOMALY        |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33726      | C                     |  | REPAIR PUL VENOUS STENOSIS   |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 3372F      | E                     |  | AJCC BRST CNCR STAGE 1 DOCD  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33730      | C                     |  | REPAIR HEART-VEIN DEFECT(S)  |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33732      | C                     |  | REPAIR HEART-VEIN DEFECT     |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33735      | C                     |  | REVISION OF HEART CHAMBER    |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33736      | C                     |  | REVISION OF HEART CHAMBER    |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33741      | E                     |  | TAS CONGENITAL CAR ANOMAL    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33745      | E                     |  | TIS CGEN CAR ANOMAL 1ST SHNT |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33746      | E                     |  | TIS CGEN CAR ANOMAL EA ADDL  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 3374F      | E                     |  | AJCC BRST CNCR STAGE 1 DOCD  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33750      | C                     |  | SHUNT SUBCLAVIAN TO PULM ART |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33755      | C                     |  | SHUNT AS-AORT TO PULM ART    |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33762      | C                     |  | SHUNT DESC AORTA TO PULM ART |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33764      | C                     |  | SHUNT CENTRAL W/PROSTC GRAFT |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33766      | C                     |  | SHUNT SUPR V/C P-ART 1 LUNG  |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33767      | C                     |  | SHUNT SUPR V/C P-ART BTH LNG |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33768      | C                     |  | ANAST CAVOPULM SEC SUP V/C   |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | Y        | 000        | 999        |          |
| 3376F      | E                     |  | AJCC BRSTCNCR STAGE 2 DOCD   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33770      | C                     |  | RPR TGA W/O SURG ENLGMNT VSD |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33771      | C                     |  | RPR TGA W/SURG ENLGMNT VSD   |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33774      | C                     |  | RPR TGA ATRIAL BAFFLE PX     |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33775      | C                     |  | RPR TGA ATR BFL RMVL PLM BND |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33776      | C                     |  | RPR TGA ATR BFL CLSR VSD     |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33777      | C                     |  | RPR TGA BFL RPR SBPULM OBSTR |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33778      | C                     |  | RPR TGA AORTIC PULM ART RCNS |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33779      | C                     |  | RPR TGA RCNSTJ RMVL PLM BND  |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33780      | C                     |  | RPR TGA RCNSTJ CLSR VSD      |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc Cd | 2024 APC |     | 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 |
|---------|----------|-----|------------------------------|---------------|-------|------------|----------------------------|----------------------------------|------------------------------|----------------------------------|----------------------|----------|---------|---------|----------|
|         | Status   | Ind |                              |               |       |            |                            |                                  |                              |                                  |                      |          |         |         |          |
| 33781   | C        |     | RPR TGA RCNSTJ RPR SBPL OBST |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 33782   | C        |     | NIKAIDOH PROC                |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 33783   | C        |     | NIKAIDOH PROC W/OSTIA IMPLT  |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 33786   | C        |     | REPAIR ARTERIAL TRUNK        |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 33788   | C        |     | REVISION OF PULMONARY ARTERY |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 3378F   | E        |     | AJCC BRSTCNCR STAGE 3 DOCD   |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 33800   | C        |     | AORTIC SUSPENSION            |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 33802   | C        |     | DIVISION ABERRANT VESSEL     |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 33803   | C        |     | DIV ABERRANT VSL W/REANAST   |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 3380F   | E        |     | AJCC BRSTCNCR STAGE 4 DOCD   |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 33814   | C        |     | OBLTRJ A-PULM SEP DEF W/BYP  |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 33820   | C        |     | REPAIR PDA BY LIGATION       |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 33822   | C        |     | REPAIR PDA DIV<18 YEARS      |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 19      |          |
| 33824   | C        |     | REPAIR PDA DIV 18 YRS&OLDER  |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 3382F   | E        |     | AJCC CLN CNCR STAGE 0 DOCD   |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 33840   | C        |     | EXC COA W/DIRECT ANASTOMOSIS |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 33845   | C        |     | EXCISION COA W/GRAFT         |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 3384F   | E        |     | AJCC CLN CNCR STAGE 1 DOCD   |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 33851   | C        |     | EXC COA RPR L SUBCL ART/PRST |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 33852   | C        |     | RPR HYPOPL A-ARCH WO BYP     |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 33853   | C        |     | RPR HYPOPL A-ARCH W/BYP      |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 33858   | E        |     | AS-AORT GRF F/AORTIC DSJ     |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 33859   | E        |     | AS-AORT GRF F/DS OTH/THN DSJ |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 33863   | C        |     | ASCENDING AORTIC GRAFT       |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 33864   | C        |     | ASCENDING AORTIC GRAFT       |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 33866   | N        |     | AORTIC HEMIARCH GRAFT        |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 3386F   | E        |     | AJCC CLN CNCR STAGE 2 DOCD   |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 33871   | E        |     | TRANSVRS A-ARCH GRF HYPTHRM  |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 33875   | C        |     | THORACIC AORTIC GRAFT        |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 33877   | C        |     | THORACOABDOMINAL GRAFT       |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 33880   | C        |     | ENDOVASC TAA REPR INCL SUBCL |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | Y        | 000     | 999     |          |
| 33881   | C        |     | ENDOVASC TAA REPR W/O SUBCL  |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | Y        | 000     | 999     |          |
| 33883   | C        |     | INSERT ENDOVASC PROSTH TAA   |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | Y        | 000     | 999     |          |
| 33884   | C        |     | ENDOVASC PROSTH TAA ADD-ON   |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | Y        | 000     | 999     |          |
| 33886   | C        |     | ENDOVASC PROSTH DELAYED      |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | Y        | 000     | 999     |          |
| 33889   | C        |     | ARTERY TRANSPOSE/ENDOVAS TAA |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | Y        | 000     | 999     |          |
| 3388F   | E        |     | AJCC CLN CNCR STAGE 3 DOCD   |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 33891   | C        |     | CAR-CAR BP GRFT/ENDOVAS TAA  |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | Y        | 000     | 999     |          |
| 33894   | C        |     | EVASC ST RPR THRC/AA ACRS BR |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 33895   | C        |     | EVASC ST RPR THRC/AA X CRSG  |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 33897   | C        |     | PERQ TRLUML ANGP NT/RECR COA |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 33900   | N        |     | PERQ P-ART REVSC 1 NM NT UNI |               | 05193 | 127.1806   | Bundled, sometimes payable | \$7,722.41                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 33901   | N        |     | PERQ P-ART REVSC 1 NM NT BI  |               | 05193 | 127.1806   | Bundled, sometimes payable | \$7,722.41                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 33902   | N        |     | PERQ P-ART REVSC 1 ABNOR UNI |               | 05194 | 201.3785   | Bundled, sometimes payable | \$12,227.70                      |                              |                                  | -                    | -        | 000     | 999     |          |
| 33903   | N        |     | PERQ P-ART REVSC 1 ABNOR BI  |               | 05193 | 127.1806   | Bundled, sometimes payable | \$7,722.41                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 33904   | N        |     | PERQ P-ART REVSC EACH ADDL   |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 3390F   | E        |     | AJCC CLN CNCR STAGE 4 DOCD   |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 33910   | C        |     | REMOVE LUNG ARTERY EMBOLI    |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 33915   | C        |     | REMOVE LUNG ARTERY EMBOLI    |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 33916   | C        |     | SURGERY OF GREAT VESSEL      |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 33917   | C        |     | REPAIR PULMONARY ARTERY      |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 33920   | C        |     | REPAIR PULMONARY ATRESIA     |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 33922   | C        |     | TRANSECT PULMONARY ARTERY    |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 33924   | C        |     | REMOVE PULMONARY SHUNT       |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 33925   | C        |     | RPR PUL ART UNIFOCAL W/O CPB |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | Y        | 000     | 999     |          |
| 33926   | C        |     | REPR PUL ART UNIFOCAL W/CPB  |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | Y        | 000     | 999     |          |

**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2025**

| Proc<br>Cd | 2024<br>APC<br>Status |  | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method      | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-----------------------|--|------------------------------|------------------|-----|---------------|-------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Ind                   |  |                              |                  |     |               |             |                                        |                                    |                                           |  |                         |          |            |            |          |
| 33927      | C                     |  | IMPLTJ TOT RPLCMT HRT SYS    |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33928      | C                     |  | RMVL & RPLCMT TOT HRT SYS    |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33929      | C                     |  | RMVL RPLCMT HRT SYS F/TRNSPL |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33930      | C                     |  | REMOVAL OF DONOR HEART/LUNG  |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | Y        | 000        | 999        |          |
| 33933      | C                     |  | PREPARE DONOR HEART/LUNG     |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | Y        | 000        | 999        |          |
| 33935      | C                     |  | TRANSPLANTATION HEART/LUNG   |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | Y        | 000        | 999        |          |
| 33940      | C                     |  | REMOVAL OF DONOR HEART       |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | Y        | 000        | 999        |          |
| 33944      | C                     |  | PREPARE DONOR HEART          |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | Y        | 000        | 999        |          |
| 33945      | C                     |  | TRANSPLANTATION OF HEART     |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | Y                       | Y        | 000        | 999        |          |
| 33946      | C                     |  | ECMO/ECLS INITIATION VENOUS  |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33947      | C                     |  | ECMO/ECLS INITIATION ARTERY  |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33948      | C                     |  | ECMO/ECLS DAILY MGMT-VENOUS  |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33949      | C                     |  | ECMO/ECLS DAILY MGMT ARTERY  |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 3394F      | E                     |  | QUANT HER2 IHC EVAL BRST CX  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33951      | C                     |  | ECMO/ECLS INSJ PRPH CANNULA  |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33952      | C                     |  | ECMO/ECLS INSJ PRPH CANNULA  |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33953      | C                     |  | ECMO/ECLS INSJ PRPH CANNULA  |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33954      | C                     |  | ECMO/ECLS INSJ PRPH CANNULA  |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33955      | C                     |  | ECMO/ECLS INSJ CTR CANNULA   |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33956      | C                     |  | ECMO/ECLS INSJ CTR CANNULA   |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33957      | C                     |  | ECMO/ECLS REPOS PERPH CNULA  |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33958      | C                     |  | ECMO/ECLS REPOS PERPH CNULA  |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33959      | C                     |  | ECMO/ECLS REPOS PERPH CNULA  |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 3395F      | E                     |  | QUANT NONHER2 IHC BRST CX    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33962      | C                     |  | ECMO/ECLS REPOS PERPH CNULA  |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33963      | C                     |  | ECMO/ECLS REPOS PERPH CNULA  |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33964      | C                     |  | ECMO/ECLS REPOS PERPH CNULA  |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33965      | C                     |  | ECMO/ECLS RMVL PERPH CANNULA |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33966      | C                     |  | ECMO/ECLS RMVL PRPH CANNULA  |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33967      | C                     |  | INSERT I-AORT PERCUT DEVICE  |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33968      | C                     |  | REMOVE AORTIC ASSIST DEVICE  |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33969      | C                     |  | ECMO/ECLS RMVL PERPH CANNULA |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33970      | C                     |  | AORTIC CIRCULATION ASSIST    |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33971      | C                     |  | AORTIC CIRCULATION ASSIST    |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33973      | C                     |  | INSERT BALLOON DEVICE        |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33974      | C                     |  | REMOVE INTRA-AORTIC BALLOON  |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33975      | C                     |  | IMPLANT VENTRICULAR DEVICE   |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33976      | C                     |  | IMPLANT VENTRICULAR DEVICE   |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33977      | C                     |  | REMOVE VENTRICULAR DEVICE    |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33978      | C                     |  | REMOVE VENTRICULAR DEVICE    |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33979      | C                     |  | INSERT INTRACORPOREAL DEVICE |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33980      | C                     |  | REMOVE INTRACORPOREAL DEVICE |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33981      | C                     |  | REPLACE VAD PUMP EXT         |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33982      | C                     |  | REPLACE VAD INTRA W/O BP     |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33983      | C                     |  | REPLACE VAD INTRA W/BP       |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33984      | C                     |  | ECMO/ECLS RMVL PRPH CANNULA  |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33985      | C                     |  | ECMO/ECLS RMVL CTR CANNULA   |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33986      | C                     |  | ECMO/ECLS RMVL CTR CANNULA   |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33987      | C                     |  | ARTERY EXPOS/GRAFT ARTERY    |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33988      | C                     |  | INSERTION OF LEFT HEART VENT |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33989      | C                     |  | REMOVAL OF LEFT HEART VENT   |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 33990      | C                     |  | INSJ PERQ VAD L HRT ARTERIAL |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | Y        | 000        | 999        |          |
| 33991      | C                     |  | INSJ PERQ VAD L HRT ARTL&VEN |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | Y        | 000        | 999        |          |
| 33992      | C                     |  | RMVL PERQ LEFT HEART VAD     |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | Y        | 000        | 999        |          |
| 33993      | C                     |  | REPOSG PERQ R/L HRT VAD      |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | Y        | 000        | 999        |          |
| 33995      | E                     |  | INSJ PERQ VAD R HRT VENOUS   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc<br>Cd | 2024<br>APC |     | Proc Desc                    | Proc<br>Modifier | APC   | APC<br>Weight | Method                     | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-------------|-----|------------------------------|------------------|-------|---------------|----------------------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|            | Status      | Ind |                              |                  |       |               |                            |                                        |                                    |                                           |                         |          |            |            |          |
| 33997      | E           |     | RMVL PERQ RIGHT HEART VAD    |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 33999      | T           |     | UNLISTED PX CARDIAC SURGERY  |                  | 05181 | 6.9336        | APC                        | \$421.01                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 34001      | C           |     | REMOVAL OF ARTERY CLOT       |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 34051      | C           |     | REMOVAL OF ARTERY CLOT       |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 34101      | N           |     | REMOVAL OF ARTERY CLOT       |                  | 05184 | 60.6231       | Bundled, sometimes payable | \$3,681.03                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 34111      | N           |     | REMOVAL OF ARM ARTERY CLOT   |                  | 05184 | 60.6231       | Bundled, sometimes payable | \$3,681.03                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 34151      | C           |     | REMOVAL OF ARTERY CLOT       |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 34201      | N           |     | REMOVAL OF ARTERY CLOT       |                  | 05184 | 60.6231       | Bundled, sometimes payable | \$3,681.03                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 34203      | N           |     | REMOVAL OF LEG ARTERY CLOT   |                  | 05184 | 60.6231       | Bundled, sometimes payable | \$3,681.03                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 34401      | C           |     | REMOVAL OF VEIN CLOT         |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 34421      | N           |     | REMOVAL OF VEIN CLOT         |                  | 05183 | 35.2981       | Bundled, sometimes payable | \$2,143.30                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 34451      | C           |     | REMOVAL OF VEIN CLOT         |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 34471      | T           |     | REMOVAL OF VEIN CLOT         |                  | 05181 | 6.9336        | APC                        | \$421.01                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 34490      | N           |     | REMOVAL OF VEIN CLOT         |                  | 05183 | 35.2981       | Bundled, sometimes payable | \$2,143.30                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 34501      | N           |     | REPAIR VALVE FEMORAL VEIN    |                  | 05184 | 60.6231       | Bundled, sometimes payable | \$3,681.03                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 34502      | C           |     | RECONSTRUCT VENA CAVA        |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 3450F      | E           |     | DYSPNEA SCRND NO-MILD DYSP   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 34510      | N           |     | TRANSPOSITION OF VEIN VALVE  |                  | 05184 | 60.6231       | Bundled, sometimes payable | \$3,681.03                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 3451F      | E           |     | DYSPNEA SCRND MOD-HIGH DYSP  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 34520      | N           |     | CROSS-OVER VEIN GRAFT        |                  | 05184 | 60.6231       | Bundled, sometimes payable | \$3,681.03                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 3452F      | E           |     | DYSPNEA NOT SCREENED         |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 34530      | N           |     | LEG VEIN FUSION              |                  | 05183 | 35.2981       | Bundled, sometimes payable | \$2,143.30                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 3455F      | E           |     | TB SCR PFRMD&INTERPD 6 MO    |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 34701      | C           |     | EVASC RPR A-AO NDGFT         |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 34702      | C           |     | EVASC RPR A-AO NDGFT RPT     |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 34703      | C           |     | EVASC RPR A-UNILAC NDGFT     |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 34704      | C           |     | EVASC RPR A-UNILAC NDGFT RPT |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 34705      | C           |     | EVAC RPR A-BIILIAC NDGFT     |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 34706      | C           |     | EVASC RPR A-BIILIAC RPT      |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 34707      | C           |     | EVASC RPR ILIO-ILIAC NDGFT   |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 34708      | C           |     | EVASC RPR ILIO-ILIAC RPT     |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 34709      | C           |     | PLMT XTN PROSTH EVASC RPR    |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 3470F      | E           |     | RA DISEASE ACTIVITY LOW      |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 34710      | C           |     | DLYD PLMT XTN PROSTH 1ST VSL |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 34711      | C           |     | DLYD PLMT XTN PROSTH EA ADDL |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 34712      | C           |     | TCAT DLVR ENHNCD FIXJ DEV    |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 34713      | N           |     | PERQ ACCESS & CLSR FEM ART   |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 34714      | N           |     | OPN FEM ART EXPOS CNDT CRTJ  |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 34715      | N           |     | OPN AX/SUBCLA ART EXPOS      |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 34716      | N           |     | OPN AX/SUBCLA ART EXPOS CNDT |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 34717      | E           |     | EVASC RPR A-ILIAC NDGFT      |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 34718      | E           |     | EVASC RPR N/A A-ILIAC NDGFT  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 3471F      | E           |     | RA DISEASE ACTIVITY MOD      |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 3472F      | E           |     | RA DISEASE ACTIVITY HIGH     |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 3475F      | E           |     | DISEASE PROGN RA POOR DOCD   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 3476F      | E           |     | DISEASE PROGN RA GOOD DOCD   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 34808      | C           |     | ENDOVAS ILIAC A DEVICE ADDON |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 34812      | C           |     | OPN FEM ART EXPOS            |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 34813      | C           |     | FEMORAL ENDOVAS GRAFT ADD-ON |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 34820      | C           |     | OPN ILIAC ART EXPOS          |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 34830      | C           |     | OPEN AORTIC TUBE PROSTH REPR |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 34831      | C           |     | OPEN AORTOILIAC PROSTH REPR  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 34832      | C           |     | OPEN AORTOFEMOR PROSTH REPR  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 34833      | C           |     | OPN ILAC ART EXPOS CNDT CRTJ |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 34834      | C           |     | OPN BRACH ART EXPOS          |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 34839      | E           |     | PLNNING PT SPEC FENEST GRAFT |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |



Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc<br>Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC   | APC<br>Weight | Method                     | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|------------------------------|------------------------------|------------------|-------|---------------|----------------------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|            |                              |                              |                  |       |               |                            |                                        |                                    |                                           |                         |          |            |            |          |
| 34841      | C                            | ENDOVASC VISC AORTA 1 GRAFT  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 34842      | C                            | ENDOVASC VISC AORTA 2 GRAFT  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 34843      | C                            | ENDOVASC VISC AORTA 3 GRAFT  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 34844      | C                            | ENDOVASC VISC AORTA 4 GRAFT  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 34845      | C                            | VISC & INFRAREN ABD 1 PROSTH |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 34846      | C                            | VISC & INFRAREN ABD 2 PROSTH |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 34847      | C                            | VISC & INFRAREN ABD 3 PROSTH |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 34848      | C                            | VISC & INFRAREN ABD 4+ PROST |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 3490F      | E                            | HISTORY AIDS-DEFINING COND   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 3491F      | E                            | HIV UNSURE BABY OF HIV+MOMS  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 3492F      | E                            | HISTORY CD4+ CELL COUNT <350 |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 3493F      | E                            | NO HIST CD4+ CELL COUNT <350 |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 3494F      | E                            | CD4+CELL COUNT <200CELLS/MM3 |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 3495F      | E                            | CD4+CELL CNT 200-499 CELLS   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 3496F      | E                            | CD4+ CELL COUNT >= 500 CELLS |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 3497F      | E                            | CD4+ CELL PERCENTAGE <15%    |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 3498F      | E                            | CD4+ CELL >=15% (HIV)        |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35001      | C                            | REPAIR DEFECT OF ARTERY      |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35002      | C                            | REPAIR ARTERY RUPTURE NECK   |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35005      | C                            | REPAIR DEFECT OF ARTERY      |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 3500F      | E                            | CD4+CELL CNT/% DOCD AS DONE  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35011      | N                            | REPAIR DEFECT OF ARTERY      |                  | 05184 | 60.6231       | Bundled, sometimes payable | \$3,681.03                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35013      | C                            | REPAIR ARTERY RUPTURE ARM    |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35021      | C                            | REPAIR DEFECT OF ARTERY      |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35022      | C                            | REPAIR ARTERY RUPTURE CHEST  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 3502F      | E                            | HIV RNA VRL LD <LMTS QUANTIF |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 3503F      | E                            | HIV RNA VRL LDNOT<LMTS QUNTF |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35045      | N                            | REPAIR DEFECT OF ARM ARTERY  |                  | 05184 | 60.6231       | Bundled, sometimes payable | \$3,681.03                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35081      | C                            | REPAIR DEFECT OF ARTERY      |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35082      | C                            | REPAIR ARTERY RUPTURE AORTA  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35091      | C                            | REPAIR DEFECT OF ARTERY      |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35092      | C                            | REPAIR ARTERY RUPTURE AORTA  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35102      | C                            | REPAIR DEFECT OF ARTERY      |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35103      | C                            | REPAIR ARTERY RUPTURE AORTA  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 3510F      | E                            | DOC TB SCRNG-RSLTS INTERPD   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35111      | C                            | REPAIR DEFECT OF ARTERY      |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35112      | C                            | REPAIR ARTERY RUPTURE SPLEEN |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 3511F      | E                            | CHLMYD/GONRH TSTS DOCD DONE  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35121      | C                            | REPAIR DEFECT OF ARTERY      |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35122      | C                            | REPAIR ARTERY RUPTURE BELLY  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 3512F      | E                            | SYPH SCRNG DOCD AS DONE      |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35131      | C                            | REPAIR DEFECT OF ARTERY      |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35132      | C                            | REPAIR ARTERY RUPTURE GROIN  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 3513F      | E                            | HEP B SCRNG DOCD AS DONE     |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35141      | C                            | REPAIR DEFECT OF ARTERY      |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35142      | C                            | REPAIR ARTERY RUPTURE THIGH  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 3514F      | E                            | HEP C SCRNG DOCD AS DONE     |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35151      | C                            | REPAIR DEFECT OF ARTERY      |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35152      | C                            | REPAIR RUPTD POPLITEAL ART   |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 3515F      | E                            | PT HAS DOCD IMMUN TO HEP C   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 3517F      | E                            | HBV ASSESS&RESULTS INTRP 1YR |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35180      | N                            | RPR CGEN AV FISTULA HEAD&NCK |                  | 05182 | 17.4213       | Bundled, sometimes payable | \$1,057.82                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35182      | C                            | RPR CGEN AV FISTULA THRX&ABD |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35184      | N                            | RPR CGEN AV FISTULA XTR      |                  | 05183 | 35.2981       | Bundled, sometimes payable | \$2,143.30                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35188      | N                            | RPR ACQ AV FISTULA HEAD&NECK |                  | 05184 | 60.6231       | Bundled, sometimes payable | \$3,681.03                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35189      | C                            | RPR ACQ AV FISTULA THRX&ABD  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
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| 2024<br>APC |               |                              |                  |               |                            | Outpatient               |                                    | Non-sole                      |                         |          |            |            |          |
|-------------|---------------|------------------------------|------------------|---------------|----------------------------|--------------------------|------------------------------------|-------------------------------|-------------------------|----------|------------|------------|----------|
| Proc<br>Cd  | Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC<br>Weight | Method                     | Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
| 35190       | N             | REPAIR ACQ AV FISTULA XTR    |                  | 05184 60.6231 | Bundled, sometimes payable | \$3,681.03               |                                    |                               | -                       | -        | 000        | 999        |          |
| 35201       | N             | REPAIR BLOOD VESSEL DIR NECK |                  | 05184 60.6231 | Bundled, sometimes payable | \$3,681.03               |                                    |                               | -                       | -        | 000        | 999        |          |
| 35206       | N             | REPAIR BLOOD VESSEL DIR UXTR |                  | 05183 35.2981 | Bundled, sometimes payable | \$2,143.30               |                                    |                               | -                       | -        | 000        | 999        |          |
| 35207       | N             | RPR BLD VSL DIR HAND FINGER  |                  | 05183 35.2981 | Bundled, sometimes payable | \$2,143.30               |                                    |                               | -                       | -        | 000        | 999        |          |
| 3520F       | E             | CDIFFICILE TESTING PERFORMED |                  | - -           | Not Allowed                | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |
| 35211       | C             | RPR BLVSL DIR NTRATHRC W/BYP |                  | - -           | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |
| 35216       | C             | RPR BLVSL DIR NTRTHRC WO BYP |                  | - -           | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |
| 35221       | C             | RPR BLD VSL DIR INTRA-ABDL   |                  | - -           | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |
| 35226       | T             | REPAIR BLOOD VESSEL DIR LXTR | 05071            | 7.8905        | APC                        | \$479.11                 |                                    |                               | -                       | -        | 000        | 999        |          |
| 35231       | N             | REPAIR BLVSL VN GRF NECK     | 05183            | 35.2981       | Bundled, sometimes payable | \$2,143.30               |                                    |                               | -                       | -        | 000        | 999        |          |
| 35236       | N             | REPAIR BLVSL VN GRF UXTR     | 05184            | 60.6231       | Bundled, sometimes payable | \$3,681.03               |                                    |                               | -                       | -        | 000        | 999        |          |
| 35241       | C             | RPR BLVSL VN GRF NTRTHRC W/B |                  | - -           | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |
| 35246       | C             | RPR BLVSL VN GRF NTRTHRC W/O |                  | - -           | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |
| 35251       | C             | RPR BLVSL VN GRF INTRA-ABDL  |                  | - -           | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |
| 35256       | N             | REPAIR BLVSL VN GRF LXTR     | 05184            | 60.6231       | Bundled, sometimes payable | \$3,681.03               |                                    |                               | -                       | -        | 000        | 999        |          |
| 35261       | N             | RPR BLVSL GRF OTH/THN VN NCK | 05183            | 35.2981       | Bundled, sometimes payable | \$2,143.30               |                                    |                               | -                       | -        | 000        | 999        |          |
| 35266       | N             | RPR BLVSL GRF OTH/TH VN UXTR | 05184            | 60.6231       | Bundled, sometimes payable | \$3,681.03               |                                    |                               | -                       | -        | 000        | 999        |          |
| 35271       | C             | RPR BLVS GR OT/TH VN NTRTH W |                  | - -           | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |
| 35276       | C             | RPR BLVS GR OT/T VN NTRTH WO |                  | - -           | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |
| 35281       | C             | RPR BLVSL GR OT/TH VN NTR-AB |                  | - -           | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |
| 35286       | N             | RPR BLVSL GRF OTH/TH VN LXTR | 05184            | 60.6231       | Bundled, sometimes payable | \$3,681.03               |                                    |                               | -                       | -        | 000        | 999        |          |
| 35301       | C             | RECHANNELING OF ARTERY       |                  | - -           | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |
| 35302       | C             | RECHANNELING OF ARTERY       |                  | - -           | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |
| 35303       | C             | RECHANNELING OF ARTERY       |                  | - -           | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |
| 35304       | C             | RECHANNELING OF ARTERY       |                  | - -           | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |
| 35305       | C             | RECHANNELING OF ARTERY       |                  | - -           | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |
| 35306       | C             | RECHANNELING OF ARTERY       |                  | - -           | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |
| 35311       | C             | RECHANNELING OF ARTERY       |                  | - -           | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |
| 35321       | N             | RECHANNELING OF ARTERY       | 05184            | 60.6231       | Bundled, sometimes payable | \$3,681.03               |                                    |                               | -                       | -        | 000        | 999        |          |
| 35331       | C             | RECHANNELING OF ARTERY       |                  | - -           | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |
| 35341       | C             | RECHANNELING OF ARTERY       |                  | - -           | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |
| 35351       | C             | RECHANNELING OF ARTERY       |                  | - -           | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |
| 35355       | C             | RECHANNELING OF ARTERY       |                  | - -           | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |
| 35361       | C             | RECHANNELING OF ARTERY       |                  | - -           | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |
| 35363       | C             | RECHANNELING OF ARTERY       |                  | - -           | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |
| 35371       | C             | RECHANNELING OF ARTERY       |                  | - -           | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |
| 35372       | C             | RECHANNELING OF ARTERY       |                  | - -           | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |
| 35390       | C             | REOPERATION CAROTID ADD-ON   |                  | - -           | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |
| 35400       | C             | ANGIOSCOPY                   |                  | - -           | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |
| 35500       | N             | HARVEST VEIN FOR BYPASS      |                  | - -           | Bundled                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |
| 35501       | C             | ART BYP GRFT IPSILAT CAROTID |                  | - -           | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |
| 35506       | C             | ART BYP GRFT SUBCLAV-CAROTID |                  | - -           | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |
| 35508       | C             | ART BYP GRFT CAROTID-VERTBRL |                  | - -           | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |
| 35509       | C             | ART BYP GRFT CONTRAL CAROTID |                  | - -           | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |
| 3550F       | E             | LOW RSK THROMBOEMBOLISM      |                  | - -           | Not Allowed                | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |
| 35510       | C             | ART BYP GRFT CAROTID-BRCHIAL |                  | - -           | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |
| 35511       | C             | ART BYP GRFT SUBCLAV-SUBCLAV |                  | - -           | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |
| 35512       | C             | ART BYP GRFT SUBCLAV-BRCHIAL |                  | - -           | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |
| 35515       | C             | ART BYP GRFT SUBCLAV-VERTBRL |                  | - -           | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |
| 35516       | C             | ART BYP GRFT SUBCLAV-AXILARY |                  | - -           | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |
| 35518       | C             | ART BYP GRFT AXILLARY-AXILRY |                  | - -           | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |
| 3551F       | E             | INTRMED RSK THROMBOEMBOLISM  |                  | - -           | Not Allowed                | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |
| 35521       | C             | ART BYP GRFT AXILL-FEMORAL   |                  | - -           | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |
| 35522       | C             | ART BYP GRFT AXILL-BRACHIAL  |                  | - -           | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |
| 35523       | C             | ART BYP GRFT BRCHL-ULNR-RDL  |                  | - -           | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |
| 35525       | C             | ART BYP GRFT BRACHIAL-BRCHL  |                  | - -           | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |

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| Proc<br>Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method      | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|------------------------------|------------------------------|------------------|-----|---------------|-------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|            |                              |                              |                  |     |               |             |                                        |                                    |                                           |                         |          |            |            |          |
| 35526      | C                            | ART BYP GRFT AOR/CAROT/INNOM |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 3552F      | E                            | HGH RISK FOR THROMBOEMBOLISM |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35531      | C                            | ART BYP GRFT AORCEL/AORMESEN |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35533      | C                            | ART BYP GRFT AXILL/FEM/FEM   |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35535      | C                            | ART BYP GRFT HEPATORENAL     |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35536      | C                            | ART BYP GRFT SPLENORENAL     |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35537      | C                            | ART BYP GRFT AORTOILIAC      |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35538      | C                            | ART BYP GRFT AORTOBI-ILIAC   |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35539      | C                            | ART BYP GRFT AORTOFEMORAL    |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35540      | C                            | ART BYP GRFT AORTBIFEMORAL   |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35556      | C                            | ART BYP GRFT FEM-POPLITEAL   |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35558      | C                            | ART BYP GRFT FEM-FEMORAL     |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 3555F      | E                            | PT INR MEASUREMENT PERFORMED |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35560      | C                            | ART BYP GRFT AORTORENAL      |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35563      | C                            | ART BYP GRFT ILIOILIAC       |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35565      | C                            | ART BYP GRFT ILIOFEMORAL     |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35566      | C                            | ART BYP FEM-ANT-POST TIB/PRL |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35570      | C                            | ART BYP TIBIAL-TIB/PERONEAL  |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35571      | C                            | ART BYP POP-TIBL-PRL-OTHER   |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35572      | N                            | HARVEST FEMOROPOPLITEAL VEIN |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35583      | C                            | VEIN BYP GRFT FEM-POPLITEAL  |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35585      | C                            | VEIN BYP FEM-TIBIAL PERONEAL |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35587      | C                            | VEIN BYP POP-TIBL PERONEAL   |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35600      | C                            | OPEN HRV UXTR ART 1 SGM CAB  |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35601      | C                            | ART BYP COMMON IPSI CAROTID  |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35606      | C                            | ART BYP CAROTID-SUBCLAVIAN   |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35612      | C                            | ART BYP SUBCLAV-SUBCLAVIAN   |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35616      | C                            | ART BYP SUBCLAV-AXILLARY     |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35621      | C                            | ART BYP AXILLARY-FEMORAL     |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35623      | C                            | ART BYP AXILLARY-POP-TIBIAL  |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35626      | C                            | ART BYP AORSUBCL/CAROT/INNOM |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35631      | C                            | ART BYP AOR-CELIAC-MSN-RENAL |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35632      | C                            | ART BYP ILIO-CELIAC          |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35633      | C                            | ART BYP ILIO-MESENTERIC      |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35634      | C                            | ART BYP ILIORENAL            |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35636      | C                            | ART BYP SPENORENAL           |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35637      | C                            | ART BYP AORTOILIAC           |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35638      | C                            | ART BYP AORTOBI-ILIAC        |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35642      | C                            | ART BYP CAROTID-VERTEBRAL    |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35645      | C                            | ART BYP SUBCLAV-VERTEBRL     |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35646      | C                            | ART BYP AORTOBIFEMORAL       |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35647      | C                            | ART BYP AORTOFEMORAL         |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35650      | C                            | ART BYP AXILLARY-AXILLARY    |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35654      | C                            | ART BYP AXILL-FEM-FEMORAL    |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35656      | C                            | ART BYP FEMORAL-POPLITEAL    |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35661      | C                            | ART BYP FEMORAL-FEMORAL      |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35663      | C                            | ART BYP ILIOILIAC            |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35665      | C                            | ART BYP ILIOFEMORAL          |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35666      | C                            | ART BYP FEM-ANT-POST TIB/PRL |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35671      | C                            | ART BYP POP-TIBL-PRL-OTHER   |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35681      | C                            | COMPOSITE BYP GRFT PROS&VEIN |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35682      | C                            | COMPOSITE BYP GRFT 2 VEINS   |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35683      | C                            | COMPOSITE BYP GRFT 3/> SEGMT |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35685      | N                            | BYPASS GRAFT PATENCY/PATCH   |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35686      | N                            | BYPASS GRAFT/AV FIST PATENCY |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 35691      | C                            | ART TRNSPOSJ VERTBRL CAROTID |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc Cd | 2024 APC<br>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 |
|---------|------------------------|------------------------------|---------------|-------|------------|----------------------------|----------------------------------|------------------------------|----------------------------------|----------------------|----------|---------|---------|----------|
|         |                        |                              |               |       |            |                            |                                  |                              |                                  |                      |          |         |         |          |
| 35693   | C                      | ART TRNSPOSJ SUBCLAVIAN      |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 35694   | C                      | ART TRNSPOSJ SUBCLAV CAROTID |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 35695   | C                      | ART TRNSPOSJ CAROTID SUBCLAV |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 35697   | C                      | REIMPLANT ARTERY EACH        |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 35700   | C                      | REOPERATION BYPASS GRAFT     |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 35701   | C                      | EXPL N/FLWD SURG NECK ART    |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 35702   | E                      | EXPL N/FLWD SURG UXTR ART    |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 35703   | E                      | EXPL N/FLWD SURG LXTR ART    |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 3570F   | E                      | RPRT BONE SCINT XREF W XRAY  |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 3572F   | E                      | PT CONSID POSS RISK FX       |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 3573F   | E                      | PT NOT CONSID POSS RISK FX   |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 35800   | C                      | EXPLORE NECK VESSELS         |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 35820   | C                      | EXPLORE CHEST VESSELS        |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 35840   | C                      | EXPLORE ABDOMINAL VESSELS    |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 35860   | N                      | EXPLORE LIMB VESSELS         |               | 05183 | 35.2981    | Bundled, sometimes payable | \$2,143.30                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 35870   | C                      | REPAIR VESSEL GRAFT DEFECT   |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 35875   | N                      | REMOVAL OF CLOT IN GRAFT     |               | 05184 | 60.6231    | Bundled, sometimes payable | \$3,681.03                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 35876   | N                      | REMOVAL OF CLOT IN GRAFT     |               | 05184 | 60.6231    | Bundled, sometimes payable | \$3,681.03                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 35879   | N                      | REVISE GRAFT W/VEIN          |               | 05184 | 60.6231    | Bundled, sometimes payable | \$3,681.03                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 35881   | N                      | REVISE GRAFT W/VEIN          |               | 05184 | 60.6231    | Bundled, sometimes payable | \$3,681.03                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 35883   | N                      | REVJ FEM ANAST NONAUTOG GRF  |               | 05184 | 60.6231    | Bundled, sometimes payable | \$3,681.03                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 35884   | N                      | REVJ FEM ANAST AUTOG VN GRF  |               | 05184 | 60.6231    | Bundled, sometimes payable | \$3,681.03                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 35901   | C                      | EXCISION GRAFT NECK          |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 35903   | N                      | EXCISION GRAFT EXTREMITY     |               | 05183 | 35.2981    | Bundled, sometimes payable | \$2,143.30                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 35905   | C                      | EXCISION GRAFT THORAX        |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 35907   | C                      | EXCISION GRAFT ABDOMEN       |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 36000   | N                      | PLACE NEEDLE IN VEIN         |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 36002   | T                      | PSEUDOANEURYSM INJECTION TRT |               | 05181 | 6.9336     | APC                        | \$421.01                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 36005   | N                      | INJECTION EXT VENOGRAPHY     |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 36010   | N                      | PLACE CATHETER IN VEIN       |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 36011   | N                      | PLACE CATHETER IN VEIN       |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 36012   | N                      | PLACE CATHETER IN VEIN       |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 36013   | N                      | PLACE CATHETER IN ARTERY     |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 36014   | N                      | PLACE CATHETER IN ARTERY     |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 36015   | N                      | PLACE CATHETER IN ARTERY     |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 36100   | N                      | ESTABLISH ACCESS TO ARTERY   |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 36140   | N                      | INTRO NDL ICATH UPR/LXTR ART |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 36160   | N                      | ESTABLISH ACCESS TO AORTA    |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 36200   | N                      | PLACE CATHETER IN AORTA      |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 36215   | N                      | PLACE CATHETER IN ARTERY     |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 36216   | N                      | PLACE CATHETER IN ARTERY     |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 36217   | N                      | PLACE CATHETER IN ARTERY     |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 36218   | N                      | PLACE CATHETER IN ARTERY     |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 36221   | N                      | PLACE CATH THORACIC AORTA    |               | 05183 | 35.2981    | Bundled, sometimes payable | \$2,143.30                       |                              |                                  | -                    | Y        | 000     | 999     |          |
| 36222   | N                      | PLACE CATH CAROTID/INOM ART  |               | 05183 | 35.2981    | Bundled, sometimes payable | \$2,143.30                       |                              |                                  | -                    | Y        | 000     | 999     |          |
| 36223   | N                      | PLACE CATH CAROTID/INOM ART  |               | 05184 | 60.6231    | Bundled, sometimes payable | \$3,681.03                       |                              |                                  | -                    | Y        | 000     | 999     |          |
| 36224   | N                      | PLACE CATH CAROTD ART        |               | 05184 | 60.6231    | Bundled, sometimes payable | \$3,681.03                       |                              |                                  | -                    | Y        | 000     | 999     |          |
| 36225   | N                      | PLACE CATH SUBCLAVIAN ART    |               | 05183 | 35.2981    | Bundled, sometimes payable | \$2,143.30                       |                              |                                  | -                    | Y        | 000     | 999     |          |
| 36226   | N                      | PLACE CATH VERTEBRAL ART     |               | 05184 | 60.6231    | Bundled, sometimes payable | \$3,681.03                       |                              |                                  | -                    | Y        | 000     | 999     |          |
| 36227   | N                      | PLACE CATH XTRNL CAROTID     |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | Y        | 000     | 999     |          |
| 36228   | N                      | PLACE CATH INTRACRANIAL ART  |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | Y        | 000     | 999     |          |
| 36245   | N                      | INS CATH ABD/L-EXT ART 1ST   |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 36246   | N                      | INS CATH ABD/L-EXT ART 2ND   |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 36247   | N                      | INS CATH ABD/L-EXT ART 3RD   |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 36248   | N                      | INS CATH ABD/L-EXT ART ADDL  |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 36251   | N                      | INS CATH REN ART 1ST UNILAT  |               | 05183 | 35.2981    | Bundled, sometimes payable | \$2,143.30                       |                              |                                  | -                    | -        | 000     | 999     |          |



**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2025**

| Proc Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC   | APC<br>Weight | Method                     | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|---------|------------------------------|------------------------------|------------------|-------|---------------|----------------------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|         |                              |                              |                  |       |               |                            |                                        |                                    |                                           |                         |          |            |            |          |
| 36252   | N                            | INS CATH REN ART 1ST BILAT   |                  | 05183 | 35.2981       | Bundled, sometimes payable | \$2,143.30                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 36253   | N                            | INS CATH REN ART 2ND+ UNILAT |                  | 05184 | 60.6231       | Bundled, sometimes payable | \$3,681.03                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 36254   | N                            | INS CATH REN ART 2ND+ BILAT  |                  | 05183 | 35.2981       | Bundled, sometimes payable | \$2,143.30                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 36260   | N                            | INSERTION OF INFUSION PUMP   |                  | 05184 | 60.6231       | Bundled, sometimes payable | \$3,681.03                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 36261   | T                            | REVISION OF INFUSION PUMP    |                  | 05221 | 40.8135       | APC                        | \$2,478.20                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 36262   | N                            | REMOVAL OF INFUSION PUMP     |                  | 05221 | 40.8135       | Bundled, sometimes payable | \$2,478.20                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 36299   | N                            | UNLISTED PX VASCULAR NJX     |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 36400   | N                            | VNPNXR<3YRS PHY/QHP FEM/JUG  |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 2          |          |
| 36405   | N                            | VNPNXR<3YRS PHY/QHP SCALP VN |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 2          |          |
| 36406   | N                            | VNPNXR<3YRS PHY/QHP OTHER VN |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 36410   | N                            | VNPNXR 3YR/> PHY/QHP DX/THER |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 003        | 999        |          |
| 36415   | M                            | COLL VENOUS BLD VENIPUNCTURE |                  | -     | -             | Medicare                   | \$9.09                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 36416   | N                            | COLLJ CAPILLARY BLOOD SPEC   |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 36420   | N                            | VENIPUNCTURE CUTDOWN < 1 YR  |                  | 05734 | 1.4456        | Bundled, sometimes payable | \$87.78                                |                                    |                                           | -                       | -        | 000        | 1          |          |
| 36425   | N                            | VENIPUNCTURE CUTDOWN 1 YR/>  |                  | 05735 | 4.4751        | Bundled, sometimes payable | \$271.73                               |                                    |                                           | -                       | -        | 001        | 99         |          |
| 36430   | S                            | TRANSFUSION BLD/BLD COMPNT   |                  | 05241 | 4.9028        | APC                        | \$297.70                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 36440   | S                            | BLD PUSH TFUJ 2 YR/<         |                  | 05241 | 4.9028        | APC                        | \$297.70                               |                                    |                                           | -                       | -        | 000        | 2          |          |
| 36450   | S                            | BLD EXCHANGE TRUJ NEWBORN    |                  | 05241 | 4.9028        | APC                        | \$297.70                               |                                    |                                           | -                       | -        | 000        | 1          |          |
| 36455   | S                            | BLD EXCHANGE TRUJ OTH THN NB |                  | 05241 | 4.9028        | APC                        | \$297.70                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 36456   | S                            | PRTL EXCHANGE TRANSFUSE NB   |                  | 05241 | 4.9028        | APC                        | \$297.70                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 36460   | S                            | INTRAUTERINE TRANSFUSION FTL |                  | 05241 | 4.9028        | APC                        | \$297.70                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 36465   | T                            | NJX NONCMPND SCLRSNT 1 VEIN  |                  | 05054 | 20.5142       | APC                        | \$1,173.45                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 36466   | T                            | NJX NONCMPND SCLRSNT MLT VN  |                  | 05054 | 20.5142       | APC                        | \$1,173.45                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 36468   | E                            | NJX SCLRSNT SPIDER VEINS     |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 36469   | E                            | INJECTION(S) SPIDER VEINS    |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 36470   | T                            | NJX SCLRSNT 1 INCMPTNT VEIN  |                  | 05052 | 4.4806        | APC                        | \$272.06                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 36471   | T                            | NJX SCLRSNT MLT INCMPTNT VN  |                  | 05052 | 4.4806        | APC                        | \$272.06                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 36473   | N                            | ENDOVENOUS MCHNCHEM 1ST VEIN |                  | 05183 | 35.2981       | Bundled, sometimes payable | \$2,143.30                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 36474   | N                            | ENDOVENOUS MCHNCHEM ADD-ON   |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 36475   | N                            | ENDOVENOUS RF 1ST VEIN       |                  | 05183 | 35.2981       | Bundled, sometimes payable | \$2,143.30                             |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 36476   | N                            | ENDOVENOUS RF VEIN ADD-ON    |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 36478   | N                            | ENDOVENOUS LASER 1ST VEIN    |                  | 05183 | 35.2981       | Bundled, sometimes payable | \$2,143.30                             |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 36479   | N                            | ENDOVENOUS LASER VEIN ADDON  |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 36481   | N                            | INSERTION OF CATHETER VEIN   |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 36482   | N                            | ENDOVEN THER CHEM ADHES 1ST  |                  | 05184 | 60.6231       | Bundled, sometimes payable | \$3,681.03                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 36483   | N                            | ENDOVEN THER CHEM ADHES SBSQ |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 36500   | N                            | INSERTION OF CATHETER VEIN   |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 3650F   | E                            | EEG ORDERED RVWD REQSTD      |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 36510   | N                            | INSERTION OF CATHETER VEIN   |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 1          |          |
| 36511   | S                            | APHERESIS WBC                |                  | 05242 | 18.3840       | APC                        | \$1,116.28                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 36512   | S                            | APHERESIS RBC                |                  | 05242 | 18.3840       | APC                        | \$1,116.28                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 36513   | S                            | APHERESIS PLATELETS          |                  | 05241 | 4.9028        | APC                        | \$297.70                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 36514   | S                            | APHERESIS PLASMA             |                  | 05242 | 18.3840       | APC                        | \$1,116.28                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 36516   | S                            | APHERESIS IMMUNOADS SLCTV    |                  | 05243 | 52.5426       | APC                        | \$3,190.39                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 36522   | S                            | PHOTOPHERESIS                |                  | 05243 | 52.5426       | APC                        | \$3,190.39                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 36555   | N                            | INSERT NON-TUNNEL CV CATH    |                  | 05183 | 35.2981       | Bundled, sometimes payable | \$2,143.30                             |                                    |                                           | -                       | Y        | 000        | 4          |          |
| 36556   | N                            | INSERT NON-TUNNEL CV CATH    |                  | 05183 | 35.2981       | Bundled, sometimes payable | \$2,143.30                             |                                    |                                           | -                       | Y        | 005        | 999        |          |
| 36557   | N                            | INSERT TUNNELED CV CATH      |                  | 05184 | 60.6231       | Bundled, sometimes payable | \$3,681.03                             |                                    |                                           | -                       | Y        | 000        | 4          |          |
| 36558   | N                            | INSERT TUNNELED CV CATH      |                  | 05183 | 35.2981       | Bundled, sometimes payable | \$2,143.30                             |                                    |                                           | -                       | Y        | 005        | 999        |          |
| 36560   | N                            | INSERT TUNNELED CV CATH      |                  | 05183 | 35.2981       | Bundled, sometimes payable | \$2,143.30                             |                                    |                                           | -                       | Y        | 000        | 4          |          |
| 36561   | N                            | INSERT TUNNELED CV CATH      |                  | 05183 | 35.2981       | Bundled, sometimes payable | \$2,143.30                             |                                    |                                           | -                       | Y        | 005        | 999        |          |
| 36563   | N                            | INSERT TUNNELED CV CATH      |                  | 05184 | 60.6231       | Bundled, sometimes payable | \$3,681.03                             |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 36565   | N                            | INSERT TUNNELED CV CATH      |                  | 05183 | 35.2981       | Bundled, sometimes payable | \$2,143.30                             |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 36566   | N                            | INSERT TUNNELED CV CATH      |                  | 05184 | 60.6231       | Bundled, sometimes payable | \$3,681.03                             |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 36568   | N                            | INSJ PICC <5 YR W/O IMAGING  |                  | 05182 | 17.4213       | Bundled, sometimes payable | \$1,057.82                             |                                    |                                           | -                       | Y        | 000        | 4          |          |
| 36569   | N                            | INSJ PICC 5 YR+ W/O IMAGING  |                  | 05182 | 17.4213       | Bundled, sometimes payable | \$1,057.82                             |                                    |                                           | -                       | Y        | 005        | 999        |          |

**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2025**

| Proc Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC<br>Weight | Method   | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|---------|------------------------------|------------------------------|------------------|---------------|----------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|         |                              |                              |                  |               |          |                                        |                                    |                                           |                         |          |            |            |          |
| 36570   | N                            | INSERT PICVAD CATH           |                  | 05183         | 35.2981  | Bundled, sometimes payable             | \$2,143.30                         |                                           | -                       | Y        | 000        | 4          |          |
| 36571   | N                            | INSERT PICVAD CATH           |                  | 05183         | 35.2981  | Bundled, sometimes payable             | \$2,143.30                         |                                           | -                       | Y        | 005        | 999        |          |
| 36572   | T                            | INSJ PICC RS&I <5 YR         |                  | 05181         | 6.9336   | APC                                    | \$421.01                           |                                           | -                       | -        | 000        | 999        |          |
| 36573   | N                            | INSJ PICC RS&I 5 YR+         |                  | 05182         | 17.4213  | Bundled, sometimes payable             | \$1,057.82                         |                                           | -                       | -        | 000        | 999        |          |
| 36575   | T                            | REPAIR TUNNELED CV CATH      |                  | 05181         | 6.9336   | APC                                    | \$421.01                           |                                           | -                       | Y        | 000        | 999        |          |
| 36576   | N                            | REPAIR TUNNELED CV CATH      |                  | 05182         | 17.4213  | Bundled, sometimes payable             | \$1,057.82                         |                                           | -                       | Y        | 000        | 999        |          |
| 36578   | N                            | REPLACE TUNNELED CV CATH     |                  | 05183         | 35.2981  | Bundled, sometimes payable             | \$2,143.30                         |                                           | -                       | Y        | 000        | 999        |          |
| 36580   | N                            | REPLACE CVAD CATH            |                  | 05182         | 17.4213  | Bundled, sometimes payable             | \$1,057.82                         |                                           | -                       | Y        | 000        | 999        |          |
| 36581   | N                            | REPLACE TUNNELED CV CATH     |                  | 05183         | 35.2981  | Bundled, sometimes payable             | \$2,143.30                         |                                           | -                       | Y        | 000        | 999        |          |
| 36582   | N                            | REPLACE TUNNELED CV CATH     |                  | 05183         | 35.2981  | Bundled, sometimes payable             | \$2,143.30                         |                                           | -                       | Y        | 000        | 999        |          |
| 36583   | N                            | REPLACE TUNNELED CV CATH     |                  | 05184         | 60.6231  | Bundled, sometimes payable             | \$3,681.03                         |                                           | -                       | Y        | 000        | 999        |          |
| 36584   | N                            | COMPL RPLCMT PICC RS&I       |                  | 05182         | 17.4213  | Bundled, sometimes payable             | \$1,057.82                         |                                           | -                       | Y        | 000        | 999        |          |
| 36585   | N                            | REPLACE PICVAD CATH          |                  | 05183         | 35.2981  | Bundled, sometimes payable             | \$2,143.30                         |                                           | -                       | Y        | 000        | 999        |          |
| 36589   | N                            | REMOVAL TUNNELED CV CATH     |                  | 05181         | 6.9336   | Bundled, sometimes payable             | \$421.01                           |                                           | -                       | Y        | 000        | 999        |          |
| 36590   | N                            | REMOVAL TUNNELED CV CATH     |                  | 05182         | 17.4213  | Bundled, sometimes payable             | \$1,057.82                         |                                           | -                       | Y        | 000        | 999        |          |
| 36591   | N                            | DRAW BLOOD OFF VENOUS DEVICE |                  | 05734         | 1.4456   | Bundled, sometimes payable             | \$87.78                            |                                           | -                       | -        | 000        | 999        |          |
| 36592   | N                            | COLLECT BLOOD FROM PICC      |                  | 05734         | 1.4456   | Bundled, sometimes payable             | \$87.78                            |                                           | -                       | -        | 000        | 999        |          |
| 36593   | T                            | DECLOT VASCULAR DEVICE       |                  | 05694         | 3.7198   | APC                                    | \$225.87                           |                                           | -                       | -        | 000        | 999        |          |
| 36595   | N                            | MECH REMOV TUNNELED CV CATH  |                  | 05183         | 35.2981  | Bundled, sometimes payable             | \$2,143.30                         |                                           | -                       | Y        | 000        | 999        |          |
| 36596   | N                            | MECH REMOV TUNNELED CV CATH  |                  | 05182         | 17.4213  | Bundled, sometimes payable             | \$1,057.82                         |                                           | -                       | Y        | 000        | 999        |          |
| 36597   | N                            | REPOSITION VENOUS CATHETER   |                  | 05182         | 17.4213  | Bundled, sometimes payable             | \$1,057.82                         |                                           | -                       | Y        | 000        | 999        |          |
| 36598   | T                            | INJ W/FLUOR EVAL CV DEVICE   |                  | 05693         | 2.3628   | APC                                    | \$143.47                           |                                           | -                       | -        | 000        | 999        |          |
| 36600   | N                            | WITHDRAWAL OF ARTERIAL BLOOD |                  | 05734         | 1.4456   | Bundled, sometimes payable             | \$87.78                            |                                           | -                       | Y        | 000        | 999        |          |
| 36620   | N                            | INSERTION CATHETER ARTERY    |                  | -             | -        | Bundled                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 36625   | N                            | INSERTION CATHETER ARTERY    |                  | -             | -        | Bundled                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 36640   | N                            | INSERTION CATHETER ARTERY    |                  | 05183         | 35.2981  | Bundled, sometimes payable             | \$2,143.30                         |                                           | -                       | -        | 000        | 999        |          |
| 36660   | C                            | INSERTION CATHETER ARTERY    |                  | -             | -        | IP Only                                | \$0.00                             |                                           | -                       | -        | 000        | 2          |          |
| 36680   | N                            | INSERT NEEDLE BONE CAVITY    |                  | 05735         | 4.4751   | Bundled, sometimes payable             | \$271.73                           |                                           | -                       | Y        | 000        | 999        |          |
| 36800   | N                            | INSERTION OF CANNULA         |                  | 05184         | 60.6231  | Bundled, sometimes payable             | \$3,681.03                         |                                           | -                       | -        | 000        | 999        |          |
| 36810   | N                            | INSERTION OF CANNULA         |                  | 05183         | 35.2981  | Bundled, sometimes payable             | \$2,143.30                         |                                           | -                       | -        | 000        | 999        |          |
| 36815   | N                            | INSERTION OF CANNULA         |                  | 05184         | 60.6231  | Bundled, sometimes payable             | \$3,681.03                         |                                           | -                       | -        | 000        | 999        |          |
| 36818   | N                            | AV FUSE UPPR ARM CEPHALIC    |                  | 05184         | 60.6231  | Bundled, sometimes payable             | \$3,681.03                         |                                           | -                       | Y        | 000        | 999        |          |
| 36819   | N                            | AV FUSE UPPR ARM BASILIC     |                  | 05184         | 60.6231  | Bundled, sometimes payable             | \$3,681.03                         |                                           | -                       | -        | 000        | 999        |          |
| 36820   | N                            | AV FUSION/FOREARM VEIN       |                  | 05184         | 60.6231  | Bundled, sometimes payable             | \$3,681.03                         |                                           | -                       | -        | 000        | 999        |          |
| 36821   | N                            | AV FUSION DIRECT ANY SITE    |                  | 05183         | 35.2981  | Bundled, sometimes payable             | \$2,143.30                         |                                           | -                       | -        | 000        | 999        |          |
| 36823   | C                            | INSERTION OF CANNULA(S)      |                  | -             | -        | IP Only                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 36825   | N                            | ARTERY-VEIN AUTOGRAFT        |                  | 05184         | 60.6231  | Bundled, sometimes payable             | \$3,681.03                         |                                           | -                       | -        | 000        | 999        |          |
| 36830   | N                            | ARTERY-VEIN NONAUTOGRAFT     |                  | 05184         | 60.6231  | Bundled, sometimes payable             | \$3,681.03                         |                                           | -                       | -        | 000        | 999        |          |
| 36831   | N                            | OPEN THROMBECT AV FISTULA    |                  | 05184         | 60.6231  | Bundled, sometimes payable             | \$3,681.03                         |                                           | -                       | -        | 000        | 999        |          |
| 36832   | N                            | AV FISTULA REVISION OPEN     |                  | 05184         | 60.6231  | Bundled, sometimes payable             | \$3,681.03                         |                                           | -                       | -        | 000        | 999        |          |
| 36833   | N                            | AV FISTULA REVISION          |                  | 05184         | 60.6231  | Bundled, sometimes payable             | \$3,681.03                         |                                           | -                       | -        | 000        | 999        |          |
| 36835   | N                            | INSERTION THOMAS SHUNT       |                  | 05183         | 35.2981  | Bundled, sometimes payable             | \$2,143.30                         |                                           | -                       | -        | 000        | 999        |          |
| 36836   | N                            | PRQ AV FSTL CRTJ UXTR 1 ACS  |                  | 05194         | 201.3785 | Bundled, sometimes payable             | \$12,227.70                        |                                           | -                       | -        | 000        | 999        |          |
| 36837   | N                            | PRQ AV FSTL CRT UXTR SEP ACS |                  | 05194         | 201.3785 | Bundled, sometimes payable             | \$12,227.70                        |                                           | -                       | -        | 000        | 999        |          |
| 36838   | N                            | DIST REVAS LIGATION HEMO     |                  | 05184         | 60.6231  | Bundled, sometimes payable             | \$3,681.03                         |                                           | -                       | Y        | 000        | 999        |          |
| 36860   | N                            | EXTERNAL CANNULA DECLEOTTING |                  | 05182         | 17.4213  | Bundled, sometimes payable             | \$1,057.82                         |                                           | -                       | -        | 000        | 999        |          |
| 36861   | N                            | CANNULA DECLEOTTING          |                  | 05184         | 60.6231  | Bundled, sometimes payable             | \$3,681.03                         |                                           | -                       | -        | 000        | 999        |          |
| 36901   | N                            | INTRO CATH DIALYSIS CIRCUIT  |                  | 05182         | 17.4213  | Bundled, sometimes payable             | \$1,057.82                         |                                           | -                       | -        | 000        | 999        |          |
| 36902   | N                            | INTRO CATH DIALYSIS CIRCUIT  |                  | 05192         | 63.9406  | Bundled, sometimes payable             | \$3,882.47                         |                                           | -                       | -        | 000        | 999        |          |
| 36903   | N                            | INTRO CATH DIALYSIS CIRCUIT  |                  | 05193         | 127.1806 | Bundled, sometimes payable             | \$7,722.41                         |                                           | -                       | -        | 000        | 999        |          |
| 36904   | N                            | THRMBC/NFS DIALYSIS CIRCUIT  |                  | 05192         | 63.9406  | Bundled, sometimes payable             | \$3,882.47                         |                                           | -                       | -        | 000        | 999        |          |
| 36905   | N                            | THRMBC/NFS DIALYSIS CIRCUIT  |                  | 05193         | 127.1806 | Bundled, sometimes payable             | \$7,722.41                         |                                           | -                       | -        | 000        | 999        |          |
| 36906   | N                            | THRMBC/NFS DIALYSIS CIRCUIT  |                  | 05194         | 201.3785 | Bundled, sometimes payable             | \$12,227.70                        |                                           | -                       | -        | 000        | 999        |          |
| 36907   | N                            | BALO ANGIOP CTR DIALYSIS SEG |                  | -             | -        | Bundled                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 36908   | N                            | STENT PLMT CTR DIALYSIS SEG  |                  | -             | -        | Bundled                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 36909   | N                            | DIALYSIS CIRCUIT EMBOLJ      |                  | -             | -        | Bundled                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc Cd | 2024 APC |     | 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 |
|---------|----------|-----|------------------------------|---------------|-------|------------|----------------------------|----------------------------------|------------------------------|----------------------------------|----------------------|----------|---------|---------|----------|
|         | Status   | Ind |                              |               |       |            |                            |                                  |                              |                                  |                      |          |         |         |          |
| 3700F   | E        |     | PSYCH DISORDERS ASSESSED     |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 37140   | C        |     | REVISION OF CIRCULATION      |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 37145   | C        |     | REVISION OF CIRCULATION      |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 37160   | C        |     | REVISION OF CIRCULATION      |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 37180   | C        |     | REVISION OF CIRCULATION      |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 37181   | C        |     | SPLICE SPLEEN/KIDNEY VEINS   |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 37182   | C        |     | INSERT HEPATIC SHUNT (TIPS)  |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 37183   | N        |     | REVISION TIPS                |               | 05192 | 63.9406    | Bundled, sometimes payable | \$3,882.47                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 37184   | N        |     | PRIM ART M-THRMBC 1ST VSL    |               | 05194 | 201.3785   | Bundled, sometimes payable | \$12,227.70                      |                              |                                  | -                    | -        | 000     | 999     |          |
| 37185   | N        |     | PRIM ART M-THRMBC SBSQ VSL   |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 37186   | N        |     | SEC ART THROMBECTOMY ADD-ON  |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 37187   | N        |     | VENOUS MECH THROMBECTOMY     |               | 05193 | 127.1806   | Bundled, sometimes payable | \$7,722.41                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 37188   | N        |     | VEN MECHNL THRMBC REPEAT TX  |               | 05183 | 35.2981    | Bundled, sometimes payable | \$2,143.30                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 37191   | N        |     | INS ENDOVAS VENA CAVA FILTR  |               | 05184 | 60.6231    | Bundled, sometimes payable | \$3,681.03                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 37192   | N        |     | REDO ENDOVAS VENA CAVA FILTR |               | 05183 | 35.2981    | Bundled, sometimes payable | \$2,143.30                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 37193   | N        |     | REM ENDOVAS VENA CAVA FILTER |               | 05183 | 35.2981    | Bundled, sometimes payable | \$2,143.30                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 37195   | T        |     | THROMBOLYTIC THERAPY STROKE  |               | 05694 | 3.7198     | APC                        | \$225.87                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 37197   | N        |     | REMOVE INTRVAS FOREIGN BODY  |               | 05183 | 35.2981    | Bundled, sometimes payable | \$2,143.30                       |                              |                                  | -                    | Y        | 000     | 999     |          |
| 37200   | N        |     | TRANSCATHETER BIOPSY         |               | 05184 | 60.6231    | Bundled, sometimes payable | \$3,681.03                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 3720F   | E        |     | COGNIT IMPAIRMENT ASSESSED   |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 37211   | N        |     | THROMBOLYTIC ART THERAPY     |               | 05184 | 60.6231    | Bundled, sometimes payable | \$3,681.03                       |                              |                                  | -                    | Y        | 000     | 999     |          |
| 37212   | N        |     | THROMBOLYTIC VENOUS THERAPY  |               | 05183 | 35.2981    | Bundled, sometimes payable | \$2,143.30                       |                              |                                  | -                    | Y        | 000     | 999     |          |
| 37213   | N        |     | THROMBLYTIC ART/VEN THERAPY  |               | 05183 | 35.2981    | Bundled, sometimes payable | \$2,143.30                       |                              |                                  | -                    | Y        | 000     | 999     |          |
| 37214   | N        |     | CESSJ THERAPY CATH REMOVAL   |               | 05183 | 35.2981    | Bundled, sometimes payable | \$2,143.30                       |                              |                                  | -                    | Y        | 000     | 999     |          |
| 37215   | C        |     | TRANSCATH STENT CCA W/EPS    |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | Y        | 000     | 999     |          |
| 37216   | E        |     | TRANSCATH STENT CCA W/O EPS  |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | Y        | 000     | 999     |          |
| 37217   | C        |     | STENT PLACEMT RETRO CAROTID  |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 37218   | C        |     | STENT PLACEMT ANTE CAROTID   |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 37220   | N        |     | ILIAC REVASC                 |               | 05192 | 63.9406    | Bundled, sometimes payable | \$3,882.47                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 37221   | N        |     | ILIAC REVASC W/STENT         |               | 05193 | 127.1806   | Bundled, sometimes payable | \$7,722.41                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 37222   | N        |     | ILIAC REVASC ADD-ON          |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 37223   | N        |     | ILIAC REVASC W/STENT ADD-ON  |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 37224   | N        |     | FEM/POPL REVAS W/TLA         |               | 05192 | 63.9406    | Bundled, sometimes payable | \$3,882.47                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 37225   | N        |     | FEM/POPL REVAS W/ATHER       |               | 05194 | 201.3785   | Bundled, sometimes payable | \$12,227.70                      |                              |                                  | -                    | -        | 000     | 999     |          |
| 37226   | N        |     | FEM/POPL REVASC W/STENT      |               | 05193 | 127.1806   | Bundled, sometimes payable | \$7,722.41                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 37227   | N        |     | FEM/POPL REVASC STNT & ATHER |               | 05194 | 201.3785   | Bundled, sometimes payable | \$12,227.70                      |                              |                                  | -                    | -        | 000     | 999     |          |
| 37228   | N        |     | TIB/PER REVASC W/TLA         |               | 05193 | 127.1806   | Bundled, sometimes payable | \$7,722.41                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 37229   | N        |     | TIB/PER REVASC W/ATHER       |               | 05194 | 201.3785   | Bundled, sometimes payable | \$12,227.70                      |                              |                                  | -                    | -        | 000     | 999     |          |
| 37230   | N        |     | TIB/PER REVASC W/STENT       |               | 05194 | 201.3785   | Bundled, sometimes payable | \$12,227.70                      |                              |                                  | -                    | -        | 000     | 999     |          |
| 37231   | N        |     | TIB/PER REVASC STENT & ATHER |               | 05194 | 201.3785   | Bundled, sometimes payable | \$12,227.70                      |                              |                                  | -                    | -        | 000     | 999     |          |
| 37232   | N        |     | TIB/PER REVASC ADD-ON        |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 37233   | N        |     | TIBPER REVASC W/ATHER ADD-ON |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 37234   | N        |     | REVSC OPN/PRQ TIB/PERO STENT |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 37235   | N        |     | TIB/PER REVASC STNT & ATHER  |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 37236   | N        |     | OPEN/PERQ PLACE STENT 1ST    |               | 05193 | 127.1806   | Bundled, sometimes payable | \$7,722.41                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 37237   | N        |     | OPEN/PERQ PLACE STENT EA ADD |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 37238   | N        |     | OPEN/PERQ PLACE STENT SAME   |               | 05193 | 127.1806   | Bundled, sometimes payable | \$7,722.41                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 37239   | N        |     | OPEN/PERQ PLACE STENT EA ADD |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 37241   | N        |     | VASC EMBOLIZE/OCCLUDE VENOUS |               | 05193 | 127.1806   | Bundled, sometimes payable | \$7,722.41                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 37242   | N        |     | VASC EMBOLIZE/OCCLUDE ARTERY |               | 05194 | 201.3785   | Bundled, sometimes payable | \$12,227.70                      |                              |                                  | -                    | -        | 000     | 999     |          |
| 37243   | N        |     | VASC EMBOLIZE/OCCLUDE ORGAN  |               | 05193 | 127.1806   | Bundled, sometimes payable | \$7,722.41                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 37244   | N        |     | VASC EMBOLIZE/OCCLUDE BLEED  |               | 05193 | 127.1806   | Bundled, sometimes payable | \$7,722.41                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 37246   | N        |     | TRLUML BALO ANGIOP 1ST ART   |               | 05192 | 63.9406    | Bundled, sometimes payable | \$3,882.47                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 37247   | N        |     | TRLUML BALO ANGIOP ADDL ART  |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 37248   | N        |     | TRLUML BALO ANGIOP 1ST VEIN  |               | 05192 | 63.9406    | Bundled, sometimes payable | \$3,882.47                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 37249   | N        |     | TRLUML BALO ANGIOP ADDL VEIN |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |



Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| 2024<br>APC |               |                              |                  |          |               | Outpatient                 |                          | Sole Comm.           | Non-sole<br>Comm.    |                         |          | Min | Max | Comments |
|-------------|---------------|------------------------------|------------------|----------|---------------|----------------------------|--------------------------|----------------------|----------------------|-------------------------|----------|-----|-----|----------|
| Proc<br>Cd  | Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC      | APC<br>Weight | Method                     | Hospital Fee<br>Schedule | Hospital Lab<br>Fees | Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Age | Age |          |
| 37252       | N             | INTRVASC US NONCORONARY 1ST  | -                | -        | -             | Bundled                    | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 37253       | N             | INTRVASC US NONCORONARY ADDL | -                | -        | -             | Bundled                    | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 3725F       | E             | SCREEN DEPRESSION PERFORMED  | -                | -        | -             | Not Allowed                | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 37500       | N             | ENDOSCOPY LIGATE PERF VEINS  | 05184            | 60.6231  |               | Bundled, sometimes payable | \$3,681.03               |                      |                      | -                       | -        | 000 | 999 |          |
| 37501       | T             | UNLISTED VASC ENDOSCOPY PX   | 05181            | 6.9336   |               | APC                        | \$421.01                 |                      |                      | -                       | -        | 000 | 999 |          |
| 3750F       | E             | PTNOTRCVNGSTEROID>=10MG/DAY  | -                | -        | -             | Not Allowed                | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 3751F       | E             | ELECTRODIAG POLYNEURO 6 MN   | -                | -        | -             | Not Allowed                | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 3752F       | E             | NO ELECTRODIAG POLYNEURO 6MN | -                | -        | -             | Not Allowed                | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 3753F       | E             | PT HAS SYMP&SIGNS NEUROPATHY | -                | -        | -             | Not Allowed                | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 3754F       | E             | SCREENING TESTS DM DONE      | -                | -        | -             | Not Allowed                | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 3755F       | E             | COG&BEHAV IMPRMNT SCRNG DONE | -                | -        | -             | Not Allowed                | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 37565       | N             | LIGATION INT JUGULAR VEIN    | 05183            | 35.2981  |               | Bundled, sometimes payable | \$2,143.30               |                      |                      | -                       | -        | 000 | 999 |          |
| 3756F       | E             | PT W/PSEUDOBULB AFFECT/ALS   | -                | -        | -             | Not Allowed                | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 3757F       | E             | PT W/O PSEUDOBULBAFFECT/ALS  | -                | -        | -             | Not Allowed                | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 3758F       | E             | PT REF PULM FX TEST/PEAKFLOW | -                | -        | -             | Not Allowed                | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 3759F       | E             | PT SCRN DYSPHAG/WT LOSS/NUTR | -                | -        | -             | Not Allowed                | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 37600       | N             | LIGATION XTRNL CAROTID ART   | 05183            | 35.2981  |               | Bundled, sometimes payable | \$2,143.30               |                      |                      | -                       | -        | 000 | 999 |          |
| 37605       | N             | LIGATION INT/COM CAROTID ART | 05183            | 35.2981  |               | Bundled, sometimes payable | \$2,143.30               |                      |                      | -                       | -        | 000 | 999 |          |
| 37606       | N             | LIG INT/COM CAROTID ART OCCL | 05183            | 35.2981  |               | Bundled, sometimes payable | \$2,143.30               |                      |                      | -                       | -        | 000 | 999 |          |
| 37607       | N             | LIG/BANDING ANGIOACS AV FSTL | 05183            | 35.2981  |               | Bundled, sometimes payable | \$2,143.30               |                      |                      | -                       | -        | 000 | 999 |          |
| 37609       | N             | LIGATION/BX TEMPORAL ARTERY  | 05072            | 18.1704  |               | Bundled, sometimes payable | \$1,103.31               |                      |                      | -                       | -        | 000 | 999 |          |
| 3760F       | E             | PT W/DYSPHAG/WT LOSS/NUTR    | -                | -        | -             | Not Allowed                | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 37615       | N             | LIGATION MAJOR ARTERY NECK   | 05183            | 35.2981  |               | Bundled, sometimes payable | \$2,143.30               |                      |                      | -                       | -        | 000 | 999 |          |
| 37616       | C             | LIGATION MAJOR ARTERY CHEST  | -                | -        | -             | IP Only                    | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 37617       | C             | LIGATION MAJOR ARTERY ABD    | -                | -        | -             | IP Only                    | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 37618       | C             | LIGATION MAJOR ARTERY XTR    | -                | -        | -             | IP Only                    | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 37619       | N             | LIGATION OF INF VENA CAVA    | 05184            | 60.6231  |               | Bundled, sometimes payable | \$3,681.03               |                      |                      | -                       | -        | 000 | 999 |          |
| 3761F       | E             | PT W/O DYSPHAG/WT LOSS/NUTR  | -                | -        | -             | Not Allowed                | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 3762F       | E             | PATIENT IS DYSARTHIC         | -                | -        | -             | Not Allowed                | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 3763F       | E             | PATIENT IS NOT DYSARTHIC     | -                | -        | -             | Not Allowed                | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 37650       | N             | LIGATION OF FEMORAL VEIN     | 05183            | 35.2981  |               | Bundled, sometimes payable | \$2,143.30               |                      |                      | -                       | -        | 000 | 999 |          |
| 37660       | C             | LIGATION COMMON ILIAC VEIN   | -                | -        | -             | IP Only                    | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 37700       | N             | LIGATION&DIV LONG SAPH VEIN  | 05183            | 35.2981  |               | Bundled, sometimes payable | \$2,143.30               |                      |                      | -                       | -        | 000 | 999 |          |
| 37718       | N             | LIG DIV&STRPG SHORT SAPH VN  | 05183            | 35.2981  |               | Bundled, sometimes payable | \$2,143.30               |                      |                      | -                       | Y        | 000 | 999 |          |
| 37722       | N             | LIG DIV&STRPG LONG SAPH VEIN | 05183            | 35.2981  |               | Bundled, sometimes payable | \$2,143.30               |                      |                      | -                       | Y        | 000 | 999 |          |
| 37735       | N             | LIG&DIV&COMPL STRPG SAPH VN  | 05183            | 35.2981  |               | Bundled, sometimes payable | \$2,143.30               |                      |                      | -                       | -        | 000 | 999 |          |
| 3775F       | E             | ADENOMA DETECTED SCREENING   | -                | -        | -             | Not Allowed                | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 37760       | N             | LIG PRFRATR VN RADICAL 1 LEG | 05183            | 35.2981  |               | Bundled, sometimes payable | \$2,143.30               |                      |                      | -                       | -        | 000 | 999 |          |
| 37761       | N             | LIGATE LEG VEINS OPEN        | 05183            | 35.2981  |               | Bundled, sometimes payable | \$2,143.30               |                      |                      | -                       | -        | 000 | 999 |          |
| 37765       | N             | STAB PHLEB VEINS XTR 10-20   | 05183            | 35.2981  |               | Bundled, sometimes payable | \$2,143.30               |                      |                      | -                       | Y        | 000 | 999 |          |
| 37766       | N             | PHLEB VEINS - EXTREM 20+     | 05183            | 35.2981  |               | Bundled, sometimes payable | \$2,143.30               |                      |                      | -                       | Y        | 000 | 999 |          |
| 3776F       | E             | ADENOMA NOT DETECT SCREENING | -                | -        | -             | Not Allowed                | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 37780       | N             | REVISION OF LEG VEIN         | 05183            | 35.2981  |               | Bundled, sometimes payable | \$2,143.30               |                      |                      | -                       | -        | 000 | 999 |          |
| 37785       | N             | LIGATE/DIVIDE/EXCISE VEIN    | 05183            | 35.2981  |               | Bundled, sometimes payable | \$2,143.30               |                      |                      | -                       | -        | 000 | 999 |          |
| 37788       | C             | REVASCULARIZATION PENIS      | -                | -        | -             | IP Only                    | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 37790       | N             | PENILE VENOUS OCCLUSION      | 05374            | 38.6790  |               | Bundled, sometimes payable | \$2,348.59               |                      |                      | -                       | -        | 000 | 999 |          |
| 37799       | T             | UNLISTED PX VASCULAR SURGERY | 05181            | 6.9336   |               | APC                        | \$421.01                 |                      |                      | -                       | -        | 000 | 999 |          |
| 38100       | C             | REMOVAL OF SPLEEN TOTAL      | -                | -        | -             | IP Only                    | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 38101       | C             | REMOVAL OF SPLEEN PARTIAL    | -                | -        | -             | IP Only                    | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 38102       | C             | REMOVAL OF SPLEEN TOTAL      | -                | -        | -             | IP Only                    | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 38115       | C             | REPAIR OF RUPTURED SPLEEN    | -                | -        | -             | IP Only                    | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 38120       | N             | LAPAROSCOPY SPLENECTOMY      | 05362            | 116.7583 |               | Bundled, sometimes payable | \$7,089.56               |                      |                      | -                       | -        | 000 | 999 |          |
| 38129       | N             | UNLISTED LAPS PX SPLEEN      | 05361            | 65.4304  |               | Bundled, sometimes payable | \$3,972.93               |                      |                      | -                       | -        | 000 | 999 |          |
| 38200       | N             | INJECTION FOR SPLEEN X-RAY   | -                | -        | -             | Bundled                    | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 38204       | N             | BL DONOR SEARCH MANAGEMENT   | -                | -        | -             | Bundled                    | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 38205       | E             | HARVEST ALLOGENEIC STEM CELL | -                | -        | -             | Not Allowed                | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |



Montana Healthcare Programs Fee Schedule  
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| Proc<br>Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC<br>Weight | Method                     | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|------------------------------|------------------------------|------------------|---------------|----------------------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|            |                              |                              |                  |               |                            |                                        |                                    |                                           |                         |          |            |            |          |
| 38206      | S                            | HARVEST AUTO STEM CELLS      |                  | 05242 18.3840 | APC                        | \$1,116.28                             |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 38207      | S                            | CRYOPRESERVE STEM CELLS      |                  | 05241 4.9028  | APC                        | \$271.62                               |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 38208      | S                            | THAW PRESERVED STEM CELLS    |                  | 05241 4.9028  | APC                        | \$271.62                               |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 38209      | S                            | WASH HARVEST STEM CELLS      |                  | 05241 4.9028  | APC                        | \$271.62                               |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 38210      | S                            | T-CELL DEPLETION OF HARVEST  |                  | 05241 4.9028  | APC                        | \$271.62                               |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 38211      | S                            | TUMOR CELL DEplete OF HARVST |                  | 05241 4.9028  | APC                        | \$271.62                               |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 38212      | S                            | RBC DEPLETION OF HARVEST     |                  | 05241 4.9028  | APC                        | \$271.62                               |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 38213      | S                            | PLATELET DEplete OF HARVEST  |                  | 05241 4.9028  | APC                        | \$271.62                               |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 38214      | S                            | VOLUME DEplete OF HARVEST    |                  | 05241 4.9028  | APC                        | \$271.62                               |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 38215      | S                            | HARVEST STEM CELL CONCENTRTE |                  | 05241 4.9028  | APC                        | \$271.62                               |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 38220      | N                            | DX BONE MARROW ASPIRATIONS   |                  | 05072 18.1704 | Bundled, sometimes payable | \$1,103.31                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 38221      | N                            | DX BONE MARROW BIOPSIES      |                  | 05072 18.1704 | Bundled, sometimes payable | \$1,103.31                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 38222      | N                            | DX BONE MARROW BX & ASPIR    |                  | 05073 32.0969 | Bundled, sometimes payable | \$1,948.92                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 38225      | E                            | CAR-T HRV BLD-DRV T LYMPHCYT | -                | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 38226      | E                            | CAR-T PREP T LYMPHCYT F/TRNS | -                | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 38227      | E                            | CAR-T RECEIPT&PREPJ ADMN     | -                | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 38228      | S                            | CAR-T ADMN AUTOLOGOUS        | 05694            | 3.7198        | APC                        | \$225.87                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 38230      | S                            | BONE MARROW HARVEST ALLOGEN  | 05242            | 18.3840       | APC                        | \$1,116.28                             |                                    |                                           | Y                       | Y        | 000        | 999        |          |
| 38232      | S                            | BONE MARROW HARVEST AUTOLOG  | 05243            | 52.5426       | APC                        | \$3,190.39                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 38240      | S                            | TRANSPLT ALLO HCT/DONOR      | 05244            | 663.2611      | APC                        | \$40,273.21                            |                                    |                                           | Y                       | Y        | 000        | 999        |          |
| 38241      | S                            | TRANSPLT AUTOL HCT/DONOR     | 05242            | 18.3840       | APC                        | \$1,116.28                             |                                    |                                           | Y                       | Y        | 000        | 999        |          |
| 38242      | S                            | TRANSPLT ALLO LYMPHOCYTES    | 05242            | 18.3840       | APC                        | \$1,116.28                             |                                    |                                           | Y                       | Y        | 000        | 999        |          |
| 38243      | S                            | TRANSPLJ HEMATOPOIETIC BOOST | 05242            | 18.3840       | APC                        | \$1,116.28                             |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 38300      | N                            | DRAINAGE LYMPH NODE LESION   | 05073            | 32.0969       | Bundled, sometimes payable | \$1,948.92                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 38305      | N                            | DRAINAGE LYMPH NODE LESION   | 05073            | 32.0969       | Bundled, sometimes payable | \$1,948.92                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 38308      | N                            | INCISION OF LYMPH CHANNELS   | 05091            | 42.9441       | Bundled, sometimes payable | \$2,607.57                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 38380      | C                            | THORACIC DUCT PROCEDURE      | -                | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 38381      | C                            | THORACIC DUCT PROCEDURE      | -                | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 38382      | C                            | THORACIC DUCT PROCEDURE      | -                | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 38500      | N                            | BIOPSY/REMOVAL LYMPH NODES   | 05091            | 42.9441       | Bundled, sometimes payable | \$2,607.57                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 38505      | N                            | NEEDLE BIOPSY LYMPH NODES    | 05072            | 18.1704       | Bundled, sometimes payable | \$1,103.31                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 38510      | N                            | BIOPSY/REMOVAL LYMPH NODES   | 05091            | 42.9441       | Bundled, sometimes payable | \$2,607.57                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 38520      | N                            | BIOPSY/REMOVAL LYMPH NODES   | 05091            | 42.9441       | Bundled, sometimes payable | \$2,607.57                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 38525      | N                            | BIOPSY/REMOVAL LYMPH NODES   | 05091            | 42.9441       | Bundled, sometimes payable | \$2,607.57                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 38530      | N                            | BIOPSY/REMOVAL LYMPH NODES   | 05091            | 42.9441       | Bundled, sometimes payable | \$2,607.57                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 38531      | N                            | OPEN BX/EXC INGUINOFEM NODES | 05091            | 42.9441       | Bundled, sometimes payable | \$2,607.57                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 38542      | N                            | EXPLORE DEEP NODE(S) NECK    | 05361            | 65.4304       | Bundled, sometimes payable | \$3,972.93                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 38550      | N                            | REMOVAL NECK/ARMPIT LESION   | 05091            | 42.9441       | Bundled, sometimes payable | \$2,607.57                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 38555      | N                            | REMOVAL NECK/ARMPIT LESION   | 05092            | 73.1359       | Bundled, sometimes payable | \$4,440.81                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 38562      | C                            | REMOVAL PELVIC LYMPH NODES   | -                | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 38564      | C                            | REMOVAL ABDOMEN LYMPH NODES  | -                | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 38570      | N                            | LAPAROSCOPY LYMPH NODE BIOP  | 05361            | 65.4304       | Bundled, sometimes payable | \$3,972.93                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 38571      | N                            | LAPAROSCOPY LYMPHADENECTOMY  | 05362            | 116.7583      | Bundled, sometimes payable | \$7,089.56                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 38572      | N                            | LAPAROSCOPY LYMPHADENECTOMY  | 05362            | 116.7583      | Bundled, sometimes payable | \$7,089.56                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 38573      | N                            | LAPS PELVIC LYMPHADEC        | 05362            | 116.7583      | Bundled, sometimes payable | \$7,089.56                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 38589      | N                            | UNLISTED LAPS PX LYMPHTC SYS | 05361            | 65.4304       | Bundled, sometimes payable | \$3,972.93                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 38700      | N                            | REMOVAL OF LYMPH NODES NECK  | 05092            | 73.1359       | Bundled, sometimes payable | \$4,440.81                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 38720      | N                            | REMOVAL OF LYMPH NODES NECK  | 05092            | 73.1359       | Bundled, sometimes payable | \$4,440.81                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 38724      | C                            | REMOVAL OF LYMPH NODES NECK  | -                | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 38740      | N                            | REMOVE ARMPIT LYMPH NODES    | 05361            | 65.4304       | Bundled, sometimes payable | \$3,972.93                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 38745      | N                            | REMOVE ARMPIT LYMPH NODES    | 05361            | 65.4304       | Bundled, sometimes payable | \$3,972.93                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 38746      | C                            | REMOVE THORACIC LYMPH NODES  | -                | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 38747      | C                            | REMOVE ABDOMINAL LYMPH NODES | -                | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 38760      | N                            | REMOVE GROIN LYMPH NODES     | 05092            | 73.1359       | Bundled, sometimes payable | \$4,440.81                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 38765      | C                            | REMOVE GROIN LYMPH NODES     | -                | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 38770      | C                            | REMOVE PELVIS LYMPH NODES    | -                | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc<br>Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC   | APC<br>Weight | Method                     | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|------------------------------|------------------------------|------------------|-------|---------------|----------------------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|            |                              |                              |                  |       |               |                            |                                        |                                    |                                           |                         |          |            |            |          |
| 38780      | C                            | REMOVE ABDOMEN LYMPH NODES   |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 38790      | N                            | INJECT FOR LYMPHATIC X-RAY   |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 38792      | N                            | RA TRACER ID OF SENTINL NODE |                  | 05591 | 4.5064        | Bundled, sometimes payable | \$273.63                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 38794      | N                            | ACCESS THORACIC LYMPH DUCT   |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 38900      | N                            | IO MAP OF SENT LYMPH NODE    |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 38999      | S                            | UNLISTD PX HEMIC/LYMPHTC SYS |                  | 05241 | 4.9028        | APC                        | \$297.70                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 39000      | C                            | EXPLORATION OF CHEST         |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 39010      | C                            | EXPLORATION OF CHEST         |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 39200      | C                            | RESECT MEDIASTINAL CYST      |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 39220      | C                            | RESECT MEDIASTINAL TUMOR     |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 39401      | N                            | MEDIASTINOSCPY W/MEDSTNL BX  |                  | 05361 | 65.4304       | Bundled, sometimes payable | \$3,972.93                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 39402      | N                            | MEDIASTINOSCPY W/LMPH NOD BX |                  | 05361 | 65.4304       | Bundled, sometimes payable | \$3,972.93                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 39499      | C                            | UNLISTED PX MEDIASTINUM      |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 39501      | C                            | REPAIR DIAPHRAGM LACERATION  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 39503      | C                            | REPAIR OF DIAPHRAGM HERNIA   |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 39540      | C                            | REPAIR OF DIAPHRAGM HERNIA   |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 39541      | C                            | REPAIR OF DIAPHRAGM HERNIA   |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 39545      | C                            | REVISION OF DIAPHRAGM        |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 39560      | C                            | RESECT DIAPHRAGM SIMPLE      |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 39561      | C                            | RESECT DIAPHRAGM COMPLEX     |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 39599      | C                            | UNLISTED PX DIAPHRAGM        |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 4000F      | E                            | TOBACCO USE TXMNT COUNSELING |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 4001F      | E                            | TOBACCO USE TXMNT PHARMACOL  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 4003F      | E                            | PT ED WRITE/ORAL PTS W/ HF   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 4004F      | E                            | PT TOBACCO SCREEN RCVD TLK   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 4005F      | E                            | PHARM THX FOR OP RXD         |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 4008F      | E                            | BETA-BLOCKER THERAPY RXD/TKN |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 4010F      | E                            | ACE/ARB THERAPY RXD/TAKEN    |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 4011F      | E                            | ORAL ANTIPLATELET THERAPY RX |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 4012F      | E                            | WARFARIN THERAPY RX          |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 4013F      | E                            | STATIN THERAPY/CURRENTLY TKN |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 4014F      | E                            | WRITTEN DISCHARGE INSTR PRVD |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 4015F      | E                            | PERSIST ASTHMA MEDICINE CTRL |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 4016F      | E                            | ANTI-INFLM/ANLGSC AGENT RX   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 4017F      | E                            | GI PROPHYLAXIS FOR NSAID RX  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 4018F      | E                            | THERAPY EXERCISE JOINT RX    |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 4019F      | E                            | DOC RECPT COUNSL VIT D/CALC+ |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 4025F      | E                            | INHALED BRONCHODILATOR RX    |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 4030F      | E                            | OXYGEN THERAPY RX            |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 4033F      | E                            | PULMONARY REHAB REC          |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 4035F      | E                            | INFLUENZA IMM REC            |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 4037F      | E                            | INFLUENZA IMM ORDER/ADMIN    |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 4040F      | E                            | PNEUMOC VAC/ADMIN/RCVD       |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 4041F      | E                            | DOC ORDER CEFAZOLIN/CEFUROX  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 4042F      | E                            | DOC ANTIBIO NOT GIVEN        |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 4043F      | E                            | DOC ORDER GIVEN STOP ANTIBIO |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 4044F      | E                            | DOC ORDER GIVEN VTE PROPHYLX |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 4045F      | E                            | EMPIRIC ANTIBIOTIC RX        |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 4046F      | E                            | DOC ANTIBIO GIVEN B/4 SURG   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 4047F      | E                            | DOC ANTIBIO GIVEN B/4 SURG   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 4048F      | E                            | DOC ANTIBIO GIVEN B/4 SURG   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 40490      | T                            | BIOPSY OF LIP                |                  | 05161 | 2.6043        | APC                        | \$158.13                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 4049F      | E                            | DOC ORDER GIVEN STOP ANTIBIO |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 40500      | N                            | PARTIAL EXCISION OF LIP      |                  | 05164 | 36.3699       | Bundled, sometimes payable | \$2,208.38                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 4050F      | E                            | HT CARE PLAN DOC             |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 40510      | N                            | PARTIAL EXCISION OF LIP      |                  | 05164 | 36.3699       | Bundled, sometimes payable | \$2,208.38                             |                                    |                                           | -                       | -        | 000        | 999        |          |

**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2025**

| Proc Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC     | APC<br>Weight | Method                     | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|---------|------------------------------|------------------------------|------------------|---------|---------------|----------------------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|         |                              |                              |                  |         |               |                            |                                        |                                    |                                           |                         |          |            |            |          |
| 4051F   | E                            | REFERRED FOR AN AV FISTULA   | -                | -       | -             | Not Allowed                | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 40520   | N                            | PARTIAL EXCISION OF LIP      | 05164            | 36.3699 |               | Bundled, sometimes payable | \$2,208.38                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 40525   | N                            | RECONSTRUCT LIP WITH FLAP    | 05164            | 36.3699 |               | Bundled, sometimes payable | \$2,208.38                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 40527   | N                            | RECONSTRUCT LIP WITH FLAP    | 05165            | 66.3421 |               | Bundled, sometimes payable | \$4,028.29                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 4052F   | E                            | HEMODIALYSIS VIA AV FISTULA  | -                | -       | -             | Not Allowed                | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 40530   | N                            | PARTIAL REMOVAL OF LIP       | 05164            | 36.3699 |               | Bundled, sometimes payable | \$2,208.38                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 4053F   | E                            | HEMODIALYSIS VIA AV GRAFT    | -                | -       | -             | Not Allowed                | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 4054F   | E                            | HEMODIALYSIS VIA CATHETER    | -                | -       | -             | Not Allowed                | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 4055F   | E                            | PT RCVNG PERITON DIALYSIS    | -                | -       | -             | Not Allowed                | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 4056F   | E                            | APPROP ORAL REHYD RECOMM     | -                | -       | -             | Not Allowed                | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 4058F   | E                            | PED GASTRO ED GIVEN CAREGVR  | -                | -       | -             | Not Allowed                | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 4060F   | E                            | PSYCH SVCS PROVIDED          | -                | -       | -             | Not Allowed                | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 4062F   | E                            | PT REFERRAL PSYCH DOCD       | -                | -       | -             | Not Allowed                | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 4063F   | E                            | ANTIDEPRES RXTHXPY NOT RXD   | -                | -       | -             | Not Allowed                | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 4064F   | E                            | ANTIDEPRESSANT RX            | -                | -       | -             | Not Allowed                | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 40650   | T                            | RPR LIP FTH VERMILION ONLY   | 05162            | 5.7111  |               | APC                        | \$346.78                               | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 40652   | T                            | RPR LIP FTH<HALF VER HEIGHT  | 05162            | 5.7111  |               | APC                        | \$346.78                               | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 40654   | N                            | RPR LIP FTH>1HALF VER HT/CPX | 05163            | 16.6121 |               | Bundled, sometimes payable | \$1,008.69                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 4065F   | E                            | ANTIPSYCHOTIC RX             | -                | -       | -             | Not Allowed                | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 4066F   | E                            | ECT PROVIDED                 | -                | -       | -             | Not Allowed                | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 4067F   | E                            | PT REFERRAL FOR ECT DOCD     | -                | -       | -             | Not Allowed                | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 4069F   | E                            | VTE PROPHYLAXIS RCVD         | -                | -       | -             | Not Allowed                | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 40700   | N                            | REPAIR CLEFT LIP/NASAL       | 05165            | 66.3421 |               | Bundled, sometimes payable | \$4,028.29                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 40701   | N                            | REPAIR CLEFT LIP/NASAL       | 05165            | 66.3421 |               | Bundled, sometimes payable | \$4,028.29                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 40702   | N                            | REPAIR CLEFT LIP/NASAL       | 05165            | 66.3421 |               | Bundled, sometimes payable | \$4,028.29                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 4070F   | E                            | DVT PROPHYLX RECVD DAY 2     | -                | -       | -             | Not Allowed                | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 40720   | N                            | REPAIR CLEFT LIP/NASAL       | 05164            | 36.3699 |               | Bundled, sometimes payable | \$2,208.38                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 4073F   | E                            | ORAL ANTIPLAT THX RX DISCHRG | -                | -       | -             | Not Allowed                | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 4075F   | E                            | ANTICOAG THX RX AT DISCHRG   | -                | -       | -             | Not Allowed                | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 40761   | N                            | REPAIR CLEFT LIP/NASAL       | 05165            | 66.3421 |               | Bundled, sometimes payable | \$4,028.29                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 4077F   | E                            | DOC T-PA ADMIN CONSIDERED    | -                | -       | -             | Not Allowed                | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 40799   | T                            | UNLISTED PROCEDURE LIPS      | 05161            | 2.6043  |               | APC                        | \$158.13                               | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 4079F   | E                            | DOC REHAB SVCS CONSIDERED    | -                | -       | -             | Not Allowed                | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 40800   | T                            | DRAINAGE OF MOUTH LESION     | 05071            | 7.8905  |               | APC                        | \$479.11                               | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 40801   | T                            | DRAINAGE OF MOUTH LESION     | 05162            | 5.7111  |               | APC                        | \$346.78                               | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 40804   | N                            | REMOVAL FOREIGN BODY MOUTH   | 05301            | 10.5144 |               | Bundled, sometimes payable | \$638.43                               | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 40805   | T                            | REMOVAL FOREIGN BODY MOUTH   | 05162            | 5.7111  |               | APC                        | \$346.78                               | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 40806   | T                            | INCISION OF LIP FOLD         | 05162            | 5.7111  |               | APC                        | \$346.78                               | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 40808   | T                            | BIOPSY OF MOUTH LESION       | 05162            | 5.7111  |               | APC                        | \$346.78                               | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 40810   | N                            | EXCISION OF MOUTH LESION     | 05164            | 36.3699 |               | Bundled, sometimes payable | \$2,208.38                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 40812   | N                            | EXCISE/REPAIR MOUTH LESION   | 05163            | 16.6121 |               | Bundled, sometimes payable | \$1,008.69                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 40814   | N                            | EXCISE/REPAIR MOUTH LESION   | 05164            | 36.3699 |               | Bundled, sometimes payable | \$2,208.38                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 40816   | N                            | EXCISION OF MOUTH LESION     | 05164            | 36.3699 |               | Bundled, sometimes payable | \$2,208.38                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 40818   | T                            | EXCISE ORAL MUCOSA FOR GRAFT | 05162            | 5.7111  |               | APC                        | \$346.78                               | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 40819   | N                            | EXCISE LIP OR CHEEK FOLD     | 05163            | 16.6121 |               | Bundled, sometimes payable | \$1,008.69                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 40820   | N                            | TREATMENT OF MOUTH LESION    | 05164            | 36.3699 |               | Bundled, sometimes payable | \$2,208.38                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 40830   | T                            | REPAIR MOUTH LACERATION      | 05161            | 2.6043  |               | APC                        | \$158.13                               | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 40831   | T                            | REPAIR MOUTH LACERATION      | 05162            | 5.7111  |               | APC                        | \$346.78                               | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 40840   | N                            | RECONSTRUCTION OF MOUTH      | 05165            | 66.3421 |               | Bundled, sometimes payable | \$4,028.29                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 40842   | N                            | RECONSTRUCTION OF MOUTH      | 05165            | 66.3421 |               | Bundled, sometimes payable | \$4,028.29                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 40843   | N                            | RECONSTRUCTION OF MOUTH      | 05165            | 66.3421 |               | Bundled, sometimes payable | \$4,028.29                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 40844   | N                            | RECONSTRUCTION OF MOUTH      | 05165            | 66.3421 |               | Bundled, sometimes payable | \$4,028.29                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 40845   | N                            | RECONSTRUCTION OF MOUTH      | 05165            | 66.3421 |               | Bundled, sometimes payable | \$4,028.29                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 4084F   | E                            | ASPIRIN RECVD W/IN 24 HRS    | -                | -       | -             | Not Allowed                | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 4086F   | E                            | ASPIRIN/CLOPIDOGREL RXD      | -                | -       | -             | Not Allowed                | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 40899   | T                            | UNLISTED PX VESTIBULE MOUTH  | 05161            | 2.6043  |               | APC                        | \$158.13                               | -                                  | -                                         | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc Cd | 2024<br>APC<br>Status | Proc Desc                    | Proc<br>Modifier | APC   | APC<br>Weight | Method                     | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|---------|-----------------------|------------------------------|------------------|-------|---------------|----------------------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|         |                       |                              |                  |       |               |                            |                                        |                                    |                                           |                         |          |            |            |          |
| 4090F   | E                     | PT RCVNG EPO THXPY           |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 4095F   | E                     | PT NOT RCVNG EPO THXPY       |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 41000   | T                     | DRAINAGE OF MOUTH LESION     |                  | 05162 | 5.7111        | APC                        | \$346.78                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 41005   | T                     | DRAINAGE OF MOUTH LESION     |                  | 05161 | 2.6043        | APC                        | \$158.13                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 41006   | N                     | DRAINAGE OF MOUTH LESION     |                  | 05163 | 16.6121       | Bundled, sometimes payable | \$1,008.69                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 41007   | N                     | DRAINAGE OF MOUTH LESION     |                  | 05163 | 16.6121       | Bundled, sometimes payable | \$1,008.69                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 41008   | N                     | DRAINAGE OF MOUTH LESION     |                  | 05164 | 36.3699       | Bundled, sometimes payable | \$2,208.38                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 41009   | T                     | DRAINAGE OF MOUTH LESION     |                  | 05162 | 5.7111        | APC                        | \$346.78                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 4100F   | E                     | BIPHOS THXPY VEIN ORD/RECVD  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 41010   | N                     | INCISION OF TONGUE FOLD      |                  | 05163 | 16.6121       | Bundled, sometimes payable | \$1,008.69                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 41015   | T                     | DRAINAGE OF MOUTH LESION     |                  | 05162 | 5.7111        | APC                        | \$346.78                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 41016   | N                     | DRAINAGE OF MOUTH LESION     |                  | 05165 | 66.3421       | Bundled, sometimes payable | \$4,028.29                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 41017   | N                     | DRAINAGE OF MOUTH LESION     |                  | 05164 | 36.3699       | Bundled, sometimes payable | \$2,208.38                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 41018   | N                     | DRAINAGE OF MOUTH LESION     |                  | 05163 | 16.6121       | Bundled, sometimes payable | \$1,008.69                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 41019   | N                     | PLACE NEEDLES H&N FOR RT     |                  | 05165 | 66.3421       | Bundled, sometimes payable | \$4,028.29                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 41100   | T                     | BIOPSY OF TONGUE             |                  | 05162 | 5.7111        | APC                        | \$346.78                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 41105   | N                     | BIOPSY OF TONGUE             |                  | 05164 | 36.3699       | Bundled, sometimes payable | \$2,208.38                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 41108   | N                     | BIOPSY OF FLOOR OF MOUTH     |                  | 05072 | 18.1704       | Bundled, sometimes payable | \$1,103.31                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 4110F   | E                     | INT MAM ART USED FOR CABG    |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 41110   | N                     | EXCISION OF TONGUE LESION    |                  | 05164 | 36.3699       | Bundled, sometimes payable | \$2,208.38                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 41112   | N                     | EXCISION OF TONGUE LESION    |                  | 05164 | 36.3699       | Bundled, sometimes payable | \$2,208.38                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 41113   | N                     | EXCISION OF TONGUE LESION    |                  | 05164 | 36.3699       | Bundled, sometimes payable | \$2,208.38                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 41114   | N                     | EXCISION OF TONGUE LESION    |                  | 05164 | 36.3699       | Bundled, sometimes payable | \$2,208.38                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 41115   | N                     | EXCISION OF TONGUE FOLD      |                  | 05163 | 16.6121       | Bundled, sometimes payable | \$1,008.69                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 41116   | N                     | EXCISION OF MOUTH LESION     |                  | 05164 | 36.3699       | Bundled, sometimes payable | \$2,208.38                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 41120   | N                     | PARTIAL REMOVAL OF TONGUE    |                  | 05165 | 66.3421       | Bundled, sometimes payable | \$4,028.29                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 41130   | C                     | PARTIAL REMOVAL OF TONGUE    |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 41135   | C                     | TONGUE AND NECK SURGERY      |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 41140   | C                     | REMOVAL OF TONGUE            |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 41145   | C                     | TONGUE REMOVAL NECK SURGERY  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 41150   | C                     | TONGUE MOUTH JAW SURGERY     |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 41153   | C                     | TONGUE MOUTH NECK SURGERY    |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 41155   | C                     | TONGUE JAW & NECK SURGERY    |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 4115F   | E                     | BETA BLCKR ADMIN W/IN 24 HRS |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 4120F   | E                     | ANTIBIOT RXD/GIVEN           |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 4124F   | E                     | ANTIBIOT NOT RXD/GIVEN       |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 41250   | N                     | REPAIR TONGUE LACERATION     |                  | 05735 | 4.4751        | Bundled, sometimes payable | \$271.73                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 41251   | T                     | REPAIR TONGUE LACERATION     |                  | 05161 | 2.6043        | APC                        | \$158.13                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 41252   | T                     | REPAIR TONGUE LACERATION     |                  | 05161 | 2.6043        | APC                        | \$158.13                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 4130F   | E                     | TOPICAL PREP RX AOE          |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 4131F   | E                     | SYST ANTIMICROBIAL THX RX    |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 4132F   | E                     | NO SYST ANTIMICROBIAL THX RX |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 4133F   | E                     | ANTIIST/DECONG RX/RECOM      |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 4134F   | E                     | NO ANTIIST/DECONG RX/RECOM   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 4135F   | E                     | SYSTEMIC CORTICOSTEROIDS RX  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 4136F   | E                     | SYST CORTICOSTEROIDS NOT RX  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 4140F   | E                     | INHALED CORTICOSTEROIDS RXD  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 4142F   | E                     | CORTICOSTER SPARNG THRPY RXD |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 4144F   | E                     | ALT LONG-TERM CNTRL MED RXD  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 4145F   | E                     | 2+ ANTI-HYPRTNSV AGENTS TKN  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 4148F   | E                     | HEP A VAC INJXN ADMIN/RECVD  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 4149F   | E                     | HEP B VAC INJXN ADMIN/RECVD  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 4150F   | E                     | PT RECNG ANTIVIR TXMNT HEP C |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 41510   | N                     | TONGUE TO LIP SURGERY        |                  | 05164 | 36.3699       | Bundled, sometimes payable | \$2,208.38                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 41512   | N                     | TONGUE SUSPENSION            |                  | 05165 | 66.3421       | Bundled, sometimes payable | \$4,028.29                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 4151F   | E                     | PT NOT RECNG ANTIV HEP C     |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |



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April 1, 2025

| 2024<br>APC |  |  |  |  |  |  |  |  |  |  |  | Outpatient |  | Sole Comm. | Non-sole<br>Comm. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | </ |
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Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc Cd | 2024 APC |     | 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 |
|---------|----------|-----|------------------------------|---------------|-------|------------|----------------------------|----------------------------------|------------------------------|----------------------------------|----------------------|----------|---------|---------|----------|
|         | Status   | Ind |                              |               |       |            |                            |                                  |                              |                                  |                      |          |         |         |          |
| 4201F   | E        |     | EXTRNL BEAM OTHER THAN PROST |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 42100   | N        |     | BIOPSY ROOF OF MOUTH         |               | 05163 | 16.6121    | Bundled, sometimes payable | \$1,008.69                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 42104   | N        |     | EXCISION LESION MOUTH ROOF   |               | 05164 | 36.3699    | Bundled, sometimes payable | \$2,208.38                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 42106   | N        |     | EXCISION LESION MOUTH ROOF   |               | 05164 | 36.3699    | Bundled, sometimes payable | \$2,208.38                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 42107   | N        |     | EXCISION LESION MOUTH ROOF   |               | 05165 | 66.3421    | Bundled, sometimes payable | \$4,028.29                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 4210F   | E        |     | ACE/ARB THXPY FOR MOS/>      |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 42120   | N        |     | REMOVE PALATE/LESION         |               | 05165 | 66.3421    | Bundled, sometimes payable | \$4,028.29                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 42140   | N        |     | EXCISION OF UVULA            |               | 05164 | 36.3699    | Bundled, sometimes payable | \$2,208.38                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 42145   | N        |     | REPAIR PALATE PHARYNX/UVULA  |               | 05165 | 66.3421    | Bundled, sometimes payable | \$4,028.29                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 42160   | N        |     | TREATMENT MOUTH ROOF LESION  |               | 05164 | 36.3699    | Bundled, sometimes payable | \$2,208.38                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 42180   | T        |     | REPAIR LAC PALATE<2 CM       |               | 05162 | 5.7111     | APC                        | \$346.78                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 42182   | N        |     | REPAIR PALATE                |               | 05165 | 66.3421    | Bundled, sometimes payable | \$4,028.29                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 42200   | N        |     | RECONSTRUCT CLEFT PALATE     |               | 05165 | 66.3421    | Bundled, sometimes payable | \$4,028.29                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 42205   | N        |     | RECONSTRUCT CLEFT PALATE     |               | 05164 | 36.3699    | Bundled, sometimes payable | \$2,208.38                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 4220F   | E        |     | DIGOXIN THXPY FOR 6 MOS/>    |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 42210   | N        |     | RECONSTRUCT CLEFT PALATE     |               | 05165 | 66.3421    | Bundled, sometimes payable | \$4,028.29                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 42215   | N        |     | RECONSTRUCT CLEFT PALATE     |               | 05165 | 66.3421    | Bundled, sometimes payable | \$4,028.29                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 4221F   | E        |     | DIURETIC THXPY FOR 6 MOS/>   |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 42220   | N        |     | RECONSTRUCT CLEFT PALATE     |               | 05165 | 66.3421    | Bundled, sometimes payable | \$4,028.29                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 42225   | N        |     | RECONSTRUCT CLEFT PALATE     |               | 05165 | 66.3421    | Bundled, sometimes payable | \$4,028.29                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 42226   | N        |     | LENGTHENING OF PALATE        |               | 05165 | 66.3421    | Bundled, sometimes payable | \$4,028.29                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 42227   | N        |     | LENGTHENING OF PALATE        |               | 05165 | 66.3421    | Bundled, sometimes payable | \$4,028.29                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 42235   | N        |     | REPAIR PALATE                |               | 05165 | 66.3421    | Bundled, sometimes payable | \$4,028.29                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 42260   | N        |     | REPAIR NOSE TO LIP FISTULA   |               | 05165 | 66.3421    | Bundled, sometimes payable | \$4,028.29                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 42280   | T        |     | PREPARATION PALATE MOLD      |               | 05162 | 5.7111     | APC                        | \$346.78                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 42281   | N        |     | INSERTION PALATE PROSTHESIS  |               | 05165 | 66.3421    | Bundled, sometimes payable | \$4,028.29                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 42299   | T        |     | UNLISTED PX PALATE UVULA     |               | 05161 | 2.6043     | APC                        | \$158.13                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 42300   | N        |     | DRAINAGE OF SALIVARY GLAND   |               | 05163 | 16.6121    | Bundled, sometimes payable | \$1,008.69                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 42305   | N        |     | DRAINAGE OF SALIVARY GLAND   |               | 05164 | 36.3699    | Bundled, sometimes payable | \$2,208.38                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 4230F   | E        |     | ANTICONV THXPY FOR 6 MOS/>   |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 42310   | T        |     | DRAINAGE OF SALIVARY GLAND   |               | 05162 | 5.7111     | APC                        | \$346.78                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 42320   | T        |     | DRAINAGE OF SALIVARY GLAND   |               | 05162 | 5.7111     | APC                        | \$346.78                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 42330   | N        |     | REMOVAL OF SALIVARY STONE    |               | 05164 | 36.3699    | Bundled, sometimes payable | \$2,208.38                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 42335   | N        |     | REMOVAL OF SALIVARY STONE    |               | 05164 | 36.3699    | Bundled, sometimes payable | \$2,208.38                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 42340   | N        |     | REMOVAL OF SALIVARY STONE    |               | 05164 | 36.3699    | Bundled, sometimes payable | \$2,208.38                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 42400   | T        |     | BIOPSY OF SALIVARY GLAND     |               | 05071 | 7.8905     | APC                        | \$479.11                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 42405   | N        |     | BIOPSY OF SALIVARY GLAND     |               | 05163 | 16.6121    | Bundled, sometimes payable | \$1,008.69                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 42408   | N        |     | EXCISION OF SALIVARY CYST    |               | 05164 | 36.3699    | Bundled, sometimes payable | \$2,208.38                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 42409   | N        |     | DRAINAGE OF SALIVARY CYST    |               | 05164 | 36.3699    | Bundled, sometimes payable | \$2,208.38                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 4240F   | E        |     | INSTR XRCZ BACK PAIN 12 WKS  |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 42410   | N        |     | EXCISE PAROTID GLAND/LESION  |               | 05165 | 66.3421    | Bundled, sometimes payable | \$4,028.29                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 42415   | N        |     | EXCISE PAROTID GLAND/LESION  |               | 05165 | 66.3421    | Bundled, sometimes payable | \$4,028.29                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 42420   | N        |     | EXCISE PAROTID GLAND/LESION  |               | 05165 | 66.3421    | Bundled, sometimes payable | \$4,028.29                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 42425   | N        |     | EXCISE PAROTID GLAND/LESION  |               | 05165 | 66.3421    | Bundled, sometimes payable | \$4,028.29                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 42426   | C        |     | EXCISE PAROTID GLAND/LESION  |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 4242F   | E        |     | SPRVSD XRCZ BACK PN >12 WKS  |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 42440   | N        |     | EXCISE SUBMAXILLARY GLAND    |               | 05165 | 66.3421    | Bundled, sometimes payable | \$4,028.29                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 42450   | N        |     | EXCISE SUBLINGUAL GLAND      |               | 05165 | 66.3421    | Bundled, sometimes payable | \$4,028.29                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 4245F   | E        |     | PT INSTR NRML ACTIVITIES     |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 4248F   | E        |     | PT INSTR NO BD REST 4 DAYS/> |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 42500   | N        |     | REPAIR SALIVARY DUCT         |               | 05165 | 66.3421    | Bundled, sometimes payable | \$4,028.29                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 42505   | N        |     | REPAIR SALIVARY DUCT         |               | 05165 | 66.3421    | Bundled, sometimes payable | \$4,028.29                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 42507   | N        |     | PAROTID DUCT DIVERSION       |               | 05165 | 66.3421    | Bundled, sometimes payable | \$4,028.29                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 42509   | N        |     | PAROTID DUCT DIVERSION       |               | 05165 | 66.3421    | Bundled, sometimes payable | \$4,028.29                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 4250F   | E        |     | WRMNG 4 SURG NORMOTHERMIA    |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 42510   | N        |     | PAROTID DUCT DIVERSION       |               | 05164 | 36.3699    | Bundled, sometimes payable | \$2,208.38                       |                              |                                  | -                    | -        | 000     | 999     |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc<br>Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC   | APC<br>Weight | Method                     | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|------------------------------|------------------------------|------------------|-------|---------------|----------------------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|            |                              |                              |                  |       |               |                            |                                        |                                    |                                           |                         |          |            |            |          |
| 42550      | N                            | INJECTION FOR SALIVARY X-RAY |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 4255F      | E                            | ANESTH 60 MIN/> AS DOCD      |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 4256F      | E                            | ANESTHE <60 MIN AS DOCD      |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 42600      | N                            | CLOSURE OF SALIVARY FISTULA  |                  | 05164 | 36.3699       | Bundled, sometimes payable | \$2,208.38                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 4260F      | E                            | WOUND SRFC CULTURETECH USED  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 4261F      | E                            | TECH OTHER THAN SURFC CULTR  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 42650      | N                            | DILATION OF SALIVARY DUCT    |                  | 05163 | 16.6121       | Bundled, sometimes payable | \$1,008.69                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 4265F      | E                            | WET-DRY DRESSINGS RX RECMD   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 42660      | T                            | DILATION OF SALIVARY DUCT    |                  | 05162 | 5.7111        | APC                        | \$346.78                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 42665      | N                            | LIGATION OF SALIVARY DUCT    |                  | 05164 | 36.3699       | Bundled, sometimes payable | \$2,208.38                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 4266F      | E                            | NO WET-DRY DRSSINGS RX RECMD |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 4267F      | E                            | COMPRSSION THXPY PRESCRIBED  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 4268F      | E                            | PT ED RE COMP THXPY RCVD     |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 42699      | T                            | UNLISTED PX SALIVRY GLND/DUX |                  | 05161 | 2.6043        | APC                        | \$158.13                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 4269F      | E                            | APPROPOS MTHD OFFLOADING RXD |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 42700      | T                            | DRAINAGE OF TONSIL ABSCESS   |                  | 05161 | 2.6043        | APC                        | \$158.13                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 4270F      | E                            | PT RCVNG ANTI R-VIRAL THXPY  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 4271F      | E                            | PT RCVNG ANTI R-VIRAL THXPY  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 42720      | N                            | DRAINAGE OF THROAT ABSCESS   |                  | 05164 | 36.3699       | Bundled, sometimes payable | \$2,208.38                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 42725      | N                            | DRAINAGE OF THROAT ABSCESS   |                  | 05165 | 66.3421       | Bundled, sometimes payable | \$4,028.29                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 4274F      | E                            | FLU IMMUNO ADMIND RCVD       |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 4276F      | E                            | POTENT ANTIVIR THXPY RXD     |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 4279F      | E                            | PCP PROPHYLAXIS RXD          |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 42800      | N                            | BIOPSY OF THROAT             |                  | 05163 | 16.6121       | Bundled, sometimes payable | \$1,008.69                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 42804      | N                            | BIOPSY OF UPPER NOSE/THROAT  |                  | 05164 | 36.3699       | Bundled, sometimes payable | \$2,208.38                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 42806      | N                            | BIOPSY OF UPPER NOSE/THROAT  |                  | 05164 | 36.3699       | Bundled, sometimes payable | \$2,208.38                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 42808      | N                            | EXCISE PHARYNX LESION        |                  | 05164 | 36.3699       | Bundled, sometimes payable | \$2,208.38                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 42809      | N                            | REMOVE PHARYNX FOREIGN BODY  |                  | 05735 | 4.4751        | Bundled, sometimes payable | \$271.73                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 4280F      | E                            | PCP PROPHYLAX RXD 3MON LOW % |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 42810      | N                            | EXCISION OF NECK CYST        |                  | 05164 | 36.3699       | Bundled, sometimes payable | \$2,208.38                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 42815      | N                            | EXCISION OF NECK CYST        |                  | 05165 | 66.3421       | Bundled, sometimes payable | \$4,028.29                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 42820      | N                            | REMOVE TONSILS AND ADENOIDS  |                  | 05165 | 66.3421       | Bundled, sometimes payable | \$4,028.29                             |                                    |                                           | -                       | -        | 000        | 11         |          |
| 42821      | N                            | REMOVE TONSILS AND ADENOIDS  |                  | 05164 | 36.3699       | Bundled, sometimes payable | \$2,208.38                             |                                    |                                           | -                       | -        | 012        | 99         |          |
| 42825      | N                            | REMOVAL OF TONSILS           |                  | 05165 | 66.3421       | Bundled, sometimes payable | \$4,028.29                             |                                    |                                           | -                       | -        | 000        | 11         |          |
| 42826      | N                            | REMOVAL OF TONSILS           |                  | 05164 | 36.3699       | Bundled, sometimes payable | \$2,208.38                             |                                    |                                           | -                       | -        | 012        | 99         |          |
| 42830      | N                            | REMOVAL OF ADENOIDS          |                  | 05164 | 36.3699       | Bundled, sometimes payable | \$2,208.38                             |                                    |                                           | -                       | -        | 000        | 11         |          |
| 42831      | N                            | REMOVAL OF ADENOIDS          |                  | 05164 | 36.3699       | Bundled, sometimes payable | \$2,208.38                             |                                    |                                           | -                       | -        | 012        | 99         |          |
| 42835      | N                            | REMOVAL OF ADENOIDS          |                  | 05164 | 36.3699       | Bundled, sometimes payable | \$2,208.38                             |                                    |                                           | -                       | -        | 000        | 11         |          |
| 42836      | N                            | REMOVAL OF ADENOIDS          |                  | 05164 | 36.3699       | Bundled, sometimes payable | \$2,208.38                             |                                    |                                           | -                       | -        | 012        | 99         |          |
| 42842      | N                            | EXTENSIVE SURGERY OF THROAT  |                  | 05165 | 66.3421       | Bundled, sometimes payable | \$4,028.29                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 42844      | N                            | EXTENSIVE SURGERY OF THROAT  |                  | 05165 | 66.3421       | Bundled, sometimes payable | \$4,028.29                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 42845      | C                            | EXTENSIVE SURGERY OF THROAT  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 42860      | N                            | EXCISION OF TONSIL TAGS      |                  | 05164 | 36.3699       | Bundled, sometimes payable | \$2,208.38                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 42870      | N                            | EXCISION OF LINGUAL TONSIL   |                  | 05165 | 66.3421       | Bundled, sometimes payable | \$4,028.29                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 42890      | N                            | LIMITED PHARYNGECTOMY        |                  | 05165 | 66.3421       | Bundled, sometimes payable | \$4,028.29                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 42892      | N                            | REVISION OF PHARYNGEAL WALLS |                  | 05165 | 66.3421       | Bundled, sometimes payable | \$4,028.29                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 42894      | C                            | REVISION OF PHARYNGEAL WALLS |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 42900      | N                            | REPAIR THROAT WOUND          |                  | 05163 | 16.6121       | Bundled, sometimes payable | \$1,008.69                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 4290F      | E                            | PT SCRNEED FOR INJ DRUG USE  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 4293F      | E                            | PT SCRND HGH-RISK SEX BEHAV  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 42950      | N                            | RECONSTRUCTION OF THROAT     |                  | 05165 | 66.3421       | Bundled, sometimes payable | \$4,028.29                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 42953      | C                            | REPAIR THROAT ESOPHAGUS      |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 42955      | N                            | SURGICAL OPENING OF THROAT   |                  | 05163 | 16.6121       | Bundled, sometimes payable | \$1,008.69                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 42960      | T                            | CONTROL THROAT BLEEDING      |                  | 05162 | 5.7111        | APC                        | \$346.78                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 42961      | C                            | CONTROL THROAT BLEEDING      |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 42962      | N                            | CONTROL THROAT BLEEDING      |                  | 05164 | 36.3699       | Bundled, sometimes payable | \$2,208.38                             |                                    |                                           | -                       | -        | 000        | 999        |          |



Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| 2024 APC |            |                               |               |       |            |                            | Outpatient            | Sole Comm.        | Non-sole Comm.    |                      |          |         |         |          |  |
|----------|------------|-------------------------------|---------------|-------|------------|----------------------------|-----------------------|-------------------|-------------------|----------------------|----------|---------|---------|----------|--|
| Proc Cd  | Status Ind | Proc Desc                     | Proc Modifier | APC   | APC Weight | Method                     | Hospital Fee Schedule | Hospital Lab Fees | Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |  |
| 42970    | T          | CONTROL NOSE/THROAT BLEEDING  |               | 05161 | 2.6043     | APC                        | \$158.13              |                   |                   | -                    | -        | 000     | 999     |          |  |
| 42971    | C          | CONTROL NOSE/THROAT BLEEDING  |               | -     | -          | IP Only                    | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |  |
| 42972    | N          | CONTROL NOSE/THROAT BLEEDING  |               | 05164 | 36.3699    | Bundled, sometimes payable | \$2,208.38            |                   |                   | -                    | -        | 000     | 999     |          |  |
| 42975    | N          | DISE EVAL SLP DO BRTH FLX DX  |               | 05153 | 19.3394    | Bundled, sometimes payable | \$1,174.29            |                   |                   | -                    | -        | 000     | 999     |          |  |
| 42999    | T          | UNLISTED PX PHRNX ADND/TNSL   |               | 05161 | 2.6043     | APC                        | \$158.13              |                   |                   | -                    | -        | 000     | 999     |          |  |
| 4300F    | E          | PT RCVNG WARF THXPY           |               | -     | -          | Not Allowed                | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |  |
| 4301F    | E          | PT NOT RCVNG WARF THXPY       |               | -     | -          | Not Allowed                | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |  |
| 43020    | N          | INCISION OF ESOPHAGUS         |               | 05163 | 16.6121    | Bundled, sometimes payable | \$1,008.69            |                   |                   | -                    | -        | 000     | 999     |          |  |
| 43030    | N          | CRICOPHARYNGEAL MYOTOMY       |               | 05165 | 66.3421    | Bundled, sometimes payable | \$4,028.29            |                   |                   | -                    | -        | 000     | 999     |          |  |
| 43045    | C          | ESOPHAGOTOMY THRC RMVL FB     |               | -     | -          | IP Only                    | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |  |
| 4305F    | E          | PT ED RE FT CARE INSPCT RCVD  |               | -     | -          | Not Allowed                | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |  |
| 4306F    | E          | PT TLK PSYCH & RX OPD ADDIC   |               | -     | -          | Not Allowed                | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |  |
| 43100    | C          | EXCISION OF ESOPHAGUS LESION  |               | -     | -          | IP Only                    | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |  |
| 43101    | C          | EXCISION OF ESOPHAGUS LESION  |               | -     | -          | IP Only                    | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |  |
| 43107    | C          | REMOVAL OF ESOPHAGUS          |               | -     | -          | IP Only                    | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |  |
| 43108    | C          | REMOVAL OF ESOPHAGUS          |               | -     | -          | IP Only                    | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |  |
| 43112    | C          | ESPHG TOT W/THRCM             |               | -     | -          | IP Only                    | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |  |
| 43113    | C          | REMOVAL OF ESOPHAGUS          |               | -     | -          | IP Only                    | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |  |
| 43116    | C          | PARTIAL REMOVAL OF ESOPHAGUS  |               | -     | -          | IP Only                    | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |  |
| 43117    | C          | PARTIAL REMOVAL OF ESOPHAGUS  |               | -     | -          | IP Only                    | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |  |
| 43118    | C          | PARTIAL REMOVAL OF ESOPHAGUS  |               | -     | -          | IP Only                    | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |  |
| 43121    | C          | PARTIAL REMOVAL OF ESOPHAGUS  |               | -     | -          | IP Only                    | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |  |
| 43122    | C          | PARTIAL REMOVAL OF ESOPHAGUS  |               | -     | -          | IP Only                    | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |  |
| 43123    | C          | PARTIAL REMOVAL OF ESOPHAGUS  |               | -     | -          | IP Only                    | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |  |
| 43124    | C          | REMOVAL OF ESOPHAGUS          |               | -     | -          | IP Only                    | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |  |
| 43130    | N          | REMOVAL OF ESOPHAGUS POUCH    |               | 05165 | 66.3421    | Bundled, sometimes payable | \$4,028.29            |                   |                   | -                    | -        | 000     | 999     |          |  |
| 43135    | C          | REMOVAL OF ESOPHAGUS POUCH    |               | -     | -          | IP Only                    | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |  |
| 43180    | N          | ESOPHAGOSCOPY RIGID TRNSO     |               | 05165 | 66.3421    | Bundled, sometimes payable | \$4,028.29            |                   |                   | -                    | -        | 000     | 999     |          |  |
| 43191    | N          | ESOPHAGOSCOPY RIGID TRNSO DX  |               | 05302 | 21.2741    | Bundled, sometimes payable | \$1,291.76            |                   |                   | -                    | -        | 000     | 999     |          |  |
| 43192    | N          | ESOPHAGOSCP RIG TRNSO INJECT  |               | 05302 | 21.2741    | Bundled, sometimes payable | \$1,291.76            |                   |                   | -                    | -        | 000     | 999     |          |  |
| 43193    | N          | ESOPHAGOSCP RIG TRNSO BIOPSY  |               | 05302 | 21.2741    | Bundled, sometimes payable | \$1,291.76            |                   |                   | -                    | -        | 000     | 999     |          |  |
| 43194    | N          | ESOPHAGOSCP RIG TRNSO REM FB  |               | 05302 | 21.2741    | Bundled, sometimes payable | \$1,291.76            |                   |                   | -                    | -        | 000     | 999     |          |  |
| 43195    | N          | ESOPHAGOSCOPY RIGID BALLOON   |               | 05303 | 42.6665    | Bundled, sometimes payable | \$2,590.71            |                   |                   | -                    | -        | 000     | 999     |          |  |
| 43196    | N          | ESOPHAGOSCP GUIDE WIRE DILAT  |               | 05302 | 21.2741    | Bundled, sometimes payable | \$1,291.76            |                   |                   | -                    | -        | 000     | 999     |          |  |
| 43197    | T          | ESOPHAGOSCOPY FLEX DX BRUSH   |               | 05301 | 10.5144    | APC                        | \$638.43              |                   |                   | -                    | -        | 000     | 999     |          |  |
| 43198    | T          | ESOPHAGOSC FLEX TRNSN BIOPSY  |               | 05301 | 10.5144    | APC                        | \$638.43              |                   |                   | -                    | -        | 000     | 999     |          |  |
| 43200    | T          | ESOPHAGOSCOPY FLEXIBLE BRUSH  |               | 05301 | 10.5144    | APC                        | \$638.43              |                   |                   | -                    | -        | 000     | 999     |          |  |
| 43201    | N          | ESOPH SCOPE W/SUBMUCOUS INJ   |               | 05302 | 21.2741    | Bundled, sometimes payable | \$1,291.76            |                   |                   | -                    | -        | 000     | 999     |          |  |
| 43202    | N          | ESOPHAGOSCOPY FLEX BIOPSY     |               | 05302 | 21.2741    | Bundled, sometimes payable | \$1,291.76            |                   |                   | -                    | -        | 000     | 999     |          |  |
| 43204    | N          | ESOPH SCOPE W/SCLEROSIS INJ   |               | 05302 | 21.2741    | Bundled, sometimes payable | \$1,291.76            |                   |                   | -                    | -        | 000     | 999     |          |  |
| 43205    | N          | ESOPHAGUS ENDOSCOPY/LIGATION  |               | 05302 | 21.2741    | Bundled, sometimes payable | \$1,291.76            |                   |                   | -                    | -        | 000     | 999     |          |  |
| 43206    | N          | ESOPH OPTICAL ENDOMICROSCOPY  |               | 05302 | 21.2741    | Bundled, sometimes payable | \$1,291.76            |                   |                   | -                    | Y        | 000     | 999     |          |  |
| 4320F    | E          | PT TALK PSYCHSOC&RX OH DPND   |               | -     | -          | Not Allowed                | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |  |
| 43210    | N          | EGD ESOPHAGOGASTRC FNDOPPLSTY |               | 05362 | 116.7583   | Bundled, sometimes payable | \$7,089.56            |                   |                   | -                    | -        | 000     | 999     |          |  |
| 43211    | N          | ESOPHAGOSCP MUCOSAL RESECT    |               | 05302 | 21.2741    | Bundled, sometimes payable | \$1,291.76            |                   |                   | -                    | -        | 000     | 999     |          |  |
| 43212    | N          | ESOPHAGOSCP STENT PLACEMENT   |               | 05331 | 66.7587    | Bundled, sometimes payable | \$4,053.59            |                   |                   | -                    | -        | 000     | 999     |          |  |
| 43213    | N          | ESOPHAGOSCOPY RETRO BALLOON   |               | 05302 | 21.2741    | Bundled, sometimes payable | \$1,291.76            |                   |                   | -                    | -        | 000     | 999     |          |  |
| 43214    | N          | ESOPHAGOSC DILATE BALLOON 30  |               | 05302 | 21.2741    | Bundled, sometimes payable | \$1,291.76            |                   |                   | -                    | -        | 000     | 999     |          |  |
| 43215    | N          | ESOPHAGOSCOPY FLEX REMOVE FB  |               | 05302 | 21.2741    | Bundled, sometimes payable | \$1,291.76            |                   |                   | -                    | -        | 000     | 999     |          |  |
| 43216    | N          | ESOPHAGOSCOPY LESION REMOVAL  |               | 05302 | 21.2741    | Bundled, sometimes payable | \$1,291.76            |                   |                   | -                    | -        | 000     | 999     |          |  |
| 43217    | N          | ESOPHAGOSCOPY SNARE LES REMV  |               | 05302 | 21.2741    | Bundled, sometimes payable | \$1,291.76            |                   |                   | -                    | -        | 000     | 999     |          |  |
| 43220    | N          | ESOPHAGOSCOPY BALLOON <30MM   |               | 05302 | 21.2741    | Bundled, sometimes payable | \$1,291.76            |                   |                   | -                    | -        | 000     | 999     |          |  |
| 43226    | N          | ESOPH ENDOSCOPY DILATION      |               | 05302 | 21.2741    | Bundled, sometimes payable | \$1,291.76            |                   |                   | -                    | -        | 000     | 999     |          |  |
| 43227    | N          | ESOPHAGOSCOPY CONTROL BLEED   |               | 05302 | 21.2741    | Bundled, sometimes payable | \$1,291.76            |                   |                   | -                    | -        | 000     | 999     |          |  |
| 43229    | N          | ESOPHAGOSCOPY LESION ABLATE   |               | 05303 | 42.6665    | Bundled, sometimes payable | \$2,590.71            |                   |                   | -                    | -        | 000     | 999     |          |  |
| 4322F    | E          | CRGVR PROV W/ ED ADDL RSRCS   |               | -     | -          | Not Allowed                | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |  |



**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2025**

| 2024 APC |            | 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 |
|----------|------------|------------------------------|---------------|-------|------------|----------------------------|----------------------------------|------------------------------|----------------------------------|----------------------|----------|---------|---------|----------|
| Proc Cd  | Status Ind |                              |               |       |            |                            |                                  |                              |                                  |                      |          |         |         |          |
|          |            |                              |               |       |            |                            |                                  |                              |                                  |                      |          |         |         |          |
| 43231    | N          | ESOPHAGOSCOP ULTRASOUND EXAM |               | 05302 | 21.2741    | Bundled, sometimes payable | \$1,291.76                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 43232    | N          | ESOPHAGOSCOPY W/US NEEDLE BX |               | 05302 | 21.2741    | Bundled, sometimes payable | \$1,291.76                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 43233    | N          | EGD BALLOON DIL ESOPH30 MM/> |               | 05302 | 21.2741    | Bundled, sometimes payable | \$1,291.76                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 43235    | T          | EGD DIAGNOSTIC BRUSH WASH    |               | 05301 | 10.5144    | APC                        | \$638.43                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 43236    | T          | UPPR GI SCOPE W/SUBMUC INJ   |               | 05301 | 10.5144    | APC                        | \$638.43                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 43237    | N          | ENDOSCOPIC US EXAM ESOPH     |               | 05302 | 21.2741    | Bundled, sometimes payable | \$1,291.76                       |                              |                                  | -                    | Y        | 000     | 999     |          |
| 43238    | N          | EGD US FINE NEEDLE BX/ASPIR  |               | 05302 | 21.2741    | Bundled, sometimes payable | \$1,291.76                       |                              |                                  | -                    | Y        | 000     | 999     |          |
| 43239    | T          | EGD BIOPSY SINGLE/MULTIPLE   |               | 05301 | 10.5144    | APC                        | \$638.43                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 43240    | N          | EGD W/TRANSMURAL DRAIN CYST  |               | 05331 | 66.7587    | Bundled, sometimes payable | \$4,053.59                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 43241    | N          | EGD TUBE/CATH INSERTION      |               | 05302 | 21.2741    | Bundled, sometimes payable | \$1,291.76                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 43242    | N          | EGD US FINE NEEDLE BX/ASPIR  |               | 05302 | 21.2741    | Bundled, sometimes payable | \$1,291.76                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 43243    | N          | EGD INJECTION VARICES        |               | 05302 | 21.2741    | Bundled, sometimes payable | \$1,291.76                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 43244    | N          | EGD VARICES LIGATION         |               | 05302 | 21.2741    | Bundled, sometimes payable | \$1,291.76                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 43245    | N          | EGD DILATE STRICTURE         |               | 05302 | 21.2741    | Bundled, sometimes payable | \$1,291.76                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 43246    | N          | EGD PLACE GASTROSTOMY TUBE   |               | 05302 | 21.2741    | Bundled, sometimes payable | \$1,291.76                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 43247    | T          | EGD REMOVE FOREIGN BODY      |               | 05301 | 10.5144    | APC                        | \$638.43                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 43248    | T          | EGD GUIDE WIRE INSERTION     |               | 05301 | 10.5144    | APC                        | \$638.43                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 43249    | N          | ESOPH EGD DILATION <30 MM    |               | 05302 | 21.2741    | Bundled, sometimes payable | \$1,291.76                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 4324F    | E          | PT QUERIED PRKNS COMPLIC     |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 43250    | N          | EGD CAUTERY TUMOR POLYP      |               | 05302 | 21.2741    | Bundled, sometimes payable | \$1,291.76                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 43251    | N          | EGD REMOVE LESION SNARE      |               | 05302 | 21.2741    | Bundled, sometimes payable | \$1,291.76                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 43252    | N          | EGD OPTICAL ENDOMICROSCOPY   |               | 05302 | 21.2741    | Bundled, sometimes payable | \$1,291.76                       |                              |                                  | -                    | Y        | 000     | 999     |          |
| 43253    | N          | EGD US TRANSMURAL INJXN/MARK |               | 05302 | 21.2741    | Bundled, sometimes payable | \$1,291.76                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 43254    | N          | EGD ENDO MUCOSAL RESECTION   |               | 05302 | 21.2741    | Bundled, sometimes payable | \$1,291.76                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 43255    | N          | EGD CONTROL BLEEDING ANY     |               | 05302 | 21.2741    | Bundled, sometimes payable | \$1,291.76                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 43257    | N          | EGD W/THRML TXMNT GERD       |               | 05303 | 42.6665    | Bundled, sometimes payable | \$2,590.71                       |                              |                                  | -                    | Y        | 000     | 999     |          |
| 43259    | N          | EGD US EXAM DUODENUM/JEJUNUM |               | 05302 | 21.2741    | Bundled, sometimes payable | \$1,291.76                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 4325F    | E          | MED TXMNT OPTIONS RVWD W/PT  |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 43260    | N          | ERCP W/SPECIMEN COLLECTION   |               | 05303 | 42.6665    | Bundled, sometimes payable | \$2,590.71                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 43261    | N          | ENDO CHOLANGIOPANCREATOGRAPH |               | 05303 | 42.6665    | Bundled, sometimes payable | \$2,590.71                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 43262    | N          | ENDO CHOLANGIOPANCREATOGRAPH |               | 05303 | 42.6665    | Bundled, sometimes payable | \$2,590.71                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 43263    | N          | ERCP SPHINCTER PRESSURE MEAS |               | 05302 | 21.2741    | Bundled, sometimes payable | \$1,291.76                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 43264    | N          | ERCP REMOVE DUCT CALCULI     |               | 05303 | 42.6665    | Bundled, sometimes payable | \$2,590.71                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 43265    | N          | ERCP LITHOTRIPSY CALCULI     |               | 05331 | 66.7587    | Bundled, sometimes payable | \$4,053.59                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 43266    | N          | EGD ENDOSCOPIC STENT PLACE   |               | 05331 | 66.7587    | Bundled, sometimes payable | \$4,053.59                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 4326F    | E          | PT ASKED RE SYMP AUTO DYSFXN |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 43270    | N          | EGD LESION ABLATION          |               | 05302 | 21.2741    | Bundled, sometimes payable | \$1,291.76                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 43273    | N          | ENDOSCOPIC PANCREATOSCOPY    |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 43274    | N          | ERCP DUCT STENT PLACEMENT    |               | 05331 | 66.7587    | Bundled, sometimes payable | \$4,053.59                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 43275    | N          | ERCP REMOVE FORGN BODY DUCT  |               | 05302 | 21.2741    | Bundled, sometimes payable | \$1,291.76                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 43276    | N          | ERCP STENT EXCHANGE W/DILATE |               | 05331 | 66.7587    | Bundled, sometimes payable | \$4,053.59                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 43277    | N          | ERCP EA DUCT/AMPULLA DILATE  |               | 05303 | 42.6665    | Bundled, sometimes payable | \$2,590.71                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 43278    | N          | ERCP LESION ABLATE W/DILATE  |               | 05303 | 42.6665    | Bundled, sometimes payable | \$2,590.71                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 43279    | C          | LAP MYOTOMY HELLER           |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 43280    | N          | LAPAROSCOPY FUNDOPLASTY      |               | 05362 | 116.7583   | Bundled, sometimes payable | \$7,089.56                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 43281    | N          | LAP PARAESOPHAG HERN REPAIR  |               | 05362 | 116.7583   | Bundled, sometimes payable | \$7,089.56                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 43282    | N          | LAP PARAESOPH HER RPR W/MESH |               | 05362 | 116.7583   | Bundled, sometimes payable | \$7,089.56                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 43283    | C          | LAP ESOPH LENGTHENING        |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 43284    | N          | LAPS ESOPHGL SPHNCTR AGMNTJ  |               | 05362 | 116.7583   | Bundled, sometimes payable | \$7,089.56                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 43285    | N          | RMVL ESOPHGL SPHNCTR DEV     |               | 05361 | 65.4304    | Bundled, sometimes payable | \$3,972.93                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 43286    | C          | ESPHG TOT W/LAPS MOBLJ       |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 43287    | C          | ESPHG DSTL 2/3 W/LAPS MOBLJ  |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 43288    | C          | ESPHG THRSC MOBLJ            |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 43289    | N          | UNLISTED LAPS PX ESOPH       |               | 05361 | 65.4304    | Bundled, sometimes payable | \$3,972.93                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 4328F    | E          | PT ASKED RE SLEEP DISTURB    |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 43290    | N          | EGD FLX TRNSORL DPLMNT BALO  |               | 05302 | 21.2741    | Bundled, sometimes payable | \$1,291.76                       |                              |                                  | -                    | -        | 000     | 999     |          |

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| Proc Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC   | APC<br>Weight | Method                     | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|---------|------------------------------|------------------------------|------------------|-------|---------------|----------------------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|         |                              |                              |                  |       |               |                            |                                        |                                    |                                           |                         |          |            |            |          |
| 43291   | T                            | EGD FLX TRNSORL RMVL BALO    |                  | 05301 | 10.5144       | APC                        | \$638.43                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43300   | C                            | REPAIR OF ESOPHAGUS          |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43305   | C                            | REPAIR ESOPHAGUS AND FISTULA |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 4330F   | E                            | CNSLNG EPI SPEC SFTY ISSUES  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43310   | C                            | REPAIR OF ESOPHAGUS          |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43312   | C                            | REPAIR ESOPHAGUS AND FISTULA |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43313   | C                            | ESOPHAGOPLASTY CONGENITAL    |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43314   | C                            | TRACHEO-ESOPHAGOPLASTY CONG  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43320   | C                            | FUSE ESOPHAGUS & STOMACH     |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43325   | C                            | REVISE ESOPHAGUS & STOMACH   |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43327   | C                            | ESOPH FUNDOPLASTY LAP        |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43328   | C                            | ESOPH FUNDOPLASTY THOR       |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43330   | C                            | ESOPHAGOMYOTOMY ABDOMINAL    |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43331   | C                            | ESOPHAGOMYOTOMY THORACIC     |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43332   | C                            | TRANSAB ESOPH HIAT HERN RPR  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43333   | C                            | TRANSAB ESOPH HIAT HERN RPR  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43334   | C                            | TRANSTHOR DIAPHRAG HERN RPR  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43335   | C                            | TRANSTHOR DIAPHRAG HERN RPR  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43336   | C                            | THORABD DIAPHR HERN REPAIR   |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43337   | C                            | THORABD DIAPHR HERN REPAIR   |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43338   | C                            | ESOPH LENGTHENING            |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43340   | C                            | FUSE ESOPHAGUS & INTESTINE   |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43341   | C                            | FUSE ESOPHAGUS & INTESTINE   |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43351   | C                            | SURGICAL OPENING ESOPHAGUS   |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43352   | C                            | SURGICAL OPENING ESOPHAGUS   |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43360   | C                            | GASTROINTESTINAL REPAIR      |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43361   | C                            | GASTROINTESTINAL REPAIR      |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43400   | C                            | LIGATE ESOPHAGUS VEINS       |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43405   | C                            | LIGATE/STAPLE ESOPHAGUS      |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 4340F   | E                            | CNSLNG CHLDBRNG WOMEN EPI    |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43410   | C                            | REPAIR ESOPHAGUS WOUND       |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43415   | C                            | REPAIR ESOPHAGUS WOUND       |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43420   | N                            | REPAIR ESOPHAGUS OPENING     |                  | 05164 | 36.3699       | Bundled, sometimes payable | \$2,208.38                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43425   | C                            | REPAIR ESOPHAGUS OPENING     |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43450   | T                            | DILATE ESOPHAGUS 1/MULT PASS |                  | 05301 | 10.5144       | APC                        | \$638.43                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43453   | N                            | DILATE ESOPHAGUS             |                  | 05302 | 21.2741       | Bundled, sometimes payable | \$1,291.76                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43460   | C                            | PRESSURE TREATMENT ESOPHAGUS |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43496   | C                            | FREE JEJUNUM FLAP MICROVASC  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43497   | N                            | TRANSORL LWR ESOPHGL MYOTOMY |                  | 05331 | 66.7587       | Bundled, sometimes payable | \$4,053.59                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43499   | T                            | UNLISTED PROCEDURE ESOPHAGUS |                  | 05301 | 10.5144       | APC                        | \$638.43                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43500   | C                            | SURGICAL OPENING OF STOMACH  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43501   | C                            | SURGICAL REPAIR OF STOMACH   |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43502   | C                            | SURGICAL REPAIR OF STOMACH   |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 4350F   | E                            | CNSLNG PROVIDED SYMP MNGMNT  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43510   | T                            | SURGICAL OPENING OF STOMACH  |                  | 05301 | 10.5144       | APC                        | \$638.43                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43520   | C                            | INCISION OF PYLORIC MUSCLE   |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43605   | C                            | BIOPSY OF STOMACH            |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43610   | C                            | EXCISION OF STOMACH LESION   |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43611   | C                            | EXCISION OF STOMACH LESION   |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43620   | C                            | REMOVAL OF STOMACH           |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43621   | C                            | REMOVAL OF STOMACH           |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43622   | C                            | REMOVAL OF STOMACH           |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43631   | C                            | REMOVAL OF STOMACH PARTIAL   |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43632   | C                            | REMOVAL OF STOMACH PARTIAL   |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43633   | C                            | REMOVAL OF STOMACH PARTIAL   |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43634   | C                            | REMOVAL OF STOMACH PARTIAL   |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |

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| Proc Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method                     | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|---------|------------------------------|------------------------------|------------------|-----|---------------|----------------------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|         |                              |                              |                  |     |               |                            |                                        |                                    |                                           |                         |          |            |            |          |
| 43635   | C                            | REMOVAL OF STOMACH PARTIAL   |                  | -   | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43640   | C                            | VAGOTOMY & PYLORUS REPAIR    |                  | -   | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43641   | C                            | VAGOTOMY & PYLORUS REPAIR    |                  | -   | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43644   | E                            | LAP GASTRIC BYPASS/ROUX-EN-Y |                  | -   | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43645   | E                            | LAP GASTR BYPASS INCL SMLL I |                  | -   | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43647   | N                            | LAP IMPL ELECTRODE ANTRUM    | 05463            |     | 139.8503      | Bundled, sometimes payable | \$8,491.71                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43648   | N                            | LAP REVISE/REMV ELTRD ANTRUM | 05362            |     | 116.7583      | Bundled, sometimes payable | \$7,089.56                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43651   | N                            | LAPAROSCOPY VAGUS NERVE      | 05361            |     | 65.4304       | Bundled, sometimes payable | \$3,972.93                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43652   | N                            | LAPAROSCOPY VAGUS NERVE      | 05361            |     | 65.4304       | Bundled, sometimes payable | \$3,972.93                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43653   | N                            | LAPAROSCOPY GASTROSTOMY      | 05361            |     | 65.4304       | Bundled, sometimes payable | \$3,972.93                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43659   | N                            | UNLISTED LAPS PX STOMACH     | 05361            |     | 65.4304       | Bundled, sometimes payable | \$3,972.93                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43752   | N                            | NASAL/OROGASTRIC W/TUBE PLMT | 05735            |     | 4.4751        | Bundled, sometimes payable | \$271.73                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43753   | N                            | TX GASTRO INTUB W/ASP        | 05722            |     | 3.4922        | Bundled, sometimes payable | \$212.05                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43754   | N                            | DX GASTR INTUB W/ASP SPEC    | 05722            |     | 3.4922        | Bundled, sometimes payable | \$212.05                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43755   | S                            | DX GASTR INTUB W/ASP SPECS   | 05721            |     | 1.7546        | APC                        | \$106.54                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43756   | N                            | DX DUOD INTUB W/ASP SPEC     | 05301            |     | 10.5144       | Bundled, sometimes payable | \$638.43                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43757   | T                            | DX DUOD INTUB W/ASP SPECS    | 05301            |     | 10.5144       | APC                        | \$638.43                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43761   | T                            | REPOSITION GASTROSTOMY TUBE  | 05371            |     | 2.7275        | APC                        | \$165.61                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43762   | T                            | RPLC GTUBE NO REVJ TRC       | 05371            |     | 2.7275        | APC                        | \$165.61                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43763   | T                            | RPLC GTUBE REVJ GSTRST TRC   | 05371            |     | 2.7275        | APC                        | \$165.61                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43770   | E                            | LAP PLACE GASTR ADJ DEVICE   | -                |     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 43771   | E                            | LAP REVISE GASTR ADJ DEVICE  | -                |     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 43772   | E                            | LAP RMVL GASTR ADJ DEVICE    | -                |     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 43773   | E                            | LAP REPLACE GASTR ADJ DEVICE | -                |     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 43774   | E                            | LAP RMVL GASTR ADJ ALL PARTS | -                |     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 43775   | E                            | LAP SLEEVE GASTRECTOMY       | -                |     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43800   | C                            | PYLOROPLASTY                 | -                |     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43810   | C                            | GASTRODUODENOSTOMY           | -                |     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43820   | C                            | GASTROJEJUNOSTOMY WO VAGOTMY | -                |     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43825   | C                            | GASTROJEJUNOSTOMY W/VAGOTOMY | -                |     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43830   | N                            | GSTRST OPEN WO CONSTJ TUBE   | 05302            |     | 21.2741       | Bundled, sometimes payable | \$1,291.76                             |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 43831   | T                            | GASTROSTOMY OPEN NEONATAL    | 05301            |     | 10.5144       | APC                        | \$638.43                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43832   | C                            | GSTRST OPEN W/CONSTJ TUBE    | -                |     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43840   | C                            | REPAIR OF STOMACH LESION     | -                |     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43842   | E                            | V-BAND GASTROPLASTY          | -                |     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 018        | 999        |          |
| 43843   | E                            | GASTROPLASTY W/O V-BAND      | -                |     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 018        | 999        |          |
| 43845   | E                            | GASTROPLASTY DUODENAL SWITCH | -                |     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43846   | E                            | GASTRIC BYPASS FOR OBESITY   | -                |     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 018        | 999        |          |
| 43847   | E                            | GASTRIC BYPASS INCL SMALL I  | -                |     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 018        | 999        |          |
| 43848   | E                            | REVISION GASTROPLASTY        | -                |     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43860   | C                            | REVISE STOMACH-BOWEL FUSION  | -                |     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43865   | C                            | REVISE STOMACH-BOWEL FUSION  | -                |     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43870   | N                            | REPAIR STOMACH OPENING       | 05303            |     | 42.6665       | Bundled, sometimes payable | \$2,590.71                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43880   | C                            | REPAIR STOMACH-BOWEL FISTULA | -                |     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43881   | C                            | IMPL/REDO ELECTRD ANTRUM     | -                |     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43882   | C                            | REVISE/REMOVE ELECTRD ANTRUM | -                |     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 43886   | E                            | REVISE GASTRIC PORT OPEN     | -                |     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 43887   | E                            | REMOVE GASTRIC PORT OPEN     | -                |     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 43888   | E                            | CHANGE GASTRIC PORT OPEN     | -                |     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 43999   | T                            | UNLISTED PROCEDURE STOMACH   | 05301            |     | 10.5144       | APC                        | \$638.43                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 44005   | C                            | FREEING OF BOWEL ADHESION    | -                |     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 4400F   | E                            | REHAB THXPY OPTIONS W/PT     | -                |     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 44010   | C                            | INCISION OF SMALL BOWEL      | -                |     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 44015   | C                            | INSERT NEEDLE CATH BOWEL     | -                |     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 44020   | C                            | EXPLORE SMALL INTESTINE      | -                |     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 44021   | C                            | DECOMPRESS SMALL BOWEL       | -                |     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |

**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2025**

| Proc<br>Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC   | APC<br>Weight | Method                     | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|------------------------------|------------------------------|------------------|-------|---------------|----------------------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            |                              |                              |                  |       |               |                            |                                        |                                    |                                           |  |                         |          |            |            |          |
| 44025      | C                            | INCISION OF LARGE BOWEL      |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 44050      | C                            | REDUCE BOWEL OBSTRUCTION     |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 44055      | C                            | CORRECT MALROTATION OF BOWEL |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 44100      | T                            | BIOPSY OF BOWEL              |                  | 05301 | 10.5144       | APC                        | \$638.43                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 44110      | C                            | EXCISE INTESTINE LESION(S)   |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 44111      | C                            | EXCISION OF BOWEL LESION(S)  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 44120      | C                            | REMOVAL OF SMALL INTESTINE   |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 44121      | C                            | REMOVAL OF SMALL INTESTINE   |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 44125      | C                            | REMOVAL OF SMALL INTESTINE   |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 44126      | C                            | ENTERECTOMY W/O TAPER CONG   |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 44127      | C                            | ENTERECTOMY W/TAPER CONG     |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 44128      | C                            | ENTERECTOMY CONG ADD-ON      |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 44130      | C                            | BOWEL TO BOWEL FUSION        |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 44132      | C                            | ENTERECTOMY CADAVER DONOR    |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | Y                       | Y        | 000        | 999        |          |
| 44133      | C                            | ENTERECTOMY LIVE DONOR       |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | Y                       | Y        | 000        | 999        |          |
| 44135      | C                            | INTESTINE TRANSPLNT CADAVER  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | Y                       | Y        | 000        | 999        |          |
| 44136      | C                            | INTESTINE TRANSPLANT LIVE    |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | Y                       | Y        | 000        | 999        |          |
| 44137      | C                            | REMOVE INTESTINAL ALLOGRAFT  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | Y                       | Y        | 000        | 999        |          |
| 44139      | C                            | MOBILIZATION OF COLON        |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 44140      | C                            | PARTIAL REMOVAL OF COLON     |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 44141      | C                            | PARTIAL REMOVAL OF COLON     |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 44143      | C                            | PARTIAL REMOVAL OF COLON     |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 44144      | C                            | PARTIAL REMOVAL OF COLON     |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 44145      | C                            | PARTIAL REMOVAL OF COLON     |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 44146      | C                            | PARTIAL REMOVAL OF COLON     |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 44147      | C                            | PARTIAL REMOVAL OF COLON     |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 44150      | C                            | REMOVAL OF COLON             |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 44151      | C                            | REMOVAL OF COLON/ILEOSTOMY   |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 44155      | C                            | REMOVAL OF COLON/ILEOSTOMY   |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 44156      | C                            | REMOVAL OF COLON/ILEOSTOMY   |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 44157      | C                            | COLECTOMY W/ILEOANAL ANAST   |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 44158      | C                            | COLECTOMY W/NEO-RECTUM POUCH |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 44160      | C                            | REMOVAL OF COLON             |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 44180      | N                            | LAP ENTEROLYSIS              |                  | 05361 | 65.4304       | Bundled, sometimes payable | \$3,972.93                             |                                    |                                           |  | -                       | Y        | 000        | 999        |          |
| 44186      | N                            | LAP JEJUNOSTOMY              |                  | 05361 | 65.4304       | Bundled, sometimes payable | \$3,972.93                             |                                    |                                           |  | -                       | Y        | 000        | 999        |          |
| 44187      | C                            | LAP ILEO/JEJUNO-STOMY        |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | Y        | 000        | 999        |          |
| 44188      | C                            | LAP COLOSTOMY                |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | Y        | 000        | 999        |          |
| 44202      | C                            | LAP ENTERECTOMY              |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 44203      | C                            | LAP RESECT S/INTESTINE ADDL  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 44204      | C                            | LAPARO PARTIAL COLECTOMY     |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 44205      | C                            | LAP COLECTOMY PART W/ILEUM   |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 44206      | C                            | LAP PART COLECTOMY W/STOMA   |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 44207      | C                            | L COLECTOMY/COLOPROCTOSTOMY  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 44208      | C                            | L COLECTOMY/COLOPROCTOSTOMY  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 44210      | C                            | LAPARO TOTAL PROCTOCOLECTOMY |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 44211      | C                            | LAP COLECTOMY W/PROCTECTOMY  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 44212      | C                            | LAPARO TOTAL PROCTOCOLECTOMY |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 44213      | C                            | LAP MOBIL SPLENIC FL ADD-ON  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | Y        | 000        | 999        |          |
| 44227      | C                            | LAP CLOSE ENTEROSTOMY        |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | Y        | 000        | 999        |          |
| 44238      | N                            | UNLISTED LAPS PX INTESTINE   |                  | 05361 | 65.4304       | Bundled, sometimes payable | \$3,972.93                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 44300      | C                            | OPEN BOWEL TO SKIN           |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 44310      | C                            | ILEOSTOMY/JEJUNOSTOMY        |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 44312      | T                            | REVISION OF ILEOSTOMY        |                  | 05055 | 41.0565       | APC                        | \$2,492.95                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 44314      | C                            | REVISION OF ILEOSTOMY        |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 44316      | C                            | DEVISE BOWEL POUCH           |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 44320      | C                            | COLOSTOMY                    |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |



Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc<br>Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC   | APC<br>Weight | Method                     | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|------------------------------|------------------------------|------------------|-------|---------------|----------------------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|            |                              |                              |                  |       |               |                            |                                        |                                    |                                           |                         |          |            |            |          |
| 44322      | C                            | COLOSTOMY WITH BIOPSIES      |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 44340      | T                            | REVISION OF COLOSTOMY        |                  | 05055 | 41.0565       | APC                        | \$2,492.95                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 44345      | C                            | REVISION OF COLOSTOMY        |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 44346      | C                            | REVISION OF COLOSTOMY        |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 44360      | N                            | SMALL BOWEL ENDOSCOPY        |                  | 05302 | 21.2741       | Bundled, sometimes payable | \$1,291.76                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 44361      | N                            | SMALL BOWEL ENDOSCOPY/BIOPSY |                  | 05302 | 21.2741       | Bundled, sometimes payable | \$1,291.76                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 44363      | N                            | SMALL BOWEL ENDOSCOPY        |                  | 05302 | 21.2741       | Bundled, sometimes payable | \$1,291.76                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 44364      | N                            | SMALL BOWEL ENDOSCOPY        |                  | 05302 | 21.2741       | Bundled, sometimes payable | \$1,291.76                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 44365      | N                            | SMALL BOWEL ENDOSCOPY        |                  | 05302 | 21.2741       | Bundled, sometimes payable | \$1,291.76                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 44366      | N                            | SMALL BOWEL ENDOSCOPY        |                  | 05302 | 21.2741       | Bundled, sometimes payable | \$1,291.76                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 44369      | N                            | SMALL BOWEL ENDOSCOPY        |                  | 05302 | 21.2741       | Bundled, sometimes payable | \$1,291.76                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 44370      | N                            | SMALL BOWEL ENDOSCOPY/STENT  |                  | 05331 | 66.7587       | Bundled, sometimes payable | \$4,053.59                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 44372      | N                            | SMALL BOWEL ENDOSCOPY        |                  | 05302 | 21.2741       | Bundled, sometimes payable | \$1,291.76                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 44373      | N                            | SMALL BOWEL ENDOSCOPY        |                  | 05302 | 21.2741       | Bundled, sometimes payable | \$1,291.76                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 44376      | N                            | SMALL BOWEL ENDOSCOPY        |                  | 05302 | 21.2741       | Bundled, sometimes payable | \$1,291.76                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 44377      | N                            | SMALL BOWEL ENDOSCOPY/BIOPSY |                  | 05302 | 21.2741       | Bundled, sometimes payable | \$1,291.76                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 44378      | N                            | SMALL BOWEL ENDOSCOPY        |                  | 05302 | 21.2741       | Bundled, sometimes payable | \$1,291.76                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 44379      | N                            | S BOWEL ENDOSCOPE W/STENT    |                  | 05331 | 66.7587       | Bundled, sometimes payable | \$4,053.59                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 44380      | T                            | SMALL BOWEL ENDOSCOPY BR/WA  |                  | 05301 | 10.5144       | APC                        | \$638.43                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 44381      | N                            | SMALL BOWEL ENDOSCOPY BR/WA  |                  | 05302 | 21.2741       | Bundled, sometimes payable | \$1,291.76                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 44382      | T                            | SMALL BOWEL ENDOSCOPY        |                  | 05301 | 10.5144       | APC                        | \$638.43                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 44384      | N                            | SMALL BOWEL ENDOSCOPY        |                  | 05302 | 21.2741       | Bundled, sometimes payable | \$1,291.76                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 44385      | T                            | ENDOSCOPY OF BOWEL POUCH     |                  | 05311 | 10.2245       | APC                        | \$620.83                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 44386      | T                            | ENDOSCOPY BOWEL POUCH/BIOP   |                  | 05311 | 10.2245       | APC                        | \$620.83                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 44388      | T                            | COLONOSCOPY THRU STOMA SPX   |                  | 05311 | 10.2245       | APC                        | \$620.83                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 44389      | T                            | COLONOSCOPY WITH BIOPSY      |                  | 05312 | 13.2230       | APC                        | \$802.90                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 44390      | T                            | COLONOSCOPY FOR FOREIGN BODY |                  | 05311 | 10.2245       | APC                        | \$620.83                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 44391      | T                            | COLONOSCOPY FOR BLEEDING     |                  | 05312 | 13.2230       | APC                        | \$802.90                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 44392      | T                            | COLONOSCOPY & POLYPECTOMY    |                  | 05312 | 13.2230       | APC                        | \$802.90                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 44394      | T                            | COLONOSCOPY W/SNARE          |                  | 05312 | 13.2230       | APC                        | \$802.90                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 44401      | T                            | COLONOSCOPY WITH ABLATION    |                  | 05312 | 13.2230       | APC                        | \$802.90                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 44402      | N                            | COLONOSCOPY W/STENT PLCMT    |                  | 05331 | 66.7587       | Bundled, sometimes payable | \$4,053.59                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 44403      | T                            | COLONOSCOPY W/RESECTION      |                  | 05312 | 13.2230       | APC                        | \$802.90                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 44404      | T                            | COLONOSCOPY W/INJECTION      |                  | 05312 | 13.2230       | APC                        | \$802.90                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 44405      | T                            | COLONOSCOPY W/DILATION       |                  | 05312 | 13.2230       | APC                        | \$802.90                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 44406      | T                            | COLONOSCOPY W/ULTRASOUND     |                  | 05312 | 13.2230       | APC                        | \$802.90                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 44407      | T                            | COLONOSCOPY W/NDL ASPIR/BX   |                  | 05312 | 13.2230       | APC                        | \$802.90                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 44408      | T                            | COLONOSCOPY W/DECOMPRESSION  |                  | 05311 | 10.2245       | APC                        | \$620.83                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 44500      | T                            | INTRO GASTROINTESTINAL TUBE  |                  | 05301 | 10.5144       | APC                        | \$638.43                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 4450F      | E                            | SELF-CARE ED PROVIDED TO PT  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 44602      | C                            | SUTURE SMALL INTESTINE       |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 44603      | C                            | SUTURE SMALL INTESTINE       |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 44604      | C                            | SUTURE LARGE INTESTINE       |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 44605      | C                            | REPAIR OF BOWEL LESION       |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 44615      | C                            | INTESTINAL STRICTUROPLASTY   |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 44620      | C                            | REPAIR BOWEL OPENING         |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 44625      | C                            | REPAIR BOWEL OPENING         |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 44626      | C                            | REPAIR BOWEL OPENING         |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 44640      | C                            | REPAIR BOWEL-SKIN FISTULA    |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 44650      | C                            | REPAIR BOWEL FISTULA         |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 44660      | C                            | REPAIR BOWEL-BLADDER FISTULA |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 44661      | C                            | REPAIR BOWEL-BLADDER FISTULA |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 44680      | C                            | SURGICAL REVISION INTESTINE  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 44700      | C                            | SUSPEND BOWEL W/PROSTHESIS   |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 44701      | N                            | INTRAOP COLON LAVAGE ADD-ON  |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 44705      | E                            | PREPARE FECAL MICROBIOTA     |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | Y        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc Cd | 2024<br>APC<br>Status | Proc Desc                    | Proc<br>Modifier | APC   | APC<br>Weight | Method                     | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|---------|-----------------------|------------------------------|------------------|-------|---------------|----------------------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|         |                       |                              |                  |       |               |                            |                                        |                                    |                                           |                         |          |            |            |          |
| 4470F   | E                     | ICD COUNSELING PROVIDED      |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 44715   | C                     | PREPARE DONOR INTESTINE      |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | Y                       | Y        | 000        | 999        |          |
| 44720   | C                     | PREP DONOR INTESTINE/VENOUS  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | Y                       | Y        | 000        | 999        |          |
| 44721   | C                     | PREP DONOR INTESTINE/ARTERY  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | Y                       | Y        | 000        | 999        |          |
| 44799   | T                     | UNLISTED PX SMALL INTESTINE  |                  | 05301 | 10.5144       | APC                        | \$638.43                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 44800   | C                     | EXCISION OF BOWEL POUCH      |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 4480F   | E                     | PT RCVNG ACE/ARB B-BLOCKERTX |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 4481F   | E                     | PT RCVNG ACE/ARB BLKER <3MOS |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 44820   | C                     | EXCISION OF MESENTERY LESION |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 44850   | C                     | REPAIR OF MESENTERY          |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 44899   | C                     | UNLISTED PX MECKEL'S DVRTCLM |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 44900   | C                     | DRAIN APPENDIX ABSCESS OPEN  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 44950   | N                     | APPENDECTOMY                 |                  | 05342 | 69.9767       | Bundled, sometimes payable | \$4,248.99                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 44955   | N                     | APPENDECTOMY ADD-ON          |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 44960   | C                     | APPENDECTOMY                 |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 44970   | N                     | LAPAROSCOPY APPENDECTOMY     |                  | 05361 | 65.4304       | Bundled, sometimes payable | \$3,972.93                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 44979   | N                     | UNLISTED LAPS PX APPENDIX    |                  | 05361 | 65.4304       | Bundled, sometimes payable | \$3,972.93                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 45000   | T                     | DRAINAGE OF PELVIC ABSCESS   |                  | 05312 | 13.2230       | APC                        | \$802.90                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 45005   | T                     | DRAINAGE OF RECTAL ABSCESS   |                  | 05312 | 13.2230       | APC                        | \$802.90                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 4500F   | E                     | REF TO OUTPT CARD REHAB PROG |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 45020   | N                     | DRAINAGE OF RECTAL ABSCESS   |                  | 05313 | 30.7550       | Bundled, sometimes payable | \$1,867.44                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 45100   | N                     | BIOPSY OF RECTUM             |                  | 05313 | 30.7550       | Bundled, sometimes payable | \$1,867.44                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 45108   | N                     | ANORECTAL MYOMECTOMY         |                  | 05313 | 30.7550       | Bundled, sometimes payable | \$1,867.44                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 4510F   | E                     | PREV CARDREHAB QUALCARDEVENT |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 45110   | C                     | REMOVAL OF RECTUM            |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 45111   | C                     | PARTIAL REMOVAL OF RECTUM    |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 45112   | C                     | REMOVAL OF RECTUM            |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 45113   | C                     | PARTIAL PROCTECTOMY          |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 45114   | C                     | PARTIAL REMOVAL OF RECTUM    |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 45116   | C                     | PARTIAL REMOVAL OF RECTUM    |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 45119   | C                     | REMOVE RECTUM W/RESERVOIR    |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 45120   | C                     | REMOVAL OF RECTUM            |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 45121   | C                     | REMOVAL OF RECTUM AND COLON  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 45123   | C                     | PARTIAL PROCTECTOMY          |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 45126   | C                     | PELVIC EXENTERATION          |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 45130   | C                     | EXCISION OF RECTAL PROLAPSE  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 45135   | C                     | EXCISION OF RECTAL PROLAPSE  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 45136   | C                     | EXCISE ILEOANAL RESERVIOR    |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 45150   | T                     | EXCISION OF RECTAL STRICTURE |                  | 05312 | 13.2230       | APC                        | \$802.90                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 45160   | N                     | EXCISION OF RECTAL LESION    |                  | 05313 | 30.7550       | Bundled, sometimes payable | \$1,867.44                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 45171   | N                     | EXC RECT TUM TRANSANAL PART  |                  | 05313 | 30.7550       | Bundled, sometimes payable | \$1,867.44                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 45172   | N                     | EXC RECT TUM TRANSANAL FULL  |                  | 05313 | 30.7550       | Bundled, sometimes payable | \$1,867.44                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 45190   | N                     | DESTRUCTION RECTAL TUMOR     |                  | 05313 | 30.7550       | Bundled, sometimes payable | \$1,867.44                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 4525F   | E                     | NEUROPSYCHIA INTERVEN ORDER  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 4526F   | E                     | NEUROPSYCHIA INTERVEN RCVD   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 45300   | T                     | PROCTOSIGMOIDOSCOPY DX       |                  | 05311 | 10.2245       | APC                        | \$620.83                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 45303   | T                     | PROCTOSIGMOIDOSCOPY DILATE   |                  | 05312 | 13.2230       | APC                        | \$802.90                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 45305   | T                     | PROCTOSIGMOIDOSCOPY W/BX     |                  | 05312 | 13.2230       | APC                        | \$802.90                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 45307   | N                     | PROCTOSIGMOIDOSCOPY FB       |                  | 05313 | 30.7550       | Bundled, sometimes payable | \$1,867.44                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 45308   | N                     | PROCTOSIGMOIDOSCOPY REMOVAL  |                  | 05313 | 30.7550       | Bundled, sometimes payable | \$1,867.44                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 45309   | T                     | PROCTOSIGMOIDOSCOPY REMOVAL  |                  | 05312 | 13.2230       | APC                        | \$802.90                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 45315   | T                     | PROCTOSIGMOIDOSCOPY REMOVAL  |                  | 05312 | 13.2230       | APC                        | \$802.90                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 45317   | T                     | PROCTOSIGMOIDOSCOPY BLEED    |                  | 05312 | 13.2230       | APC                        | \$802.90                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 45320   | N                     | PROCTOSIGMOIDOSCOPY ABLATE   |                  | 05313 | 30.7550       | Bundled, sometimes payable | \$1,867.44                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 45321   | N                     | PROCTOSIGMOIDOSCOPY VOLVUL   |                  | 05313 | 30.7550       | Bundled, sometimes payable | \$1,867.44                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 45327   | N                     | PROCTOSIGMOIDOSCOPY W/STENT  |                  | 05331 | 66.7587       | Bundled, sometimes payable | \$4,053.59                             |                                    |                                           | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc Cd | 2024 APC |     | 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 |
|---------|----------|-----|------------------------------|---------------|-------|---------|----------------------------|----------------------------------|------------------------------|----------------------------------|----------------------|----------|---------|---------|----------|
|         | Status   | Ind |                              |               |       |         |                            |                                  |                              |                                  |                      |          |         |         |          |
| 45330   | T        |     | DIAGNOSTIC SIGMOIDOSCOPY     |               | 05311 | 10.2245 | APC                        | \$620.83                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 45331   | T        |     | SIGMOIDOSCOPY AND BIOPSY     |               | 05311 | 10.2245 | APC                        | \$620.83                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 45332   | T        |     | SIGMOIDOSCOPY W/FB REMOVAL   |               | 05312 | 13.2230 | APC                        | \$802.90                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 45333   | T        |     | SIGMOIDOSCOPY & POLYPECTOMY  |               | 05311 | 10.2245 | APC                        | \$620.83                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 45334   | T        |     | SIGMOIDOSCOPY FOR BLEEDING   |               | 05312 | 13.2230 | APC                        | \$802.90                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 45335   | T        |     | SIGMOIDOSCOPY W/SUBMUC INJ   |               | 05311 | 10.2245 | APC                        | \$620.83                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 45337   | T        |     | SIGMOIDOSCOPY & DECOMPRESS   |               | 05311 | 10.2245 | APC                        | \$620.83                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 45338   | T        |     | SIGMOIDOSCOPY W/TUMR REMOVE  |               | 05312 | 13.2230 | APC                        | \$802.90                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 45340   | T        |     | SIG W/TNDSC BALLOON DILATION |               | 05312 | 13.2230 | APC                        | \$802.90                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 45341   | T        |     | SIGMOIDOSCOPY W/ULTRASOUND   |               | 05311 | 10.2245 | APC                        | \$620.83                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 45342   | T        |     | SIGMOIDOSCOPY W/US GUIDE BX  |               | 05312 | 13.2230 | APC                        | \$802.90                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 45346   | T        |     | SIGMOIDOSCOPY W/ABLATION     |               | 05312 | 13.2230 | APC                        | \$802.90                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 45347   | N        |     | SIGMOIDOSCOPY W/PLCMT STENT  |               | 05331 | 66.7587 | Bundled, sometimes payable | \$4,053.59                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 45349   | N        |     | SIGMOIDOSCOPY W/RESECTION    |               | 05313 | 30.7550 | Bundled, sometimes payable | \$1,867.44                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 45350   | T        |     | SGMDSC W/BAND LIGATION       |               | 05312 | 13.2230 | APC                        | \$802.90                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 45378   | T        |     | DIAGNOSTIC COLONOSCOPY       |               | 05311 | 10.2245 | APC                        | \$620.83                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 45379   | T        |     | COLONOSCOPY W/FB REMOVAL     |               | 05312 | 13.2230 | APC                        | \$802.90                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 45380   | T        |     | COLONOSCOPY AND BIOPSY       |               | 05312 | 13.2230 | APC                        | \$802.90                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 45381   | T        |     | COLONOSCOPY SUBMUCOUS NJX    |               | 05312 | 13.2230 | APC                        | \$802.90                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 45382   | T        |     | COLONOSCOPY W/CONTROL BLEED  |               | 05312 | 13.2230 | APC                        | \$802.90                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 45384   | T        |     | COLONOSCOPY W/LESION REMOVAL |               | 05312 | 13.2230 | APC                        | \$802.90                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 45385   | T        |     | COLONOSCOPY W/LESION REMOVAL |               | 05312 | 13.2230 | APC                        | \$802.90                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 45386   | T        |     | COLONOSCOPY W/BALLOON DILAT  |               | 05312 | 13.2230 | APC                        | \$802.90                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 45388   | T        |     | COLONOSCOPY W/ABLATION       |               | 05312 | 13.2230 | APC                        | \$802.90                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 45389   | N        |     | COLONOSCOPY W/STENT PLCMT    |               | 05331 | 66.7587 | Bundled, sometimes payable | \$4,053.59                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 45390   | N        |     | COLONOSCOPY W/RESECTION      |               | 05313 | 30.7550 | Bundled, sometimes payable | \$1,867.44                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 45391   | T        |     | COLONOSCOPY W/ENDOSCOPE US   |               | 05312 | 13.2230 | APC                        | \$802.90                         |                              |                                  | -                    | Y        | 000     | 999     |          |
| 45392   | T        |     | COLONOSCOPY W/ENDOSCOPIC FNB |               | 05312 | 13.2230 | APC                        | \$802.90                         |                              |                                  | -                    | Y        | 000     | 999     |          |
| 45393   | T        |     | COLONOSCOPY W/DECOMPRESSION  |               | 05312 | 13.2230 | APC                        | \$802.90                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 45395   | C        |     | LAP REMOVAL OF RECTUM        |               | -     | -       | IP Only                    | \$0.00                           |                              |                                  | -                    | Y        | 000     | 999     |          |
| 45397   | C        |     | LAP REMOVE RECTUM W/POUCH    |               | -     | -       | IP Only                    | \$0.00                           |                              |                                  | -                    | Y        | 000     | 999     |          |
| 45398   | T        |     | COLONOSCOPY W/BAND LIGATION  |               | 05312 | 13.2230 | APC                        | \$802.90                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 45399   | T        |     | UNLISTED PROCEDURE COLON     |               | 05311 | 10.2245 | APC                        | \$620.83                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 45400   | C        |     | LAPAROSCOPIC PROC            |               | -     | -       | IP Only                    | \$0.00                           |                              |                                  | -                    | Y        | 000     | 999     |          |
| 45402   | C        |     | LAP PROCTOPEXY W/SIG RESECT  |               | -     | -       | IP Only                    | \$0.00                           |                              |                                  | -                    | Y        | 000     | 999     |          |
| 4540F   | E        |     | DISEASE MODIF PHARMACOTHXPY  |               | -     | -       | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 4541F   | E        |     | PT OFFERED TX FOR PSEUDOBULB |               | -     | -       | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 45499   | N        |     | LAPAROSCOPE PROC RECTUM      |               | 05361 | 65.4304 | Bundled, sometimes payable | \$3,972.93                       |                              |                                  | -                    | Y        | 000     | 999     |          |
| 45500   | N        |     | REPAIR OF RECTUM             |               | 05313 | 30.7550 | Bundled, sometimes payable | \$1,867.44                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 45505   | N        |     | REPAIR OF RECTUM             |               | 05313 | 30.7550 | Bundled, sometimes payable | \$1,867.44                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 4550F   | E        |     | NONINVAS RESP SUPPORT TALK   |               | -     | -       | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 4551F   | E        |     | NUTRITIONAL SUPPORT OFFERED  |               | -     | -       | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 45520   | N        |     | TREATMENT OF RECTAL PROLAPSE |               | 05311 | 10.2245 | Bundled, sometimes payable | \$620.83                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 4552F   | E        |     | PT REF FOR SPEECH LANG PATH  |               | -     | -       | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 4553F   | E        |     | PT ASST RE END LIFE ISSUES   |               | -     | -       | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 45540   | C        |     | CORRECT RECTAL PROLAPSE      |               | -     | -       | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 45541   | N        |     | CORRECT RECTAL PROLAPSE      |               | 05313 | 30.7550 | Bundled, sometimes payable | \$1,867.44                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 4554F   | E        |     | PT RECVD INHAL ANESTHETIC    |               | -     | -       | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 45550   | C        |     | REPAIR RECTUM/REMOVE SIGMOID |               | -     | -       | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 4555F   | E        |     | PT RECVD NO INHAL ANESTHIC   |               | -     | -       | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 45560   | N        |     | REPAIR OF RECTOCELE          |               | 05313 | 30.7550 | Bundled, sometimes payable | \$1,867.44                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 45562   | C        |     | EXPLORATION/REPAIR OF RECTUM |               | -     | -       | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 45563   | C        |     | EXPLORATION/REPAIR OF RECTUM |               | -     | -       | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 4556F   | E        |     | PT W/3+ POST-OP NAUSEA&VOM   |               | -     | -       | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 4557F   | E        |     | PT W/O 3+ POST-OPNAUSEA&VOM  |               | -     | -       | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 4558F   | E        |     | PT RECVD 2 RX ANTI-EMET AGT  |               | -     | -       | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| 2024<br>APC |               |                              |                  |         |               | Outpatient                 |                          | Non-sole                           |                               |                         |          |            |            |          |  |
|-------------|---------------|------------------------------|------------------|---------|---------------|----------------------------|--------------------------|------------------------------------|-------------------------------|-------------------------|----------|------------|------------|----------|--|
| Proc<br>Cd  | Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC     | APC<br>Weight | Method                     | Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |  |
| 4559F       | E             | 1 BODYTEMP >=35.5CW/IN 30MIN | -                | -       | -             | Not Allowed                | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 4560F       | E             | ANESTH W/O GEN/NEURAX ANESTH | -                | -       | -             | Not Allowed                | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 4561F       | E             | PT W/ CORONARY ARTERY STENT  | -                | -       | -             | Not Allowed                | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 4562F       | E             | PT W/O CORONARY ARTERY STENT | -                | -       | -             | Not Allowed                | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 4563F       | E             | PT RECVD ASPIRIN W/IN 24 HRS | -                | -       | -             | Not Allowed                | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 45800       | C             | REPAIR RECT/BLADDER FISTULA  | -                | -       | -             | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 45805       | C             | REPAIR FISTULA W/COLOSTOMY   | -                | -       | -             | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 45820       | C             | REPAIR RECTOURETHRAL FISTULA | -                | -       | -             | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 45825       | C             | REPAIR FISTULA W/COLOSTOMY   | -                | -       | -             | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 45900       | T             | REDUCTION OF RECTAL PROLAPSE | 05311            | 10.2245 |               | APC                        | \$620.83                 |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 45905       | T             | DILATION OF ANAL SPHINCTER   | 05312            | 13.2230 |               | APC                        | \$802.90                 |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 45910       | T             | DILATION OF RECTAL NARROWING | 05312            | 13.2230 |               | APC                        | \$802.90                 |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 45915       | T             | REMOVE RECTAL OBSTRUCTION    | 05312            | 13.2230 |               | APC                        | \$802.90                 |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 45990       | N             | SURG DX EXAM ANORECTAL       | 05313            | 30.7550 |               | Bundled, sometimes payable | \$1,867.44               |                                    |                               | -                       | Y        | 000        | 999        |          |  |
| 45999       | T             | UNLISTED PROCEDURE RECTUM    | 05311            | 10.2245 |               | APC                        | \$620.83                 |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 46020       | N             | PLACEMENT OF SETON           | 05313            | 30.7550 |               | Bundled, sometimes payable | \$1,867.44               |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 46030       | T             | REMOVAL ANAL SETON OTH MRK   | 05312            | 13.2230 |               | APC                        | \$802.90                 |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 46040       | T             | INCISION OF RECTAL ABSCESS   | 05312            | 13.2230 |               | APC                        | \$802.90                 |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 46045       | N             | INCISION OF RECTAL ABSCESS   | 05313            | 30.7550 |               | Bundled, sometimes payable | \$1,867.44               |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 46050       | T             | INCISION OF ANAL ABSCESS     | 05311            | 10.2245 |               | APC                        | \$620.83                 |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 46060       | N             | INCISION OF RECTAL ABSCESS   | 05313            | 30.7550 |               | Bundled, sometimes payable | \$1,867.44               |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 46070       | N             | INCISION ANAL SEPTUM INFANT  | 05313            | 30.7550 |               | Bundled, sometimes payable | \$1,867.44               |                                    |                               | -                       | -        | 000        | 1          |          |  |
| 46080       | N             | INCISION OF ANAL SPHINCTER   | 05313            | 30.7550 |               | Bundled, sometimes payable | \$1,867.44               |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 46083       | T             | INCISE EXTERNAL HEMORRHOID   | 05371            | 2.7275  |               | APC                        | \$165.61                 |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 46200       | N             | REMOVAL OF ANAL FISSURE      | 05313            | 30.7550 |               | Bundled, sometimes payable | \$1,867.44               |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 46220       | T             | EXCISE ANAL EXT TAG/PAPILLA  | 05312            | 13.2230 |               | APC                        | \$802.90                 |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 46221       | T             | LIGATION OF HEMORRHOID(S)    | 05311            | 10.2245 |               | APC                        | \$620.83                 |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 46230       | N             | REMOVAL OF ANAL TAGS         | 05313            | 30.7550 |               | Bundled, sometimes payable | \$1,867.44               |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 46250       | N             | REMOVE EXT HEM GROUPS 2+     | 05313            | 30.7550 |               | Bundled, sometimes payable | \$1,867.44               |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 46255       | N             | REMOVE INT/EXT HEM 1 GROUP   | 05313            | 30.7550 |               | Bundled, sometimes payable | \$1,867.44               |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 46257       | N             | REMOVE IN/EX HEM GRP & FISS  | 05313            | 30.7550 |               | Bundled, sometimes payable | \$1,867.44               |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 46258       | N             | REMOVE IN/EX HEM GRP W/FISTU | 05313            | 30.7550 |               | Bundled, sometimes payable | \$1,867.44               |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 46260       | N             | REMOVE IN/EX HEM GROUPS 2+   | 05313            | 30.7550 |               | Bundled, sometimes payable | \$1,867.44               |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 46261       | N             | REMOVE IN/EX HEM GRPS & FISS | 05313            | 30.7550 |               | Bundled, sometimes payable | \$1,867.44               |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 46262       | N             | REMOVE IN/EX HEM GRPS W/FIST | 05313            | 30.7550 |               | Bundled, sometimes payable | \$1,867.44               |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 46270       | N             | REMOVE ANAL FIST SUBQ        | 05313            | 30.7550 |               | Bundled, sometimes payable | \$1,867.44               |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 46275       | N             | REMOVE ANAL FIST INTER       | 05313            | 30.7550 |               | Bundled, sometimes payable | \$1,867.44               |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 46280       | N             | REMOVE ANAL FIST COMPLEX     | 05313            | 30.7550 |               | Bundled, sometimes payable | \$1,867.44               |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 46285       | N             | REMOVE ANAL FIST 2 STAGE     | 05313            | 30.7550 |               | Bundled, sometimes payable | \$1,867.44               |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 46288       | N             | REPAIR ANAL FISTULA          | 05313            | 30.7550 |               | Bundled, sometimes payable | \$1,867.44               |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 46320       | T             | REMOVAL OF HEMORRHOID CLOT   | 05312            | 13.2230 |               | APC                        | \$802.90                 |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 46500       | T             | INJECTION INTO HEMORRHOID(S) | 05311            | 10.2245 |               | APC                        | \$620.83                 |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 46505       | T             | CHEMODENERVATION ANAL MUSC   | 05312            | 13.2230 |               | APC                        | \$802.90                 |                                    |                               | -                       | Y        | 000        | 999        |          |  |
| 46600       | N             | DIAGNOSTIC ANOSCOPY SPX      | 05734            | 1.4456  |               | Bundled, sometimes payable | \$87.78                  |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 46601       | N             | DIAGNOSTIC ANOSCOPY          | 05735            | 4.4751  |               | Bundled, sometimes payable | \$271.73                 |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 46604       | T             | ANOSCOPY AND DILATION        | 05312            | 13.2230 |               | APC                        | \$802.90                 |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 46606       | T             | ANOSCOPY AND BIOPSY          | 05312            | 13.2230 |               | APC                        | \$802.90                 |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 46607       | T             | DIAGNOSTIC ANOSCOPY & BIOPSY | 05312            | 13.2230 |               | APC                        | \$802.90                 |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 46608       | T             | ANOSCOPY REMOVE FOR BODY     | 05311            | 10.2245 |               | APC                        | \$620.83                 |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 46610       | N             | ANOSCOPY REMOVE LESION       | 05313            | 30.7550 |               | Bundled, sometimes payable | \$1,867.44               |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 46611       | T             | ANOSCOPY                     | 05311            | 10.2245 |               | APC                        | \$620.83                 |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 46612       | N             | ANOSCOPY REMOVE LESIONS      | 05313            | 30.7550 |               | Bundled, sometimes payable | \$1,867.44               |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 46614       | T             | ANOSCOPY CONTROL BLEEDING    | 05312            | 13.2230 |               | APC                        | \$802.90                 |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 46615       | N             | ANOSCOPY                     | 05313            | 30.7550 |               | Bundled, sometimes payable | \$1,867.44               |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 46700       | N             | REPAIR OF ANAL STRICTURE     | 05313            | 30.7550 |               | Bundled, sometimes payable | \$1,867.44               |                                    |                               | -                       | -        | 000        | 999        |          |  |
| 46705       | C             | REPAIR OF ANAL STRICTURE     | -                | -       | -             | IP Only                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 1          |          |  |



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| Proc<br>Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC<br>Weight | Method                     | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|------------------------------|------------------------------|------------------|---------------|----------------------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|            |                              |                              |                  |               |                            |                                        |                                    |                                           |                         |          |            |            |          |
| 46706      | N                            | REPR OF ANAL FISTULA W/GLUE  |                  | 05313 30.7550 | Bundled, sometimes payable | \$1,867.44                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 46707      | N                            | REPAIR ANORECTAL FIST W/PLUG |                  | 05313 30.7550 | Bundled, sometimes payable | \$1,867.44                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 46710      | C                            | REPR PER/VAG POUCH SNGL PROC |                  | - -           | IP Only                    | \$0.00                                 |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 46712      | C                            | REPR PER/VAG POUCH DBL PROC  |                  | - -           | IP Only                    | \$0.00                                 |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 46715      | C                            | REP PERF ANOPER FISTU        |                  | - -           | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 46716      | C                            | REP PERF ANOPER/VESTIB FISTU |                  | - -           | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 46730      | C                            | CONSTRUCTION OF ABSENT ANUS  |                  | - -           | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 46735      | C                            | CONSTRUCTION OF ABSENT ANUS  |                  | - -           | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 46740      | C                            | CONSTRUCTION OF ABSENT ANUS  |                  | - -           | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 46742      | C                            | REPAIR OF IMPERFORATED ANUS  |                  | - -           | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 46744      | C                            | REPAIR OF CLOACAL ANOMALY    |                  | - -           | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 46746      | C                            | REPAIR OF CLOACAL ANOMALY    |                  | - -           | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 46748      | C                            | REPAIR OF CLOACAL ANOMALY    |                  | - -           | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 46750      | N                            | REPAIR OF ANAL SPHINCTER     |                  | 05313 30.7550 | Bundled, sometimes payable | \$1,867.44                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 46751      | C                            | REPAIR OF ANAL SPHINCTER     |                  | - -           | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 010        | 20         |          |
| 46753      | N                            | RECONSTRUCTION OF ANUS       |                  | 05313 30.7550 | Bundled, sometimes payable | \$1,867.44                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 46754      | N                            | REMOVAL OF SUTURE FROM ANUS  |                  | 05313 30.7550 | Bundled, sometimes payable | \$1,867.44                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 46760      | N                            | REPAIR OF ANAL SPHINCTER     |                  | 05313 30.7550 | Bundled, sometimes payable | \$1,867.44                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 46761      | N                            | REPAIR OF ANAL SPHINCTER     |                  | 05313 30.7550 | Bundled, sometimes payable | \$1,867.44                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 46900      | T                            | DESTRUCTION ANAL LESION(S)   |                  | 05052 4.4806  | APC                        | \$272.06                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 46910      | T                            | DESTRUCTION ANAL LESION(S)   |                  | 05054 20.5142 | APC                        | \$1,245.62                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 46916      | T                            | CRYOSURGERY ANAL LESION(S)   |                  | 05051 2.2284  | APC                        | \$135.31                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 46917      | N                            | LASER SURGERY ANAL LESIONS   |                  | 05313 30.7550 | Bundled, sometimes payable | \$1,867.44                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 46922      | N                            | EXCISION OF ANAL LESION(S)   |                  | 05313 30.7550 | Bundled, sometimes payable | \$1,867.44                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 46924      | N                            | DESTRUCTION ANAL LESION(S)   |                  | 05313 30.7550 | Bundled, sometimes payable | \$1,867.44                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 46930      | T                            | DESTROY INTERNAL HEMORRHOIDS |                  | 05312 13.2230 | APC                        | \$802.90                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 46940      | N                            | TREATMENT OF ANAL FISSURE    |                  | 05313 30.7550 | Bundled, sometimes payable | \$1,867.44                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 46942      | T                            | TREATMENT OF ANAL FISSURE    |                  | 05311 10.2245 | APC                        | \$620.83                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 46945      | N                            | INT HRHC LIG 1 HROID W/O IMG |                  | 05313 30.7550 | Bundled, sometimes payable | \$1,867.44                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 46946      | N                            | INT HRHC LIG 2+HROID W/O IMG |                  | 05313 30.7550 | Bundled, sometimes payable | \$1,867.44                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 46947      | N                            | HEMORRHOIDOPEXY BY STAPLING  |                  | 05313 30.7550 | Bundled, sometimes payable | \$1,867.44                             |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 46948      | N                            | INT HRHC TRANAL DARTLZJ 2+   |                  | 05313 30.7550 | Bundled, sometimes payable | \$1,867.44                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 46999      | T                            | UNLISTED PROCEDURE ANUS      |                  | 05311 10.2245 | APC                        | \$620.83                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 47000      | N                            | NEEDLE BIOPSY OF LIVER PERQ  |                  | 05072 18.1704 | Bundled, sometimes payable | \$1,103.31                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 47001      | N                            | NDL BIOPSY LVR TM OTH MAJ PX |                  | - -           | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 47010      | C                            | HEPATOT OPN DRG ABSC/CST 1/2 |                  | - -           | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 47015      | C                            | LAPT ASPIR&/NJX HEP PRST CST |                  | - -           | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 47100      | C                            | WEDGE BIOPSY OF LIVER        |                  | - -           | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 47120      | C                            | PARTIAL REMOVAL OF LIVER     |                  | - -           | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 47122      | C                            | EXTENSIVE REMOVAL OF LIVER   |                  | - -           | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 47125      | C                            | PARTIAL REMOVAL OF LIVER     |                  | - -           | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 47130      | C                            | PARTIAL REMOVAL OF LIVER     |                  | - -           | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 47133      | C                            | REMOVAL OF DONOR LIVER       |                  | - -           | IP Only                    | \$0.00                                 |                                    |                                           | Y                       | Y        | 000        | 999        |          |
| 47135      | C                            | TRANSPLANTATION OF LIVER     |                  | - -           | IP Only                    | \$0.00                                 |                                    |                                           | Y                       | Y        | 000        | 999        |          |
| 47140      | C                            | PARTIAL REMOVAL DONOR LIVER  |                  | - -           | IP Only                    | \$0.00                                 |                                    |                                           | Y                       | Y        | 000        | 999        |          |
| 47141      | C                            | PARTIAL REMOVAL DONOR LIVER  |                  | - -           | IP Only                    | \$0.00                                 |                                    |                                           | Y                       | Y        | 000        | 999        |          |
| 47142      | C                            | PARTIAL REMOVAL DONOR LIVER  |                  | - -           | IP Only                    | \$0.00                                 |                                    |                                           | Y                       | Y        | 000        | 999        |          |
| 47143      | C                            | PREP DONOR LIVER WHOLE       |                  | - -           | IP Only                    | \$0.00                                 |                                    |                                           | Y                       | Y        | 000        | 999        |          |
| 47144      | C                            | PREP DONOR LIVER 3-SEGMENT   |                  | - -           | IP Only                    | \$0.00                                 |                                    |                                           | Y                       | Y        | 000        | 999        |          |
| 47145      | C                            | PREP DONOR LIVER LOBE SPLIT  |                  | - -           | IP Only                    | \$0.00                                 |                                    |                                           | Y                       | Y        | 000        | 999        |          |
| 47146      | C                            | PREP DONOR LIVER/VENOUS      |                  | - -           | IP Only                    | \$0.00                                 |                                    |                                           | Y                       | Y        | 000        | 999        |          |
| 47147      | C                            | PREP DONOR LIVER/ARTERIAL    |                  | - -           | IP Only                    | \$0.00                                 |                                    |                                           | Y                       | Y        | 000        | 999        |          |
| 47300      | C                            | SURGERY FOR LIVER LESION     |                  | - -           | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 47350      | C                            | REPAIR LIVER WOUND           |                  | - -           | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 47360      | C                            | REPAIR LIVER WOUND           |                  | - -           | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 47361      | C                            | REPAIR LIVER WOUND           |                  | - -           | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc Cd | 2024<br>APC<br>Status | Proc Desc                    | Proc<br>Modifier | APC      | APC<br>Weight | Method                     | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|---------|-----------------------|------------------------------|------------------|----------|---------------|----------------------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|         |                       |                              |                  |          |               |                            |                                        |                                    |                                           |                         |          |            |            |          |
| 47362   | C                     | REPAIR LIVER WOUND           | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 47370   | N                     | LAPARO ABLATE LIVER TUMOR RF | 05362            | 116.7583 |               | Bundled, sometimes payable | \$7,089.56                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 47371   | N                     | LAPARO ABLATE LIVER CRYOSURG | 05362            | 116.7583 |               | Bundled, sometimes payable | \$7,089.56                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 47379   | N                     | UNLISTED LAPS PX LIVER       | 05361            | 65.4304  |               | Bundled, sometimes payable | \$3,972.93                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 47380   | C                     | OPEN ABLATE LIVER TUMOR RF   | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 47381   | C                     | OPEN ABLATE LIVER TUMOR CRYO | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 47382   | N                     | PERCUT ABLATE LIVER RF       | 05361            | 65.4304  |               | Bundled, sometimes payable | \$3,972.93                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 47383   | N                     | PERQ ABLTJ LVR CRYOABLATION  | 05362            | 116.7583 |               | Bundled, sometimes payable | \$7,089.56                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 47399   | T                     | UNLISTED PROCEDURE LIVER     | 05071            | 7.8905   |               | APC                        | \$479.11                               | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 47400   | C                     | INCISION OF LIVER DUCT       | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 47420   | C                     | INCISION OF BILE DUCT        | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 47425   | C                     | INCISION OF BILE DUCT        | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 47460   | C                     | INCISE BILE DUCT SPHINCTER   | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 47480   | C                     | INCISION OF GALLBLADDER      | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 47490   | N                     | INCISION OF GALLBLADDER      | 05341            | 39.5772  |               | Bundled, sometimes payable | \$2,403.13                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 47531   | N                     | INJECTION FOR CHOLANGIOGRAM  | 05341            | 39.5772  |               | Bundled, sometimes payable | \$2,403.13                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 47532   | N                     | INJECTION FOR CHOLANGIOGRAM  | 05341            | 39.5772  |               | Bundled, sometimes payable | \$2,403.13                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 47533   | N                     | PLMT BILIARY DRAINAGE CATH   | 05341            | 39.5772  |               | Bundled, sometimes payable | \$2,403.13                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 47534   | N                     | PLMT BILIARY DRAINAGE CATH   | 05341            | 39.5772  |               | Bundled, sometimes payable | \$2,403.13                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 47535   | N                     | CONVERSION EXT BIL DRG CATH  | 05341            | 39.5772  |               | Bundled, sometimes payable | \$2,403.13                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 47536   | N                     | EXCHANGE BILIARY DRG CATH    | 05341            | 39.5772  |               | Bundled, sometimes payable | \$2,403.13                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 47537   | N                     | REMOVAL BILIARY DRG CATH     | 05301            | 10.5144  |               | Bundled, sometimes payable | \$638.43                               | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 47538   | N                     | PERQ PLMT BILE DUCT STENT    | 05361            | 65.4304  |               | Bundled, sometimes payable | \$3,972.93                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 47539   | N                     | PERQ PLMT BILE DUCT STENT    | 05361            | 65.4304  |               | Bundled, sometimes payable | \$3,972.93                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 47540   | N                     | PERQ PLMT BILE DUCT STENT    | 05361            | 65.4304  |               | Bundled, sometimes payable | \$3,972.93                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 47541   | N                     | PLMT ACCESS BIL TREE SM BWL  | 05342            | 69.9767  |               | Bundled, sometimes payable | \$4,248.99                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 47542   | N                     | DILATE BILIARY DUCT/AMPULLA  | -                | -        | -             | Bundled                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 47543   | N                     | ENDOLUMINAL BX BILIARY TREE  | -                | -        | -             | Bundled                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 47544   | N                     | REMOVAL DUCT GLBLDR CALCULI  | -                | -        | -             | Bundled                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 47550   | N                     | BILE DUCT ENDOSCOPY ADD-ON   | -                | -        | -             | Bundled                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 47552   | N                     | BILIARY ENDO PERQ DX W/SPECI | 05342            | 69.9767  |               | Bundled, sometimes payable | \$4,248.99                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 47553   | N                     | BILIARY ENDOSCOPY THRU SKIN  | 05342            | 69.9767  |               | Bundled, sometimes payable | \$4,248.99                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 47554   | N                     | BILIARY ENDOSCOPY THRU SKIN  | 05362            | 116.7583 |               | Bundled, sometimes payable | \$7,089.56                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 47555   | N                     | BILIARY ENDOSCOPY THRU SKIN  | 05341            | 39.5772  |               | Bundled, sometimes payable | \$2,403.13                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 47556   | N                     | BILIARY ENDOSCOPY THRU SKIN  | 05362            | 116.7583 |               | Bundled, sometimes payable | \$7,089.56                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 47562   | N                     | LAPAROSCOPIC CHOLECYSTECTOMY | 05361            | 65.4304  |               | Bundled, sometimes payable | \$3,972.93                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 47563   | N                     | LAPARO CHOLECYSTECTOMY/GRAPH | 05361            | 65.4304  |               | Bundled, sometimes payable | \$3,972.93                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 47564   | N                     | LAPARO CHOLECYSTECTOMY/EXPLR | 05362            | 116.7583 |               | Bundled, sometimes payable | \$7,089.56                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 47570   | C                     | LAPARO CHOLECYSTOENTEROSTOMY | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 47579   | N                     | UNLISTED LAPS PX BILIARY TRC | 05361            | 65.4304  |               | Bundled, sometimes payable | \$3,972.93                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 47600   | C                     | CHOLECYSTECTOMY              | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 47605   | C                     | CHOLECYSTECTOMY W/CHOLANG    | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 47610   | C                     | REMOVAL OF GALLBLADDER       | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 47612   | C                     | REMOVAL OF GALLBLADDER       | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 47620   | C                     | REMOVAL OF GALLBLADDER       | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 47700   | C                     | EXPLORATION OF BILE DUCTS    | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 47701   | C                     | BILE DUCT REVISION           | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 47711   | C                     | EXCISION OF BILE DUCT TUMOR  | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 47712   | C                     | EXCISION OF BILE DUCT TUMOR  | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 47715   | C                     | EXCISION OF BILE DUCT CYST   | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 47720   | C                     | FUSE GALLBLADDER & BOWEL     | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 47721   | C                     | FUSE UPPER GI STRUCTURES     | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 47740   | C                     | FUSE GALLBLADDER & BOWEL     | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 47741   | C                     | FUSE GALLBLADDER & BOWEL     | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 47760   | C                     | FUSE BILE DUCTS AND BOWEL    | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 47765   | C                     | FUSE LIVER DUCTS & BOWEL     | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc Cd | 2024 APC<br>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 |
|---------|------------------------|------------------------------|---------------|-------|------------|----------------------------|----------------------------------|------------------------------|----------------------------------|----------------------|----------|---------|---------|----------|
|         |                        |                              |               |       |            |                            |                                  |                              |                                  |                      |          |         |         |          |
| 47780   | C                      | FUSE BILE DUCTS AND BOWEL    |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 47785   | C                      | FUSE BILE DUCTS AND BOWEL    |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 47800   | C                      | RECONSTRUCTION OF BILE DUCTS |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 47801   | C                      | PLACEMENT BILE DUCT SUPPORT  |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 47900   | C                      | SUTURE BILE DUCT INJURY      |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 47999   | T                      | UNLISTED PX BILIARY TRACT    |               | 05301 | 10.5144    | APC                        | \$638.43                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 48000   | C                      | DRAINAGE OF ABDOMEN          |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 48001   | C                      | PLACEMENT OF DRAIN PANCREAS  |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 48020   | C                      | REMOVAL OF PANCREATIC STONE  |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 48100   | C                      | BIOPSY OF PANCREAS OPEN      |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 48102   | N                      | NEEDLE BIOPSY PANCREAS       |               | 05072 | 18.1704    | Bundled, sometimes payable | \$1,103.31                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 48105   | C                      | RESECT/DEBRIDE PANCREAS      |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 48120   | C                      | REMOVAL OF PANCREAS LESION   |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 48140   | C                      | PARTIAL REMOVAL OF PANCREAS  |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 48145   | C                      | PARTIAL REMOVAL OF PANCREAS  |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 48146   | C                      | PANCREATECTOMY               |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 48148   | C                      | REMOVAL OF PANCREATIC DUCT   |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 48150   | C                      | PARTIAL REMOVAL OF PANCREAS  |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 48152   | C                      | PANCREATECTOMY               |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 48153   | C                      | PANCREATECTOMY               |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 48154   | C                      | PANCREATECTOMY               |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 48155   | C                      | REMOVAL OF PANCREAS          |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 48160   | E                      | PANCREAS REMOVAL/TRANSPLANT  |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | Y        | 000     | 999     |          |
| 48400   | C                      | INJECTION INTRAOP ADD-ON     |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 48500   | C                      | SURGERY OF PANCREATIC CYST   |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 48510   | C                      | DRAIN PANCREATIC PSEUDOCYST  |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 48520   | C                      | FUSE PANCREAS CYST AND BOWEL |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 48540   | C                      | FUSE PANCREAS CYST AND BOWEL |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 48545   | C                      | PANCREATORRHAPHY             |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 48547   | C                      | DUODENAL EXCLUSION           |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 48548   | C                      | FUSE PANCREAS AND BOWEL      |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 48550   | E                      | DONOR PANCREATECTOMY         |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | Y        | 000     | 999     |          |
| 48551   | C                      | PREP DONOR PANCREAS          |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | Y                    | Y        | 000     | 999     |          |
| 48552   | C                      | PREP DONOR PANCREAS/VENOUS   |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | Y                    | Y        | 000     | 999     |          |
| 48554   | C                      | TRANSPL ALLOGRAFT PANCREAS   |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | Y                    | Y        | 000     | 999     |          |
| 48556   | C                      | REMOVAL ALLOGRAFT PANCREAS   |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | Y                    | Y        | 000     | 999     |          |
| 48999   | T                      | UNLISTED PROCEDURE PANCREAS  |               | 05071 | 7.8905     | APC                        | \$479.11                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 49000   | C                      | EXPLORATION OF ABDOMEN       |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 49002   | C                      | REOPENING OF ABDOMEN         |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 49010   | C                      | EXPLORATION BEHIND ABDOMEN   |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 49013   | E                      | PRPERTL PEL PACK HEMRRG TRMA |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 49014   | E                      | REEXPLORATION PELVIC WOUND   |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 49020   | C                      | DRAINAGE ABDOM ABSCESS OPEN  |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 49040   | C                      | DRAIN OPEN ABDOM ABSCESS     |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 49060   | C                      | DRAIN OPEN RETROPERI ABSCESS |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 49062   | C                      | DRAIN TO PERITONEAL CAVITY   |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 49082   | T                      | ABD PARACENTESIS             |               | 05301 | 10.5144    | APC                        | \$638.43                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 49083   | T                      | ABD PARACENTESIS W/IMAGING   |               | 05301 | 10.5144    | APC                        | \$638.43                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 49084   | T                      | PERITONEAL LAVAGE            |               | 05301 | 10.5144    | APC                        | \$638.43                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 49180   | N                      | BIOPSY ABDOMINAL MASS        |               | 05072 | 18.1704    | Bundled, sometimes payable | \$1,103.31                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 49185   | N                      | SCLEROTX FLUID COLLECTION    |               | 05072 | 18.1704    | Bundled, sometimes payable | \$1,103.31                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 49186   | C                      | OPN EXC/DSTR NTRA-ABD 5 CM/< |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 49187   | C                      | OPN EXC/DSTR NTRA-ABD 5.1-10 |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 49188   | C                      | OPN EXC/DST NTRA-ABD 10.1-20 |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 49189   | C                      | OPN EXC/DST NTRA-ABD 20.1-30 |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 49190   | C                      | OPN EXC/DSTR NTRA-ABD >30 CM |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
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| Proc<br>Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC     | APC<br>Weight | Method                     | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|------------------------------|------------------------------|------------------|---------|---------------|----------------------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|            |                              |                              |                  |         |               |                            |                                        |                                    |                                           |                         |          |            |            |          |
| 49215      | C                            | EXCISE SACRAL SPINE TUMOR    | -                | -       | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 49250      | N                            | EXCISION OF UMBILICUS        | 05341            | 39.5772 |               | Bundled, sometimes payable | \$2,403.13                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 49255      | C                            | REMOVAL OF OMENTUM           | -                | -       | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 49320      | N                            | DIAG LAPARO SEPARATE PROC    | 05361            | 65.4304 |               | Bundled, sometimes payable | \$3,972.93                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 49321      | N                            | LAPAROSCOPY BIOPSY           | 05361            | 65.4304 |               | Bundled, sometimes payable | \$3,972.93                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 49322      | N                            | LAPAROSCOPY ASPIRATION       | 05361            | 65.4304 |               | Bundled, sometimes payable | \$3,972.93                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 49323      | N                            | LAPARO DRAIN LYMPHOCELE      | 05361            | 65.4304 |               | Bundled, sometimes payable | \$3,972.93                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 49324      | N                            | LAP INSERT TUNNEL IP CATH    | 05361            | 65.4304 |               | Bundled, sometimes payable | \$3,972.93                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 49325      | N                            | LAP REVISION PERM IP CATH    | 05361            | 65.4304 |               | Bundled, sometimes payable | \$3,972.93                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 49326      | N                            | LAP W/OMENTOPEXY ADD-ON      | -                | -       | -             | Bundled                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 49327      | N                            | LAP INS DEVICE FOR RT        | -                | -       | -             | Bundled                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 49329      | N                            | UNLSTD LAPS PX ABD PERTM&OMN | 05361            | 65.4304 |               | Bundled, sometimes payable | \$3,972.93                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 49400      | N                            | AIR INJECTION INTO ABDOMEN   | -                | -       | -             | Bundled                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 49402      | N                            | REMOVE FOREIGN BODY ADBOMEN  | 05341            | 39.5772 |               | Bundled, sometimes payable | \$2,403.13                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 49405      | N                            | IMAGE CATH FLUID COLXN VISC  | 05072            | 18.1704 |               | Bundled, sometimes payable | \$1,103.31                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 49406      | N                            | IMAGE CATH FLUID PERI/RETRO  | 05072            | 18.1704 |               | Bundled, sometimes payable | \$1,103.31                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 49407      | N                            | IMAGE CATH FLUID TRNS/VGNL   | 05072            | 18.1704 |               | Bundled, sometimes payable | \$1,103.31                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 49411      | S                            | INS MARK ABD/PEL FOR RT PERQ | 05613            | 15.3446 |               | APC                        | \$931.72                               | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 49412      | C                            | INS DEVICE FOR RT GUIDE OPEN | -                | -       | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 49418      | N                            | INSERT TUN IP CATH PERC      | 05341            | 39.5772 |               | Bundled, sometimes payable | \$2,403.13                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 49419      | N                            | INSERT TUN IP CATH W/PORT    | 05184            | 60.6231 |               | Bundled, sometimes payable | \$3,681.03                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 49421      | N                            | INS TUN IP CATH FOR DIAL OPN | 05341            | 39.5772 |               | Bundled, sometimes payable | \$2,403.13                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 49422      | N                            | REMOVE TUNNELED IP CATH      | 05183            | 35.2981 |               | Bundled, sometimes payable | \$2,143.30                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 49423      | N                            | EXCHANGE DRAINAGE CATHETER   | 05302            | 21.2741 |               | Bundled, sometimes payable | \$1,291.76                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 49424      | N                            | ASSESS CYST CONTRAST INJECT  | -                | -       | -             | Bundled                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 49425      | C                            | INSERT ABDOMEN-VENOUS DRAIN  | -                | -       | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 49426      | N                            | REVISE ABDOMEN-VENOUS SHUNT  | 05341            | 39.5772 |               | Bundled, sometimes payable | \$2,403.13                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 49427      | N                            | INJECTION ABDOMINAL SHUNT    | -                | -       | -             | Bundled                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 49428      | C                            | LIGATION OF SHUNT            | -                | -       | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 49429      | N                            | REMOVAL OF SHUNT             | 05183            | 35.2981 |               | Bundled, sometimes payable | \$2,143.30                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 49435      | N                            | INSERT SUBQ EXTEN TO IP CATH | -                | -       | -             | Bundled                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 49436      | N                            | EMBEDDED IP CATH EXIT-SITE   | 05302            | 21.2741 |               | Bundled, sometimes payable | \$1,291.76                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 49440      | N                            | PLACE GASTROSTOMY TUBE PERC  | 05302            | 21.2741 |               | Bundled, sometimes payable | \$1,291.76                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 49441      | N                            | PLACE DUOD/JEJ TUBE PERC     | 05302            | 21.2741 |               | Bundled, sometimes payable | \$1,291.76                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 49442      | T                            | PLACE CECOSTOMY TUBE PERC    | 05312            | 13.2230 |               | APC                        | \$802.90                               | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 49446      | N                            | CHANGE G-TUBE TO G-J PERC    | 05302            | 21.2741 |               | Bundled, sometimes payable | \$1,291.76                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 49450      | T                            | REPLACE G/C TUBE PERC        | 05301            | 10.5144 |               | APC                        | \$638.43                               | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 49451      | T                            | REPLACE DUOD/JEJ TUBE PERC   | 05301            | 10.5144 |               | APC                        | \$638.43                               | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 49452      | T                            | REPLACE G-J TUBE PERC        | 05301            | 10.5144 |               | APC                        | \$638.43                               | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 49460      | T                            | FIX G/COLON TUBE W/DEVICE    | 05301            | 10.5144 |               | APC                        | \$638.43                               | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 49465      | N                            | FLUORO EXAM OF G/COLON TUBE  | 05523            | 2.7108  |               | Bundled, sometimes payable | \$164.60                               | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 49491      | N                            | RPR HERN PREMIE REDUC        | 05361            | 65.4304 |               | Bundled, sometimes payable | \$3,972.93                             | -                                  | -                                         | -                       | -        | 000        | 1          |          |
| 49492      | N                            | RPR ING HERN PREMIE BLOCKED  | 05341            | 39.5772 |               | Bundled, sometimes payable | \$2,403.13                             | -                                  | -                                         | -                       | -        | 000        | 1          |          |
| 49495      | N                            | RPR ING HERNIA BABY REDUC    | 05341            | 39.5772 |               | Bundled, sometimes payable | \$2,403.13                             | -                                  | -                                         | -                       | -        | 000        | 1          |          |
| 49496      | N                            | RPR ING HERNIA BABY BLOCKED  | 05341            | 39.5772 |               | Bundled, sometimes payable | \$2,403.13                             | -                                  | -                                         | -                       | -        | 000        | 1          |          |
| 49500      | N                            | RPR ING HERNIA INIT REDUCE   | 05342            | 69.9767 |               | Bundled, sometimes payable | \$4,248.99                             | -                                  | -                                         | -                       | -        | 000        | 4          |          |
| 49501      | N                            | RPR ING HERNIA INIT BLOCKED  | 05341            | 39.5772 |               | Bundled, sometimes payable | \$2,403.13                             | -                                  | -                                         | -                       | -        | 000        | 4          |          |
| 49505      | N                            | PRP I/HERN INIT REDUC >5 YR  | 05341            | 39.5772 |               | Bundled, sometimes payable | \$2,403.13                             | -                                  | -                                         | -                       | -        | 005        | 999        |          |
| 49507      | N                            | PRP I/HERN INIT BLOCK >5 YR  | 05341            | 39.5772 |               | Bundled, sometimes payable | \$2,403.13                             | -                                  | -                                         | -                       | -        | 005        | 999        |          |
| 49520      | N                            | REREPAIR ING HERNIA REDUCE   | 05341            | 39.5772 |               | Bundled, sometimes payable | \$2,403.13                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 49521      | N                            | REREPAIR ING HERNIA BLOCKED  | 05342            | 69.9767 |               | Bundled, sometimes payable | \$4,248.99                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 49525      | N                            | REPAIR ING HERNIA SLIDING    | 05341            | 39.5772 |               | Bundled, sometimes payable | \$2,403.13                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 49540      | N                            | REPAIR LUMBAR HERNIA         | 05361            | 65.4304 |               | Bundled, sometimes payable | \$3,972.93                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 49550      | N                            | RPR REM HERNIA INIT REDUCE   | 05341            | 39.5772 |               | Bundled, sometimes payable | \$2,403.13                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 49553      | N                            | RPR FEM HERNIA INIT BLOCKED  | 05341            | 39.5772 |               | Bundled, sometimes payable | \$2,403.13                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 49555      | N                            | REREPAIR FEM HERNIA REDUCE   | 05341            | 39.5772 |               | Bundled, sometimes payable | \$2,403.13                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |



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| Proc<br>Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC<br>Weight | Method   | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|------------------------------|------------------------------|------------------|---------------|----------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|            |                              |                              |                  |               |          |                                        |                                    |                                           |                         |          |            |            |          |
| 49557      | N                            | REPAIR FEM HERNIA BLOCKED    |                  | 05341         | 39.5772  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 49591      | N                            | RPR AA HRN 1ST < 3 CM RDC    |                  | 05341         | 39.5772  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 49592      | N                            | RPR AA HRN 1ST < 3 NCR/STRN  |                  | 05361         | 65.4304  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 49593      | N                            | RPR AA HRN 1ST 3-10 RDC      |                  | 05342         | 69.9767  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 49594      | N                            | RPR AA HRN 1ST 3-10 NCR/STRN |                  | 05361         | 65.4304  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 49595      | N                            | RPR AA HRN 1ST > 10 RDC      |                  | 05342         | 69.9767  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 49596      | E                            | RPR AA HRN 1ST > 10 NCR/STRN |                  | -             | -        | Not Allowed                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| 49600      | N                            | REPAIR UMBILICAL LESION      |                  | 05341         | 39.5772  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 49605      | C                            | REPAIR UMBILICAL LESION      |                  | -             | -        | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 49606      | C                            | REPAIR UMBILICAL LESION      |                  | -             | -        | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 49610      | C                            | REPAIR UMBILICAL LESION      |                  | -             | -        | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 49611      | C                            | REPAIR UMBILICAL LESION      |                  | -             | -        | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 49613      | N                            | RPR AA HRN RCR < 3 RDC       |                  | 05341         | 39.5772  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 49614      | N                            | RPR AA HRN RCR < 3 NCR/STRN  |                  | 05361         | 65.4304  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 49615      | N                            | RPR AA HRN RCR 3-10 RDC      |                  | 05342         | 69.9767  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 49616      | E                            | RPR AA HRN RCR 3-10 NCR/STRN |                  | -             | -        | Not Allowed                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| 49617      | E                            | RPR AA HRN RCR > 10 RDC      |                  | -             | -        | Not Allowed                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| 49618      | E                            | RPR AA HRN RCR > 10 NCR/STRN |                  | -             | -        | Not Allowed                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| 49621      | E                            | RPR PARASTOMAL HERNIA RDC    |                  | -             | -        | Not Allowed                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| 49622      | E                            | RPR PARASTOMAL HRNA NCR/STRN |                  | -             | -        | Not Allowed                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| 49623      | N                            | RMVL NINFCT MESH HERNIA RPR  |                  | -             | -        | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 49650      | N                            | LAP ING HERNIA REPAIR INIT   |                  | 05361         | 65.4304  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 49651      | N                            | LAP ING HERNIA REPAIR RECUR  |                  | 05361         | 65.4304  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 49659      | N                            | UNLSTD LAPS PX HRNAP HRNRPHY |                  | 05361         | 65.4304  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 49900      | C                            | REPAIR OF ABDOMINAL WALL     |                  | -             | -        | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 49904      | C                            | OMENTAL FLAP EXTRA-ABDOM     |                  | -             | -        | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 49905      | C                            | OMENTAL FLAP INTRA-ABDOM     |                  | -             | -        | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 49906      | C                            | FREE OMENTAL FLAP MICROVASC  |                  | -             | -        | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 49999      | T                            | UNLISTED PX ABD PERTM&OMN    |                  | 05301         | 10.5144  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 50010      | C                            | RENAL EXPLORATION            |                  | -             | -        | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 50020      | N                            | DRG PERIRNL/RENAL ABSC OPEN  |                  | 05373         | 22.9733  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 50040      | C                            | NFROS NFROT W/DRG            |                  | -             | -        | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 50045      | C                            | NEPHROTOMY W/EXPLORATION     |                  | -             | -        | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 5005F      | E                            | PT COUNSLD ON EXAM FOR MOLES |                  | -             | -        | Not Allowed                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| 50060      | C                            | NL REMOVAL CALCULUS          |                  | -             | -        | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 50065      | C                            | NL SEC SURG OPERJ CALCULUS   |                  | -             | -        | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 50070      | C                            | NL COMP CGEN KDN ABNORMALITY |                  | -             | -        | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 50075      | C                            | NL RMVL LG STAGHORN CALCULUS |                  | -             | -        | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 50080      | N                            | PERQ NL/PL LITHOTRP SMPL<2CM |                  | 05376         | 103.7036 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 50081      | N                            | PERQ NL/PL LITHOTRP CPLX>2CM |                  | 05376         | 103.7036 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 50100      | C                            | TRNSXJ/REPOS ABRNT RNL VSLs  |                  | -             | -        | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 5010F      | E                            | MACUL RESULT PHY/QHP MNG DM  |                  | -             | -        | Not Allowed                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| 50120      | C                            | PYELOTOMY W/EXPLORATION      |                  | -             | -        | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 50125      | C                            | PYELOTOMY W/DRG PYELOSTOMY   |                  | -             | -        | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 50130      | C                            | PYELOTOMY W/REMOVAL CALCULUS |                  | -             | -        | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 5015F      | E                            | DOC FX & TEST/TXMNT FOR OP   |                  | -             | -        | Not Allowed                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| 50200      | N                            | RENAL BIOPSY PERQ            |                  | 05072         | 18.1704  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 50205      | C                            | RENAL BX SURG EXPOSURE KDN   |                  | -             | -        | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 5020F      | E                            | TXMNTS 2 PHYS/QHP BY 1 MON   |                  | -             | -        | Not Allowed                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| 50220      | C                            | REMOVE KIDNEY OPEN           |                  | -             | -        | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 50225      | C                            | REMOVAL KIDNEY OPEN COMPLEX  |                  | -             | -        | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 50230      | C                            | REMOVAL KIDNEY OPEN RADICAL  |                  | -             | -        | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 50234      | C                            | REMOVAL OF KIDNEY & URETER   |                  | -             | -        | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 50236      | C                            | REMOVAL OF KIDNEY & URETER   |                  | -             | -        | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 50240      | C                            | NEPHRECTOMY PARTIAL          |                  | -             | -        | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 50250      | C                            | OPN ABLTJ 1/> RNL MAS CRYSRG |                  | -             | -        | IP Only                                |                                    |                                           | -                       | Y        | 000        | 999        |          |

**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2025**

| Proc Cd | 2024<br>APC<br>Status | Proc Desc                    | Proc<br>Modifier | APC      | APC<br>Weight | Method                     | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |   | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|---------|-----------------------|------------------------------|------------------|----------|---------------|----------------------------|----------------------------------------|------------------------------------|-------------------------------------------|---|-------------------------|----------|------------|------------|----------|
|         |                       |                              |                  |          |               |                            |                                        |                                    |                                           |   |                         |          |            |            |          |
| 50280   | C                     | EXC/UNROOFING CYST KIDNEY    | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | - | -                       | -        | 000        | 999        |          |
| 50290   | C                     | EXCISION PERINEPHRIC CYST    | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | - | -                       | -        | 000        | 999        |          |
| 50300   | C                     | REMOVE CADAVER DONOR KIDNEY  | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | Y | Y                       | -        | 000        | 999        |          |
| 50320   | C                     | REMOVE KIDNEY LIVING DONOR   | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | Y | Y                       | -        | 000        | 999        |          |
| 50323   | C                     | PREP CADAVER RENAL ALLOGRAFT | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | Y | Y                       | -        | 000        | 999        |          |
| 50325   | C                     | PREP DONOR RENAL GRAFT       | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | Y | Y                       | -        | 000        | 999        |          |
| 50327   | C                     | PREP RENAL GRAFT/VENOUS      | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | Y | Y                       | -        | 000        | 999        |          |
| 50328   | C                     | PREP RENAL GRAFT/ARTERIAL    | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | Y | Y                       | -        | 000        | 999        |          |
| 50329   | C                     | PREP RENAL GRAFT/URETERAL    | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | Y | Y                       | -        | 000        | 999        |          |
| 50340   | C                     | RECIPIENT NEPHRECTOMY        | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | Y | Y                       | -        | 000        | 999        |          |
| 50360   | C                     | RNL ALTRNSPLJ W/O RCP NFRCT  | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | Y | Y                       | -        | 000        | 999        |          |
| 50365   | C                     | RNL ALTRNSPLJ W/RCP NFRCT    | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | Y | Y                       | -        | 000        | 999        |          |
| 50370   | C                     | RMVL TRANSPLANTED RNL ALGRFT | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | Y | Y                       | -        | 000        | 999        |          |
| 50380   | C                     | RNL AUTOTRNSPLJ RIMPLTJ KDN  | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | Y | Y                       | -        | 000        | 999        |          |
| 50382   | N                     | CHANGE URETER STENT PERCUT   | 05373            | 22.9733  |               | Bundled, sometimes payable | \$1,394.94                             | -                                  | -                                         | - | -                       | -        | 000        | 999        |          |
| 50384   | N                     | REMOVE URETER STENT PERCUT   | 05373            | 22.9733  |               | Bundled, sometimes payable | \$1,394.94                             | -                                  | -                                         | - | -                       | -        | 000        | 999        |          |
| 50385   | N                     | CHANGE STENT VIA TRANSURETH  | 05373            | 22.9733  |               | Bundled, sometimes payable | \$1,394.94                             | -                                  | -                                         | - | -                       | -        | 000        | 999        |          |
| 50386   | N                     | REMOVE STENT VIA TRANSURETH  | 05373            | 22.9733  |               | Bundled, sometimes payable | \$1,394.94                             | -                                  | -                                         | - | -                       | -        | 000        | 999        |          |
| 50387   | N                     | CHANGE NEPHROURETERAL CATH   | 05373            | 22.9733  |               | Bundled, sometimes payable | \$1,394.94                             | -                                  | -                                         | - | -                       | -        | 000        | 999        |          |
| 50389   | N                     | REMOVE RENAL TUBE W/FLUORO   | 05372            | 7.4854   |               | Bundled, sometimes payable | \$454.51                               | -                                  | -                                         | - | Y                       | -        | 000        | 999        |          |
| 50390   | T                     | DRAINAGE OF KIDNEY LESION    | 05071            | 7.8905   |               | APC                        | \$479.11                               | -                                  | -                                         | - | -                       | -        | 000        | 999        |          |
| 50391   | T                     | INSTLL RX AGNT INTO RNAL TUB | 05371            | 2.7275   |               | APC                        | \$165.61                               | -                                  | -                                         | - | Y                       | -        | 000        | 999        |          |
| 50396   | N                     | MEASURE KIDNEY PRESSURE      | 05372            | 7.4854   |               | Bundled, sometimes payable | \$454.51                               | -                                  | -                                         | - | -                       | -        | 000        | 999        |          |
| 50400   | C                     | REVISION OF KIDNEY/URETER    | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | - | -                       | -        | 000        | 999        |          |
| 50405   | C                     | REVISION OF KIDNEY/URETER    | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | - | -                       | -        | 000        | 999        |          |
| 50430   | N                     | NJX PX NFROSGRM &/URTRGRM    | 05372            | 7.4854   |               | Bundled, sometimes payable | \$454.51                               | -                                  | -                                         | - | -                       | -        | 000        | 999        |          |
| 50431   | N                     | NJX PX NFROSGRM &/URTRGRM    | 05372            | 7.4854   |               | Bundled, sometimes payable | \$454.51                               | -                                  | -                                         | - | -                       | -        | 000        | 999        |          |
| 50432   | N                     | PLMT NEPHROSTOMY CATHETER    | 05373            | 22.9733  |               | Bundled, sometimes payable | \$1,394.94                             | -                                  | -                                         | - | -                       | -        | 000        | 999        |          |
| 50433   | N                     | PLMT NEPHROURETERAL CATHETER | 05374            | 38.6790  |               | Bundled, sometimes payable | \$2,348.59                             | -                                  | -                                         | - | -                       | -        | 000        | 999        |          |
| 50434   | N                     | CONVERT NEPHROSTOMY CATHETER | 05373            | 22.9733  |               | Bundled, sometimes payable | \$1,394.94                             | -                                  | -                                         | - | -                       | -        | 000        | 999        |          |
| 50435   | N                     | EXCHANGE NEPHROSTOMY CATH    | 05373            | 22.9733  |               | Bundled, sometimes payable | \$1,394.94                             | -                                  | -                                         | - | -                       | -        | 000        | 999        |          |
| 50436   | N                     | DILAT XST TRC NDURLGC PX     | 05374            | 38.6790  |               | Bundled, sometimes payable | \$2,348.59                             | -                                  | -                                         | - | -                       | -        | 000        | 999        |          |
| 50437   | N                     | DILAT XST TRC NEW ACCESS RCS | 05374            | 38.6790  |               | Bundled, sometimes payable | \$2,348.59                             | -                                  | -                                         | - | -                       | -        | 000        | 999        |          |
| 50500   | C                     | REPAIR OF KIDNEY WOUND       | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | - | -                       | -        | 000        | 999        |          |
| 5050F   | E                     | PLAN 2 MAIN DR BY 1 MONTH    | -                | -        | -             | Not Allowed                | \$0.00                                 | -                                  | -                                         | - | -                       | -        | 000        | 999        |          |
| 50520   | C                     | CLOSE KIDNEY-SKIN FISTULA    | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | - | -                       | -        | 000        | 999        |          |
| 50525   | C                     | CLOSE NEPHROVISCERAL FISTULA | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | - | -                       | -        | 000        | 999        |          |
| 50526   | C                     | CLOSE NEPHROVISCERAL FISTULA | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | - | -                       | -        | 000        | 999        |          |
| 50540   | C                     | REVISION OF HORSESHOE KIDNEY | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | - | -                       | -        | 000        | 999        |          |
| 50541   | N                     | LAPARO ABLATE RENAL CYST     | 05362            | 116.7583 |               | Bundled, sometimes payable | \$7,089.56                             | -                                  | -                                         | - | -                       | -        | 000        | 999        |          |
| 50542   | N                     | LAPARO ABLATE RENAL MASS     | 05362            | 116.7583 |               | Bundled, sometimes payable | \$7,089.56                             | -                                  | -                                         | - | -                       | -        | 000        | 999        |          |
| 50543   | N                     | LAPARO PARTIAL NEPHRECTOMY   | 05362            | 116.7583 |               | Bundled, sometimes payable | \$7,089.56                             | -                                  | -                                         | - | -                       | -        | 000        | 999        |          |
| 50544   | N                     | LAPAROSCOPY PYELOPLASTY      | 05362            | 116.7583 |               | Bundled, sometimes payable | \$7,089.56                             | -                                  | -                                         | - | -                       | -        | 000        | 999        |          |
| 50545   | C                     | LAPARO RADICAL NEPHRECTOMY   | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | - | -                       | -        | 000        | 999        |          |
| 50546   | C                     | LAPAROSCOPIC NEPHRECTOMY     | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | - | -                       | -        | 000        | 999        |          |
| 50547   | C                     | LAPARO REMOVAL DONOR KIDNEY  | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | Y | Y                       | -        | 000        | 999        |          |
| 50548   | C                     | LAPARO REMOVE W/URETER       | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | - | -                       | -        | 000        | 999        |          |
| 50549   | N                     | UNLISTED LAPS PX RENAL       | 05361            | 65.4304  |               | Bundled, sometimes payable | \$3,972.93                             | -                                  | -                                         | - | -                       | -        | 000        | 999        |          |
| 50551   | N                     | KIDNEY ENDOSCOPY             | 05375            | 57.0111  |               | Bundled, sometimes payable | \$3,461.71                             | -                                  | -                                         | - | -                       | -        | 000        | 999        |          |
| 50553   | N                     | KIDNEY ENDOSCOPY             | 05375            | 57.0111  |               | Bundled, sometimes payable | \$3,461.71                             | -                                  | -                                         | - | -                       | -        | 000        | 999        |          |
| 50555   | N                     | KIDNEY ENDOSCOPY & BIOPSY    | 05376            | 103.7036 |               | Bundled, sometimes payable | \$6,296.88                             | -                                  | -                                         | - | -                       | -        | 000        | 999        |          |
| 50557   | N                     | KIDNEY ENDOSCOPY & TREATMENT | 05376            | 103.7036 |               | Bundled, sometimes payable | \$6,296.88                             | -                                  | -                                         | - | -                       | -        | 000        | 999        |          |
| 50561   | N                     | KIDNEY ENDOSCOPY & TREATMENT | 05375            | 57.0111  |               | Bundled, sometimes payable | \$3,461.71                             | -                                  | -                                         | - | -                       | -        | 000        | 999        |          |
| 50562   | N                     | RENAL SCOPE W/TUMOR RESECT   | 05376            | 103.7036 |               | Bundled, sometimes payable | \$6,296.88                             | -                                  | -                                         | - | -                       | -        | 000        | 999        |          |
| 50570   | N                     | KIDNEY ENDOSCOPY             | 05374            | 38.6790  |               | Bundled, sometimes payable | \$2,348.59                             | -                                  | -                                         | - | -                       | -        | 000        | 999        |          |
| 50572   | N                     | KIDNEY ENDOSCOPY             | 05372            | 7.4854   |               | Bundled, sometimes payable | \$454.51                               | -                                  | -                                         | - | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| 2024<br>APC |               | Proc Desc                    | Proc<br>Modifier | APC<br>Weight | Method   | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|-------------|---------------|------------------------------|------------------|---------------|----------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
| Proc<br>Cd  | Status<br>Ind |                              |                  |               |          |                                        |                                    |                                           |                         |          |            |            |          |
|             |               |                              |                  |               |          |                                        |                                    |                                           |                         |          |            |            |          |
| 50574       | N             | KIDNEY ENDOSCOPY & BIOPSY    |                  | 05374         | 38.6790  | Bundled, sometimes payable             | \$2,348.59                         |                                           | -                       | -        | 000        | 999        |          |
| 50575       | N             | KIDNEY ENDOSCOPY             |                  | 05375         | 57.0111  | Bundled, sometimes payable             | \$3,461.71                         |                                           | -                       | -        | 000        | 999        |          |
| 50576       | N             | KIDNEY ENDOSCOPY & TREATMENT |                  | 05376         | 103.7036 | Bundled, sometimes payable             | \$6,296.88                         |                                           | -                       | -        | 000        | 999        |          |
| 50580       | N             | KIDNEY ENDOSCOPY & TREATMENT |                  | 05375         | 57.0111  | Bundled, sometimes payable             | \$3,461.71                         |                                           | -                       | -        | 000        | 999        |          |
| 50590       | N             | FRAGMENTING OF KIDNEY STONE  |                  | 05374         | 38.6790  | Bundled, sometimes payable             | \$2,348.59                         |                                           | -                       | -        | 000        | 999        |          |
| 50592       | N             | PERC RF ABLATE RENAL TUMOR   |                  | 05361         | 65.4304  | Bundled, sometimes payable             | \$3,972.93                         |                                           | -                       | Y        | 000        | 999        |          |
| 50593       | N             | PERC CRYO ABLATE RENAL TUM   |                  | 05362         | 116.7583 | Bundled, sometimes payable             | \$7,089.56                         |                                           | -                       | -        | 000        | 999        |          |
| 50600       | C             | EXPLORATION OF URETER        |                  | -             | -        | IP Only                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 50605       | C             | INSERT URETERAL SUPPORT      |                  | -             | -        | IP Only                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 50606       | N             | ENDOLUMINAL BX URTR RNL PLVS |                  | -             | -        | Bundled                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 5060F       | E             | FNDNGS MAMMO 2PT W/IN 3 DAYS |                  | -             | -        | Not Allowed                            | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 50610       | C             | REMOVAL OF URETER STONE      |                  | -             | -        | IP Only                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 50620       | C             | REMOVAL OF URETER STONE      |                  | -             | -        | IP Only                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 5062F       | E             | MAMMO RESULT COM TO PT 5 DAY |                  | -             | -        | Not Allowed                            | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 50630       | C             | REMOVAL OF URETER STONE      |                  | -             | -        | IP Only                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 50650       | C             | REMOVAL OF URETER            |                  | -             | -        | IP Only                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 50660       | C             | REMOVAL OF URETER            |                  | -             | -        | IP Only                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 50684       | N             | INJECTION FOR URETER X-RAY   |                  | -             | -        | Bundled                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 50686       | S             | MEASURE URETER PRESSURE      |                  | 05721         | 1.7546   | APC                                    | \$106.54                           |                                           | -                       | -        | 000        | 999        |          |
| 50688       | N             | CHANGE OF URETER TUBE/STENT  |                  | 05373         | 22.9733  | Bundled, sometimes payable             | \$1,394.94                         |                                           | -                       | -        | 000        | 999        |          |
| 50690       | N             | INJECTION FOR URETER X-RAY   |                  | -             | -        | Bundled                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 50693       | N             | PLMT URETERAL STENT PRQ      |                  | 05374         | 38.6790  | Bundled, sometimes payable             | \$2,348.59                         |                                           | -                       | -        | 000        | 999        |          |
| 50694       | N             | PLMT URETERAL STENT PRQ      |                  | 05374         | 38.6790  | Bundled, sometimes payable             | \$2,348.59                         |                                           | -                       | -        | 000        | 999        |          |
| 50695       | N             | PLMT URETERAL STENT PRQ      |                  | 05374         | 38.6790  | Bundled, sometimes payable             | \$2,348.59                         |                                           | -                       | -        | 000        | 999        |          |
| 50700       | C             | REVISION OF URETER           |                  | -             | -        | IP Only                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 50705       | N             | URETERAL EMBOLIZATION/OCCL   |                  | -             | -        | Bundled                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 50706       | N             | BALLOON DILATE URTRL STRIX   |                  | -             | -        | Bundled                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 50715       | C             | RELEASE OF URETER            |                  | -             | -        | IP Only                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 50722       | C             | RELEASE OF URETER            |                  | -             | -        | IP Only                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 50725       | C             | RELEASE/REVISE URETER        |                  | -             | -        | IP Only                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 50727       | N             | REVISE URETER                |                  | 05374         | 38.6790  | Bundled, sometimes payable             | \$2,348.59                         |                                           | -                       | -        | 000        | 999        |          |
| 50728       | C             | REVISE URETER                |                  | -             | -        | IP Only                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 50740       | C             | FUSION OF URETER & KIDNEY    |                  | -             | -        | IP Only                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 50750       | C             | FUSION OF URETER & KIDNEY    |                  | -             | -        | IP Only                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 50760       | C             | URETEROURETEROSTOMY          |                  | -             | -        | IP Only                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 50770       | C             | SPLICING OF URETERS          |                  | -             | -        | IP Only                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 50780       | C             | REIMPLANT URETER IN BLADDER  |                  | -             | -        | IP Only                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 50782       | C             | REIMPLANT URETER IN BLADDER  |                  | -             | -        | IP Only                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 50783       | C             | REIMPLANT URETER IN BLADDER  |                  | -             | -        | IP Only                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 50785       | C             | REIMPLANT URETER IN BLADDER  |                  | -             | -        | IP Only                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 50800       | C             | IMPLANT URETER IN BOWEL      |                  | -             | -        | IP Only                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 50810       | C             | FUSION OF URETER & BOWEL     |                  | -             | -        | IP Only                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 50815       | C             | URINE SHUNT TO INTESTINE     |                  | -             | -        | IP Only                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 50820       | C             | CONSTRUCT BOWEL BLADDER      |                  | -             | -        | IP Only                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 50825       | C             | CONSTRUCT BOWEL BLADDER      |                  | -             | -        | IP Only                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 50830       | C             | REVISE URINE FLOW            |                  | -             | -        | IP Only                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 50840       | C             | REPLACE URETER BY BOWEL      |                  | -             | -        | IP Only                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 50845       | C             | APPENDICO-VESICOSTOMY        |                  | -             | -        | IP Only                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 50860       | C             | TRANSPLANT URETER TO SKIN    |                  | -             | -        | IP Only                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 50900       | C             | REPAIR OF URETER             |                  | -             | -        | IP Only                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 50920       | C             | CLOSURE URETER/SKIN FISTULA  |                  | -             | -        | IP Only                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 50930       | C             | CLOSURE URETER/BOWEL FISTULA |                  | -             | -        | IP Only                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 50940       | C             | RELEASE OF URETER            |                  | -             | -        | IP Only                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 50945       | N             | LAPAROSCOPY URETEROLITHOTOMY |                  | 05361         | 65.4304  | Bundled, sometimes payable             | \$3,972.93                         |                                           | -                       | -        | 000        | 999        |          |
| 50947       | N             | LAPARO NEW URETER/BLADDER    |                  | 05362         | 116.7583 | Bundled, sometimes payable             | \$7,089.56                         |                                           | -                       | -        | 000        | 999        |          |
| 50948       | N             | LAPARO NEW URETER/BLADDER    |                  | 05362         | 116.7583 | Bundled, sometimes payable             | \$7,089.56                         |                                           | -                       | -        | 000        | 999        |          |

**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2025**

| Proc Cd | 2024 APC |     | 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 |
|---------|----------|-----|------------------------------|---------------|-------|------------|----------------------------|----------------------------------|------------------------------|----------------------------------|--------------|----------------------|----------|---------|---------|----------|
|         | Status   | Ind |                              |               |       |            |                            |                                  |                              | Hospital Lab                     | Hospital Lab |                      |          |         |         |          |
| 50949   | N        |     | UNLISTED LAPS PX URETER      |               | 05361 | 65.4304    | Bundled, sometimes payable | \$3,972.93                       |                              |                                  |              | -                    | -        | 000     | 999     |          |
| 50951   | N        |     | ENDOSCOPY OF URETER          |               | 05374 | 38.6790    | Bundled, sometimes payable | \$2,348.59                       |                              |                                  |              | -                    | -        | 000     | 999     |          |
| 50953   | N        |     | ENDOSCOPY OF URETER          |               | 05374 | 38.6790    | Bundled, sometimes payable | \$2,348.59                       |                              |                                  |              | -                    | -        | 000     | 999     |          |
| 50955   | N        |     | URETER ENDOSCOPY & BIOPSY    |               | 05375 | 57.0111    | Bundled, sometimes payable | \$3,461.71                       |                              |                                  |              | -                    | -        | 000     | 999     |          |
| 50957   | N        |     | URETER ENDOSCOPY & TREATMENT |               | 05375 | 57.0111    | Bundled, sometimes payable | \$3,461.71                       |                              |                                  |              | -                    | -        | 000     | 999     |          |
| 50961   | N        |     | URETER ENDOSCOPY & TREATMENT |               | 05375 | 57.0111    | Bundled, sometimes payable | \$3,461.71                       |                              |                                  |              | -                    | -        | 000     | 999     |          |
| 50970   | N        |     | URETER ENDOSCOPY             |               | 05374 | 38.6790    | Bundled, sometimes payable | \$2,348.59                       |                              |                                  |              | -                    | -        | 000     | 999     |          |
| 50972   | N        |     | URETER ENDOSCOPY & CATHETER  |               | 05374 | 38.6790    | Bundled, sometimes payable | \$2,348.59                       |                              |                                  |              | -                    | -        | 000     | 999     |          |
| 50974   | N        |     | URETER ENDOSCOPY & BIOPSY    |               | 05375 | 57.0111    | Bundled, sometimes payable | \$3,461.71                       |                              |                                  |              | -                    | -        | 000     | 999     |          |
| 50976   | N        |     | URETER ENDOSCOPY & TREATMENT |               | 05375 | 57.0111    | Bundled, sometimes payable | \$3,461.71                       |                              |                                  |              | -                    | -        | 000     | 999     |          |
| 50980   | N        |     | URETER ENDOSCOPY & TREATMENT |               | 05375 | 57.0111    | Bundled, sometimes payable | \$3,461.71                       |                              |                                  |              | -                    | -        | 000     | 999     |          |
| 5100F   | E        |     | RSK FX REF W/N 24 HRS XRAY   |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  |              | -                    | -        | 000     | 999     |          |
| 51020   | N        |     | CYSTOTOMY/CYSTOSTOMY W/FULG  |               | 05374 | 38.6790    | Bundled, sometimes payable | \$2,348.59                       |                              |                                  |              | -                    | -        | 000     | 999     |          |
| 51040   | N        |     | INCISE & DRAIN BLADDER       |               | 05373 | 22.9733    | Bundled, sometimes payable | \$1,394.94                       |                              |                                  |              | -                    | -        | 000     | 999     |          |
| 51045   | N        |     | INCISE BLADDER/DRAIN URETER  |               | 05373 | 22.9733    | Bundled, sometimes payable | \$1,394.94                       |                              |                                  |              | -                    | -        | 000     | 999     |          |
| 51050   | N        |     | REMOVAL OF BLADDER STONE     |               | 05375 | 57.0111    | Bundled, sometimes payable | \$3,461.71                       |                              |                                  |              | -                    | -        | 000     | 999     |          |
| 51060   | N        |     | REMOVAL OF URETER STONE      |               | 05373 | 22.9733    | Bundled, sometimes payable | \$1,394.94                       |                              |                                  |              | -                    | -        | 000     | 999     |          |
| 51065   | N        |     | REMOVE URETER CALCULUS       |               | 05374 | 38.6790    | Bundled, sometimes payable | \$2,348.59                       |                              |                                  |              | -                    | -        | 000     | 999     |          |
| 51080   | N        |     | DRAINAGE OF BLADDER ABSCESS  |               | 05073 | 32.0969    | Bundled, sometimes payable | \$1,948.92                       |                              |                                  |              | -                    | -        | 000     | 999     |          |
| 51100   | T        |     | DRAIN BLADDER BY NEEDLE      |               | 05371 | 2.7275     | APC                        | \$165.61                         |                              |                                  |              | -                    | -        | 000     | 999     |          |
| 51101   | S        |     | DRAIN BLADDER BY TROCAR/CATH |               | 05724 | 11.4097    | APC                        | \$692.80                         |                              |                                  |              | -                    | -        | 000     | 999     |          |
| 51102   | N        |     | DRAIN BL W/CATH INSERTION    |               | 05373 | 22.9733    | Bundled, sometimes payable | \$1,394.94                       |                              |                                  |              | -                    | -        | 000     | 999     |          |
| 51500   | N        |     | REMOVAL OF BLADDER CYST      |               | 05361 | 65.4304    | Bundled, sometimes payable | \$3,972.93                       |                              |                                  |              | -                    | -        | 000     | 999     |          |
| 51520   | N        |     | REMOVAL OF BLADDER LESION    |               | 05374 | 38.6790    | Bundled, sometimes payable | \$2,348.59                       |                              |                                  |              | -                    | -        | 000     | 999     |          |
| 51525   | C        |     | REMOVAL OF BLADDER LESION    |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  |              | -                    | -        | 000     | 999     |          |
| 51530   | C        |     | REMOVAL OF BLADDER LESION    |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  |              | -                    | -        | 000     | 999     |          |
| 51535   | N        |     | REPAIR OF URETER LESION      |               | 05374 | 38.6790    | Bundled, sometimes payable | \$2,348.59                       |                              |                                  |              | -                    | -        | 000     | 999     |          |
| 51550   | C        |     | PARTIAL REMOVAL OF BLADDER   |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  |              | -                    | -        | 000     | 999     |          |
| 51555   | C        |     | PARTIAL REMOVAL OF BLADDER   |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  |              | -                    | -        | 000     | 999     |          |
| 51565   | C        |     | REVISE BLADDER & URETER(S)   |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  |              | -                    | -        | 000     | 999     |          |
| 51570   | C        |     | REMOVAL OF BLADDER           |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  |              | -                    | -        | 000     | 999     |          |
| 51575   | C        |     | REMOVAL OF BLADDER & NODES   |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  |              | -                    | -        | 000     | 999     |          |
| 51580   | C        |     | REMOVE BLADDER/REVISE TRACT  |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  |              | -                    | -        | 000     | 999     |          |
| 51585   | C        |     | REMOVAL OF BLADDER & NODES   |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  |              | -                    | -        | 000     | 999     |          |
| 51590   | C        |     | REMOVE BLADDER/REVISE TRACT  |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  |              | -                    | -        | 000     | 999     |          |
| 51595   | C        |     | REMOVE BLADDER/REVISE TRACT  |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  |              | -                    | -        | 000     | 999     |          |
| 51596   | C        |     | REMOVE BLADDER/CREATE POUCH  |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  |              | -                    | -        | 000     | 999     |          |
| 51597   | C        |     | REMOVAL OF PELVIC STRUCTURES |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  |              | -                    | -        | 000     | 999     |          |
| 51600   | N        |     | INJECTION FOR BLADDER X-RAY  |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  |              | -                    | -        | 000     | 999     |          |
| 51605   | N        |     | PREPARATION FOR BLADDER XRAY |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  |              | -                    | -        | 000     | 999     |          |
| 51610   | N        |     | INJECTION FOR BLADDER X-RAY  |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  |              | -                    | -        | 000     | 999     |          |
| 51700   | T        |     | IRRIGATION OF BLADDER        |               | 05371 | 2.7275     | APC                        | \$165.61                         |                              |                                  |              | -                    | -        | 000     | 999     |          |
| 51701   | N        |     | INSERT BLADDER CATHETER      |               | 05734 | 1.4456     | Bundled, sometimes payable | \$87.78                          |                              |                                  |              | -                    | -        | 000     | 999     |          |
| 51702   | N        |     | INSERT TEMP BLADDER CATH     |               | 05734 | 1.4456     | Bundled, sometimes payable | \$87.78                          |                              |                                  |              | -                    | -        | 000     | 999     |          |
| 51703   | S        |     | INSERT BLADDER CATH COMPLEX  |               | 05721 | 1.7546     | APC                        | \$106.54                         |                              |                                  |              | -                    | -        | 000     | 999     |          |
| 51705   | T        |     | CHANGE OF BLADDER TUBE       |               | 05371 | 2.7275     | APC                        | \$165.61                         |                              |                                  |              | -                    | -        | 000     | 999     |          |
| 51710   | N        |     | CHANGE OF BLADDER TUBE       |               | 05372 | 7.4854     | Bundled, sometimes payable | \$454.51                         |                              |                                  |              | -                    | -        | 000     | 999     |          |
| 51715   | N        |     | ENDOSCOPIC INJECTION/IMPLANT |               | 05374 | 38.6790    | Bundled, sometimes payable | \$2,348.59                       |                              |                                  |              | -                    | -        | 000     | 999     |          |
| 51720   | N        |     | TREATMENT OF BLADDER LESION  |               | 05372 | 7.4854     | Bundled, sometimes payable | \$454.51                         |                              |                                  |              | -                    | -        | 000     | 999     |          |
| 51721   | E        |     | INS TRURL ABLT TRNSDC THR US |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  |              | -                    | -        | 000     | 999     |          |
| 51725   | T        |     | SIMPLE CYSTOMETROGRAM        |               | 05371 | 2.7275     | APC                        | \$165.61                         |                              |                                  |              | -                    | -        | 000     | 999     |          |
| 51726   | T        |     | COMPLEX CYSTOMETROGRAM       |               | 05371 | 2.7275     | APC                        | \$165.61                         |                              |                                  |              | -                    | -        | 000     | 999     |          |
| 51727   | N        |     | CYSTOMETROGRAM W/UP          |               | 05372 | 7.4854     | Bundled, sometimes payable | \$454.51                         |                              |                                  |              | -                    | -        | 000     | 999     |          |
| 51728   | N        |     | CYSTOMETROGRAM W/VP          |               | 05372 | 7.4854     | Bundled, sometimes payable | \$454.51                         |                              |                                  |              | -                    | -        | 000     | 999     |          |
| 51729   | N        |     | CYSTOMETROGRAM W/VP&UP       |               | 05372 | 7.4854     | Bundled, sometimes payable | \$454.51                         |                              |                                  |              | -                    | -        | 000     | 999     |          |
| 51736   | N        |     | URINE FLOW MEASUREMENT       |               | 05734 | 1.4456     | Bundled, sometimes payable | \$87.78                          |                              |                                  |              | -                    | -        | 000     | 999     |          |



**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2025**

| Proc Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC<br>Weight | Method   | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|---------|------------------------------|------------------------------|------------------|---------------|----------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|         |                              |                              |                  |               |          |                                        |                                    |                                           |                         |          |            |            |          |
| 51741   | N                            | ELECTRO-UROFLOWMETRY FIRST   |                  | 05722         | 3.4922   | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 51784   | S                            | ANAL/URINARY MUSCLE STUDY    |                  | 05721         | 1.7546   | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 51785   | T                            | ANAL/URINARY MUSCLE STUDY    |                  | 05371         | 2.7275   | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 51792   | N                            | URINARY REFLEX STUDY         |                  | 05733         | 0.6661   | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 51797   | N                            | INTRAABDOMINAL PRESSURE TEST |                  | -             | -        | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 51798   | N                            | US URINE CAPACITY MEASURE    |                  | 05733         | 0.6661   | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 51800   | C                            | REVISION OF BLADDER/URETHRA  |                  | -             | -        | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 51820   | C                            | REVISION OF URINARY TRACT    |                  | -             | -        | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 51840   | C                            | ATTACH BLADDER/URETHRA       |                  | -             | -        | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 51841   | C                            | ATTACH BLADDER/URETHRA       |                  | -             | -        | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 51845   | N                            | REPAIR BLADDER NECK          |                  | 05415         | 55.3606  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 51860   | N                            | REPAIR OF BLADDER WOUND      |                  | 05376         | 103.7036 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 51865   | C                            | REPAIR OF BLADDER WOUND      |                  | -             | -        | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 51880   | N                            | REPAIR OF BLADDER OPENING    |                  | 05374         | 38.6790  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 51900   | C                            | REPAIR BLADDER/VAGINA LESION |                  | -             | -        | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 51920   | C                            | CLOSE BLADDER-UTERUS FISTULA |                  | -             | -        | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 51925   | C                            | HYSTERECTOMY/BLADDER REPAIR  |                  | -             | -        | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 51940   | C                            | CORRECTION OF BLADDER DEFECT |                  | -             | -        | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 51960   | C                            | REVISION OF BLADDER & BOWEL  |                  | -             | -        | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 51980   | C                            | CONSTRUCT BLADDER OPENING    |                  | -             | -        | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 51990   | N                            | LAPARO URETHRAL SUSPENSION   |                  | 05361         | 65.4304  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 51992   | N                            | LAPARO SLING OPERATION       |                  | 05361         | 65.4304  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 51999   | N                            | UNLISTED LAPS PX BLADDER     |                  | 05361         | 65.4304  | Bundled, sometimes payable             |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 52000   | N                            | CYSTOURETHROSCOPY            |                  | 05372         | 7.4854   | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 52001   | N                            | CYSTO W/IRRG&EVAC MLT CLOTS  |                  | 05374         | 38.6790  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 52005   | N                            | CYSTO W/URTRL CATHJ          |                  | 05373         | 22.9733  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 52007   | N                            | CYSTO URTRL CATHJ BRUSH BX   |                  | 05374         | 38.6790  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 5200F   | E                            | EVAL APPROX SURG THXPY EPI   |                  | -             | -        | Not Allowed                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| 52010   | N                            | CYSTOSCOPY & DUCT CATHETER   |                  | 05372         | 7.4854   | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 52204   | N                            | CYSTOSCOPY W/BIOPSY(S)       |                  | 05373         | 22.9733  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 52214   | N                            | CYSTOSCOPY AND TREATMENT     |                  | 05374         | 38.6790  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 52224   | N                            | CYSTOSCOPY AND TREATMENT     |                  | 05374         | 38.6790  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 52234   | N                            | CYSTOSCOPY AND TREATMENT     |                  | 05374         | 38.6790  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 52235   | N                            | CYSTOSCOPY AND TREATMENT     |                  | 05374         | 38.6790  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 52240   | N                            | CYSTOSCOPY AND TREATMENT     |                  | 05375         | 57.0111  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 52250   | N                            | CYSTOSCOPY AND RADIOTRACER   |                  | 05374         | 38.6790  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 52260   | N                            | CYSTOSCOPY AND TREATMENT     |                  | 05373         | 22.9733  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 52265   | N                            | CYSTOSCOPY AND TREATMENT     |                  | 05373         | 22.9733  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 52270   | N                            | CYSTOSCOPY & REVISE URETHRA  |                  | 05373         | 22.9733  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 52275   | N                            | CYSTOSCOPY & REVISE URETHRA  |                  | 05373         | 22.9733  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 52276   | N                            | CYSTOSCOPY AND TREATMENT     |                  | 05373         | 22.9733  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 52277   | N                            | CYSTOSCOPY AND TREATMENT     |                  | 05374         | 38.6790  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 52281   | N                            | CYSTOSCOPY AND TREATMENT     |                  | 05373         | 22.9733  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 52282   | N                            | CYSTOSCOPY IMPLANT STENT     |                  | 05374         | 38.6790  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 52283   | N                            | CYSTOSCOPY AND TREATMENT     |                  | 05373         | 22.9733  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 52284   | N                            | CYSTO RX BALO CATH URTL STRX |                  | 05375         | 57.0111  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 52285   | N                            | CYSTOSCOPY AND TREATMENT     |                  | 05372         | 7.4854   | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 52287   | N                            | CYSTOSCOPY CHEMODENERVATION  |                  | 05373         | 22.9733  | Bundled, sometimes payable             |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 52290   | N                            | CYSTOSCOPY AND TREATMENT     |                  | 05373         | 22.9733  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 52300   | N                            | CYSTOSCOPY AND TREATMENT     |                  | 05374         | 38.6790  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 52301   | N                            | CYSTOSCOPY AND TREATMENT     |                  | 05374         | 38.6790  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 52305   | N                            | CYSTOSCOPY AND TREATMENT     |                  | 05375         | 57.0111  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 52310   | N                            | CYSTOSCOPY AND TREATMENT     |                  | 05373         | 22.9733  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 52315   | N                            | CYSTOSCOPY AND TREATMENT     |                  | 05373         | 22.9733  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 52317   | N                            | REMOVE BLADDER STONE         |                  | 05374         | 38.6790  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 52318   | N                            | REMOVE BLADDER STONE         |                  | 05374         | 38.6790  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc<br>Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC<br>Weight | Method  | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|------------------------------|------------------------------|------------------|---------------|---------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|            |                              |                              |                  |               |         |                                        |                                    |                                           |                         |          |            |            |          |
| 52320      | N                            | CYSTOSCOPY AND TREATMENT     |                  | 05374         | 38.6790 | Bundled, sometimes payable             | \$2,348.59                         |                                           | -                       | -        | 000        | 999        |          |
| 52325      | N                            | CYSTOSCOPY STONE REMOVAL     |                  | 05375         | 57.0111 | Bundled, sometimes payable             | \$3,461.71                         |                                           | -                       | -        | 000        | 999        |          |
| 52327      | N                            | CYSTOSCOPY INJECT MATERIAL   |                  | 05375         | 57.0111 | Bundled, sometimes payable             | \$3,461.71                         |                                           | -                       | -        | 000        | 999        |          |
| 52330      | N                            | CYSTOSCOPY AND TREATMENT     |                  | 05374         | 38.6790 | Bundled, sometimes payable             | \$2,348.59                         |                                           | -                       | -        | 000        | 999        |          |
| 52332      | N                            | CYSTOSCOPY AND TREATMENT     |                  | 05374         | 38.6790 | Bundled, sometimes payable             | \$2,348.59                         |                                           | -                       | -        | 000        | 999        |          |
| 52334      | N                            | CREATE PASSAGE TO KIDNEY     |                  | 05374         | 38.6790 | Bundled, sometimes payable             | \$2,348.59                         |                                           | -                       | -        | 000        | 999        |          |
| 52341      | N                            | CYSTO W/URETER STRICTURE TX  |                  | 05374         | 38.6790 | Bundled, sometimes payable             | \$2,348.59                         |                                           | -                       | -        | 000        | 999        |          |
| 52342      | N                            | CYSTO W/UP STRICTURE TX      |                  | 05374         | 38.6790 | Bundled, sometimes payable             | \$2,348.59                         |                                           | -                       | -        | 000        | 999        |          |
| 52343      | N                            | CYSTO W/RENAL STRICTURE TX   |                  | 05374         | 38.6790 | Bundled, sometimes payable             | \$2,348.59                         |                                           | -                       | -        | 000        | 999        |          |
| 52344      | N                            | CYSTO/URETERO STRICTURE TX   |                  | 05374         | 38.6790 | Bundled, sometimes payable             | \$2,348.59                         |                                           | -                       | -        | 000        | 999        |          |
| 52345      | N                            | CYSTO/URETERO W/UP STRICTURE |                  | 05374         | 38.6790 | Bundled, sometimes payable             | \$2,348.59                         |                                           | -                       | -        | 000        | 999        |          |
| 52346      | N                            | CYSTOURETERO W/RENAL STRICT  |                  | 05375         | 57.0111 | Bundled, sometimes payable             | \$3,461.71                         |                                           | -                       | -        | 000        | 999        |          |
| 52351      | N                            | CYSTOURETERO & OR PYELOSCOPE |                  | 05374         | 38.6790 | Bundled, sometimes payable             | \$2,348.59                         |                                           | -                       | -        | 000        | 999        |          |
| 52352      | N                            | CYSTOURETERO W/STONE REMOVE  |                  | 05374         | 38.6790 | Bundled, sometimes payable             | \$2,348.59                         |                                           | -                       | -        | 000        | 999        |          |
| 52353      | N                            | CYSTOURETERO W/LITHOTRIPSY   |                  | 05375         | 57.0111 | Bundled, sometimes payable             | \$3,461.71                         |                                           | -                       | -        | 000        | 999        |          |
| 52354      | N                            | CYSTOURETERO W/BIOPSY        |                  | 05375         | 57.0111 | Bundled, sometimes payable             | \$3,461.71                         |                                           | -                       | -        | 000        | 999        |          |
| 52355      | N                            | CYSTOURETERO W/EXCISE TUMOR  |                  | 05375         | 57.0111 | Bundled, sometimes payable             | \$3,461.71                         |                                           | -                       | -        | 000        | 999        |          |
| 52356      | N                            | CYSTO/URETERO W/LITHOTRIPSY  |                  | 05375         | 57.0111 | Bundled, sometimes payable             | \$3,461.71                         |                                           | -                       | -        | 000        | 999        |          |
| 52400      | N                            | CYSTOURETERO W/CONGEN REPR   |                  | 05374         | 38.6790 | Bundled, sometimes payable             | \$2,348.59                         |                                           | -                       | -        | 000        | 999        |          |
| 52402      | N                            | CYSTOURETHRO CUT EJACUL DUCT |                  | 05374         | 38.6790 | Bundled, sometimes payable             | \$2,348.59                         |                                           | -                       | Y        | 000        | 999        |          |
| 52441      | E                            | CYSTOURETHRO W/IMPLANT       |                  | -             | -       | Not Allowed                            | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 52442      | E                            | CYSTOURETHRO W/ADDL IMPLANT  |                  | -             | -       | Not Allowed                            | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 52450      | N                            | INCISION OF PROSTATE         |                  | 05374         | 38.6790 | Bundled, sometimes payable             | \$2,348.59                         |                                           | -                       | -        | 000        | 999        |          |
| 52500      | N                            | REVISION OF BLADDER NECK     |                  | 05374         | 38.6790 | Bundled, sometimes payable             | \$2,348.59                         |                                           | -                       | -        | 000        | 999        |          |
| 5250F      | E                            | ASTHMA DISCHARGE PLAN PRESNT |                  | -             | -       | Not Allowed                            | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 52601      | N                            | PROSTATECTOMY (TURP)         |                  | 05375         | 57.0111 | Bundled, sometimes payable             | \$3,461.71                         |                                           | -                       | -        | 000        | 999        |          |
| 52630      | N                            | REMOVE PROSTATE REGROWTH     |                  | 05375         | 57.0111 | Bundled, sometimes payable             | \$3,461.71                         |                                           | -                       | -        | 000        | 999        |          |
| 52640      | N                            | RELIEVE BLADDER CONTRACTURE  |                  | 05374         | 38.6790 | Bundled, sometimes payable             | \$2,348.59                         |                                           | -                       | -        | 000        | 999        |          |
| 52647      | N                            | LASER SURGERY OF PROSTATE    |                  | 05375         | 57.0111 | Bundled, sometimes payable             | \$3,461.71                         |                                           | -                       | -        | 000        | 999        |          |
| 52648      | N                            | LASER SURGERY OF PROSTATE    |                  | 05375         | 57.0111 | Bundled, sometimes payable             | \$3,461.71                         |                                           | -                       | -        | 000        | 999        |          |
| 52649      | N                            | PROSTATE LASER ENUCLEATION   |                  | 05375         | 57.0111 | Bundled, sometimes payable             | \$3,461.71                         |                                           | -                       | -        | 000        | 999        |          |
| 52700      | N                            | DRAINAGE OF PROSTATE ABSCESS |                  | 05374         | 38.6790 | Bundled, sometimes payable             | \$2,348.59                         |                                           | -                       | -        | 000        | 999        |          |
| 53000      | N                            | INCISION OF URETHRA          |                  | 05373         | 22.9733 | Bundled, sometimes payable             | \$1,394.94                         |                                           | -                       | -        | 000        | 999        |          |
| 53010      | N                            | INCISION OF URETHRA          |                  | 05375         | 57.0111 | Bundled, sometimes payable             | \$3,461.71                         |                                           | -                       | -        | 000        | 999        |          |
| 53020      | N                            | INCISION OF URETHRA          |                  | 05373         | 22.9733 | Bundled, sometimes payable             | \$1,394.94                         |                                           | -                       | -        | 002        | 99         |          |
| 53025      | N                            | INCISION OF URETHRA          |                  | 05373         | 22.9733 | Bundled, sometimes payable             | \$1,394.94                         |                                           | -                       | -        | 000        | 2          |          |
| 53040      | N                            | DRAINAGE OF URETHRA ABSCESS  |                  | 05374         | 38.6790 | Bundled, sometimes payable             | \$2,348.59                         |                                           | -                       | -        | 000        | 999        |          |
| 53060      | N                            | DRAINAGE OF URETHRA ABSCESS  |                  | 05373         | 22.9733 | Bundled, sometimes payable             | \$1,394.94                         |                                           | -                       | -        | 000        | 999        |          |
| 53080      | N                            | DRAINAGE OF URINARY LEAKAGE  |                  | 05372         | 7.4854  | Bundled, sometimes payable             | \$454.51                           |                                           | -                       | -        | 000        | 999        |          |
| 53085      | N                            | DRAINAGE OF URINARY LEAKAGE  |                  | 05373         | 22.9733 | Bundled, sometimes payable             | \$1,394.94                         |                                           | -                       | -        | 000        | 999        |          |
| 53200      | N                            | BIOPSY OF URETHRA            |                  | 05373         | 22.9733 | Bundled, sometimes payable             | \$1,394.94                         |                                           | -                       | -        | 000        | 999        |          |
| 53210      | N                            | REMOVAL OF URETHRA           |                  | 05374         | 38.6790 | Bundled, sometimes payable             | \$2,348.59                         |                                           | -                       | -        | 000        | 999        |          |
| 53215      | N                            | REMOVAL OF URETHRA           |                  | 05375         | 57.0111 | Bundled, sometimes payable             | \$3,461.71                         |                                           | -                       | -        | 000        | 999        |          |
| 53220      | N                            | TREATMENT OF URETHRA LESION  |                  | 05374         | 38.6790 | Bundled, sometimes payable             | \$2,348.59                         |                                           | -                       | -        | 000        | 999        |          |
| 53230      | N                            | REMOVAL OF URETHRA LESION    |                  | 05375         | 57.0111 | Bundled, sometimes payable             | \$3,461.71                         |                                           | -                       | -        | 000        | 999        |          |
| 53235      | N                            | REMOVAL OF URETHRA LESION    |                  | 05375         | 57.0111 | Bundled, sometimes payable             | \$3,461.71                         |                                           | -                       | -        | 000        | 999        |          |
| 53240      | N                            | SURGERY FOR URETHRA POUCH    |                  | 05374         | 38.6790 | Bundled, sometimes payable             | \$2,348.59                         |                                           | -                       | -        | 000        | 999        |          |
| 53250      | N                            | REMOVAL OF URETHRA GLAND     |                  | 05374         | 38.6790 | Bundled, sometimes payable             | \$2,348.59                         |                                           | -                       | -        | 000        | 999        |          |
| 53260      | N                            | TREATMENT OF URETHRA LESION  |                  | 05374         | 38.6790 | Bundled, sometimes payable             | \$2,348.59                         |                                           | -                       | -        | 000        | 999        |          |
| 53265      | N                            | TREATMENT OF URETHRA LESION  |                  | 05373         | 22.9733 | Bundled, sometimes payable             | \$1,394.94                         |                                           | -                       | -        | 000        | 999        |          |
| 53270      | N                            | REMOVAL OF URETHRA GLAND     |                  | 05374         | 38.6790 | Bundled, sometimes payable             | \$2,348.59                         |                                           | -                       | -        | 000        | 999        |          |
| 53275      | N                            | REPAIR OF URETHRA DEFECT     |                  | 05374         | 38.6790 | Bundled, sometimes payable             | \$2,348.59                         |                                           | -                       | -        | 000        | 999        |          |
| 53400      | N                            | REVISE URETHRA STAGE 1       |                  | 05375         | 57.0111 | Bundled, sometimes payable             | \$3,461.71                         |                                           | -                       | -        | 000        | 999        |          |
| 53405      | N                            | REVISE URETHRA STAGE 2       |                  | 05375         | 57.0111 | Bundled, sometimes payable             | \$3,461.71                         |                                           | -                       | -        | 000        | 999        |          |
| 53410      | N                            | RECONSTRUCTION OF URETHRA    |                  | 05375         | 57.0111 | Bundled, sometimes payable             | \$3,461.71                         |                                           | -                       | -        | 000        | 999        |          |
| 53415      | C                            | RECONSTRUCTION OF URETHRA    |                  | -             | -       | IP Only                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |

**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2025**

| 2024<br>APC |        |                              |          |        |          | Outpatient                 | Sole Comm.   | Non-sole     |             |          | Min | Max | Comments |
|-------------|--------|------------------------------|----------|--------|----------|----------------------------|--------------|--------------|-------------|----------|-----|-----|----------|
| Proc        | Status | Proc Desc                    | Proc     | APC    | Method   | Hospital Fee               | Hospital Lab | Hospital Lab | Prior Auth. | Passport | Age | Age |          |
| Cd          | Ind    |                              | Modifier | Weight |          | Schedule                   | Fees         | Fees         | Required    |          |     |     |          |
| 53420       | N      | RECONSTRUCT URETHRA STAGE 1  |          | 05375  | 57.0111  | Bundled, sometimes payable | \$3,461.71   |              | -           | -        | 000 | 999 |          |
| 53425       | N      | RECONSTRUCT URETHRA STAGE 2  |          | 05375  | 57.0111  | Bundled, sometimes payable | \$3,461.71   |              | -           | -        | 000 | 999 |          |
| 53430       | N      | RECONSTRUCTION OF URETHRA    |          | 05375  | 57.0111  | Bundled, sometimes payable | \$3,461.71   |              | -           | -        | 000 | 999 |          |
| 53431       | N      | RECONSTRUCT URETHRA/BLADDER  |          | 05375  | 57.0111  | Bundled, sometimes payable | \$3,461.71   |              | -           | -        | 000 | 999 |          |
| 53440       | N      | MALE SLING PROCEDURE         |          | 05377  | 145.7056 | Bundled, sometimes payable | \$8,847.24   |              | -           | -        | 000 | 999 |          |
| 53442       | N      | REMOVE/REVISE MALE SLING     |          | 05375  | 57.0111  | Bundled, sometimes payable | \$3,461.71   |              | -           | -        | 000 | 999 |          |
| 53444       | N      | INSERT TANDEM CUFF           |          | 05378  | 225.7350 | Bundled, sometimes payable | \$13,706.63  |              | -           | -        | 000 | 999 |          |
| 53445       | N      | INSERT URO/VES NCK SPHINCTER |          | 05378  | 225.7350 | Bundled, sometimes payable | \$13,706.63  |              | -           | -        | 000 | 999 |          |
| 53446       | N      | REMOVE URO SPHINCTER         |          | 05375  | 57.0111  | Bundled, sometimes payable | \$3,461.71   |              | -           | -        | 000 | 999 |          |
| 53447       | N      | REMOVE/REPLACE UR SPHINCTER  |          | 05378  | 225.7350 | Bundled, sometimes payable | \$13,706.63  |              | -           | -        | 000 | 999 |          |
| 53448       | C      | REMOV/REPLC UR SPHINCTR COMP |          | -      | -        | IP Only                    | \$0.00       |              | -           | -        | 000 | 999 |          |
| 53449       | N      | REPAIR URO SPHINCTER         |          | 05376  | 103.7036 | Bundled, sometimes payable | \$6,296.88   |              | -           | -        | 000 | 999 |          |
| 53450       | N      | REVISION OF URETHRA          |          | 05374  | 38.6790  | Bundled, sometimes payable | \$2,348.59   |              | -           | -        | 000 | 999 |          |
| 53451       | N      | TPRNL BALO CNTNC DEV BI      |          | 05377  | 145.7056 | Bundled, sometimes payable | \$8,847.24   |              | -           | -        | 000 | 999 |          |
| 53452       | N      | TPRNL BALO CNTNC DEV UNI     |          | 05376  | 103.7036 | Bundled, sometimes payable | \$6,296.88   |              | -           | -        | 000 | 999 |          |
| 53453       | N      | TPRNL BALO CNTNC DEV RMVL EA |          | 05374  | 38.6790  | Bundled, sometimes payable | \$2,348.59   |              | -           | -        | 000 | 999 |          |
| 53454       | T      | TPRNL BALO CNTNC DEV ADJMT   |          | 05371  | 2.7275   | APC                        | \$165.61     |              | -           | -        | 000 | 999 |          |
| 53460       | N      | REVISION OF URETHRA          |          | 05374  | 38.6790  | Bundled, sometimes payable | \$2,348.59   |              | -           | -        | 000 | 999 |          |
| 53500       | N      | URETHRLYS TRANSVAG W/ SCOPE  |          | 05374  | 38.6790  | Bundled, sometimes payable | \$2,348.59   |              | -           | Y        | 000 | 999 |          |
| 53502       | N      | REPAIR OF URETHRA INJURY     |          | 05374  | 38.6790  | Bundled, sometimes payable | \$2,348.59   |              | -           | -        | 000 | 999 |          |
| 53505       | N      | REPAIR OF URETHRA INJURY     |          | 05375  | 57.0111  | Bundled, sometimes payable | \$3,461.71   |              | -           | -        | 000 | 999 |          |
| 53510       | N      | REPAIR OF URETHRA INJURY     |          | 05375  | 57.0111  | Bundled, sometimes payable | \$3,461.71   |              | -           | -        | 000 | 999 |          |
| 53515       | N      | REPAIR OF URETHRA INJURY     |          | 05375  | 57.0111  | Bundled, sometimes payable | \$3,461.71   |              | -           | -        | 000 | 999 |          |
| 53520       | N      | REPAIR OF URETHRA DEFECT     |          | 05375  | 57.0111  | Bundled, sometimes payable | \$3,461.71   |              | -           | -        | 000 | 999 |          |
| 53600       | T      | DILATE URETHRA STRICTURE     |          | 05371  | 2.7275   | APC                        | \$165.61     |              | -           | -        | 000 | 999 |          |
| 53601       | N      | DILATE URETHRA STRICTURE     |          | 05734  | 1.4456   | Bundled, sometimes payable | \$87.78      |              | -           | -        | 000 | 999 |          |
| 53605       | N      | DILATE URETHRA STRICTURE     |          | 05374  | 38.6790  | Bundled, sometimes payable | \$2,348.59   |              | -           | -        | 000 | 999 |          |
| 53620       | N      | DILATE URETHRA STRICTURE     |          | 05372  | 7.4854   | Bundled, sometimes payable | \$454.51     |              | -           | -        | 000 | 999 |          |
| 53621       | T      | DILATE URETHRA STRICTURE     |          | 05371  | 2.7275   | APC                        | \$165.61     |              | -           | -        | 000 | 999 |          |
| 53660       | S      | DILATION OF URETHRA          |          | 05721  | 1.7546   | APC                        | \$106.54     |              | -           | -        | 000 | 999 |          |
| 53661       | N      | DILATION OF URETHRA          |          | 05734  | 1.4456   | Bundled, sometimes payable | \$87.78      |              | -           | -        | 000 | 999 |          |
| 53665       | N      | DILATION OF URETHRA          |          | 05373  | 22.9733  | Bundled, sometimes payable | \$1,394.94   |              | -           | -        | 000 | 999 |          |
| 53850       | N      | PROSTATIC MICROWAVE THERMOTX |          | 05374  | 38.6790  | Bundled, sometimes payable | \$2,348.59   |              | -           | -        | 000 | 999 |          |
| 53852       | N      | PROSTATIC RF THERMOTX        |          | 05374  | 38.6790  | Bundled, sometimes payable | \$2,348.59   |              | -           | -        | 000 | 999 |          |
| 53854       | N      | TRURL DSTRJ PRST8 TISS RF WV |          | 05374  | 38.6790  | Bundled, sometimes payable | \$2,348.59   |              | -           | -        | 000 | 999 |          |
| 53855       | N      | INSERT PROST URETHRAL STENT  |          | 05373  | 22.9733  | Bundled, sometimes payable | \$1,394.94   |              | -           | -        | 000 | 999 |          |
| 53860       | N      | TRANSURETHRAL RF TREATMENT   |          | 05373  | 22.9733  | Bundled, sometimes payable | \$1,394.94   |              | -           | -        | 000 | 999 |          |
| 53865       | N      | CYSTO INSJ DEV ISCHMC RMDLG  |          | 05376  | 103.7036 | Bundled, sometimes payable | \$6,296.88   |              | -           | -        | 000 | 999 |          |
| 53866       | T      | CATHJ RMVL DEV ISCHMC RMDLG  |          | 05371  | 2.7275   | APC                        | \$165.61     |              | -           | -        | 000 | 999 |          |
| 53899       | T      | UNLISTED PX URINARY SYSTEM   |          | 05371  | 2.7275   | APC                        | \$165.61     |              | -           | -        | 000 | 999 |          |
| 54000       | N      | SLITTING OF PREPUCE          |          | 05374  | 38.6790  | Bundled, sometimes payable | \$2,348.59   |              | -           | -        | 000 | 999 |          |
| 54001       | N      | SLITTING OF PREPUCE          |          | 05373  | 22.9733  | Bundled, sometimes payable | \$1,394.94   |              | -           | -        | 001 | 99  |          |
| 54015       | N      | DRAIN PENIS LESION           |          | 05072  | 18.1704  | Bundled, sometimes payable | \$1,103.31   |              | -           | -        | 000 | 999 |          |
| 54050       | N      | DESTRUCTION PENIS LESION(S)  |          | 05052  | 4.4806   | Bundled, sometimes payable | \$272.06     |              | -           | -        | 000 | 999 |          |
| 54055       | T      | DESTRUCTION PENIS LESION(S)  |          | 05054  | 20.5142  | APC                        | \$1,245.62   |              | -           | -        | 000 | 999 |          |
| 54056       | N      | CRYOSURGERY PENIS LESION(S)  |          | 05051  | 2.2284   | Bundled, sometimes payable | \$135.31     |              | -           | -        | 000 | 999 |          |
| 54057       | T      | LASER SURG PENIS LESION(S)   |          | 05054  | 20.5142  | APC                        | \$1,245.62   |              | -           | -        | 000 | 999 |          |
| 54060       | T      | EXCISION OF PENIS LESION(S)  |          | 05054  | 20.5142  | APC                        | \$1,245.62   |              | -           | -        | 000 | 999 |          |
| 54065       | T      | DESTRUCTION PENIS LESION(S)  |          | 05054  | 20.5142  | APC                        | \$1,245.62   |              | -           | -        | 000 | 999 |          |
| 54100       | N      | BIOPSY OF PENIS              |          | 05072  | 18.1704  | Bundled, sometimes payable | \$1,103.31   |              | -           | -        | 000 | 999 |          |
| 54105       | N      | BIOPSY OF PENIS              |          | 05073  | 32.0969  | Bundled, sometimes payable | \$1,948.92   |              | -           | -        | 000 | 999 |          |
| 54110       | N      | TREATMENT OF PENIS LESION    |          | 05374  | 38.6790  | Bundled, sometimes payable | \$2,348.59   |              | -           | -        | 000 | 999 |          |
| 54111       | N      | TREAT PENIS LESION GRAFT     |          | 05375  | 57.0111  | Bundled, sometimes payable | \$3,461.71   |              | -           | -        | 000 | 999 |          |
| 54112       | N      | TREAT PENIS LESION GRAFT     |          | 05376  | 103.7036 | Bundled, sometimes payable | \$6,296.88   |              | -           | -        | 000 | 999 |          |
| 54115       | N      | TREATMENT OF PENIS LESION    |          | 05073  | 32.0969  | Bundled, sometimes payable | \$1,948.92   |              | -           | -        | 000 | 999 |          |
| 54120       | N      | PARTIAL REMOVAL OF PENIS     |          | 05374  | 38.6790  | Bundled, sometimes payable | \$2,348.59   |              | -           | -        | 000 | 999 |          |



Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc<br>Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC      | APC<br>Weight | Method                     | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|------------------------------|------------------------------|------------------|----------|---------------|----------------------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|            |                              |                              |                  |          |               |                            |                                        |                                    |                                           |                         |          |            |            |          |
| 54125      | C                            | REMOVAL OF PENIS             | -                | -        | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 54130      | C                            | REMOVE PENIS & NODES         | -                | -        | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 54135      | C                            | REMOVE PENIS & NODES         | -                | -        | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 54150      | N                            | CIRCUMCISION W/REGIONL BLOCK | 05373            | 22.9733  |               | Bundled, sometimes payable | \$1,394.94                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 54160      | N                            | CIRCUMCISION NEONATE         | 05372            | 7.4854   |               | Bundled, sometimes payable | \$454.51                               |                                    |                                           | -                       | -        | 000        | 0          |          |
| 54161      | N                            | CIRCUM 28 DAYS OR OLDER      | 05373            | 22.9733  |               | Bundled, sometimes payable | \$1,394.94                             |                                    |                                           | -                       | -        | 000        | 99         |          |
| 54162      | N                            | LYSIS PENIL CIRCUMIC LESION  | 05373            | 22.9733  |               | Bundled, sometimes payable | \$1,394.94                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 54163      | N                            | REPAIR OF CIRCUMCISION       | 05373            | 22.9733  |               | Bundled, sometimes payable | \$1,394.94                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 54164      | N                            | FRENULOTOMY OF PENIS         | 05373            | 22.9733  |               | Bundled, sometimes payable | \$1,394.94                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 54200      | T                            | INJECTION PX PEYRONIE DS     | 05371            | 2.7275   |               | APC                        | \$165.61                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 54205      | N                            | NJX PX PEYRONIE DS EXPS PLAQ | 05375            | 57.0111  |               | Bundled, sometimes payable | \$3,461.71                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 54220      | T                            | IRRG CRPRA CAVRNOSA PRIAPISM | 05371            | 2.7275   |               | APC                        | \$165.61                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 54230      | E                            | NJX CORPORA CAVERNOSOGRAPY   | -                | -        | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 54231      | E                            | DYNAMIC CAVERNOSOMETRY       | -                | -        | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 54235      | E                            | NJX CORPORA CAVERNOSA RX AGT | -                | -        | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 54240      | E                            | PENILE PLETHYSMOGRAPHY       | -                | -        | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 54250      | E                            | NCTRNL PEN TMSCN&/RGDITY TST | -                | -        | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 54300      | N                            | REVISION OF PENIS            | 05374            | 38.6790  |               | Bundled, sometimes payable | \$2,348.59                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 54304      | N                            | REVISION OF PENIS            | 05374            | 38.6790  |               | Bundled, sometimes payable | \$2,348.59                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 54308      | N                            | RECONSTRUCTION OF URETHRA    | 05375            | 57.0111  |               | Bundled, sometimes payable | \$3,461.71                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 54312      | N                            | RECONSTRUCTION OF URETHRA    | 05374            | 38.6790  |               | Bundled, sometimes payable | \$2,348.59                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 54316      | N                            | RECONSTRUCTION OF URETHRA    | 05376            | 103.7036 |               | Bundled, sometimes payable | \$6,296.88                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 54318      | N                            | RECONSTRUCTION OF URETHRA    | 05374            | 38.6790  |               | Bundled, sometimes payable | \$2,348.59                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 54322      | N                            | RECONSTRUCTION OF URETHRA    | 05374            | 38.6790  |               | Bundled, sometimes payable | \$2,348.59                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 54324      | N                            | RECONSTRUCTION OF URETHRA    | 05374            | 38.6790  |               | Bundled, sometimes payable | \$2,348.59                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 54326      | N                            | RECONSTRUCTION OF URETHRA    | 05374            | 38.6790  |               | Bundled, sometimes payable | \$2,348.59                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 54328      | N                            | REVISE PENIS/URETHRA         | 05374            | 38.6790  |               | Bundled, sometimes payable | \$2,348.59                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 54332      | N                            | REVISE PENIS/URETHRA         | 05374            | 38.6790  |               | Bundled, sometimes payable | \$2,348.59                             |                                    |                                           | -                       | -        | 000        | 18         |          |
| 54336      | N                            | REVISE PENIS/URETHRA         | 05374            | 38.6790  |               | Bundled, sometimes payable | \$2,348.59                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 54340      | N                            | RPR HYPSPAD COMP SIMPLE      | 05374            | 38.6790  |               | Bundled, sometimes payable | \$2,348.59                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 54344      | N                            | RRP HYPSPAD COMP MOBLJ&URTP  | 05376            | 103.7036 |               | Bundled, sometimes payable | \$6,296.88                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 54348      | N                            | RPR HYPSPAD COMP DSJ & URTP  | 05375            | 57.0111  |               | Bundled, sometimes payable | \$3,461.71                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 54352      | N                            | REVJ PRIOR HYPSPAD REPAIR    | 05375            | 57.0111  |               | Bundled, sometimes payable | \$3,461.71                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 54360      | N                            | PENIS PLASTIC SURGERY        | 05374            | 38.6790  |               | Bundled, sometimes payable | \$2,348.59                             |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 54380      | N                            | REPAIR PENIS                 | 05373            | 22.9733  |               | Bundled, sometimes payable | \$1,394.94                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 54385      | N                            | REPAIR PENIS                 | 05373            | 22.9733  |               | Bundled, sometimes payable | \$1,394.94                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 54390      | C                            | REPAIR PENIS AND BLADDER     | -                | -        | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 54400      | E                            | INSERT SEMI-RIGID PROSTHESIS | -                | -        | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 54401      | E                            | INSERT SELF-CONTD PROSTHESIS | -                | -        | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 54405      | E                            | INSERT MULTI-COMP PENIS PROS | -                | -        | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 54406      | E                            | REMOVE MUTI-COMP PENIS PROS  | -                | -        | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 54408      | E                            | REPAIR MULTI-COMP PENIS PROS | -                | -        | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 54410      | E                            | REMOVE/REPLACE PENIS PROSTH  | -                | -        | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 54411      | E                            | REMOV/REPLC PENIS PROS COMP  | -                | -        | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 54415      | E                            | REMOVE SELF-CONTD PENIS PROS | -                | -        | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 54416      | E                            | REMV/REPL PENIS CONTAIN PROS | -                | -        | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 54417      | E                            | REMV/REPLC PENIS PROS COMPL  | -                | -        | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 54420      | N                            | REVISION OF PENIS            | 05374            | 38.6790  |               | Bundled, sometimes payable | \$2,348.59                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 54430      | C                            | REVISION OF PENIS            | -                | -        | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 54435      | N                            | REVISION OF PENIS            | 05374            | 38.6790  |               | Bundled, sometimes payable | \$2,348.59                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 54437      | N                            | REPAIR CORPOREAL TEAR        | 05374            | 38.6790  |               | Bundled, sometimes payable | \$2,348.59                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 54440      | N                            | REPAIR OF PENIS              | 05374            | 38.6790  |               | Bundled, sometimes payable | \$2,348.59                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 54450      | T                            | PREPUTIAL STRETCHING         | 05371            | 2.7275   |               | APC                        | \$165.61                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 54500      | N                            | BIOPSY OF TESTIS             | 05073            | 32.0969  |               | Bundled, sometimes payable | \$1,948.92                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 54505      | N                            | BIOPSY OF TESTIS             | 05374            | 38.6790  |               | Bundled, sometimes payable | \$2,348.59                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 54512      | N                            | EXCISE LESION TESTIS         | 05374            | 38.6790  |               | Bundled, sometimes payable | \$2,348.59                             |                                    |                                           | -                       | -        | 000        | 999        |          |



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| Proc<br>Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC<br>Weight | Method  | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|------------------------------|------------------------------|------------------|---------------|---------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|            |                              |                              |                  |               |         |                                        |                                    |                                           |                         |          |            |            |          |
| 54520      | N                            | REMOVAL OF TESTIS            |                  | 05374         | 38.6790 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 54522      | N                            | ORCHIECTOMY PARTIAL          |                  | 05374         | 38.6790 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 54530      | N                            | REMOVAL OF TESTIS            |                  | 05341         | 39.5772 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 54535      | N                            | EXTENSIVE TESTIS SURGERY     |                  | 05374         | 38.6790 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 54550      | N                            | EXPLORATION FOR TESTIS       |                  | 05341         | 39.5772 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 54560      | N                            | EXPLORATION FOR TESTIS       |                  | 05373         | 22.9733 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 54600      | N                            | REDUCE TESTIS TORSION        |                  | 05374         | 38.6790 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 54620      | N                            | SUSPENSION OF TESTIS         |                  | 05374         | 38.6790 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 54640      | N                            | ORCHIOPEXY INGUN/SCROT APPR  |                  | 05341         | 39.5772 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 54650      | N                            | ORCHIOPEXY (FOWLER-STEPHENS) |                  | 05341         | 39.5772 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 54660      | N                            | REVISION OF TESTIS           |                  | 05375         | 57.0111 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 54670      | N                            | REPAIR TESTIS INJURY         |                  | 05374         | 38.6790 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 54680      | N                            | RELOCATION OF TESTIS(ES)     |                  | 05374         | 38.6790 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 54690      | N                            | LAPAROSCOPY ORCHIECTOMY      |                  | 05361         | 65.4304 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 54692      | N                            | LAPAROSCOPY ORCHIOPEXY       |                  | 05361         | 65.4304 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 54699      | N                            | UNLISTED LAPS PX TESTIS      |                  | 05361         | 65.4304 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 54700      | N                            | DRAINAGE OF SCROTUM          |                  | 05373         | 22.9733 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 54800      | N                            | BIOPSY OF EPIDIDYMIS         |                  | 05072         | 18.1704 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 54830      | N                            | REMOVE EPIDIDYMIS LESION     |                  | 05374         | 38.6790 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 54840      | N                            | REMOVE EPIDIDYMIS LESION     |                  | 05373         | 22.9733 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 54860      | N                            | REMOVAL OF EPIDIDYMIS        |                  | 05374         | 38.6790 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 54861      | N                            | REMOVAL OF EPIDIDYMIS        |                  | 05374         | 38.6790 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 54865      | N                            | EXPLORE EPIDIDYMIS           |                  | 05374         | 38.6790 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 54900      | N                            | FUSION OF SPERMATIC DUCTS    |                  | 05373         | 22.9733 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 54901      | N                            | FUSION OF SPERMATIC DUCTS    |                  | 05374         | 38.6790 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 55000      | T                            | DRAINAGE OF HYDROCELE        |                  | 05071         | 7.8905  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 55040      | N                            | REMOVAL OF HYDROCELE         |                  | 05341         | 39.5772 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 55041      | N                            | REMOVAL OF HYDROCELES        |                  | 05341         | 39.5772 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 55060      | N                            | REPAIR OF HYDROCELE          |                  | 05374         | 38.6790 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 55100      | N                            | DRAINAGE OF SCROTUM ABSCESS  |                  | 05072         | 18.1704 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 55110      | N                            | EXPLORE SCROTUM              |                  | 05374         | 38.6790 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 55120      | N                            | REMOVAL OF SCROTUM LESION    |                  | 05373         | 22.9733 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 55150      | N                            | REMOVAL OF SCROTUM           |                  | 05374         | 38.6790 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 55175      | N                            | REVISION OF SCROTUM          |                  | 05374         | 38.6790 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 55180      | N                            | REVISION OF SCROTUM          |                  | 05375         | 57.0111 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 55200      | N                            | INCISION OF SPERM DUCT       |                  | 05374         | 38.6790 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 55250      | N                            | REMOVAL OF SPERM DUCT(S)     |                  | 05373         | 22.9733 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 021        | 999        |          |
| 55300      | N                            | PREPARE SPERM DUCT X-RAY     |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 55400      | E                            | REPAIR OF SPERM DUCT         |                  | -             | -       | Not Allowed                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| 55500      | N                            | REMOVAL OF HYDROCELE         |                  | 05374         | 38.6790 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 55520      | N                            | REMOVAL OF SPERM CORD LESION |                  | 05374         | 38.6790 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 55530      | N                            | REVISE SPERMATIC CORD VEINS  |                  | 05374         | 38.6790 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 55535      | N                            | REVISE SPERMATIC CORD VEINS  |                  | 05342         | 69.9767 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 55540      | N                            | REVISE HERNIA & SPERM VEINS  |                  | 05341         | 39.5772 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 55550      | N                            | LAPARO LIGATE SPERMATIC VEIN |                  | 05361         | 65.4304 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 55559      | N                            | UNLSTD LAPS PX SPRMATIC CORD |                  | 05361         | 65.4304 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 55600      | N                            | VESICULOTOMY                 |                  | 05373         | 22.9733 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 55605      | C                            | VESICULOTOMY COMPLICATED     |                  | -             | -       | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 55650      | C                            | REMOVE SPERM DUCT POUCH      |                  | -             | -       | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 55680      | N                            | REMOVE SPERM POUCH LESION    |                  | 05374         | 38.6790 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 55700      | N                            | BIOPSY OF PROSTATE           |                  | 05373         | 22.9733 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 55705      | N                            | BIOPSY OF PROSTATE           |                  | 05374         | 38.6790 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 55706      | N                            | PROSTATE SATURATION SAMPLING |                  | 05374         | 38.6790 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 55720      | N                            | DRAINAGE OF PROSTATE ABSCESS |                  | 05374         | 38.6790 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 55725      | N                            | DRAINAGE OF PROSTATE ABSCESS |                  | 05374         | 38.6790 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 55801      | C                            | REMOVAL OF PROSTATE          |                  | -             | -       | IP Only                                |                                    |                                           | -                       | -        | 000        | 999        |          |

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| Proc<br>Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC      | APC<br>Weight | Method                     | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|------------------------------|------------------------------|------------------|----------|---------------|----------------------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|            |                              |                              |                  |          |               |                            |                                        |                                    |                                           |                         |          |            |            |          |
| 55810      | C                            | EXTENSIVE PROSTATE SURGERY   | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 55812      | C                            | EXTENSIVE PROSTATE SURGERY   | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 55815      | C                            | EXTENSIVE PROSTATE SURGERY   | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 55821      | C                            | REMOVAL OF PROSTATE          | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 55831      | C                            | REMOVAL OF PROSTATE          | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 55840      | C                            | EXTENSIVE PROSTATE SURGERY   | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 55842      | C                            | EXTENSIVE PROSTATE SURGERY   | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 55845      | C                            | EXTENSIVE PROSTATE SURGERY   | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 55860      | N                            | SURGICAL EXPOSURE PROSTATE   | 05375            | 57.0111  |               | Bundled, sometimes payable | \$3,461.71                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 55862      | C                            | EXTENSIVE PROSTATE SURGERY   | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 55865      | C                            | EXTENSIVE PROSTATE SURGERY   | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 55866      | N                            | LAPS SURG PRST8ECT RPBIC RAD | 05362            | 116.7583 |               | Bundled, sometimes payable | \$7,089.56                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 55867      | N                            | LAPS SURG PRST8ECT SMPL STOT | 05362            | 116.7583 |               | Bundled, sometimes payable | \$7,089.56                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 55870      | E                            | ELECTROEJACULATION           | -                | -        | -             | Not Allowed                | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 55873      | N                            | CRYOABLATE PROSTATE          | 05376            | 103.7036 |               | Bundled, sometimes payable | \$6,296.88                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 55874      | N                            | TPRNL PLMT BIODEGRDABL MATRL | 05375            | 57.0111  |               | Bundled, sometimes payable | \$3,461.71                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 55875      | N                            | TRANSPERI NEEDLE PLACE PROS  | 05375            | 57.0111  |               | Bundled, sometimes payable | \$3,461.71                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 55876      | S                            | PLACE RT DEVICE/MARKER PROS  | 05613            | 15.3446  |               | APC                        | \$931.72                               | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 55880      | N                            | ABLTJ MAL PRST8 TISS HIFU    | 05376            | 103.7036 |               | Bundled, sometimes payable | \$6,296.88                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 55881      | E                            | ABLT TRURL PRST8 TIS THRM US | -                | -        | -             | Not Allowed                | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 55882      | N                            | ABLT TRURL PRST8 TIS TRNSDCR | 05377            | 145.7056 |               | Bundled, sometimes payable | \$8,847.24                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 55899      | T                            | UNLISTED PX MALE GENITAL SYS | 05371            | 2.7275   |               | APC                        | \$165.61                               | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 55920      | N                            | PLACE NEEDLES PELVIC FOR RT  | 05415            | 55.3606  |               | Bundled, sometimes payable | \$3,361.50                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 55970      | E                            | SEX TRANSFORMATION M TO F    | -                | -        | -             | Not Allowed                | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 55980      | E                            | SEX TRANSFORMATION F TO M    | -                | -        | -             | Not Allowed                | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 56405      | T                            | I & D OF VULVA/PERINEUM      | 05412            | 3.4114   |               | APC                        | \$207.14                               | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 56420      | T                            | DRAINAGE OF GLAND ABSCESS    | 05411            | 2.2561   |               | APC                        | \$136.99                               | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 56440      | N                            | MRSPLZATN BRTHLNS GLND CST   | 05414            | 35.6573  |               | Bundled, sometimes payable | \$2,165.11                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 56441      | N                            | LYSIS OF LABIAL ADHESIONS    | 05414            | 35.6573  |               | Bundled, sometimes payable | \$2,165.11                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 56442      | N                            | HYMENOTOMY                   | 05414            | 35.6573  |               | Bundled, sometimes payable | \$2,165.11                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 56501      | T                            | DESTROY VULVA LESIONS SIM    | 05054            | 20.5142  |               | APC                        | \$1,245.62                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 56515      | T                            | DESTROY VULVA LESION/S COMPL | 05054            | 20.5142  |               | APC                        | \$1,245.62                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 56605      | T                            | BIOPSY OF VULVA/PERINEUM     | 05413            | 9.7651   |               | APC                        | \$592.94                               | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 56606      | N                            | BIOPSY OF VULVA/PERINEUM     | -                | -        | -             | Bundled                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 56620      | N                            | VULVECTOMY SIMPLE PARTIAL    | 05414            | 35.6573  |               | Bundled, sometimes payable | \$2,165.11                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 56625      | N                            | VULVECTOMY SIMPLE COMPLETE   | 05414            | 35.6573  |               | Bundled, sometimes payable | \$2,165.11                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 56630      | C                            | VULVECTOMY RADICAL PARTIAL   | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 56631      | C                            | VLVCTMY RAD PRTL UNI LYMPHAD | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 56632      | C                            | VLVCTMY RAD PRTL BI LYMPHAD  | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 56633      | C                            | VULVECTOMY RADICAL COMPLETE  | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 56634      | C                            | VLVCTMY RAD COMP UNI LYMPHAD | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 56637      | C                            | VLVCTMY RAD COMP BI LYMPHAD  | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 56640      | C                            | VLVCTMY RAD COMP W/LYMPHADEC | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 56700      | N                            | PRTL HYMNCTMY/REVJ HYMNL RNG | 05414            | 35.6573  |               | Bundled, sometimes payable | \$2,165.11                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 56740      | N                            | EXC BARTHOLINS GLAND/CYST    | 05414            | 35.6573  |               | Bundled, sometimes payable | \$2,165.11                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 56800      | N                            | PLASTIC REPAIR INTROITUS     | 05414            | 35.6573  |               | Bundled, sometimes payable | \$2,165.11                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 56805      | N                            | CLITOROPLASTY INTERSEX STATE | 05414            | 35.6573  |               | Bundled, sometimes payable | \$2,165.11                             | -                                  | -                                         | -                       | -        | 000        | 20         |          |
| 56810      | N                            | PERINEOPLASTY RPR PER NONOB  | 05414            | 35.6573  |               | Bundled, sometimes payable | \$2,165.11                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 56820      | T                            | COLPOSCOPY VULVA             | 05411            | 2.2561   |               | APC                        | \$136.99                               | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 56821      | T                            | COLPOSCOPY VULVA W/BIOPSY    | 05412            | 3.4114   |               | APC                        | \$207.14                               | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 57000      | N                            | COLPOTOMY W/EXPLORATION      | 05414            | 35.6573  |               | Bundled, sometimes payable | \$2,165.11                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 57010      | N                            | COLPOTOMY DRG PEL ABSCESS    | 05414            | 35.6573  |               | Bundled, sometimes payable | \$2,165.11                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 57020      | N                            | COLPOCENTESIS SEP PX         | 05415            | 55.3606  |               | Bundled, sometimes payable | \$3,361.50                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 57022      | N                            | I&D VAGINAL HEMATOMA OB/PP   | 05073            | 32.0969  |               | Bundled, sometimes payable | \$1,948.92                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 57023      | N                            | I&D VAGINAL HEMATOMA NON-OB  | 05073            | 32.0969  |               | Bundled, sometimes payable | \$1,948.92                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 57061      | N                            | DESTRUCTION VAG LESIONS SMPL | 05414            | 35.6573  |               | Bundled, sometimes payable | \$2,165.11                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |

**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2025**

| Proc Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC<br>Weight | Method   | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|---------|------------------------------|------------------------------|------------------|---------------|----------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|         |                              |                              |                  |               |          |                                        |                                    |                                           |                         |          |            |            |          |
| 57065   | N                            | DESTRUCTION VAG LESION XTNSV |                  | 05414         | 35.6573  | Bundled, sometimes payable             | \$2,165.11                         |                                           | -                       | -        | 000        | 999        |          |
| 57100   | T                            | BIOPSY VAGINAL MUCOSA SIMPLE |                  | 05413         | 9.7651   | APC                                    | \$592.94                           |                                           | -                       | -        | 000        | 999        |          |
| 57105   | N                            | BIOPSY VAGINAL MUCOSA XTNSV  |                  | 05414         | 35.6573  | Bundled, sometimes payable             | \$2,165.11                         |                                           | -                       | -        | 000        | 999        |          |
| 57106   | N                            | VAGNC PRTL RMVL VAG WALL     |                  | 05414         | 35.6573  | Bundled, sometimes payable             | \$2,165.11                         |                                           | -                       | -        | 000        | 999        |          |
| 57107   | N                            | VAGNC COMPL RMVL PARAVAG TIS |                  | 05414         | 35.6573  | Bundled, sometimes payable             | \$2,165.11                         |                                           | -                       | -        | 000        | 999        |          |
| 57109   | N                            | VAGNC BI TOTAL PEL LYMPHADEC |                  | 05414         | 35.6573  | Bundled, sometimes payable             | \$2,165.11                         |                                           | -                       | -        | 000        | 999        |          |
| 57110   | C                            | VAGNC COMPL RMVL VAG WALL    |                  | -             | -        | IP Only                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 57111   | C                            | VAGNC COMPL RMVL PARAVAG TIS |                  | -             | -        | IP Only                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 57120   | N                            | COLPOCLEISIS LE FORT TYPE    |                  | 05415         | 55.3606  | Bundled, sometimes payable             | \$3,361.50                         |                                           | -                       | -        | 000        | 999        |          |
| 57130   | N                            | EXCISION VAGINAL SEPTUM      |                  | 05414         | 35.6573  | Bundled, sometimes payable             | \$2,165.11                         |                                           | -                       | -        | 000        | 999        |          |
| 57135   | N                            | EXCISION VAGINAL CYST/TUMOR  |                  | 05414         | 35.6573  | Bundled, sometimes payable             | \$2,165.11                         |                                           | -                       | -        | 000        | 999        |          |
| 57150   | N                            | TREAT VAGINA INFECTION       |                  | 05733         | 0.6661   | Bundled, sometimes payable             | \$40.45                            |                                           | -                       | -        | 000        | 999        |          |
| 57155   | N                            | INSERT UTERI TANDEM/OVOIDS   |                  | 05415         | 55.3606  | Bundled, sometimes payable             | \$3,361.50                         |                                           | -                       | -        | 000        | 999        |          |
| 57156   | T                            | INS VAG BRACHYTX DEVICE      |                  | 05412         | 3.4114   | APC                                    | \$207.14                           |                                           | -                       | -        | 000        | 999        |          |
| 57160   | T                            | INSERT PESSARY/OTHER DEVICE  |                  | 05411         | 2.2561   | APC                                    | \$136.99                           |                                           | -                       | -        | 000        | 999        |          |
| 57170   | T                            | FITTING OF DIAPHRAGM/CAP     |                  | 05411         | 2.2561   | APC                                    | \$136.99                           |                                           | -                       | -        | 000        | 999        |          |
| 57180   | T                            | TREAT VAGINAL BLEEDING       |                  | 05411         | 2.2561   | APC                                    | \$136.99                           |                                           | -                       | -        | 000        | 999        |          |
| 57200   | N                            | REPAIR OF VAGINA             |                  | 05414         | 35.6573  | Bundled, sometimes payable             | \$2,165.11                         |                                           | -                       | -        | 000        | 999        |          |
| 57210   | N                            | REPAIR VAGINA/PERINEUM       |                  | 05414         | 35.6573  | Bundled, sometimes payable             | \$2,165.11                         |                                           | -                       | -        | 000        | 999        |          |
| 57220   | N                            | REVISION OF URETHRA          |                  | 05415         | 55.3606  | Bundled, sometimes payable             | \$3,361.50                         |                                           | -                       | -        | 000        | 999        |          |
| 57230   | N                            | REPAIR OF URETHRAL LESION    |                  | 05414         | 35.6573  | Bundled, sometimes payable             | \$2,165.11                         |                                           | -                       | -        | 000        | 999        |          |
| 57240   | N                            | ANTERIOR COLPORRHAPHY        |                  | 05415         | 55.3606  | Bundled, sometimes payable             | \$3,361.50                         |                                           | -                       | -        | 000        | 999        |          |
| 57250   | N                            | REPAIR RECTUM & VAGINA       |                  | 05415         | 55.3606  | Bundled, sometimes payable             | \$3,361.50                         |                                           | -                       | -        | 000        | 999        |          |
| 57260   | N                            | CMBN ANT PST COLPRHY         |                  | 05415         | 55.3606  | Bundled, sometimes payable             | \$3,361.50                         |                                           | -                       | -        | 000        | 999        |          |
| 57265   | N                            | CMBN AP COLPRHY W/NTRCL RPR  |                  | 05415         | 55.3606  | Bundled, sometimes payable             | \$3,361.50                         |                                           | -                       | -        | 000        | 999        |          |
| 57267   | N                            | INSERT MESH/PELVIC FLR ADDON |                  | -             | -        | Bundled                                | \$0.00                             |                                           | -                       | Y        | 000        | 999        |          |
| 57268   | N                            | REPAIR OF BOWEL BULGE        |                  | 05415         | 55.3606  | Bundled, sometimes payable             | \$3,361.50                         |                                           | -                       | -        | 000        | 999        |          |
| 57270   | C                            | REPAIR OF BOWEL POUCH        |                  | -             | -        | IP Only                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 57280   | C                            | SUSPENSION OF VAGINA         |                  | -             | -        | IP Only                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 57282   | N                            | COLPOPEXY EXTRAPERITONEAL    |                  | 05416         | 82.9303  | Bundled, sometimes payable             | \$5,035.53                         |                                           | -                       | -        | 000        | 999        |          |
| 57283   | N                            | COLPOPEXY INTRAPERITONEAL    |                  | 05416         | 82.9303  | Bundled, sometimes payable             | \$5,035.53                         |                                           | -                       | Y        | 000        | 999        |          |
| 57284   | N                            | REPAIR PARAVAG DEFECT OPEN   |                  | 05415         | 55.3606  | Bundled, sometimes payable             | \$3,361.50                         |                                           | -                       | -        | 000        | 999        |          |
| 57285   | N                            | REPAIR PARAVAG DEFECT VAG    |                  | 05416         | 82.9303  | Bundled, sometimes payable             | \$5,035.53                         |                                           | -                       | -        | 000        | 999        |          |
| 57287   | N                            | REVISE/REMOVE SLING REPAIR   |                  | 05414         | 35.6573  | Bundled, sometimes payable             | \$2,165.11                         |                                           | -                       | -        | 000        | 999        |          |
| 57288   | N                            | REPAIR BLADDER DEFECT        |                  | 05415         | 55.3606  | Bundled, sometimes payable             | \$3,361.50                         |                                           | -                       | -        | 000        | 999        |          |
| 57289   | N                            | REPAIR BLADDER & VAGINA      |                  | 05416         | 82.9303  | Bundled, sometimes payable             | \$5,035.53                         |                                           | -                       | -        | 000        | 999        |          |
| 57291   | E                            | CONSTRUCTION OF VAGINA       |                  | -             | -        | Not Allowed                            | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 57292   | E                            | CONSTRUCT VAGINA WITH GRAFT  |                  | -             | -        | Not Allowed                            | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 57295   | N                            | REVISE VAG GRAFT VIA VAGINA  |                  | 05414         | 35.6573  | Bundled, sometimes payable             | \$2,165.11                         |                                           | -                       | Y        | 000        | 999        |          |
| 57296   | C                            | REVISE VAG GRAFT OPEN ABD    |                  | -             | -        | IP Only                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 57300   | N                            | REPAIR RECTUM-VAGINA FISTULA |                  | 05414         | 35.6573  | Bundled, sometimes payable             | \$2,165.11                         |                                           | -                       | -        | 000        | 999        |          |
| 57305   | C                            | REPAIR RECTUM-VAGINA FISTULA |                  | -             | -        | IP Only                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 57307   | C                            | FISTULA REPAIR & COLOSTOMY   |                  | -             | -        | IP Only                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 57308   | C                            | FISTULA REPAIR TRANSPERINE   |                  | -             | -        | IP Only                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 57310   | N                            | REPAIR URETHROVAGINAL LESION |                  | 05416         | 82.9303  | Bundled, sometimes payable             | \$5,035.53                         |                                           | -                       | -        | 000        | 999        |          |
| 57311   | C                            | REPAIR URETHROVAGINAL LESION |                  | -             | -        | IP Only                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 57320   | N                            | REPAIR BLADDER-VAGINA LESION |                  | 05415         | 55.3606  | Bundled, sometimes payable             | \$3,361.50                         |                                           | -                       | -        | 000        | 999        |          |
| 57330   | N                            | REPAIR BLADDER-VAGINA LESION |                  | 05416         | 82.9303  | Bundled, sometimes payable             | \$5,035.53                         |                                           | -                       | -        | 000        | 999        |          |
| 57335   | N                            | REPAIR VAGINA                |                  | 05415         | 55.3606  | Bundled, sometimes payable             | \$3,361.50                         |                                           | -                       | -        | 000        | 20         |          |
| 57400   | N                            | DILATION OF VAGINA           |                  | 05414         | 35.6573  | Bundled, sometimes payable             | \$2,165.11                         |                                           | -                       | -        | 000        | 999        |          |
| 57410   | N                            | PELVIC EXAMINATION           |                  | 05414         | 35.6573  | Bundled, sometimes payable             | \$2,165.11                         |                                           | -                       | -        | 000        | 999        |          |
| 57415   | N                            | REMOVE VAGINAL FOREIGN BODY  |                  | 05414         | 35.6573  | Bundled, sometimes payable             | \$2,165.11                         |                                           | -                       | -        | 000        | 999        |          |
| 57420   | T                            | EXAM OF VAGINA W/SCOPE       |                  | 05412         | 3.4114   | APC                                    | \$207.14                           |                                           | -                       | -        | 000        | 999        |          |
| 57421   | T                            | EXAM/BIOPSY OF VAG W/SCOPE   |                  | 05413         | 9.7651   | APC                                    | \$592.94                           |                                           | -                       | -        | 000        | 999        |          |
| 57423   | N                            | REPAIR PARAVAG DEFECT LAP    |                  | 05362         | 116.7583 | Bundled, sometimes payable             | \$7,089.56                         |                                           | -                       | -        | 000        | 999        |          |
| 57425   | N                            | LAPAROSCOPY SURG COLPOPEXY   |                  | 05362         | 116.7583 | Bundled, sometimes payable             | \$7,089.56                         |                                           | -                       | Y        | 000        | 999        |          |



Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC   | APC<br>Weight | Method                     | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|---------|------------------------------|------------------------------|------------------|-------|---------------|----------------------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|         |                              |                              |                  |       |               |                            |                                        |                                    |                                           |                         |          |            |            |          |
| 57426   | N                            | REVISE PROSTH VAG GRAFT LAP  |                  | 05416 | 82.9303       | Bundled, sometimes payable | \$5,035.53                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 57452   | T                            | EXAM OF CERVIX W/SCOPE       |                  | 05411 | 2.2561        | APC                        | \$136.99                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 57454   | T                            | BX/CURETT OF CERVIX W/SCOPE  |                  | 05412 | 3.4114        | APC                        | \$207.14                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 57455   | T                            | BIOPSY OF CERVIX W/SCOPE     |                  | 05412 | 3.4114        | APC                        | \$207.14                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 57456   | T                            | ENDOCERV CURETTAGE W/SCOPE   |                  | 05412 | 3.4114        | APC                        | \$207.14                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 57460   | N                            | BX OF CERVIX W/SCOPE LEEP    |                  | 05414 | 35.6573       | Bundled, sometimes payable | \$2,165.11                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 57461   | N                            | CONZ OF CERVIX W/SCOPE LEEP  |                  | 05414 | 35.6573       | Bundled, sometimes payable | \$2,165.11                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 57465   | N                            | CAM CERVIX UTERI DRG COLP    |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 57500   | T                            | BIOPSY OF CERVIX             |                  | 05413 | 9.7651        | APC                        | \$592.94                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 57505   | T                            | ENDOCERVICAL CURETTAGE       |                  | 05413 | 9.7651        | APC                        | \$592.94                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 57510   | N                            | CAUTERIZATION OF CERVIX      |                  | 05414 | 35.6573       | Bundled, sometimes payable | \$2,165.11                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 57511   | T                            | CRYOCAUTERY OF CERVIX        |                  | 05412 | 3.4114        | APC                        | \$207.14                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 57513   | N                            | LASER SURGERY OF CERVIX      |                  | 05414 | 35.6573       | Bundled, sometimes payable | \$2,165.11                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 57520   | N                            | CONIZATION OF CERVIX         |                  | 05414 | 35.6573       | Bundled, sometimes payable | \$2,165.11                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 57522   | N                            | CONIZATION OF CERVIX         |                  | 05414 | 35.6573       | Bundled, sometimes payable | \$2,165.11                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 57530   | N                            | REMOVAL OF CERVIX            |                  | 05415 | 55.3606       | Bundled, sometimes payable | \$3,361.50                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 57531   | C                            | REMOVAL OF CERVIX RADICAL    |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 57540   | C                            | REMOVAL OF RESIDUAL CERVIX   |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 57545   | C                            | REMOVE CERVIX/REPAIR PELVIS  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 57550   | N                            | REMOVAL OF RESIDUAL CERVIX   |                  | 05415 | 55.3606       | Bundled, sometimes payable | \$3,361.50                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 57555   | N                            | REMOVE CERVIX/REPAIR VAGINA  |                  | 05415 | 55.3606       | Bundled, sometimes payable | \$3,361.50                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 57556   | N                            | REMOVE CERVIX REPAIR BOWEL   |                  | 05415 | 55.3606       | Bundled, sometimes payable | \$3,361.50                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 57558   | N                            | D&C OF CERVICAL STUMP        |                  | 05414 | 35.6573       | Bundled, sometimes payable | \$2,165.11                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 57700   | N                            | REVISION OF CERVIX           |                  | 05414 | 35.6573       | Bundled, sometimes payable | \$2,165.11                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 57720   | N                            | REVISION OF CERVIX           |                  | 05414 | 35.6573       | Bundled, sometimes payable | \$2,165.11                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 57800   | N                            | DILATION OF CERVICAL CANAL   |                  | 05414 | 35.6573       | Bundled, sometimes payable | \$2,165.11                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 58100   | T                            | BIOPSY OF UTERUS LINING      |                  | 05411 | 2.2561        | APC                        | \$136.99                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 58110   | N                            | BX DONE W/COLPOSCOPY ADD-ON  |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 58120   | N                            | DILATION AND CURETTAGE       |                  | 05414 | 35.6573       | Bundled, sometimes payable | \$2,165.11                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 58140   | C                            | MYOMECTOMY ABDOM METHOD      |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 58145   | N                            | MYOMECTOMY VAG METHOD        |                  | 05414 | 35.6573       | Bundled, sometimes payable | \$2,165.11                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 58146   | C                            | MYOMECTOMY ABDOM COMPLEX     |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 58150   | C                            | TOTAL HYSTERECTOMY           |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 58152   | C                            | TOTAL HYSTERECTOMY           |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 58180   | C                            | PARTIAL HYSTERECTOMY         |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 58200   | C                            | EXTENSIVE HYSTERECTOMY       |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 58210   | C                            | EXTENSIVE HYSTERECTOMY       |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 58240   | C                            | REMOVAL OF PELVIS CONTENTS   |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 58260   | N                            | VAGINAL HYSTERECTOMY         |                  | 05415 | 55.3606       | Bundled, sometimes payable | \$3,361.50                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 58262   | N                            | VAG HYST INCLUDING T/O       |                  | 05415 | 55.3606       | Bundled, sometimes payable | \$3,361.50                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 58263   | N                            | VAG HYST W/T/O & VAG REPAIR  |                  | 05415 | 55.3606       | Bundled, sometimes payable | \$3,361.50                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 58267   | C                            | VAG HYST W/URINARY REPAIR    |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 58270   | N                            | VAG HYST W/ENTEROCELE REPAIR |                  | 05415 | 55.3606       | Bundled, sometimes payable | \$3,361.50                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 58275   | C                            | HYSTERECTOMY/REVISE VAGINA   |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 58280   | C                            | HYSTERECTOMY/REVISE VAGINA   |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 58285   | C                            | EXTENSIVE HYSTERECTOMY       |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 58290   | N                            | VAG HYST COMPLEX             |                  | 05416 | 82.9303       | Bundled, sometimes payable | \$5,035.53                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 58291   | N                            | VAG HYST INCL T/O COMPLEX    |                  | 05415 | 55.3606       | Bundled, sometimes payable | \$3,361.50                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 58292   | N                            | VAG HYST T/O & REPAIR COMPL  |                  | 05416 | 82.9303       | Bundled, sometimes payable | \$5,035.53                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 58294   | N                            | VAG HYST W/ENTEROCELE COMPL  |                  | 05415 | 55.3606       | Bundled, sometimes payable | \$3,361.50                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 58300   | M                            | INSERT INTRAUTERINE DEVICE   |                  | -     | -             | Fee Schedule               | \$69.14                                |                                    |                                           | -                       | -        | 010        | 65         |          |
| 58301   | N                            | REMOVE INTRAUTERINE DEVICE   |                  | 05412 | 3.4114        | Bundled, sometimes payable | \$207.14                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 58321   | E                            | ARTIFICIAL INSEMINATION      |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 010        | 65         |          |
| 58322   | E                            | ARTIFICIAL INSEMINATION      |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 010        | 65         |          |
| 58323   | E                            | SPERM WASHING                |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 010        | 65         |          |
| 58340   | N                            | CATHETER FOR HYSTEROGRAPHY   |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |



**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2025**

| Proc Cd | 2024<br>APC<br>Status | Proc Desc                    | Proc<br>Modifier | APC      | APC<br>Weight | Method                     | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|---------|-----------------------|------------------------------|------------------|----------|---------------|----------------------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|         |                       |                              |                  |          |               |                            |                                        |                                    |                                           |                         |          |            |            |          |
| 58345   | E                     | REOPEN FALLOPIAN TUBE        | -                | -        | -             | Not Allowed                | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 58346   | N                     | INSERT HEYMAN UTERI CAPSULE  | 05415            | 55.3606  |               | Bundled, sometimes payable | \$3,361.50                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 58350   | N                     | REOPEN FALLOPIAN TUBE        | 05415            | 55.3606  |               | Bundled, sometimes payable | \$3,361.50                             | -                                  | -                                         | Y                       | -        | 000        | 999        |          |
| 58353   | N                     | ENDOMETR ABLATE THERMAL      | 05415            | 55.3606  |               | Bundled, sometimes payable | \$3,361.50                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 58356   | N                     | ENDOMETRIAL CRYOABLATION     | 05415            | 55.3606  |               | Bundled, sometimes payable | \$3,361.50                             | -                                  | -                                         | -                       | Y        | 000        | 999        |          |
| 58400   | C                     | SUSPENSION OF UTERUS         | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 58410   | C                     | SUSPENSION OF UTERUS         | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 58520   | C                     | REPAIR OF RUPTURED UTERUS    | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 58540   | C                     | REVISION OF UTERUS           | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 58541   | N                     | LSH UTERUS 250 G OR LESS     | 05362            | 116.7583 |               | Bundled, sometimes payable | \$7,089.56                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 58542   | N                     | LSH W/T/O UT 250 G OR LESS   | 05362            | 116.7583 |               | Bundled, sometimes payable | \$7,089.56                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 58543   | N                     | LSH UTERUS ABOVE 250 G       | 05362            | 116.7583 |               | Bundled, sometimes payable | \$7,089.56                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 58544   | N                     | LSH W/T/O UTERUS ABOVE 250 G | 05362            | 116.7583 |               | Bundled, sometimes payable | \$7,089.56                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 58545   | N                     | LAPAROSCOPIC MYOMECTOMY      | 05361            | 65.4304  |               | Bundled, sometimes payable | \$3,972.93                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 58546   | N                     | LAPARO-MYOMECTOMY COMPLEX    | 05362            | 116.7583 |               | Bundled, sometimes payable | \$7,089.56                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 58548   | C                     | LAP RADICAL HYST             | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 58550   | N                     | LAPARO-ASST VAG HYSTERECTOMY | 05361            | 65.4304  |               | Bundled, sometimes payable | \$3,972.93                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 58552   | N                     | LAPARO-VAG HYST INCL T/O     | 05362            | 116.7583 |               | Bundled, sometimes payable | \$7,089.56                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 58553   | N                     | LAPARO-VAG HYST COMPLEX      | 05362            | 116.7583 |               | Bundled, sometimes payable | \$7,089.56                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 58554   | N                     | LAPARO-VAG HYST W/T/O COMPL  | 05362            | 116.7583 |               | Bundled, sometimes payable | \$7,089.56                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 58555   | N                     | HYSTEROSCOPY DX SEP PROC     | 05414            | 35.6573  |               | Bundled, sometimes payable | \$2,165.11                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 58558   | N                     | HYSTEROSCOPY BIOPSY          | 05414            | 35.6573  |               | Bundled, sometimes payable | \$2,165.11                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 58559   | N                     | HYSTEROSCOPY LYSIS           | 05415            | 55.3606  |               | Bundled, sometimes payable | \$3,361.50                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 58560   | N                     | HYSTEROSCOPY RESECT SEPTUM   | 05415            | 55.3606  |               | Bundled, sometimes payable | \$3,361.50                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 58561   | N                     | HYSTEROSCOPY REMOVE MYOMA    | 05415            | 55.3606  |               | Bundled, sometimes payable | \$3,361.50                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 58562   | N                     | HYSTEROSCOPY REMOVE FB       | 05414            | 35.6573  |               | Bundled, sometimes payable | \$2,165.11                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 58563   | N                     | HYSTEROSCOPY ABLATION        | 05415            | 55.3606  |               | Bundled, sometimes payable | \$3,361.50                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 58565   | N                     | HYSTEROSCOPY STERILIZATION   | 05415            | 55.3606  |               | Bundled, sometimes payable | \$3,361.50                             | -                                  | -                                         | -                       | -        | 021        | 65         |          |
| 58570   | N                     | TLH UTERUS 250 G OR LESS     | 05362            | 116.7583 |               | Bundled, sometimes payable | \$7,089.56                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 58571   | N                     | TLH W/T/O 250 G OR LESS      | 05362            | 116.7583 |               | Bundled, sometimes payable | \$7,089.56                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 58572   | N                     | TLH UTERUS OVER 250 G        | 05362            | 116.7583 |               | Bundled, sometimes payable | \$7,089.56                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 58573   | N                     | TLH W/T/O UTERUS OVER 250 G  | 05362            | 116.7583 |               | Bundled, sometimes payable | \$7,089.56                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 58575   | C                     | LAPS TOT HYST RESJ MAL       | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 58578   | N                     | UNLISTED LAPS PX UTERUS      | 05361            | 65.4304  |               | Bundled, sometimes payable | \$3,972.93                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 58579   | T                     | UNLISTED HYSTSC PX UTERUS    | 05411            | 2.2561   |               | APC                        | \$136.99                               | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 58580   | N                     | TRANSCRV ABLTJ UTRN FIBRD RF | 05416            | 82.9303  |               | Bundled, sometimes payable | \$5,035.53                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 58600   | N                     | DIVISION OF FALLOPIAN TUBE   | 05414            | 35.6573  |               | Bundled, sometimes payable | \$2,165.11                             | -                                  | -                                         | -                       | -        | 021        | 65         |          |
| 58605   | C                     | DIVISION OF FALLOPIAN TUBE   | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 021        | 65         |          |
| 58611   | C                     | LIGATE OVIDUCT(S) ADD-ON     | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 021        | 65         |          |
| 58615   | N                     | OCCLUDE FALLOPIAN TUBE(S)    | 05414            | 35.6573  |               | Bundled, sometimes payable | \$2,165.11                             | -                                  | -                                         | -                       | -        | 021        | 65         |          |
| 58660   | N                     | LAPAROSCOPY LYSIS            | 05361            | 65.4304  |               | Bundled, sometimes payable | \$3,972.93                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 58661   | N                     | LAPAROSCOPY REMOVE ADNEXA    | 05361            | 65.4304  |               | Bundled, sometimes payable | \$3,972.93                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 58662   | N                     | LAPAROSCOPY EXCISE LESIONS   | 05361            | 65.4304  |               | Bundled, sometimes payable | \$3,972.93                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 58670   | N                     | LAPAROSCOPY TUBAL CAUTERY    | 05361            | 65.4304  |               | Bundled, sometimes payable | \$3,972.93                             | -                                  | -                                         | -                       | -        | 021        | 999        |          |
| 58671   | N                     | LAPAROSCOPY TUBAL BLOCK      | 05361            | 65.4304  |               | Bundled, sometimes payable | \$3,972.93                             | -                                  | -                                         | -                       | -        | 021        | 999        |          |
| 58672   | N                     | LAPAROSCOPY FIMBRIOPLASTY    | 05361            | 65.4304  |               | Bundled, sometimes payable | \$3,972.93                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 58673   | N                     | LAPAROSCOPY SALPINGOSTOMY    | 05362            | 116.7583 |               | Bundled, sometimes payable | \$7,089.56                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 58674   | N                     | LAPS ABLTJ UTERINE FIBROIDS  | 05362            | 116.7583 |               | Bundled, sometimes payable | \$7,089.56                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 58679   | N                     | UNLISTED LAPS PX OVIDCT OVRY | 05361            | 65.4304  |               | Bundled, sometimes payable | \$3,972.93                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 58700   | C                     | REMOVAL OF FALLOPIAN TUBE    | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 58720   | C                     | REMOVAL OF OVARY/TUBE(S)     | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 58740   | C                     | ADHESIOLYSIS TUBE OVARY      | -                | -        | -             | IP Only                    | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 58750   | E                     | REPAIR OVIDUCT               | -                | -        | -             | Not Allowed                | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 58752   | E                     | REVISE OVARIAN TUBE(S)       | -                | -        | -             | Not Allowed                | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 58760   | E                     | FIMBRIOPLASTY                | -                | -        | -             | Not Allowed                | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| 58770   | E                     | CREATE NEW TUBAL OPENING     | -                | -        | -             | Not Allowed                | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |

**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2025**

| Proc Cd | 2024 APC |     | 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 |
|---------|----------|-----|------------------------------|---------------|---------------|----------------------------|----------------------------------|------------------------------|----------------------------------|----------------------|----------|---------|---------|----------|
|         | Status   | Ind |                              |               |               |                            |                                  |                              |                                  |                      |          |         |         |          |
| 58800   | N        |     | DRAINAGE OF OVARIAN CYST(S)  |               | 05414 35.6573 | Bundled, sometimes payable | \$2,165.11                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 58805   | N        |     | DRAINAGE OF OVARIAN CYST(S)  |               | 05414 35.6573 | Bundled, sometimes payable | \$2,165.11                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 58820   | N        |     | DRAIN OVARY ABSCESS OPEN     |               | 05414 35.6573 | Bundled, sometimes payable | \$2,165.11                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 58822   | C        |     | DRAIN OVARY ABSCESS PERCUT   |               | - -           | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 58825   | C        |     | TRANSPOSITION OVARY(S)       |               | - -           | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 58900   | N        |     | BIOPSY OF OVARY(S)           |               | 05414 35.6573 | Bundled, sometimes payable | \$2,165.11                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 58920   | N        |     | PARTIAL REMOVAL OF OVARY(S)  |               | 05416 82.9303 | Bundled, sometimes payable | \$5,035.53                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 58925   | N        |     | REMOVAL OF OVARIAN CYST(S)   |               | 05415 55.3606 | Bundled, sometimes payable | \$3,361.50                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 58940   | C        |     | REMOVAL OF OVARY(S)          |               | - -           | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 58943   | C        |     | REMOVAL OF OVARY(S)          |               | - -           | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 58950   | C        |     | RESECT OVARIAN MALIGNANCY    |               | - -           | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 58951   | C        |     | RESECT OVARIAN MALIGNANCY    |               | - -           | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 58952   | C        |     | RESECT OVARIAN MALIGNANCY    |               | - -           | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 58953   | C        |     | TAH RAD DISSECT FOR DEBULK   |               | - -           | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 58954   | C        |     | TAH RAD DEBULK/LYMPH REMOVE  |               | - -           | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 012     | 999     |          |
| 58956   | C        |     | BSO OMENTECTOMY W/TAH        |               | - -           | IP Only                    | \$0.00                           |                              |                                  | -                    | Y        | 000     | 999     |          |
| 58958   | C        |     | RESC RECR OVR TBL PP UTR MAL |               | - -           | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 58960   | C        |     | EXPLORATION OF ABDOMEN       |               | - -           | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 58970   | E        |     | RETRIEVAL OF OOCYTE          |               | - -           | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 58974   | E        |     | EMBRYO TRANSFER INTRAUTERINE |               | - -           | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 58976   | E        |     | TRANSFER OF EMBRYO           |               | - -           | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 58999   | T        |     | UNLISTED PX FML GENITAL SYS  |               | 05411 2.2561  | APC                        | \$136.99                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 59000   | T        |     | AMNIOCENTESIS DIAGNOSTIC     |               | 05413 9.7651  | APC                        | \$592.94                         |                              |                                  | -                    | -        | 010     | 65      |          |
| 59001   | T        |     | AMNIOCENTESIS THERAPEUTIC    |               | 05412 3.4114  | APC                        | \$207.14                         |                              |                                  | -                    | -        | 010     | 65      |          |
| 59012   | T        |     | FETAL CORD PUNCTURE PRENATAL |               | 05412 3.4114  | APC                        | \$207.14                         |                              |                                  | -                    | -        | 010     | 65      |          |
| 59015   | T        |     | CHORION BIOPSY               |               | 05413 9.7651  | APC                        | \$592.94                         |                              |                                  | -                    | -        | 010     | 65      |          |
| 59020   | T        |     | FETAL CONTRACT STRESS TEST   |               | 05411 2.2561  | APC                        | \$136.99                         |                              |                                  | -                    | -        | 010     | 65      |          |
| 59025   | T        |     | FETAL NON-STRESS TEST        |               | 05411 2.2561  | APC                        | \$136.99                         |                              |                                  | -                    | -        | 010     | 65      |          |
| 59030   | T        |     | FETAL SCALP BLOOD SAMPLING   |               | 05412 3.4114  | APC                        | \$207.14                         |                              |                                  | -                    | -        | 010     | 65      |          |
| 59050   | M        |     | FETAL MONITOR W/REPORT       |               | - -           | Fee Schedule               | \$0.00                           |                              |                                  | -                    | -        | 010     | 65      |          |
| 59051   | E        |     | FETAL MONITOR/INTERPRET ONLY |               | - -           | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 010     | 65      |          |
| 59070   | T        |     | TRANSABDOM AMNIOINFUS W/US   |               | 05412 3.4114  | APC                        | \$207.14                         |                              |                                  | -                    | Y        | 010     | 65      |          |
| 59072   | T        |     | UMBILICAL CORD OCCLUD W/US   |               | 05412 3.4114  | APC                        | \$207.14                         |                              |                                  | -                    | Y        | 010     | 65      |          |
| 59074   | T        |     | FETAL FLUID DRAINAGE W/US    |               | 05412 3.4114  | APC                        | \$207.14                         |                              |                                  | -                    | Y        | 010     | 65      |          |
| 59076   | T        |     | FETAL SHUNT PLACEMENT W/US   |               | 05412 3.4114  | APC                        | \$207.14                         |                              |                                  | -                    | Y        | 010     | 65      |          |
| 59100   | N        |     | REMOVE UTERUS LESION         |               | 05415 55.3606 | Bundled, sometimes payable | \$3,361.50                       |                              |                                  | -                    | -        | 010     | 65      |          |
| 59120   | C        |     | TREAT ECTOPIC PREGNANCY      |               | - -           | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 010     | 65      |          |
| 59121   | C        |     | TREAT ECTOPIC PREGNANCY      |               | - -           | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 010     | 65      |          |
| 59130   | C        |     | TREAT ECTOPIC PREGNANCY      |               | - -           | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 010     | 65      |          |
| 59136   | C        |     | TREAT ECTOPIC PREGNANCY      |               | - -           | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 010     | 65      |          |
| 59140   | C        |     | TREAT ECTOPIC PREGNANCY      |               | - -           | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 010     | 65      |          |
| 59150   | N        |     | TREAT ECTOPIC PREGNANCY      |               | 05361 65.4304 | Bundled, sometimes payable | \$3,972.93                       |                              |                                  | -                    | -        | 010     | 65      |          |
| 59151   | N        |     | TREAT ECTOPIC PREGNANCY      |               | 05361 65.4304 | Bundled, sometimes payable | \$3,972.93                       |                              |                                  | -                    | -        | 010     | 65      |          |
| 59160   | N        |     | D & C AFTER DELIVERY         |               | 05414 35.6573 | Bundled, sometimes payable | \$2,165.11                       |                              |                                  | -                    | -        | 010     | 65      |          |
| 59200   | T        |     | INSERT CERVICAL DILATOR      |               | 05412 3.4114  | APC                        | \$207.14                         |                              |                                  | -                    | -        | 010     | 65      |          |
| 59300   | N        |     | EPISIOTOMY OR VAGINAL REPAIR |               | 05414 35.6573 | Bundled, sometimes payable | \$2,165.11                       |                              |                                  | -                    | -        | 010     | 65      |          |
| 59320   | N        |     | REVISION OF CERVIX           |               | 05414 35.6573 | Bundled, sometimes payable | \$2,165.11                       |                              |                                  | -                    | -        | 010     | 65      |          |
| 59325   | C        |     | REVISION OF CERVIX           |               | - -           | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 010     | 65      |          |
| 59350   | C        |     | REPAIR OF UTERUS             |               | - -           | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 010     | 65      |          |
| 59400   | E        |     | OBSTETRICAL CARE             |               | - -           | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 010     | 65      |          |
| 59409   | N        |     | OBSTETRICAL CARE             |               | 05414 35.6573 | Bundled, sometimes payable | \$2,165.11                       |                              |                                  | -                    | -        | 010     | 65      |          |
| 59410   | E        |     | OBSTETRICAL CARE             |               | - -           | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 010     | 65      |          |
| 59412   | N        |     | ANTEPARTUM MANIPULATION      |               | 05414 35.6573 | Bundled, sometimes payable | \$2,165.11                       |                              |                                  | -                    | -        | 010     | 65      |          |
| 59414   | N        |     | DELIVER PLACENTA             |               | 05414 35.6573 | Bundled, sometimes payable | \$2,165.11                       |                              |                                  | -                    | -        | 010     | 65      |          |
| 59425   | M        |     | ANTEPARTUM CARE ONLY         |               | - -           | Fee Schedule               | \$0.00                           |                              |                                  | -                    | -        | 010     | 65      |          |
| 59426   | M        |     | ANTEPARTUM CARE ONLY         |               | - -           | Fee Schedule               | \$0.00                           |                              |                                  | -                    | -        | 010     | 65      |          |

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| Proc<br>Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC     | APC<br>Weight | Method                     | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|------------------------------|------------------------------|------------------|---------|---------------|----------------------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|            |                              |                              |                  |         |               |                            |                                        |                                    |                                           |                         |          |            |            |          |
| 59430      | M                            | CARE AFTER DELIVERY          |                  | -       | -             | Fee Schedule               | \$0.00                                 |                                    |                                           | -                       | -        | 010        | 65         |          |
| 59510      | E                            | CESAREAN DELIVERY            |                  | -       | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 010        | 65         |          |
| 59514      | C                            | CESAREAN DELIVERY ONLY       |                  | -       | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 010        | 65         |          |
| 59515      | E                            | CESAREAN DELIVERY            |                  | -       | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 010        | 65         |          |
| 59525      | C                            | REMOVE UTERUS AFTER CESAREAN |                  | -       | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 010        | 65         |          |
| 59610      | E                            | VBAC DELIVERY                |                  | -       | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 010        | 65         |          |
| 59612      | N                            | VBAC DELIVERY ONLY           | 05414            | 35.6573 |               | Bundled, sometimes payable | \$2,165.11                             |                                    |                                           | -                       | -        | 010        | 65         |          |
| 59614      | E                            | VBAC CARE AFTER DELIVERY     |                  | -       | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 010        | 65         |          |
| 59618      | E                            | ATTEMPTED VBAC DELIVERY      |                  | -       | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 010        | 65         |          |
| 59620      | C                            | ATTEMPTED VBAC DELIVERY ONLY |                  | -       | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 010        | 65         |          |
| 59622      | E                            | ATTEMPTED VBAC AFTER CARE    |                  | -       | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 010        | 65         |          |
| 59812      | N                            | TREATMENT OF MISCARRIAGE     | 05414            | 35.6573 |               | Bundled, sometimes payable | \$2,165.11                             |                                    |                                           | -                       | -        | 010        | 65         |          |
| 59820      | N                            | CARE OF MISCARRIAGE          | 05414            | 35.6573 |               | Bundled, sometimes payable | \$2,165.11                             |                                    |                                           | -                       | -        | 010        | 65         |          |
| 59821      | N                            | TREATMENT OF MISCARRIAGE     | 05414            | 35.6573 |               | Bundled, sometimes payable | \$2,165.11                             |                                    |                                           | -                       | -        | 010        | 65         |          |
| 59830      | C                            | TREAT UTERUS INFECTION       |                  | -       | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 010        | 65         |          |
| 59840      | N                            | INDUCED ABORTION D&C         | 05414            | 35.6573 |               | Bundled, sometimes payable | \$2,165.11                             |                                    |                                           | -                       | -        | 010        | 65         |          |
| 59841      | N                            | INDUCED ABORTION DILAT&EVAC  | 05414            | 35.6573 |               | Bundled, sometimes payable | \$2,165.11                             |                                    |                                           | -                       | -        | 010        | 65         |          |
| 59850      | C                            | INDUCED ABORTION 1+ NJX      |                  | -       | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 010        | 65         |          |
| 59851      | C                            | INDUCED ABORTION 1+NJX D&C   |                  | -       | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 010        | 65         |          |
| 59852      | C                            | INDUCED ABORTION 1+NJX HYST  |                  | -       | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 010        | 65         |          |
| 59855      | C                            | INDUCED ABORTION 1+VAG SUPP  |                  | -       | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 010        | 65         |          |
| 59856      | C                            | INDUCED AB 1+VAG SUPP D&C    |                  | -       | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 010        | 65         |          |
| 59857      | C                            | INDUCED AB 1+VAG SUPP HYST   |                  | -       | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 010        | 65         |          |
| 59866      | T                            | ABORTION (MPR)               | 05412            | 3.4114  |               | APC                        | \$207.14                               |                                    |                                           | -                       | -        | 012        | 55         |          |
| 59870      | N                            | EVACUATE MOLE OF UTERUS      | 05414            | 35.6573 |               | Bundled, sometimes payable | \$2,165.11                             |                                    |                                           | -                       | -        | 010        | 65         |          |
| 59871      | N                            | REMOVE CERCLAGE SUTURE       | 05414            | 35.6573 |               | Bundled, sometimes payable | \$2,165.11                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 59897      | T                            | UNLISTED FETAL INVAS PX W/US | 05411            | 2.2561  |               | APC                        | \$136.99                               |                                    |                                           | -                       | Y        | 010        | 65         |          |
| 59898      | N                            | UNLSTD LAPS PX MAT CARE&DLVR | 05361            | 65.4304 |               | Bundled, sometimes payable | \$3,972.93                             |                                    |                                           | -                       | -        | 010        | 65         |          |
| 59899      | T                            | UNLISTED PX MAT CARE&DLVR    | 05411            | 2.2561  |               | APC                        | \$136.99                               |                                    |                                           | -                       | -        | 010        | 65         |          |
| 60000      | N                            | DRAIN THYROID/TONGUE CYST    | 05163            | 16.6121 |               | Bundled, sometimes payable | \$1,008.69                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 6005F      | E                            | CARE LEVEL RATIONALE DOC     |                  | -       | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 60100      | T                            | BIOPSY OF THYROID            | 05071            | 7.8905  |               | APC                        | \$479.11                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 6010F      | E                            | DYSPHAG TEST DONE B/4 EATING |                  | -       | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 6015F      | E                            | DYSPHAG TEST DONE B/4 EATING |                  | -       | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 60200      | N                            | REMOVE THYROID LESION        | 05361            | 65.4304 |               | Bundled, sometimes payable | \$3,972.93                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 6020F      | E                            | NPO (NOTHING-MOUTH) ORDERED  |                  | -       | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 60210      | N                            | PARTIAL THYROID EXCISION     | 05361            | 65.4304 |               | Bundled, sometimes payable | \$3,972.93                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 60212      | N                            | PARTIAL THYROID EXCISION     | 05361            | 65.4304 |               | Bundled, sometimes payable | \$3,972.93                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 60220      | N                            | PARTIAL REMOVAL OF THYROID   | 05361            | 65.4304 |               | Bundled, sometimes payable | \$3,972.93                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 60225      | N                            | PARTIAL REMOVAL OF THYROID   | 05361            | 65.4304 |               | Bundled, sometimes payable | \$3,972.93                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 60240      | N                            | REMOVAL OF THYROID           | 05361            | 65.4304 |               | Bundled, sometimes payable | \$3,972.93                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 60252      | N                            | REMOVAL OF THYROID           | 05165            | 66.3421 |               | Bundled, sometimes payable | \$4,028.29                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 60254      | C                            | EXTENSIVE THYROID SURGERY    |                  | -       | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 60260      | N                            | REPEAT THYROID SURGERY       | 05165            | 66.3421 |               | Bundled, sometimes payable | \$4,028.29                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 60270      | C                            | REMOVAL OF THYROID           |                  | -       | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 60271      | N                            | REMOVAL OF THYROID           | 05165            | 66.3421 |               | Bundled, sometimes payable | \$4,028.29                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 60280      | N                            | REMOVE THYROID DUCT LESION   | 05361            | 65.4304 |               | Bundled, sometimes payable | \$3,972.93                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 60281      | N                            | REMOVE THYROID DUCT LESION   | 05361            | 65.4304 |               | Bundled, sometimes payable | \$3,972.93                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 60300      | T                            | ASPIR/INJ THYROID CYST       | 05071            | 7.8905  |               | APC                        | \$479.11                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 6030F      | E                            | MAX STERILE BARRIERS FLWD    |                  | -       | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 6040F      | E                            | APPRO RAD DS DVCS TECHS DOCD |                  | -       | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 6045F      | E                            | RADXPS IN END RPRT4FLURO PXD |                  | -       | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 60500      | N                            | EXPLORE PARATHYROID GLANDS   | 05165            | 66.3421 |               | Bundled, sometimes payable | \$4,028.29                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 60502      | N                            | RE-EXPLORE PARATHYROIDS      | 05165            | 66.3421 |               | Bundled, sometimes payable | \$4,028.29                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 60505      | C                            | EXPLORE PARATHYROID GLANDS   |                  | -       | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 60512      | N                            | AUTOTRANSPLANT PARATHYROID   |                  | -       | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |

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| 2024<br>APC |               |                              |                  |               |                            |                            | Outpatient           | Sole Comm.           | Non-sole                |          |            |            |          |
|-------------|---------------|------------------------------|------------------|---------------|----------------------------|----------------------------|----------------------|----------------------|-------------------------|----------|------------|------------|----------|
| Proc<br>Cd  | Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC<br>Weight | Method                     | Hospital Fee<br>Schedule   | Hospital Lab<br>Fees | Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
| 60520       | N             | REMOVAL OF THYMUS GLAND      |                  | 05165         | 66.3421                    | Bundled, sometimes payable | \$4,028.29           |                      | -                       | -        | 000        | 999        |          |
| 60521       | C             | REMOVAL OF THYMUS GLAND      |                  | -             | -                          | IP Only                    | \$0.00               |                      | -                       | -        | 000        | 999        |          |
| 60522       | C             | REMOVAL OF THYMUS GLAND      |                  | -             | -                          | IP Only                    | \$0.00               |                      | -                       | -        | 000        | 999        |          |
| 60540       | C             | EXPLORE ADRENAL GLAND        |                  | -             | -                          | IP Only                    | \$0.00               |                      | -                       | -        | 000        | 999        |          |
| 60545       | C             | EXPLORE ADRENAL GLAND        |                  | -             | -                          | IP Only                    | \$0.00               |                      | -                       | -        | 000        | 999        |          |
| 60600       | C             | REMOVE CAROTID BODY LESION   |                  | -             | -                          | IP Only                    | \$0.00               |                      | -                       | -        | 000        | 999        |          |
| 60605       | C             | REMOVE CAROTID BODY LESION   |                  | -             | -                          | IP Only                    | \$0.00               |                      | -                       | -        | 000        | 999        |          |
| 60650       | C             | LAPAROSCOPY ADRENALECTOMY    |                  | -             | -                          | IP Only                    | \$0.00               |                      | -                       | -        | 000        | 999        |          |
| 60659       | N             | UNLISTED LAPS PX ENDOC SYS   | 05361            | 65.4304       | Bundled, sometimes payable | \$3,972.93                 |                      |                      | -                       | -        | 000        | 999        |          |
| 60660       | N             | ABLTJ 1/+THYR NDUL 1LOBE PRQ | 05072            | 18.1704       | Bundled, sometimes payable | \$1,103.31                 |                      |                      | -                       | -        | 000        | 999        |          |
| 60661       | N             | ABLTJ 1/+THYR NDUL ADDL PRQ  | -                | -             | Bundled                    | \$0.00                     |                      |                      | -                       | -        | 000        | 999        |          |
| 60699       | N             | UNLISTED PX ENDOCRINE SYSTEM | 05361            | 65.4304       | Bundled, sometimes payable | \$3,972.93                 |                      |                      | -                       | -        | 000        | 999        |          |
| 6070F       | E             | PT ASKED/CNSLD AED EFFECTS   | -                | -             | Not Allowed                | \$0.00                     |                      |                      | -                       | -        | 000        | 999        |          |
| 6080F       | E             | PT/CAREGIVER QUERIED FALLS   | -                | -             | Not Allowed                | \$0.00                     |                      |                      | -                       | -        | 000        | 999        |          |
| 6090F       | E             | PT/CAREGIVER COUNSEL SAFETY  | -                | -             | Not Allowed                | \$0.00                     |                      |                      | -                       | -        | 000        | 999        |          |
| 61000       | T             | REMOVE CRANIAL CAVITY FLUID  | 05442            | 7.7664        | APC                        | \$471.58                   |                      |                      | -                       | -        | 000        | 2          |          |
| 61001       | T             | REMOVE CRANIAL CAVITY FLUID  | 05442            | 7.7664        | APC                        | \$471.58                   |                      |                      | -                       | -        | 000        | 2          |          |
| 6100F       | E             | VERIFY PT SITE PXD DOCD      | -                | -             | Not Allowed                | \$0.00                     |                      |                      | -                       | -        | 000        | 999        |          |
| 6101F       | E             | SAFETY COUNSELING DEMENTIA   | -                | -             | Not Allowed                | \$0.00                     |                      |                      | -                       | -        | 000        | 999        |          |
| 61020       | T             | REMOVE BRAIN CAVITY FLUID    | 05443            | 9.9843        | APC                        | \$606.25                   |                      |                      | -                       | -        | 000        | 999        |          |
| 61026       | T             | INJECTION INTO BRAIN CANAL   | 05442            | 7.7664        | APC                        | \$471.58                   |                      |                      | -                       | -        | 000        | 999        |          |
| 6102F       | E             | SAFETY COUNSELING DEM ORDER  | -                | -             | Not Allowed                | \$0.00                     |                      |                      | -                       | -        | 000        | 999        |          |
| 61050       | T             | REMOVE BRAIN CANAL FLUID     | 05441            | 3.3105        | APC                        | \$201.01                   |                      |                      | -                       | -        | 000        | 999        |          |
| 61055       | T             | INJECTION INTO BRAIN CANAL   | 05441            | 3.3105        | APC                        | \$201.01                   |                      |                      | -                       | -        | 000        | 999        |          |
| 61070       | T             | BRAIN CANAL SHUNT PROCEDURE  | 05442            | 7.7664        | APC                        | \$471.58                   |                      |                      | -                       | -        | 000        | 999        |          |
| 61105       | C             | TDH SDRL/VENTR PNXR          | -                | -             | IP Only                    | \$0.00                     |                      |                      | -                       | -        | 000        | 999        |          |
| 61107       | C             | TDH PNXR IMPLT VENTR CATH    | -                | -             | IP Only                    | \$0.00                     |                      |                      | -                       | -        | 000        | 999        |          |
| 61108       | C             | TDH PNXR EVAC&/DRG SDRL HMTA | -                | -             | IP Only                    | \$0.00                     |                      |                      | -                       | -        | 000        | 999        |          |
| 6110F       | E             | COUNSEL PROV DRIVING RISKS   | -                | -             | Not Allowed                | \$0.00                     |                      |                      | -                       | -        | 000        | 999        |          |
| 61120       | C             | BURR HOLE FOR VENTR PUNCTURE | -                | -             | IP Only                    | \$0.00                     |                      |                      | -                       | -        | 000        | 999        |          |
| 61140       | C             | BURR HOLE/TREPH BX BRAIN/LES | -                | -             | IP Only                    | \$0.00                     |                      |                      | -                       | -        | 000        | 999        |          |
| 61150       | C             | BUR HOL/TRPH DRG BRN ABS/CST | -                | -             | IP Only                    | \$0.00                     |                      |                      | -                       | -        | 000        | 999        |          |
| 61151       | C             | BURR HOLE/TREPH SBSQ TAPPING | -                | -             | IP Only                    | \$0.00                     |                      |                      | -                       | -        | 000        | 999        |          |
| 61154       | C             | BURR HOLE W/EVAC&/DRG HMTMA  | -                | -             | IP Only                    | \$0.00                     |                      |                      | -                       | -        | 000        | 999        |          |
| 61156       | C             | BURR HOL ASPIR HMTM/CST ICER | -                | -             | IP Only                    | \$0.00                     |                      |                      | -                       | -        | 000        | 999        |          |
| 61210       | C             | BURR HOLE IMPLT VENTR CATH   | -                | -             | IP Only                    | \$0.00                     |                      |                      | -                       | -        | 000        | 999        |          |
| 61215       | N             | INS SUBQ RSVR PMP/NFS SYS    | 05432            | 71.8195       | Bundled, sometimes payable | \$4,360.88                 |                      |                      | -                       | -        | 000        | 999        |          |
| 61250       | C             | BURR HOLE/TREPH STTL EXPL    | -                | -             | IP Only                    | \$0.00                     |                      |                      | -                       | -        | 000        | 999        |          |
| 61253       | C             | BURR HOLE TREPH ITTL UNI/BI  | -                | -             | IP Only                    | \$0.00                     |                      |                      | -                       | -        | 000        | 999        |          |
| 61304       | C             | CRNEC/CRNOT EXPL SUPRATNTORL | -                | -             | IP Only                    | \$0.00                     |                      |                      | -                       | -        | 000        | 999        |          |
| 61305       | C             | CRNEC/CRNOT EXPL INFRATNTORL | -                | -             | IP Only                    | \$0.00                     |                      |                      | -                       | -        | 000        | 999        |          |
| 61312       | C             | CRNEC/CRNOT STTL XDRL/SDRL   | -                | -             | IP Only                    | \$0.00                     |                      |                      | -                       | -        | 000        | 999        |          |
| 61313       | C             | CRNEC/CRNOT STTL ICERE       | -                | -             | IP Only                    | \$0.00                     |                      |                      | -                       | -        | 000        | 999        |          |
| 61314       | C             | CRNEC/CRNOT ITTL XDRL/SDRL   | -                | -             | IP Only                    | \$0.00                     |                      |                      | -                       | -        | 000        | 999        |          |
| 61315       | C             | CRNEC/CRNOT ITTL NTRACEREBLR | -                | -             | IP Only                    | \$0.00                     |                      |                      | -                       | -        | 000        | 999        |          |
| 61316       | C             | INC&SUBQ PLMT CRNL BONE GRF  | -                | -             | IP Only                    | \$0.00                     |                      |                      | -                       | -        | 000        | 999        |          |
| 61320       | C             | CRNEC/CRNOT DRG ICR ABS STTL | -                | -             | IP Only                    | \$0.00                     |                      |                      | -                       | -        | 000        | 999        |          |
| 61321       | C             | CRNEC/CRNOT DRG ICR ABS ITTL | -                | -             | IP Only                    | \$0.00                     |                      |                      | -                       | -        | 000        | 999        |          |
| 61322       | C             | CRNEC/CRNOT DCMPRV W/O LOBEC | -                | -             | IP Only                    | \$0.00                     |                      |                      | -                       | -        | 000        | 999        |          |
| 61323       | C             | CRNEC/CRNOT DCMPRV W/LOBEC   | -                | -             | IP Only                    | \$0.00                     |                      |                      | -                       | -        | 000        | 999        |          |
| 61330       | N             | DCMPRN ORBIT ONLY TRANSCRNL  | 05164            | 36.3699       | Bundled, sometimes payable | \$2,208.38                 |                      |                      | -                       | -        | 000        | 999        |          |
| 61333       | C             | EXPL ORBIT W/REMOVAL LESION  | -                | -             | IP Only                    | \$0.00                     |                      |                      | -                       | -        | 000        | 999        |          |
| 61340       | C             | SUBTEMPORAL CRANIAL DCMPRN   | -                | -             | IP Only                    | \$0.00                     |                      |                      | -                       | -        | 000        | 999        |          |
| 61343       | C             | CRNEC SOPL CRV LAM DCMPRN    | -                | -             | IP Only                    | \$0.00                     |                      |                      | -                       | -        | 000        | 999        |          |
| 61345       | C             | OTH CRANIAL DCMPRN PST FOSSA | -                | -             | IP Only                    | \$0.00                     |                      |                      | -                       | -        | 000        | 999        |          |
| 61450       | C             | CRNEC STPL SCTJ CMPRN/DCMPRN | -                | -             | IP Only                    | \$0.00                     |                      |                      | -                       | -        | 000        | 999        |          |



Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
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| Proc<br>Cd | 2024<br>APC |     | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method      | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-------------|-----|------------------------------|------------------|-----|---------------|-------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Status      | Ind |                              |                  |     |               |             |                                        |                                    |                                           |  |                         |          |            |            |          |
| 61458      | C           |     | CRNEC SOPL XPL/DCMPR CRL NRV |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 61460      | C           |     | CRNEC SOPL SCTJ 1+CRNL NRV   |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 61500      | C           |     | CRNEC EXC TUM/BONE LES SKULL |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 61501      | C           |     | CRANIECTOMY F/OSTEOMYELITIS  |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 6150F      | E           |     | PT NOTRCVNG1ST ANTITNF TXMNT |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 61510      | C           |     | CRNEC TREPH EXC BRN TUM STTL |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 61512      | C           |     | CRNEC TREPH EXC MNGIOMA STTL |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 61514      | C           |     | CRNEC TREPH EXC BRN ABS STTL |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 61516      | C           |     | CRNEC TREPH EXC CYST STTL    |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 61517      | C           |     | IMPLT BRN INTRCV CHEMOTX AGT |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 61518      | C           |     | REMOVAL OF BRAIN LESION      |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 61519      | C           |     | REMOVE BRAIN LINING LESION   |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 61520      | C           |     | REMOVAL OF BRAIN LESION      |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 61521      | C           |     | REMOVAL OF BRAIN LESION      |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 61522      | C           |     | REMOVAL OF BRAIN ABSCESS     |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 61524      | C           |     | REMOVAL OF BRAIN LESION      |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 61526      | C           |     | REMOVAL OF BRAIN LESION      |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 61530      | C           |     | REMOVAL OF BRAIN LESION      |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 61531      | C           |     | IMPLANT BRAIN ELECTRODES     |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 61533      | C           |     | IMPLANT BRAIN ELECTRODES     |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 61534      | C           |     | REMOVAL OF BRAIN LESION      |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 61535      | C           |     | REMOVE BRAIN ELECTRODES      |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 61536      | C           |     | REMOVAL OF BRAIN LESION      |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 61537      | C           |     | REMOVAL OF BRAIN TISSUE      |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 61538      | C           |     | REMOVAL OF BRAIN TISSUE      |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 61539      | C           |     | REMOVAL OF BRAIN TISSUE      |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 61540      | C           |     | REMOVAL OF BRAIN TISSUE      |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 61541      | C           |     | INCISION OF BRAIN TISSUE     |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 61543      | C           |     | REMOVAL OF BRAIN TISSUE      |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 61544      | C           |     | REMOVE & TREAT BRAIN LESION  |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 61545      | C           |     | EXCISION OF BRAIN TUMOR      |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 61546      | C           |     | REMOVAL OF PITUITARY GLAND   |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 61548      | C           |     | REMOVAL OF PITUITARY GLAND   |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 61550      | C           |     | RELEASE OF SKULL SEAMS       |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 61552      | C           |     | RELEASE OF SKULL SEAMS       |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 61556      | C           |     | INCISE SKULL/SUTURES         |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 61557      | C           |     | INCISE SKULL/SUTURES         |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 61558      | C           |     | EXCISION OF SKULL/SUTURES    |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 61559      | C           |     | EXCISION OF SKULL/SUTURES    |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 61563      | C           |     | EXCISION OF SKULL TUMOR      |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 61564      | C           |     | EXCISION OF SKULL TUMOR      |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 61566      | C           |     | REMOVAL OF BRAIN TISSUE      |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 61567      | C           |     | INCISION OF BRAIN TISSUE     |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 61570      | C           |     | REMOVE FOREIGN BODY BRAIN    |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 61571      | C           |     | INCISE SKULL FOR BRAIN WOUND |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 61575      | C           |     | SKULL BASE/BRAINSTEM SURGERY |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 61576      | C           |     | SKULL BASE/BRAINSTEM SURGERY |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 61580      | C           |     | CRANIOFACIAL APPROACH SKULL  |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 61581      | C           |     | CRANIOFACIAL APPROACH SKULL  |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 61582      | C           |     | CRANIOFACIAL APPROACH SKULL  |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 61583      | C           |     | CRANIOFACIAL APPROACH SKULL  |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 61584      | C           |     | ORBITOCRANIAL APPROACH/SKULL |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 61585      | C           |     | ORBITOCRANIAL APPROACH/SKULL |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 61586      | C           |     | RESECT NASOPHARYNX SKULL     |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 61590      | C           |     | INFRATEMPORAL APPROACH/SKULL |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 61591      | C           |     | INFRATEMPORAL APPROACH/SKULL |                  | -   | -             | IP Only     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |

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| Proc Cd | 2024<br>APC<br>Status | Proc Desc                    | Proc<br>Modifier | APC   | APC<br>Weight | Method                     | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|---------|-----------------------|------------------------------|------------------|-------|---------------|----------------------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|         |                       |                              |                  |       |               |                            |                                        |                                    |                                           |                         |          |            |            |          |
| 61592   | C                     | ORBITOCRANIAL APPROACH/SKULL |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 61595   | C                     | TRANSTEMPORAL APPROACH/SKULL |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 61596   | C                     | TRANSCOCHLEAR APPROACH/SKULL |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 61597   | C                     | TRANSCONDYLAR APPROACH/SKULL |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 61598   | C                     | TRANSPETROSAL APPROACH/SKULL |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 61600   | C                     | RESECT/EXCISE CRANIAL LESION |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 61601   | C                     | RESECT/EXCISE CRANIAL LESION |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 61605   | C                     | RESECT/EXCISE CRANIAL LESION |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 61606   | C                     | RESECT/EXCISE CRANIAL LESION |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 61607   | C                     | RESECT/EXCISE CRANIAL LESION |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 61608   | C                     | RESECT/EXCISE CRANIAL LESION |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 61611   | C                     | TRANSECT ARTERY SINUS        |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 61613   | C                     | REMOVE ANEURYSM SINUS        |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 61615   | C                     | RESECT/EXCISE LESION SKULL   |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 61616   | C                     | RESECT/EXCISE LESION SKULL   |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 61618   | C                     | REPAIR DURA                  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 61619   | C                     | REPAIR DURA                  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 61623   | N                     | ENDOVASC TEMPORY VESSEL OCCL |                  | 05193 | 127.1806      | Bundled, sometimes payable | \$7,722.41                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 61624   | C                     | TRANSCATH OCCLUSION CNS      |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 61626   | N                     | TRANSCATH OCCLUSION NON-CNS  |                  | 05193 | 127.1806      | Bundled, sometimes payable | \$7,722.41                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 61630   | C                     | INTRACRANIAL ANGIOPLASTY     |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 61635   | C                     | INTRACRAN ANGIOPLSTY W/STENT |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 61640   | E                     | DILATE IC VASOSPASM INIT     |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 61641   | E                     | DILAT IC VSPSM EA VSL SM TER |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 61642   | E                     | DILAT IC VSPSM EA DIFF TER   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 61645   | C                     | PERQ ART M-THROMBECT &/NFS   |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 61650   | C                     | EVASC PRLNG ADMN RX AGNT 1ST |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 61651   | C                     | EVASC PRLNG ADMN RX AGNT ADD |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 61680   | C                     | INTRACRANIAL VESSEL SURGERY  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 61682   | C                     | INTRACRANIAL VESSEL SURGERY  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 61684   | C                     | INTRACRANIAL VESSEL SURGERY  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 61686   | C                     | INTRACRANIAL VESSEL SURGERY  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 61690   | C                     | INTRACRANIAL VESSEL SURGERY  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 61692   | C                     | INTRACRANIAL VESSEL SURGERY  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 61697   | C                     | BRAIN ANEURYSM REPR COMPLX   |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 61698   | C                     | BRAIN ANEURYSM REPR COMPLX   |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 61700   | C                     | BRAIN ANEURYSM REPR SIMPLE   |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 61702   | C                     | INNER SKULL VESSEL SURGERY   |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 61703   | C                     | CLAMP NECK ARTERY            |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 61705   | C                     | REVISE CIRCULATION TO HEAD   |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 61708   | C                     | REVISE CIRCULATION TO HEAD   |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 61710   | C                     | REVISE CIRCULATION TO HEAD   |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 61711   | C                     | FUSION OF SKULL ARTERIES     |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 61715   | N                     | MRGFUS STRTCTC ABLT TRGT ICR |                  | 05463 | 139.8503      | Bundled, sometimes payable | \$8,491.71                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 61720   | N                     | INCISE SKULL/BRAIN SURGERY   |                  | 05432 | 71.8195       | Bundled, sometimes payable | \$4,360.88                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 61735   | C                     | INCISE SKULL/BRAIN SURGERY   |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 61736   | C                     | LITT ICR 1 TRAJ 1 SMPL LES   |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 61737   | C                     | LITT ICR MLT TRJ MLT/CPLX LS |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 61750   | C                     | INCISE SKULL/BRAIN BIOPSY    |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 61751   | C                     | BRAIN BIOPSY W/CT/MR GUIDE   |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 61760   | C                     | IMPLANT BRAIN ELECTRODES     |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 61770   | N                     | INCISE SKULL FOR TREATMENT   |                  | 05432 | 71.8195       | Bundled, sometimes payable | \$4,360.88                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 61781   | N                     | SCAN PROC CRANIAL INTRA      |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 61782   | N                     | SCAN PROC CRANIAL EXTRA      |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 61783   | N                     | SCAN PROC SPINAL             |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 61790   | N                     | TREAT TRIGEMINAL NERVE       |                  | 05431 | 21.8997       | Bundled, sometimes payable | \$1,329.75                             |                                    |                                           | -                       | -        | 000        | 999        |          |

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Outpatient Prospective Payment System Services  
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| Proc<br>Cd | 2024<br>APC<br>Status |  | Proc Desc                    | Proc<br>Modifier | APC<br>Weight | Method                     | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-----------------------|--|------------------------------|------------------|---------------|----------------------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|            | Ind                   |  |                              |                  |               |                            |                                        |                                    |                                           |                         |          |            |            |          |
| 61791      | N                     |  | TREAT TRIGEMINAL TRACT       |                  | 05431         | Bundled, sometimes payable | \$1,329.75                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 61796      | E                     |  | SRS CRANIAL LESION SIMPLE    |                  | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 61797      | E                     |  | SRS CRAN LES SIMPLE ADDL     |                  | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 61798      | E                     |  | SRS CRANIAL LESION COMPLEX   |                  | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 61799      | E                     |  | SRS CRAN LES COMPLEX ADDL    |                  | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 61800      | E                     |  | APPLY SRS HEADFRAME ADD-ON   |                  | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 61850      | C                     |  | IMPLANT NEUROELECTRODES      |                  | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 61860      | C                     |  | IMPLANT NEUROELECTRODES      |                  | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 61863      | C                     |  | IMPLANT NEUROELECTRODE       |                  | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 61864      | C                     |  | IMPLANT NEUROELECTRDE ADDL   |                  | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 61867      | C                     |  | IMPLANT NEUROELECTRODE       |                  | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 61868      | C                     |  | IMPLANT NEUROELECTRDE ADDL   |                  | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 61880      | N                     |  | REVISE/REMOVE NEUROELECTRODE |                  | 05461         | Bundled, sometimes payable | \$2,341.81                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 61885      | N                     |  | INSRT/REDO NEUROSTIM 1 ARRAY |                  | 05464         | Bundled, sometimes payable | \$14,602.64                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| 61886      | N                     |  | IMPLANT NEUROSTIM ARRAYS     |                  | 05465         | Bundled, sometimes payable | \$20,751.11                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| 61888      | N                     |  | REVISE/REMOVE NEURORECEIVER  |                  | 05463         | Bundled, sometimes payable | \$8,491.71                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 61889      | C                     |  | INS SK-MNT CRNL NSTM PG/RCVR |                  | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 61891      | N                     |  | REV/RPLCMT SK-MNT CRNL NSTM  |                  | 05464         | Bundled, sometimes payable | \$14,602.64                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| 61892      | N                     |  | RMV SK-MNT CRNL NSTM PG/RCVR |                  | 05113         | Bundled, sometimes payable | \$2,209.43                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 62000      | N                     |  | TREAT SKULL FRACTURE         |                  | 05164         | Bundled, sometimes payable | \$2,208.38                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 62005      | C                     |  | TREAT SKULL FRACTURE         |                  | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 62010      | C                     |  | TREATMENT OF HEAD INJURY     |                  | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 62100      | C                     |  | REPAIR BRAIN FLUID LEAKAGE   |                  | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 62115      | C                     |  | REDUCTION OF SKULL DEFECT    |                  | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 62117      | C                     |  | REDUCTION OF SKULL DEFECT    |                  | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 62120      | C                     |  | REPAIR SKULL CAVITY LESION   |                  | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 62121      | C                     |  | INCISE SKULL REPAIR          |                  | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 62140      | C                     |  | CRNOP SKULL DEFECT<5 CM DIAM |                  | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 62141      | C                     |  | CRNOP SKULL DEFECT>5 CM DIAM |                  | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 62142      | C                     |  | RMVL B1 FLP/PROSTC PLATE SKL |                  | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 62143      | C                     |  | RPL B1 FLP/PROSTC PLATE SKL  |                  | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 62145      | C                     |  | REPAIR OF SKULL & BRAIN      |                  | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 62146      | C                     |  | CRNOP W/AUTOGRAFT<5 CM DIAM  |                  | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 62147      | C                     |  | CRNOP W/AUTOGRAFT>5 CM DIAM  |                  | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 62148      | C                     |  | RETR BONE FLAP TO FIX SKULL  |                  | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 62160      | N                     |  | NEUROENDOSCOPY ADD-ON        |                  | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 62161      | C                     |  | DISSECT BRAIN W/SCOPE        |                  | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 62162      | C                     |  | REMOVE COLLOID CYST W/SCOPE  |                  | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 62164      | C                     |  | REMOVE BRAIN TUMOR W/SCOPE   |                  | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 62165      | C                     |  | REMOVE PITUIT TUMOR W/SCOPE  |                  | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 62180      | C                     |  | ESTABLISH BRAIN CAVITY SHUNT |                  | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 62190      | C                     |  | ESTABLISH BRAIN CAVITY SHUNT |                  | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 62192      | C                     |  | ESTABLISH BRAIN CAVITY SHUNT |                  | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 62194      | N                     |  | REPLACE/IRRIGATE CATHETER    |                  | 05431         | Bundled, sometimes payable | \$1,329.75                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 62200      | C                     |  | ESTABLISH BRAIN CAVITY SHUNT |                  | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 62201      | C                     |  | BRAIN CAVITY SHUNT W/SCOPE   |                  | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 62220      | C                     |  | ESTABLISH BRAIN CAVITY SHUNT |                  | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 62223      | C                     |  | ESTABLISH BRAIN CAVITY SHUNT |                  | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 62225      | N                     |  | REPLACE/IRRIGATE CATHETER    |                  | 05432         | Bundled, sometimes payable | \$4,360.88                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 62230      | N                     |  | REPLACE/REVISE BRAIN SHUNT   |                  | 05432         | Bundled, sometimes payable | \$4,360.88                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 62252      | S                     |  | CSF SHUNT REPROGRAM          |                  | 05743         | APC                        | \$204.23                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 62256      | C                     |  | REMOVE BRAIN CAVITY SHUNT    |                  | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 62258      | C                     |  | REPLACE BRAIN CAVITY SHUNT   |                  | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 62263      | T                     |  | EPIDURAL LYSIS MULT SESSIONS |                  | 05443         | APC                        | \$606.25                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 62264      | T                     |  | EPIDURAL LYSIS ON SINGLE DAY |                  | 05443         | APC                        | \$606.25                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 62267      | T                     |  | INTERDISCAL PERQ ASPIR DX    |                  | 05071         | APC                        | \$479.11                               |                                    |                                           | -                       | -        | 000        | 999        |          |

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| Proc<br>Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC   |          | Method                     | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|------------------------------|------------------------------|------------------|-------|----------|----------------------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            |                              |                              |                  | APC   | Weight   |                            |                                        |                                    |                                           |  |                         |          |            |            |          |
| 62268      | T                            | DRAIN SPINAL CORD CYST       |                  | 05443 | 9.9843   | APC                        | \$606.25                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 62269      | N                            | NEEDLE BIOPSY SPINAL CORD    |                  | 05072 | 18.1704  | Bundled, sometimes payable | \$1,103.31                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 62270      | T                            | DX LMBR SPI PNXR             |                  | 05442 | 7.7664   | APC                        | \$471.58                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 62272      | T                            | THER SPI PNXR DRG CSF        |                  | 05442 | 7.7664   | APC                        | \$471.58                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 62273      | T                            | INJECT EPIDURAL PATCH        |                  | 05442 | 7.7664   | APC                        | \$471.58                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 62280      | T                            | TREAT SPINAL CORD LESION     |                  | 05443 | 9.9843   | APC                        | \$606.25                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 62281      | T                            | TREAT SPINAL CORD LESION     |                  | 05443 | 9.9843   | APC                        | \$606.25                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 62282      | T                            | TREAT SPINAL CANAL LESION    |                  | 05443 | 9.9843   | APC                        | \$606.25                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 62284      | N                            | INJECTION FOR MYELOGRAM      |                  | -     | -        | Bundled                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 62287      | N                            | DCMPRN PX PERQ 1/MLT LUMBAR  |                  | 05431 | 21.8997  | Bundled, sometimes payable | \$1,329.75                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 62290      | N                            | NJX PX DISCOGRAPHY LUMBAR    |                  | -     | -        | Bundled                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 62291      | N                            | NJX PX DISCOGRAPHY CRV/THRC  |                  | -     | -        | Bundled                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 62292      | N                            | NJX CHEMONUCLEOLYSIS LMBR    |                  | 05431 | 21.8997  | Bundled, sometimes payable | \$1,329.75                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 62294      | T                            | INJECTION INTO SPINAL ARTERY |                  | 05443 | 9.9843   | APC                        | \$606.25                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 62302      | N                            | MYELOGRAPHY LUMBAR INJECTION |                  | 05573 | 8.8602   | Bundled, sometimes payable | \$537.99                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 62303      | N                            | MYELOGRAPHY LUMBAR INJECTION |                  | 05573 | 8.8602   | Bundled, sometimes payable | \$537.99                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 62304      | N                            | MYELOGRAPHY LUMBAR INJECTION |                  | 05573 | 8.8602   | Bundled, sometimes payable | \$537.99                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 62305      | N                            | MYELOGRAPHY LUMBAR INJECTION |                  | 05573 | 8.8602   | Bundled, sometimes payable | \$537.99                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 62320      | T                            | NJX INTERLAMINAR CRV/THRC    |                  | 05442 | 7.7664   | APC                        | \$471.58                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 62321      | T                            | NJX INTERLAMINAR CRV/THRC    |                  | 05442 | 7.7664   | APC                        | \$471.58                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 62322      | T                            | NJX INTERLAMINAR LMBR/SAC    |                  | 05443 | 9.9843   | APC                        | \$606.25                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 62323      | T                            | NJX INTERLAMINAR LMBR/SAC    |                  | 05442 | 7.7664   | APC                        | \$471.58                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 62324      | T                            | NJX INTERLAMINAR CRV/THRC    |                  | 05443 | 9.9843   | APC                        | \$606.25                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 62325      | T                            | NJX INTERLAMINAR CRV/THRC    |                  | 05443 | 9.9843   | APC                        | \$606.25                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 62326      | T                            | NJX INTERLAMINAR LMBR/SAC    |                  | 05443 | 9.9843   | APC                        | \$606.25                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 62327      | T                            | NJX INTERLAMINAR LMBR/SAC    |                  | 05443 | 9.9843   | APC                        | \$606.25                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 62328      | T                            | DX LMBR SPI PNXR W/FLUOR/CT  |                  | 05442 | 7.7664   | APC                        | \$434.11                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 62329      | T                            | THER SPI PNXR CSF FLUOR/CT   |                  | 05442 | 7.7664   | APC                        | \$434.11                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 62350      | N                            | IMPLANT SPINAL CANAL CATH    |                  | 05432 | 71.8195  | Bundled, sometimes payable | \$4,360.88                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 62351      | N                            | IMPLANT SPINAL CANAL CATH    |                  | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 62355      | N                            | REMOVE SPINAL CANAL CATHETER |                  | 05431 | 21.8997  | Bundled, sometimes payable | \$1,329.75                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 62360      | N                            | INSERT SPINE INFUSION DEVICE |                  | 05471 | 198.2092 | Bundled, sometimes payable | \$12,035.26                            |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 62361      | N                            | IMPLANT SPINE INFUSION PUMP  |                  | 05471 | 198.2092 | Bundled, sometimes payable | \$12,035.26                            |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 62362      | N                            | IMPLANT SPINE INFUSION PUMP  |                  | 05471 | 198.2092 | Bundled, sometimes payable | \$12,035.26                            |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 62365      | N                            | REMOVE SPINE INFUSION DEVICE |                  | 05432 | 71.8195  | Bundled, sometimes payable | \$4,360.88                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 62367      | S                            | ANALYZE SPINE INFUS PUMP     |                  | 05743 | 3.3634   | APC                        | \$204.23                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 62368      | S                            | ANALYZE SP INF PUMP W/REPROG |                  | 05743 | 3.3634   | APC                        | \$204.23                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 62369      | S                            | ANAL SP INF PMP W/REPRG&FILL |                  | 05743 | 3.3634   | APC                        | \$204.23                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 62370      | S                            | ANL SP INF PMP W/MDREPRG&FIL |                  | 05743 | 3.3634   | APC                        | \$204.23                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 62380      | N                            | NDSC DCMPRN 1 NTRSPC LUMBAR  |                  | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 63001      | N                            | REMOVE SPINE LAMINA 1/2 CRVL |                  | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 63003      | N                            | REMOVE SPINE LAMINA 1/2 THRC |                  | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 63005      | N                            | REMOVE SPINE LAMINA 1/2 LMBR |                  | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 63011      | N                            | REMOVE SPINE LAMINA 1/2 SCRL |                  | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 63012      | N                            | REMOVE LAMINA/FACETS LUMBAR  |                  | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 63015      | N                            | REMOVE SPINE LAMINA >2 CRVCL |                  | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 63016      | N                            | REMOVE SPINE LAMINA >2 THRC  |                  | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 63017      | N                            | REMOVE SPINE LAMINA >2 LMBR  |                  | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 63020      | N                            | NECK SPINE DISK SURGERY      |                  | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 63030      | N                            | LOW BACK DISK SURGERY        |                  | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 63035      | N                            | SPINAL DISK SURGERY ADD-ON   |                  | -     | -        | Bundled                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 63040      | N                            | LAMINOTOMY SINGLE CERVICAL   |                  | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 63042      | N                            | LAMINOTOMY SINGLE LUMBAR     |                  | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 63043      | N                            | LAMINOTOMY ADDL CERVICAL     |                  | -     | -        | Bundled                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 63044      | N                            | LAMINOTOMY ADDL LUMBAR       |                  | -     | -        | Bundled                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 63045      | N                            | LAM FACETEC & FORAMOT CRV    |                  | 05114 | 80.1145  | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |



Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc<br>Cd | 2024<br>APC<br>Status |  | Proc Desc                    | Proc<br>Modifier | APC<br>Weight | Method                     | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-----------------------|--|------------------------------|------------------|---------------|----------------------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|            | Ind                   |  |                              |                  |               |                            |                                        |                                    |                                           |                         |          |            |            |          |
| 63046      | N                     |  | LAM FACETEC & FORAMOT THRC   |                  | 05114 80.1145 | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 63047      | N                     |  | LAM FACETEC & FORAMOT LUMBAR |                  | 05114 80.1145 | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 63048      | N                     |  | LAM FACETEC &FORAMOT EA ADDL |                  | - -           | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 63050      | C                     |  | CERVICAL LAMINOPLSTY 2/> SEG |                  | - -           | IP Only                    | \$0.00                                 |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 63051      | C                     |  | C-LAMINOPLASTY W/GRAFT/PLATE |                  | - -           | IP Only                    | \$0.00                                 |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 63052      | N                     |  | LAM FACETC/FRMT ARTHRD LUM 1 |                  | - -           | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 63053      | N                     |  | LAM FACTC/FRMT ARTHRD LUM EA |                  | - -           | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 63055      | N                     |  | DECOMPRESS SPINAL CORD THRC  |                  | 05114 80.1145 | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 63056      | N                     |  | DECOMPRESS SPINAL CORD LMBR  |                  | 05114 80.1145 | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 63057      | N                     |  | DECOMPRESS SPINE CORD ADD-ON |                  | - -           | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 63064      | N                     |  | DECOMPRESS SPINAL CORD THRC  |                  | 05114 80.1145 | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 63066      | N                     |  | DECOMPRESS SPINE CORD ADD-ON |                  | - -           | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 63075      | N                     |  | NECK SPINE DISK SURGERY      |                  | 05114 80.1145 | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 63076      | N                     |  | NECK SPINE DISK SURGERY      |                  | - -           | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 63077      | C                     |  | SPINE DISK SURGERY THORAX    |                  | - -           | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 63078      | C                     |  | SPINE DISK SURGERY THORAX    |                  | - -           | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 63081      | C                     |  | REMOVE VERT BODY DCMPRN CRVL |                  | - -           | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 63082      | C                     |  | REMOVE VERTEBRAL BODY ADD-ON |                  | - -           | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 63085      | C                     |  | REMOVE VERT BODY DCMPRN THRC |                  | - -           | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 63086      | C                     |  | REMOVE VERTEBRAL BODY ADD-ON |                  | - -           | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 63087      | C                     |  | REMOV VERTBR DCMPRN THRCLMBR |                  | - -           | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 63088      | C                     |  | REMOVE VERTEBRAL BODY ADD-ON |                  | - -           | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 63090      | C                     |  | REMOVE VERT BODY DCMPRN LMBR |                  | - -           | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 63091      | C                     |  | REMOVE VERTEBRAL BODY ADD-ON |                  | - -           | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 63101      | C                     |  | REMOVE VERT BODY DCMPRN THRC |                  | - -           | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 63102      | C                     |  | REMOVE VERT BODY DCMPRN LMBR |                  | - -           | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 63103      | C                     |  | REMOVE VERTEBRAL BODY ADD-ON |                  | - -           | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 63170      | C                     |  | INCISE SPINAL CORD TRACT(S)  |                  | - -           | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 63172      | C                     |  | DRAINAGE OF SPINAL CYST      |                  | - -           | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 63173      | C                     |  | DRAINAGE OF SPINAL CYST      |                  | - -           | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 63185      | C                     |  | INCISE SPINE NRV HALF SEGMNT |                  | - -           | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 63190      | C                     |  | INCISE SPINE NRV >2 SEGMNTS  |                  | - -           | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 63191      | C                     |  | INCISE SPINE ACCESSORY NERVE |                  | - -           | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 63197      | C                     |  | LAM W/CORDOTOMY 1STG THRC    |                  | - -           | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 63200      | C                     |  | RELEASE SPINAL CORD LUMBAR   |                  | - -           | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 63250      | C                     |  | REVISE SPINAL CORD VSLs CRVL |                  | - -           | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 63251      | C                     |  | REVISE SPINAL CORD VSLs THRC |                  | - -           | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 63252      | C                     |  | REVISE SPINE CORD VSL THRLMB |                  | - -           | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 63265      | N                     |  | EXCISE INTRASPINL LESION CRV |                  | 05114 80.1145 | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 63266      | N                     |  | EXCISE INTRSPINL LESION THRC |                  | 05114 80.1145 | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 63267      | N                     |  | EXCISE INTRSPINL LESION LMBR |                  | 05114 80.1145 | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 63268      | N                     |  | EXCISE INTRSPINL LESION SCRL |                  | 05114 80.1145 | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 63270      | C                     |  | EXCISE INTRSPINL LESION CRVL |                  | - -           | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 63271      | C                     |  | EXCISE INTRSPINL LESION THRC |                  | - -           | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 63272      | C                     |  | EXCISE INTRSPINL LESION LMBR |                  | - -           | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 63273      | C                     |  | EXCISE INTRSPINL LESION SCRL |                  | - -           | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 63275      | C                     |  | BX/EXC XDRL SPINE LESN CRVL  |                  | - -           | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 63276      | C                     |  | BX/EXC XDRL SPINE LESN THRC  |                  | - -           | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 63277      | C                     |  | BX/EXC XDRL SPINE LESN LMBR  |                  | - -           | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 63278      | C                     |  | BX/EXC XDRL SPINE LESN SCRL  |                  | - -           | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 63280      | C                     |  | BX/EXC IDRL SPINE LESN CRVL  |                  | - -           | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 63281      | C                     |  | BX/EXC IDRL SPINE LESN THRC  |                  | - -           | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 63282      | C                     |  | BX/EXC IDRL SPINE LESN LMBR  |                  | - -           | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 63283      | C                     |  | BX/EXC IDRL SPINE LESN SCRL  |                  | - -           | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 63285      | C                     |  | BX/EXC IDRL IMED LESN CERVL  |                  | - -           | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 63286      | C                     |  | BX/EXC IDRL IMED LESN THRC   |                  | - -           | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc<br>Cd | 2024<br>APC<br>Status |  | Proc Desc                    | Proc<br>Modifier | APC   | APC<br>Weight | Method                     | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-----------------------|--|------------------------------|------------------|-------|---------------|----------------------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Ind                   |  |                              |                  |       |               |                            |                                        |                                    |                                           |  |                         |          |            |            |          |
| 63287      | C                     |  | BX/EXC IDRL IMED LESN THRLMB |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 63290      | C                     |  | BX/EXC XDRL/IDRL LSN ANY LVL |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 63295      | C                     |  | REPAIR LAMINECTOMY DEFECT    |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | Y        | 000        | 999        |          |
| 63300      | C                     |  | REMOVE VERT XDRL BODY CRVCL  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 63301      | C                     |  | REMOVE VERT XDRL BODY THRC   |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 63302      | C                     |  | REMOVE VERT XDRL BODY THRLMB |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 63303      | C                     |  | REMOV VERT XDRL BDY LMBR/SAC |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 63304      | C                     |  | REMOVE VERT IDRL BODY CRVCL  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 63305      | C                     |  | REMOVE VERT IDRL BODY THRC   |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 63306      | C                     |  | REMOV VERT IDRL BDY THRCLMBR |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 63307      | C                     |  | REMOV VERT IDRL BDY LMBR/SAC |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 63308      | C                     |  | REMOVE VERTEBRAL BODY ADD-ON |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 63600      | N                     |  | REMOVE SPINAL CORD LESION    |                  | 05431 | 21.8997       | Bundled, sometimes payable | \$1,329.75                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 63610      | N                     |  | STIMULATION OF SPINAL CORD   |                  | 05431 | 21.8997       | Bundled, sometimes payable | \$1,329.75                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 63620      | E                     |  | SRS SPINAL LESION            |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 63621      | E                     |  | SRS SPINAL LESION ADDL       |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 63650      | N                     |  | IMPLANT NEUROELECTRODES      |                  | 05462 | 73.6007       | Bundled, sometimes payable | \$4,469.03                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 63655      | N                     |  | IMPLANT NEUROELECTRODES      |                  | 05464 | 240.4915      | Bundled, sometimes payable | \$14,602.64                            |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 63661      | N                     |  | REMOVE SPINE ELTRD PERQ ARAY |                  | 05431 | 21.8997       | Bundled, sometimes payable | \$1,329.75                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 63662      | N                     |  | REMOVE SPINE ELTRD PLATE     |                  | 05461 | 38.5673       | Bundled, sometimes payable | \$2,341.81                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 63663      | N                     |  | REVISE SPINE ELTRD PERQ ARAY |                  | 05462 | 73.6007       | Bundled, sometimes payable | \$4,469.03                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 63664      | N                     |  | REVISE SPINE ELTRD PLATE     |                  | 05463 | 139.8503      | Bundled, sometimes payable | \$8,491.71                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 63685      | N                     |  | INS/RPLC SPI NPG/RCVR POCKET |                  | 05465 | 341.7509      | Bundled, sometimes payable | \$20,751.11                            |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 63688      | N                     |  | REV/RMV IMP SP NPG/R DTCH CN |                  | 05461 | 38.5673       | Bundled, sometimes payable | \$2,341.81                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 63700      | C                     |  | REPAIR OF SPINAL HERNIATION  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 63702      | C                     |  | REPAIR OF SPINAL HERNIATION  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 63704      | C                     |  | REPAIR OF SPINAL HERNIATION  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 63706      | C                     |  | REPAIR OF SPINAL HERNIATION  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 63707      | C                     |  | REPAIR SPINAL FLUID LEAKAGE  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 63709      | C                     |  | REPAIR SPINAL FLUID LEAKAGE  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 63710      | C                     |  | GRAFT REPAIR OF SPINE DEFECT |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 63740      | C                     |  | INSTALL SPINAL SHUNT         |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 63741      | N                     |  | INSTALL SPINAL SHUNT         |                  | 05432 | 71.8195       | Bundled, sometimes payable | \$4,360.88                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 63744      | N                     |  | REVISION OF SPINAL SHUNT     |                  | 05432 | 71.8195       | Bundled, sometimes payable | \$4,360.88                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 63746      | N                     |  | REMOVAL OF SPINAL SHUNT      |                  | 05431 | 21.8997       | Bundled, sometimes payable | \$1,329.75                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 64400      | T                     |  | NJX AA&/STRD TRIGEMINAL NRV  |                  | 05441 | 3.3105        | APC                        | \$201.01                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 64405      | T                     |  | NJX AA&/STRD GR OCPL NRV     |                  | 05441 | 3.3105        | APC                        | \$201.01                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 64408      | T                     |  | NJX AA&/STRD VAGUS NRV       |                  | 05441 | 3.3105        | APC                        | \$201.01                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 64415      | T                     |  | NJX AA&/STRD BRCH PLXS IMG   |                  | 05443 | 9.9843        | APC                        | \$606.25                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 64416      | T                     |  | NJX AA&/STRD BRCH PL NFS IMG |                  | 05443 | 9.9843        | APC                        | \$606.25                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 64417      | T                     |  | NJX AA&/STRD AX NERVE IMG    |                  | 05443 | 9.9843        | APC                        | \$606.25                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 64418      | T                     |  | NJX AA&/STRD SPRSCAP NRV     |                  | 05442 | 7.7664        | APC                        | \$471.58                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 64420      | T                     |  | NJX AA&/STRD NTRCOST NRV 1   |                  | 05442 | 7.7664        | APC                        | \$471.58                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 64421      | T                     |  | NJX AA&/STRD NTRCOST NRV EA  |                  | 05443 | 9.9843        | APC                        | \$606.25                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 64425      | T                     |  | NJX AA&/STRD II IH NERVES    |                  | 05442 | 7.7664        | APC                        | \$471.58                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 64430      | T                     |  | NJX AA&/STRD PUDENDAL NERVE  |                  | 05443 | 9.9843        | APC                        | \$606.25                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 64435      | T                     |  | NJX AA&/STRD PARACRV NRV     |                  | 05442 | 7.7664        | APC                        | \$471.58                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 64445      | T                     |  | NJX AA&/STRD SCIATIC NRV IMG |                  | 05442 | 7.7664        | APC                        | \$471.58                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 64446      | T                     |  | NJX AA&/STRD SC NRV NFS IMG  |                  | 05443 | 9.9843        | APC                        | \$606.25                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 64447      | T                     |  | NJX AA&/STRD FEMORAL NRV IMG |                  | 05442 | 7.7664        | APC                        | \$471.58                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 64448      | T                     |  | NJX AA&/STRD FEM NRV NFS IMG |                  | 05443 | 9.9843        | APC                        | \$606.25                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 64449      | T                     |  | NJX AA&/STRD LMBR PLEX NFS   |                  | 05443 | 9.9843        | APC                        | \$606.25                               |                                    |                                           |  | -                       | Y        | 000        | 999        |          |
| 64450      | T                     |  | NJX AA&/STRD OTHER PN/BRANCH |                  | 05442 | 7.7664        | APC                        | \$471.58                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 64451      | T                     |  | NJX AA&/STRD NRV NRVTG SI JT |                  | 05442 | 7.7664        | APC                        | \$434.11                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 64454      | T                     |  | NJX AA&/STRD GNCLR NRV BRNCH |                  | 05442 | 7.7664        | APC                        | \$434.11                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 64455      | T                     |  | NJX AA&/STRD PLTR COM DG NRV |                  | 05441 | 3.3105        | APC                        | \$201.01                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
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| Proc<br>Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC   |          | Method                     | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|------------------------------|------------------------------|------------------|-------|----------|----------------------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            |                              |                              |                  | APC   | Weight   |                            |                                        |                                    |                                           |  |                         |          |            |            |          |
| 64461      | T                            | PVB THORACIC SINGLE INJ SITE |                  | 05442 | 7.7664   | APC                        | \$471.58                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 64462      | N                            | PVB THORACIC 2ND+ INJ SITE   |                  | -     | -        | Bundled                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 64463      | T                            | PVB THORACIC CONT INFUSION   |                  | 05442 | 7.7664   | APC                        | \$471.58                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 64466      | N                            | THRC FASCIAL PLN BLK UNI NJX |                  | -     | -        | Bundled                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 64467      | N                            | THRC FASCIAL PLN BLK UNI NFS |                  | -     | -        | Bundled                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 64468      | N                            | THRC FASCIAL PLN BLK BI NJX  |                  | -     | -        | Bundled                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 64469      | N                            | THRC FASCIAL PLN BLK BI NFS  |                  | -     | -        | Bundled                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 64473      | N                            | LWR XTR FSCL PLN BLK UNI NJX |                  | -     | -        | Bundled                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 64474      | N                            | LWR XTR FSCL PLN BLK UNI NFS |                  | -     | -        | Bundled                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 64479      | T                            | NJX AA&/STRD TFRM EPI C/T 1  |                  | 05443 | 9.9843   | APC                        | \$606.25                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 64480      | N                            | NJX AA&/STRD TFRM EPI C/T EA |                  | -     | -        | Bundled                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 64483      | T                            | NJX AA&/STRD TFRM EPI L/S 1  |                  | 05443 | 9.9843   | APC                        | \$606.25                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 64484      | N                            | NJX AA&/STRD TFRM EPI L/S EA |                  | -     | -        | Bundled                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 64486      | N                            | TAP BLOCK UNIL BY INJECTION  |                  | -     | -        | Bundled                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 64487      | N                            | TAP BLOCK UNI BY INFUSION    |                  | -     | -        | Bundled                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 64488      | N                            | TAP BLOCK BI INJECTION       |                  | -     | -        | Bundled                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 64489      | N                            | TAP BLOCK BI BY INFUSION     |                  | -     | -        | Bundled                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 64490      | T                            | INJ PARAVERT F JNT C/T 1 LEV |                  | 05443 | 9.9843   | APC                        | \$606.25                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 64491      | N                            | INJ PARAVERT F JNT C/T 2 LEV |                  | -     | -        | Bundled                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 64492      | N                            | INJ PARAVERT F JNT C/T 3 LEV |                  | -     | -        | Bundled                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 64493      | T                            | INJ PARAVERT F JNT L/S 1 LEV |                  | 05443 | 9.9843   | APC                        | \$606.25                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 64494      | N                            | INJ PARAVERT F JNT L/S 2 LEV |                  | -     | -        | Bundled                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 64495      | N                            | INJ PARAVERT F JNT L/S 3 LEV |                  | -     | -        | Bundled                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 64505      | T                            | N BLOCK SPENOPALATINE GANGL  |                  | 05441 | 3.3105   | APC                        | \$201.01                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 64510      | T                            | N BLOCK STELLATE GANGLION    |                  | 05443 | 9.9843   | APC                        | \$606.25                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 64517      | T                            | N BLOCK INJ HYPOGAS PLXS     |                  | 05443 | 9.9843   | APC                        | \$606.25                               |                                    |                                           |  | -                       | Y        | 000        | 999        |          |
| 64520      | T                            | N BLOCK LUMBAR/THORACIC      |                  | 05443 | 9.9843   | APC                        | \$606.25                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 64530      | T                            | N BLOCK INJ CELIAC PELUS     |                  | 05443 | 9.9843   | APC                        | \$606.25                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 64553      | N                            | IMPLANT NEUROELECTRODES      |                  | 05463 | 139.8503 | Bundled, sometimes payable | \$8,491.71                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 64555      | N                            | IMPLANT NEUROELECTRODES      |                  | 05462 | 73.6007  | Bundled, sometimes payable | \$4,469.03                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 64561      | N                            | IMPLANT NEUROELECTRODES      |                  | 05462 | 73.6007  | Bundled, sometimes payable | \$4,469.03                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 64566      | T                            | NEUROELTRD STIM POST TIBIAL  |                  | 05441 | 3.3105   | APC                        | \$201.01                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 64568      | N                            | OPN IMPLTJ CRNL NRV NEA&PG   |                  | 05465 | 341.7509 | Bundled, sometimes payable | \$20,751.11                            |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 64569      | N                            | REVISE/REPL VAGUS N ELTRD    |                  | 05463 | 139.8503 | Bundled, sometimes payable | \$8,491.71                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 64570      | N                            | REMOVE VAGUS N ELTRD         |                  | 05432 | 71.8195  | Bundled, sometimes payable | \$4,360.88                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 64575      | N                            | OPN IMPLTJ NEA PERPH NERVE   |                  | 05463 | 139.8503 | Bundled, sometimes payable | \$8,491.71                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 64580      | N                            | OPN IMPLTJ NEA NEUROMUSCULAR |                  | 05464 | 240.4915 | Bundled, sometimes payable | \$14,602.64                            |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 64581      | N                            | OPN IMPLTJ NEA SACRAL NERVE  |                  | 05462 | 73.6007  | Bundled, sometimes payable | \$4,469.03                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 64582      | N                            | OPN MPLTJ HPGLSL NSTM ARY PG |                  | 05465 | 341.7509 | Bundled, sometimes payable | \$20,751.11                            |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 64583      | N                            | REV/RPLCT HPGLSL NSTM ARY PG |                  | 05463 | 139.8503 | Bundled, sometimes payable | \$8,491.71                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 64584      | N                            | RMVL HPGLSL NSTIM ARY PG     |                  | 05432 | 71.8195  | Bundled, sometimes payable | \$4,360.88                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 64585      | N                            | REV/RMV PERPH NSTIM ELTRD RA |                  | 05461 | 38.5673  | Bundled, sometimes payable | \$2,341.81                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 64590      | N                            | INS/RPL PRPH SAC/GSTR NPG/R  |                  | 05464 | 240.4915 | Bundled, sometimes payable | \$14,602.64                            |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 64595      | N                            | REV/RMV PRPH SAC/GSTR NPG/R  |                  | 05461 | 38.5673  | Bundled, sometimes payable | \$2,341.81                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 64596      | N                            | INS/RPLCMT PRQ ELTRD RA PN 1 |                  | 05463 | 139.8503 | Bundled, sometimes payable | \$8,491.71                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 64597      | N                            | INS/RPLCM PRQ ELTRD RA PN EA |                  | -     | -        | Bundled                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 64598      | N                            | REVJ/RMVL NEA PN W/INT NSTIM |                  | 05461 | 38.5673  | Bundled, sometimes payable | \$2,341.81                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 64600      | T                            | INJECTION TREATMENT OF NERVE |                  | 05443 | 9.9843   | APC                        | \$606.25                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 64605      | N                            | INJECTION TREATMENT OF NERVE |                  | 05431 | 21.8997  | Bundled, sometimes payable | \$1,329.75                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 64610      | N                            | INJECTION TREATMENT OF NERVE |                  | 05431 | 21.8997  | Bundled, sometimes payable | \$1,329.75                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 64611      | T                            | CHEMODENERV SALIV GLANDS     |                  | 05441 | 3.3105   | APC                        | \$201.01                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 64612      | T                            | DESTROY NERVE FACE MUSCLE    |                  | 05441 | 3.3105   | APC                        | \$201.01                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 64615      | T                            | CHEMODENERV MUSC MIGRAINE    |                  | 05441 | 3.3105   | APC                        | \$201.01                               |                                    |                                           |  | -                       | Y        | 000        | 999        |          |
| 64616      | T                            | CHEMODENERV MUSC NECK DYSTON |                  | 05441 | 3.3105   | APC                        | \$201.01                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 64617      | T                            | CHEMODENER MUSCLE LARYNX EMG |                  | 05442 | 7.7664   | APC                        | \$471.58                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 64620      | T                            | INJECTION TREATMENT OF NERVE |                  | 05443 | 9.9843   | APC                        | \$606.25                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |

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| 2024<br>APC |               | Proc Desc                    | Proc<br>Modifier | APC<br>Weight | Method   | Outpatient<br>Hospital Fee<br>Schedule | Non-sole             |                      | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|-------------|---------------|------------------------------|------------------|---------------|----------|----------------------------------------|----------------------|----------------------|-------------------------|----------|------------|------------|----------|
| Proc<br>Cd  | Status<br>Ind |                              |                  |               |          |                                        | Sole Comm.           | Comm.                |                         |          |            |            |          |
|             |               |                              |                  |               |          |                                        | Hospital Lab<br>Fees | Hospital Lab<br>Fees |                         |          |            |            |          |
| 64624       | N             | DSTRJ NULYT AGT GNCLR NRV    |                  | 05431         | 21.8997  | Bundled, sometimes payable             | \$1,329.75           |                      | -                       | -        | 000        | 999        |          |
| 64625       | N             | RF ABLTJ NRV NRVTG SI JT     |                  | 05431         | 21.8997  | Bundled, sometimes payable             | \$1,329.75           |                      | -                       | -        | 000        | 999        |          |
| 64628       | N             | TRML DSTRJ IOS BVN 1ST 2 L/S |                  | 05115         | 144.2970 | Bundled, sometimes payable             | \$8,761.71           |                      | -                       | -        | 000        | 999        |          |
| 64629       | N             | TRML DSTRJ IOS BVN EA ADDL   |                  | -             | -        | Bundled                                | \$0.00               |                      | -                       | -        | 000        | 999        |          |
| 64630       | T             | INJECTION TREATMENT OF NERVE |                  | 05443         | 9.9843   | APC                                    | \$606.25             |                      | -                       | -        | 000        | 999        |          |
| 64632       | T             | N BLOCK INJ COMMON DIGIT     |                  | 05441         | 3.3105   | APC                                    | \$201.01             |                      | -                       | -        | 000        | 999        |          |
| 64633       | N             | DESTROY CERV/THOR FACET JNT  |                  | 05431         | 21.8997  | Bundled, sometimes payable             | \$1,329.75           |                      | -                       | -        | 000        | 999        |          |
| 64634       | N             | DESTROY C/TH FACET JNT ADDL  |                  | -             | -        | Bundled                                | \$0.00               |                      | -                       | -        | 000        | 999        |          |
| 64635       | N             | DESTROY LUMB/SAC FACET JNT   |                  | 05431         | 21.8997  | Bundled, sometimes payable             | \$1,329.75           |                      | -                       | -        | 000        | 999        |          |
| 64636       | N             | DESTROY L/S FACET JNT ADDL   |                  | -             | -        | Bundled                                | \$0.00               |                      | -                       | -        | 000        | 999        |          |
| 64640       | T             | INJECTION TREATMENT OF NERVE |                  | 05443         | 9.9843   | APC                                    | \$606.25             |                      | -                       | -        | 000        | 999        |          |
| 64642       | T             | CHEMODENERV 1 EXTREMITY 1-4  |                  | 05442         | 7.7664   | APC                                    | \$471.58             |                      | -                       | -        | 000        | 999        |          |
| 64643       | N             | CHEMODENERV 1 EXTREM 1-4 EA  |                  | -             | -        | Bundled                                | \$0.00               |                      | -                       | -        | 000        | 999        |          |
| 64644       | T             | CHEMODENERV 1 EXTREM 5/> MUS |                  | 05442         | 7.7664   | APC                                    | \$471.58             |                      | -                       | -        | 000        | 999        |          |
| 64645       | N             | CHEMODENERV 1 EXTREM 5/> EA  |                  | -             | -        | Bundled                                | \$0.00               |                      | -                       | -        | 000        | 999        |          |
| 64646       | T             | CHEMODENERV TRUNK MUSC 1-5   |                  | 05442         | 7.7664   | APC                                    | \$471.58             |                      | -                       | -        | 000        | 999        |          |
| 64647       | T             | CHEMODENERV TRUNK MUSC 6/>   |                  | 05442         | 7.7664   | APC                                    | \$471.58             |                      | -                       | -        | 000        | 999        |          |
| 64650       | T             | CHEMODENERV ECCRINE GLANDS   |                  | 05441         | 3.3105   | APC                                    | \$201.01             |                      | -                       | Y        | 000        | 999        |          |
| 64653       | T             | CHEMODENERV ECCRINE GLANDS   |                  | 05441         | 3.3105   | APC                                    | \$201.01             |                      | -                       | Y        | 000        | 999        |          |
| 64680       | T             | INJECTION TREATMENT OF NERVE |                  | 05443         | 9.9843   | APC                                    | \$606.25             |                      | -                       | -        | 000        | 999        |          |
| 64681       | T             | INJECTION TREATMENT OF NERVE |                  | 05443         | 9.9843   | APC                                    | \$606.25             |                      | -                       | Y        | 000        | 999        |          |
| 64702       | N             | REVISE FINGER/TOE NERVE      |                  | 05431         | 21.8997  | Bundled, sometimes payable             | \$1,329.75           |                      | -                       | -        | 000        | 999        |          |
| 64704       | N             | REVISE HAND/FOOT NERVE       |                  | 05431         | 21.8997  | Bundled, sometimes payable             | \$1,329.75           |                      | -                       | -        | 000        | 999        |          |
| 64708       | N             | REVISE ARM/LEG NERVE         |                  | 05431         | 21.8997  | Bundled, sometimes payable             | \$1,329.75           |                      | -                       | -        | 000        | 999        |          |
| 64712       | N             | REVISION OF SCIATIC NERVE    |                  | 05431         | 21.8997  | Bundled, sometimes payable             | \$1,329.75           |                      | -                       | -        | 000        | 999        |          |
| 64713       | N             | REVISION OF ARM NERVE(S)     |                  | 05431         | 21.8997  | Bundled, sometimes payable             | \$1,329.75           |                      | -                       | -        | 000        | 999        |          |
| 64714       | N             | REVISE LOW BACK NERVE(S)     |                  | 05431         | 21.8997  | Bundled, sometimes payable             | \$1,329.75           |                      | -                       | -        | 000        | 999        |          |
| 64716       | N             | REVISION OF CRANIAL NERVE    |                  | 05431         | 21.8997  | Bundled, sometimes payable             | \$1,329.75           |                      | -                       | -        | 000        | 999        |          |
| 64718       | N             | REVISE ULNAR NERVE AT ELBOW  |                  | 05431         | 21.8997  | Bundled, sometimes payable             | \$1,329.75           |                      | -                       | -        | 000        | 999        |          |
| 64719       | N             | REVISE ULNAR NERVE AT WRIST  |                  | 05431         | 21.8997  | Bundled, sometimes payable             | \$1,329.75           |                      | -                       | -        | 000        | 999        |          |
| 64721       | N             | CARPAL TUNNEL SURGERY        |                  | 05431         | 21.8997  | Bundled, sometimes payable             | \$1,329.75           |                      | -                       | -        | 000        | 999        |          |
| 64722       | N             | RELIEVE PRESSURE ON NERVE(S) |                  | 05431         | 21.8997  | Bundled, sometimes payable             | \$1,329.75           |                      | -                       | -        | 000        | 999        |          |
| 64726       | N             | RELEASE FOOT/TOE NERVE       |                  | 05431         | 21.8997  | Bundled, sometimes payable             | \$1,329.75           |                      | -                       | -        | 000        | 999        |          |
| 64727       | N             | INTERNAL NERVE REVISION      |                  | -             | -        | Bundled                                | \$0.00               |                      | -                       | -        | 000        | 999        |          |
| 64732       | N             | INCISION OF BROW NERVE       |                  | 05431         | 21.8997  | Bundled, sometimes payable             | \$1,329.75           |                      | -                       | -        | 000        | 999        |          |
| 64734       | N             | INCISION OF CHEEK NERVE      |                  | 05431         | 21.8997  | Bundled, sometimes payable             | \$1,329.75           |                      | -                       | -        | 000        | 999        |          |
| 64736       | N             | INCISION OF CHIN NERVE       |                  | 05431         | 21.8997  | Bundled, sometimes payable             | \$1,329.75           |                      | -                       | -        | 000        | 999        |          |
| 64738       | N             | INCISION OF JAW NERVE        |                  | 05431         | 21.8997  | Bundled, sometimes payable             | \$1,329.75           |                      | -                       | -        | 000        | 999        |          |
| 64740       | N             | INCISION OF TONGUE NERVE     |                  | 05431         | 21.8997  | Bundled, sometimes payable             | \$1,329.75           |                      | -                       | -        | 000        | 999        |          |
| 64742       | N             | INCISION OF FACIAL NERVE     |                  | 05431         | 21.8997  | Bundled, sometimes payable             | \$1,329.75           |                      | -                       | -        | 000        | 999        |          |
| 64744       | N             | INCISE NERVE BACK OF HEAD    |                  | 05431         | 21.8997  | Bundled, sometimes payable             | \$1,329.75           |                      | -                       | -        | 000        | 999        |          |
| 64746       | N             | INCISE DIAPHRAGM NERVE       |                  | 05431         | 21.8997  | Bundled, sometimes payable             | \$1,329.75           |                      | -                       | -        | 000        | 999        |          |
| 64755       | C             | INCISION OF STOMACH NERVES   |                  | -             | -        | IP Only                                | \$0.00               |                      | -                       | -        | 000        | 999        |          |
| 64760       | C             | INCISION OF VAGUS NERVE      |                  | -             | -        | IP Only                                | \$0.00               |                      | -                       | -        | 000        | 999        |          |
| 64763       | N             | INCISE HIP/THIGH NERVE       |                  | 05431         | 21.8997  | Bundled, sometimes payable             | \$1,329.75           |                      | -                       | -        | 000        | 999        |          |
| 64766       | N             | INCISE HIP/THIGH NERVE       |                  | 05431         | 21.8997  | Bundled, sometimes payable             | \$1,329.75           |                      | -                       | -        | 000        | 999        |          |
| 64771       | N             | SEVER CRANIAL NERVE          |                  | 05431         | 21.8997  | Bundled, sometimes payable             | \$1,329.75           |                      | -                       | -        | 000        | 999        |          |
| 64772       | N             | INCISION OF SPINAL NERVE     |                  | 05431         | 21.8997  | Bundled, sometimes payable             | \$1,329.75           |                      | -                       | -        | 000        | 999        |          |
| 64774       | N             | REMOVE SKIN NERVE LESION     |                  | 05431         | 21.8997  | Bundled, sometimes payable             | \$1,329.75           |                      | -                       | -        | 000        | 999        |          |
| 64776       | N             | REMOVE DIGIT NERVE LESION    |                  | 05431         | 21.8997  | Bundled, sometimes payable             | \$1,329.75           |                      | -                       | -        | 000        | 999        |          |
| 64778       | N             | DIGIT NERVE SURGERY ADD-ON   |                  | -             | -        | Bundled                                | \$0.00               |                      | -                       | -        | 000        | 999        |          |
| 64782       | N             | REMOVE LIMB NERVE LESION     |                  | 05431         | 21.8997  | Bundled, sometimes payable             | \$1,329.75           |                      | -                       | -        | 000        | 999        |          |
| 64783       | N             | LIMB NERVE SURGERY ADD-ON    |                  | -             | -        | Bundled                                | \$0.00               |                      | -                       | -        | 000        | 999        |          |
| 64784       | N             | REMOVE NERVE LESION          |                  | 05431         | 21.8997  | Bundled, sometimes payable             | \$1,329.75           |                      | -                       | -        | 000        | 999        |          |
| 64786       | N             | REMOVE SCIATIC NERVE LESION  |                  | 05432         | 71.8195  | Bundled, sometimes payable             | \$4,360.88           |                      | -                       | -        | 000        | 999        |          |
| 64787       | N             | IMPLANT NERVE END            |                  | -             | -        | Bundled                                | \$0.00               |                      | -                       | -        | 000        | 999        |          |



**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2025**

| Proc Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC<br>Weight | Method  | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|---------|------------------------------|------------------------------|------------------|---------------|---------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|         |                              |                              |                  |               |         |                                        |                                    |                                           |                         |          |            |            |          |
| 64788   | N                            | REMOVE SKIN NERVE LESION     |                  | 05431         | 21.8997 | Bundled, sometimes payable             | \$1,329.75                         |                                           | -                       | -        | 000        | 999        |          |
| 64790   | N                            | REMOVAL OF NERVE LESION      |                  | 05431         | 21.8997 | Bundled, sometimes payable             | \$1,329.75                         |                                           | -                       | -        | 000        | 999        |          |
| 64792   | N                            | REMOVAL OF NERVE LESION      |                  | 05432         | 71.8195 | Bundled, sometimes payable             | \$4,360.88                         |                                           | -                       | -        | 000        | 999        |          |
| 64795   | N                            | BIOPSY OF NERVE              |                  | 05431         | 21.8997 | Bundled, sometimes payable             | \$1,329.75                         |                                           | -                       | -        | 000        | 999        |          |
| 64802   | N                            | SYMPATHECTOMY CERVICAL       |                  | 05431         | 21.8997 | Bundled, sometimes payable             | \$1,329.75                         |                                           | -                       | -        | 000        | 999        |          |
| 64804   | N                            | SYMPATHECTOMY CERVICOTHORAC  |                  | 05431         | 21.8997 | Bundled, sometimes payable             | \$1,329.75                         |                                           | -                       | -        | 000        | 999        |          |
| 64809   | C                            | SYMPATHECTOMY THORACOLUMBAR  |                  | -             | -       | IP Only                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 64818   | C                            | SYMPATHECTOMY LUMBAR         |                  | -             | -       | IP Only                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 64820   | N                            | SYMPATHECTOMY DIGITAL ARTERY |                  | 05431         | 21.8997 | Bundled, sometimes payable             | \$1,329.75                         |                                           | -                       | -        | 000        | 999        |          |
| 64821   | N                            | SYMPATHECTOMY RADIAL ARTERY  |                  | 05113         | 36.3872 | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 64822   | N                            | SYMPATHECTOMY ULNAR ARTERY   |                  | 05113         | 36.3872 | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 64823   | N                            | SYMPATHECTOMY SUPFC PALMAR   |                  | 05113         | 36.3872 | Bundled, sometimes payable             | \$2,209.43                         |                                           | -                       | -        | 000        | 999        |          |
| 64831   | N                            | REPAIR OF DIGIT NERVE        |                  | 05431         | 21.8997 | Bundled, sometimes payable             | \$1,329.75                         |                                           | -                       | -        | 000        | 999        |          |
| 64832   | N                            | REPAIR NERVE ADD-ON          |                  | -             | -       | Bundled                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 64834   | N                            | REPAIR OF HAND OR FOOT NERVE |                  | 05432         | 71.8195 | Bundled, sometimes payable             | \$4,360.88                         |                                           | -                       | -        | 000        | 999        |          |
| 64835   | N                            | REPAIR OF HAND OR FOOT NERVE |                  | 05432         | 71.8195 | Bundled, sometimes payable             | \$4,360.88                         |                                           | -                       | -        | 000        | 999        |          |
| 64836   | N                            | REPAIR OF HAND OR FOOT NERVE |                  | 05432         | 71.8195 | Bundled, sometimes payable             | \$4,360.88                         |                                           | -                       | -        | 000        | 999        |          |
| 64837   | N                            | REPAIR NERVE ADD-ON          |                  | -             | -       | Bundled                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 64840   | N                            | REPAIR OF LEG NERVE          |                  | 05432         | 71.8195 | Bundled, sometimes payable             | \$4,360.88                         |                                           | -                       | -        | 000        | 999        |          |
| 64856   | N                            | REPAIR/TRANSPOSE NERVE       |                  | 05432         | 71.8195 | Bundled, sometimes payable             | \$4,360.88                         |                                           | -                       | -        | 000        | 999        |          |
| 64857   | N                            | REPAIR ARM/LEG NERVE         |                  | 05432         | 71.8195 | Bundled, sometimes payable             | \$4,360.88                         |                                           | -                       | -        | 000        | 999        |          |
| 64858   | N                            | REPAIR SCIATIC NERVE         |                  | 05431         | 21.8997 | Bundled, sometimes payable             | \$1,329.75                         |                                           | -                       | -        | 000        | 999        |          |
| 64859   | N                            | NERVE SURGERY                |                  | -             | -       | Bundled                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 64861   | N                            | REPAIR OF ARM NERVES         |                  | 05431         | 21.8997 | Bundled, sometimes payable             | \$1,329.75                         |                                           | -                       | -        | 000        | 999        |          |
| 64862   | N                            | REPAIR OF LOW BACK NERVES    |                  | 05432         | 71.8195 | Bundled, sometimes payable             | \$4,360.88                         |                                           | -                       | -        | 000        | 999        |          |
| 64864   | N                            | REPAIR OF FACIAL NERVE       |                  | 05432         | 71.8195 | Bundled, sometimes payable             | \$4,360.88                         |                                           | -                       | -        | 000        | 999        |          |
| 64865   | N                            | REPAIR OF FACIAL NERVE       |                  | 05432         | 71.8195 | Bundled, sometimes payable             | \$4,360.88                         |                                           | -                       | -        | 000        | 999        |          |
| 64866   | C                            | FUSION OF FACIAL/OTHER NERVE |                  | -             | -       | IP Only                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 64868   | C                            | FUSION OF FACIAL/OTHER NERVE |                  | -             | -       | IP Only                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 64872   | N                            | SUBSEQUENT REPAIR OF NERVE   |                  | -             | -       | Bundled                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 64874   | N                            | REPAIR & REVISE NERVE ADD-ON |                  | -             | -       | Bundled                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 64876   | N                            | REPAIR NERVE/SHORTEN BONE    |                  | -             | -       | Bundled                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 64885   | N                            | NERVE GRAFT HEAD/NECK <4 CM  |                  | 05432         | 71.8195 | Bundled, sometimes payable             | \$4,360.88                         |                                           | -                       | -        | 000        | 999        |          |
| 64886   | N                            | NERVE GRAFT HEAD/NECK >4 CM  |                  | 05432         | 71.8195 | Bundled, sometimes payable             | \$4,360.88                         |                                           | -                       | -        | 000        | 999        |          |
| 64890   | N                            | NRV GRF 1STRND HND/FOOT <4CM |                  | 05432         | 71.8195 | Bundled, sometimes payable             | \$4,360.88                         |                                           | -                       | -        | 000        | 999        |          |
| 64891   | N                            | NRV GRF 1STRND HND/FOOT >4CM |                  | 05432         | 71.8195 | Bundled, sometimes payable             | \$4,360.88                         |                                           | -                       | -        | 000        | 999        |          |
| 64892   | N                            | NRV GRF 1STRND ARM/LEG <4CM  |                  | 05432         | 71.8195 | Bundled, sometimes payable             | \$4,360.88                         |                                           | -                       | -        | 000        | 999        |          |
| 64893   | N                            | NRV GRF 1STRND ARM/LEG >4 CM |                  | 05432         | 71.8195 | Bundled, sometimes payable             | \$4,360.88                         |                                           | -                       | -        | 000        | 999        |          |
| 64895   | N                            | NRV GRF MLTST HND/FOOT <4 CM |                  | 05432         | 71.8195 | Bundled, sometimes payable             | \$4,360.88                         |                                           | -                       | -        | 000        | 999        |          |
| 64896   | N                            | NRV GRF MLTST HND/FOOT >4 CM |                  | 05432         | 71.8195 | Bundled, sometimes payable             | \$4,360.88                         |                                           | -                       | -        | 000        | 999        |          |
| 64897   | N                            | NRV GRF MLTST ARM/LEG <4 CM  |                  | 05432         | 71.8195 | Bundled, sometimes payable             | \$4,360.88                         |                                           | -                       | -        | 000        | 999        |          |
| 64898   | N                            | NRV GRF MLTST ARM/LEG >4 CM  |                  | 05432         | 71.8195 | Bundled, sometimes payable             | \$4,360.88                         |                                           | -                       | -        | 000        | 999        |          |
| 64901   | N                            | NERVE GRAFT ADD-ON           |                  | -             | -       | Bundled                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 64902   | N                            | NERVE GRAFT ADD-ON           |                  | -             | -       | Bundled                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 64905   | N                            | NERVE PEDICLE TRANSFER       |                  | 05432         | 71.8195 | Bundled, sometimes payable             | \$4,360.88                         |                                           | -                       | -        | 000        | 999        |          |
| 64907   | N                            | NERVE PEDICLE TRANSFER       |                  | 05432         | 71.8195 | Bundled, sometimes payable             | \$4,360.88                         |                                           | -                       | -        | 000        | 999        |          |
| 64910   | N                            | NERVE REPAIR W/ALLOGRAFT     |                  | 05432         | 71.8195 | Bundled, sometimes payable             | \$4,360.88                         |                                           | -                       | -        | 000        | 999        |          |
| 64911   | N                            | NEURORRAPHY W/VEIN AUTOGRAFT |                  | 05432         | 71.8195 | Bundled, sometimes payable             | \$4,360.88                         |                                           | -                       | -        | 000        | 999        |          |
| 64912   | N                            | NRV RPR W/NRV ALGRFT 1ST     |                  | 05432         | 71.8195 | Bundled, sometimes payable             | \$4,360.88                         |                                           | -                       | -        | 000        | 999        |          |
| 64913   | N                            | NRV RPR W/NRV ALGRFT EA ADDL |                  | -             | -       | Bundled                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 64999   | T                            | UNLISTED PX NERVOUS SYSTEM   |                  | 05441         | 3.3105  | APC                                    | \$201.01                           |                                           | -                       | -        | 000        | 999        |          |
| 65091   | N                            | REVISE EYE                   |                  | 05504         | 42.2905 | Bundled, sometimes payable             | \$2,567.88                         |                                           | -                       | -        | 000        | 999        |          |
| 65093   | N                            | REVISE EYE WITH IMPLANT      |                  | 05504         | 42.2905 | Bundled, sometimes payable             | \$2,567.88                         |                                           | -                       | -        | 000        | 999        |          |
| 65101   | N                            | REMOVAL OF EYE               |                  | 05504         | 42.2905 | Bundled, sometimes payable             | \$2,567.88                         |                                           | -                       | -        | 000        | 999        |          |
| 65103   | N                            | REMOVE EYE/INSERT IMPLANT    |                  | 05504         | 42.2905 | Bundled, sometimes payable             | \$2,567.88                         |                                           | -                       | -        | 000        | 999        |          |
| 65105   | N                            | REMOVE EYE/ATTACH IMPLANT    |                  | 05504         | 42.2905 | Bundled, sometimes payable             | \$2,567.88                         |                                           | -                       | -        | 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  
April 1, 2025

| 2024<br>APC |        |                              |                  |       |               |                            | Outpatient                             |                                    | Non-sole                                  |                         |          |            |            |          |
|-------------|--------|------------------------------|------------------|-------|---------------|----------------------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
| Proc        | Status | Proc Desc                    | Proc<br>Modifier | APC   | APC<br>Weight | Method                     | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
| Cd          | Ind    |                              |                  |       |               |                            |                                        |                                    |                                           |                         |          |            |            |          |
| 65110       | N      | REMOVAL OF EYE               |                  | 05504 | 42.2905       | Bundled, sometimes payable | \$2,567.88                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 65112       | N      | REMOVE EYE/REVISE SOCKET     |                  | 05504 | 42.2905       | Bundled, sometimes payable | \$2,567.88                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 65114       | N      | REMOVE EYE/REVISE SOCKET     |                  | 05504 | 42.2905       | Bundled, sometimes payable | \$2,567.88                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 65125       | N      | REVISE OCULAR IMPLANT        |                  | 05503 | 26.1633       | Bundled, sometimes payable | \$1,588.64                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 65130       | N      | INSERT OCULAR IMPLANT        |                  | 05504 | 42.2905       | Bundled, sometimes payable | \$2,567.88                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 65135       | N      | INSERT OCULAR IMPLANT        |                  | 05504 | 42.2905       | Bundled, sometimes payable | \$2,567.88                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 65140       | N      | ATTACH OCULAR IMPLANT        |                  | 05504 | 42.2905       | Bundled, sometimes payable | \$2,567.88                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 65150       | N      | REVISE OCULAR IMPLANT        |                  | 05504 | 42.2905       | Bundled, sometimes payable | \$2,567.88                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 65155       | N      | REINSERT OCULAR IMPLANT      |                  | 05504 | 42.2905       | Bundled, sometimes payable | \$2,567.88                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 65175       | N      | REMOVAL OF OCULAR IMPLANT    |                  | 05504 | 42.2905       | Bundled, sometimes payable | \$2,567.88                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 65205       | N      | REMOVE FOREIGN BODY FROM EYE |                  | 05734 | 1.4456        | Bundled, sometimes payable | \$87.78                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 65210       | N      | REMOVE FOREIGN BODY FROM EYE |                  | 05735 | 4.4751        | Bundled, sometimes payable | \$271.73                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 65220       | N      | REMOVE FOREIGN BODY FROM EYE |                  | 05735 | 4.4751        | Bundled, sometimes payable | \$271.73                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 65222       | N      | REMOVE FOREIGN BODY FROM EYE |                  | 05734 | 1.4456        | Bundled, sometimes payable | \$87.78                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 65235       | N      | REMOVE FOREIGN BODY FROM EYE |                  | 05491 | 25.5776       | Bundled, sometimes payable | \$1,553.07                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 65260       | N      | REMOVE FOREIGN BODY FROM EYE |                  | 05491 | 25.5776       | Bundled, sometimes payable | \$1,553.07                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 65265       | N      | REMOVE FOREIGN BODY FROM EYE |                  | 05491 | 25.5776       | Bundled, sometimes payable | \$1,553.07                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 65270       | N      | REPAIR OF EYE WOUND          |                  | 05503 | 26.1633       | Bundled, sometimes payable | \$1,588.64                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 65272       | N      | REPAIR OF EYE WOUND          |                  | 05503 | 26.1633       | Bundled, sometimes payable | \$1,588.64                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 65273       | C      | REPAIR OF EYE WOUND          |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 65275       | N      | REPAIR OF EYE WOUND          |                  | 05504 | 42.2905       | Bundled, sometimes payable | \$2,567.88                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 65280       | N      | REPAIR OF EYE WOUND          |                  | 05493 | 57.8644       | Bundled, sometimes payable | \$3,513.53                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 65285       | N      | REPAIR OF EYE WOUND          |                  | 05493 | 57.8644       | Bundled, sometimes payable | \$3,513.53                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 65286       | N      | REPAIR OF EYE WOUND          |                  | 05491 | 25.5776       | Bundled, sometimes payable | \$1,553.07                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 65290       | N      | REPAIR OF EYE SOCKET WOUND   |                  | 05504 | 42.2905       | Bundled, sometimes payable | \$2,567.88                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 65400       | T      | REMOVAL OF EYE LESION        |                  | 05502 | 10.8618       | APC                        | \$659.53                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 65410       | N      | BIOPSY OF CORNEA             |                  | 05503 | 26.1633       | Bundled, sometimes payable | \$1,588.64                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 65420       | N      | REMOVAL OF EYE LESION        |                  | 05503 | 26.1633       | Bundled, sometimes payable | \$1,588.64                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 65426       | N      | REMOVAL OF EYE LESION        |                  | 05503 | 26.1633       | Bundled, sometimes payable | \$1,588.64                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 65430       | N      | CORNEAL SMEAR                |                  | 05735 | 4.4751        | Bundled, sometimes payable | \$271.73                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 65435       | T      | CURETTE/TREAT CORNEA         |                  | 05502 | 10.8618       | APC                        | \$659.53                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 65436       | N      | CURETTE/TREAT CORNEA         |                  | 05503 | 26.1633       | Bundled, sometimes payable | \$1,588.64                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 65450       | T      | TREATMENT OF CORNEAL LESION  |                  | 05501 | 3.3524        | APC                        | \$203.56                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 65600       | N      | REVISION OF CORNEA           |                  | 05503 | 26.1633       | Bundled, sometimes payable | \$1,588.64                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 65710       | N      | CORNEAL TRANSPLANT           |                  | 05493 | 57.8644       | Bundled, sometimes payable | \$3,513.53                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 65730       | N      | CORNEAL TRANSPLANT           |                  | 05492 | 45.1150       | Bundled, sometimes payable | \$2,739.38                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 65750       | N      | CORNEAL TRANSPLANT           |                  | 05493 | 57.8644       | Bundled, sometimes payable | \$3,513.53                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 65755       | N      | CORNEAL TRANSPLANT           |                  | 05492 | 45.1150       | Bundled, sometimes payable | \$2,739.38                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 65756       | N      | CORNEAL TRNSPL ENDOTHELIAL   |                  | 05492 | 45.1150       | Bundled, sometimes payable | \$2,739.38                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 65757       | N      | PREP CORNEAL ENDO ALLOGRAFT  |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 65760       | E      | KERATOMILEUSIS               |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 65765       | E      | KERATOPHAKIA                 |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 65767       | E      | EPIKERATOPLASTY              |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 65770       | N      | KERATOPROSTHESIS             |                  | 05494 | 160.2497      | Bundled, sometimes payable | \$9,730.36                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 65771       | E      | RADIAL KERATOTOMY            |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 65772       | T      | CORRECTION OF ASTIGMATISM    |                  | 05502 | 10.8618       | APC                        | \$659.53                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 65775       | N      | CORRECTION OF ASTIGMATISM    |                  | 05503 | 26.1633       | Bundled, sometimes payable | \$1,588.64                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 65778       | N      | COVER EYE W/MEMBRANE         |                  | 05502 | 10.8618       | Bundled, sometimes payable | \$659.53                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 65779       | N      | COVER EYE W/MEMBRANE SUTURE  |                  | 05504 | 42.2905       | Bundled, sometimes payable | \$2,567.88                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 65780       | N      | OCULAR RECONST TRANSPLANT    |                  | 05504 | 42.2905       | Bundled, sometimes payable | \$2,567.88                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 65781       | N      | OCULAR RECONST TRANSPLANT    |                  | 05493 | 57.8644       | Bundled, sometimes payable | \$3,513.53                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 65782       | N      | OCULAR RECONST TRANSPLANT    |                  | 05504 | 42.2905       | Bundled, sometimes payable | \$2,567.88                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 65785       | N      | IMPLTJ NTRSTRML CRNL RNG SEG |                  | 05492 | 45.1150       | Bundled, sometimes payable | \$2,739.38                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 65800       | N      | DRAINAGE OF EYE              |                  | 05491 | 25.5776       | Bundled, sometimes payable | \$1,553.07                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 65810       | N      | DRAINAGE OF EYE              |                  | 05491 | 25.5776       | Bundled, sometimes payable | \$1,553.07                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 65815       | N      | DRAINAGE OF EYE              |                  | 05491 | 25.5776       | Bundled, sometimes payable | \$1,553.07                             |                                    |                                           | -                       | -        | 000        | 999        |          |

**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2025**

| Proc<br>Cd | 2024<br>APC<br>Status |  | Proc Desc                    | Proc<br>Modifier | APC   | APC<br>Weight | Method                     | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-----------------------|--|------------------------------|------------------|-------|---------------|----------------------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Ind                   |  |                              |                  |       |               |                            |                                        |                                    |                                           |  |                         |          |            |            |          |
| 65820      | N                     |  | GONIOTOMY                    |                  | 05492 | 45.1150       | Bundled, sometimes payable | \$2,739.38                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 65850      | N                     |  | TRABECULOTOMY AB EXTERNO     |                  | 05491 | 25.5776       | Bundled, sometimes payable | \$1,553.07                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 65855      | T                     |  | TRABECULOPLASTY LASER SURG   |                  | 05481 | 6.1524        | APC                        | \$373.57                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 65860      | T                     |  | SEVERING ADS ANT SGM LASER   |                  | 05481 | 6.1524        | APC                        | \$373.57                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 65865      | N                     |  | INCISE INNER EYE ADHESIONS   |                  | 05491 | 25.5776       | Bundled, sometimes payable | \$1,553.07                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 65870      | N                     |  | INCISE INNER EYE ADHESIONS   |                  | 05491 | 25.5776       | Bundled, sometimes payable | \$1,553.07                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 65875      | N                     |  | INCISE INNER EYE ADHESIONS   |                  | 05491 | 25.5776       | Bundled, sometimes payable | \$1,553.07                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 65880      | N                     |  | INCISE INNER EYE ADHESIONS   |                  | 05492 | 45.1150       | Bundled, sometimes payable | \$2,739.38                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 65900      | N                     |  | REMOVE EYE LESION            |                  | 05491 | 25.5776       | Bundled, sometimes payable | \$1,553.07                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 65920      | N                     |  | REMOVE IMPLANT OF EYE        |                  | 05491 | 25.5776       | Bundled, sometimes payable | \$1,553.07                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 65930      | N                     |  | REMOVE BLOOD CLOT FROM EYE   |                  | 05491 | 25.5776       | Bundled, sometimes payable | \$1,553.07                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 66020      | N                     |  | INJECTION TREATMENT OF EYE   |                  | 05491 | 25.5776       | Bundled, sometimes payable | \$1,553.07                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 66030      | N                     |  | INJECTION TREATMENT OF EYE   |                  | 05491 | 25.5776       | Bundled, sometimes payable | \$1,553.07                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 66130      | N                     |  | REMOVE EYE LESION            |                  | 05503 | 26.1633       | Bundled, sometimes payable | \$1,588.64                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 66150      | N                     |  | GLAUCOMA SURGERY             |                  | 05492 | 45.1150       | Bundled, sometimes payable | \$2,739.38                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 66155      | N                     |  | GLAUCOMA SURGERY             |                  | 05492 | 45.1150       | Bundled, sometimes payable | \$2,739.38                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 66160      | N                     |  | GLAUCOMA SURGERY             |                  | 05491 | 25.5776       | Bundled, sometimes payable | \$1,553.07                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 66170      | N                     |  | GLAUCOMA SURGERY             |                  | 05491 | 25.5776       | Bundled, sometimes payable | \$1,553.07                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 66172      | N                     |  | INCISION OF EYE              |                  | 05491 | 25.5776       | Bundled, sometimes payable | \$1,553.07                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 66174      | N                     |  | TRLUML DIL AQ O/F CAN W/O ST |                  | 05492 | 45.1150       | Bundled, sometimes payable | \$2,739.38                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 66175      | N                     |  | TRLUML DIL AQ O/F CAN W/ST   |                  | 05493 | 57.8644       | Bundled, sometimes payable | \$3,513.53                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 66179      | N                     |  | AQUEOUS SHUNT EYE W/O GRAFT  |                  | 05493 | 57.8644       | Bundled, sometimes payable | \$3,513.53                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 66180      | N                     |  | AQUEOUS SHUNT EYE W/GRAFT    |                  | 05493 | 57.8644       | Bundled, sometimes payable | \$3,513.53                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 66183      | N                     |  | INSERT ANT DRAINAGE DEVICE   |                  | 05492 | 45.1150       | Bundled, sometimes payable | \$2,739.38                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 66184      | N                     |  | REVISION OF AQUEOUS SHUNT    |                  | 05491 | 25.5776       | Bundled, sometimes payable | \$1,553.07                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 66185      | N                     |  | REVISE AQUEOUS SHUNT EYE     |                  | 05491 | 25.5776       | Bundled, sometimes payable | \$1,553.07                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 66225      | N                     |  | REPAIR/GRAFT EYE LESION      |                  | 05493 | 57.8644       | Bundled, sometimes payable | \$3,513.53                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 66250      | N                     |  | FOLLOW-UP SURGERY OF EYE     |                  | 05503 | 26.1633       | Bundled, sometimes payable | \$1,588.64                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 66500      | N                     |  | INCISION OF IRIS             |                  | 05491 | 25.5776       | Bundled, sometimes payable | \$1,553.07                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 66505      | N                     |  | INCISION OF IRIS             |                  | 05491 | 25.5776       | Bundled, sometimes payable | \$1,553.07                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 66600      | N                     |  | REMOVE IRIS AND LESION       |                  | 05492 | 45.1150       | Bundled, sometimes payable | \$2,739.38                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 66605      | N                     |  | REMOVAL OF IRIS              |                  | 05491 | 25.5776       | Bundled, sometimes payable | \$1,553.07                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 66625      | N                     |  | REMOVAL OF IRIS              |                  | 05491 | 25.5776       | Bundled, sometimes payable | \$1,553.07                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 66630      | N                     |  | REMOVAL OF IRIS              |                  | 05491 | 25.5776       | Bundled, sometimes payable | \$1,553.07                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 66635      | N                     |  | REMOVAL OF IRIS              |                  | 05491 | 25.5776       | Bundled, sometimes payable | \$1,553.07                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 66680      | N                     |  | REPAIR IRIS & CILIARY BODY   |                  | 05491 | 25.5776       | Bundled, sometimes payable | \$1,553.07                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 66682      | N                     |  | REPAIR IRIS & CILIARY BODY   |                  | 05491 | 25.5776       | Bundled, sometimes payable | \$1,553.07                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 66683      | N                     |  | IMPLANTATION IRIS PROSTHESIS |                  | 05496 | 184.1048      | Bundled, sometimes payable | \$11,178.84                            |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 66700      | N                     |  | DESTRUCTION CILIARY BODY     |                  | 05491 | 25.5776       | Bundled, sometimes payable | \$1,553.07                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 66710      | N                     |  | CILIARY TRANSSSLERAL THERAPY |                  | 05503 | 26.1633       | Bundled, sometimes payable | \$1,588.64                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 66711      | N                     |  | ECP CILIARY BODY DESTRUCTION |                  | 05491 | 25.5776       | Bundled, sometimes payable | \$1,553.07                             |                                    |                                           |  | -                       | Y        | 000        | 999        |          |
| 66720      | N                     |  | DESTRUCTION CILIARY BODY     |                  | 05503 | 26.1633       | Bundled, sometimes payable | \$1,588.64                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 66740      | N                     |  | DESTRUCTION CILIARY BODY     |                  | 05503 | 26.1633       | Bundled, sometimes payable | \$1,588.64                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 66761      | T                     |  | REVISION OF IRIS             |                  | 05481 | 6.1524        | APC                        | \$373.57                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 66762      | T                     |  | REVISION OF IRIS             |                  | 05481 | 6.1524        | APC                        | \$373.57                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 66770      | T                     |  | REMOVAL OF INNER EYE LESION  |                  | 05481 | 6.1524        | APC                        | \$373.57                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 66820      | N                     |  | INCISION SECONDARY CATARACT  |                  | 05491 | 25.5776       | Bundled, sometimes payable | \$1,553.07                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 66821      | T                     |  | AFTER CATARACT LASER SURGERY |                  | 05481 | 6.1524        | APC                        | \$373.57                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 66825      | N                     |  | REPOSITION INTRAOCULAR LENS  |                  | 05491 | 25.5776       | Bundled, sometimes payable | \$1,553.07                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 66830      | N                     |  | REMOVAL OF LENS LESION       |                  | 05491 | 25.5776       | Bundled, sometimes payable | \$1,553.07                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 66840      | N                     |  | REMOVAL OF LENS MATERIAL     |                  | 05491 | 25.5776       | Bundled, sometimes payable | \$1,553.07                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 66850      | N                     |  | REMOVAL OF LENS MATERIAL     |                  | 05491 | 25.5776       | Bundled, sometimes payable | \$1,553.07                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 66852      | N                     |  | REMOVAL OF LENS MATERIAL     |                  | 05492 | 45.1150       | Bundled, sometimes payable | \$2,739.38                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 66920      | N                     |  | EXTRACTION OF LENS           |                  | 05491 | 25.5776       | Bundled, sometimes payable | \$1,553.07                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 66930      | N                     |  | EXTRACTION OF LENS           |                  | 05492 | 45.1150       | Bundled, sometimes payable | \$2,739.38                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 66940      | N                     |  | EXTRACTION OF LENS           |                  | 05491 | 25.5776       | Bundled, sometimes payable | \$1,553.07                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |



Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc Cd | 2024 APC<br>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 |
|---------|------------------------|------------------------------|---------------|-------|------------|----------------------------|----------------------------------|------------------------------|----------------------------------|----------------------|----------|---------|---------|----------|
|         |                        |                              |               |       |            |                            |                                  |                              |                                  |                      |          |         |         |          |
| 66982   | N                      | XCAPSL CTRC RMVL CPLX WO ECP |               | 05491 | 25.5776    | Bundled, sometimes payable | \$1,553.07                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 66983   | N                      | CATARACT SURG W/IOL 1 STAGE  |               | 05491 | 25.5776    | Bundled, sometimes payable | \$1,553.07                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 66984   | N                      | XCAPSL CTRC RMVL W/O ECP     |               | 05491 | 25.5776    | Bundled, sometimes payable | \$1,553.07                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 66985   | N                      | INSERT LENS PROSTHESIS       |               | 05491 | 25.5776    | Bundled, sometimes payable | \$1,553.07                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 66986   | N                      | EXCHANGE LENS PROSTHESIS     |               | 05491 | 25.5776    | Bundled, sometimes payable | \$1,553.07                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 66987   | N                      | XCAPSL CTRC RMVL CPLX W/ECP  |               | 05492 | 45.1150    | Bundled, sometimes payable | \$2,739.38                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 66988   | N                      | XCAPSL CTRC RMVL W/ECP       |               | 05492 | 45.1150    | Bundled, sometimes payable | \$2,739.38                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 66989   | N                      | XCPSL CTRC RMVL CPLX INSJ 1+ |               | 05493 | 57.8644    | Bundled, sometimes payable | \$3,513.53                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 66990   | N                      | OPHTHALMIC ENDOSCOPE ADD-ON  |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 66991   | N                      | XCAPSL CTRC RMVL INSJ 1+     |               | 05493 | 57.8644    | Bundled, sometimes payable | \$3,513.53                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 66999   | N                      | UNLISTED PX ANT SEGMENT EYE  |               | 05491 | 25.5776    | Bundled, sometimes payable | \$1,553.07                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 67005   | N                      | PARTIAL REMOVAL OF EYE FLUID |               | 05491 | 25.5776    | Bundled, sometimes payable | \$1,553.07                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 67010   | N                      | PARTIAL REMOVAL OF EYE FLUID |               | 05491 | 25.5776    | Bundled, sometimes payable | \$1,553.07                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 67015   | N                      | RELEASE OF EYE FLUID         |               | 05491 | 25.5776    | Bundled, sometimes payable | \$1,553.07                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 67025   | N                      | REPLACE EYE FLUID            |               | 05491 | 25.5776    | Bundled, sometimes payable | \$1,553.07                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 67027   | N                      | IMPLANT EYE DRUG SYSTEM      |               | 05495 | 172.3113   | Bundled, sometimes payable | \$10,462.74                      |                              |                                  | -                    | -        | 000     | 999     |          |
| 67028   | S                      | INJECTION EYE DRUG           |               | 05694 | 3.7198     | APC                        | \$225.87                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 67030   | N                      | INCISE INNER EYE STRANDS     |               | 05491 | 25.5776    | Bundled, sometimes payable | \$1,553.07                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 67031   | T                      | LASER SURGERY EYE STRANDS    |               | 05481 | 6.1524     | APC                        | \$373.57                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 67036   | N                      | REMOVAL OF INNER EYE FLUID   |               | 05492 | 45.1150    | Bundled, sometimes payable | \$2,739.38                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 67039   | N                      | LASER TREATMENT OF RETINA    |               | 05492 | 45.1150    | Bundled, sometimes payable | \$2,739.38                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 67040   | N                      | LASER TREATMENT OF RETINA    |               | 05492 | 45.1150    | Bundled, sometimes payable | \$2,739.38                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 67041   | N                      | VIT FOR MACULAR PUCKER       |               | 05492 | 45.1150    | Bundled, sometimes payable | \$2,739.38                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 67042   | N                      | VIT FOR MACULAR HOLE         |               | 05492 | 45.1150    | Bundled, sometimes payable | \$2,739.38                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 67043   | N                      | VIT FOR MEMBRANE DISSECT     |               | 05492 | 45.1150    | Bundled, sometimes payable | \$2,739.38                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 67101   | N                      | REPAIR DETACHED RETINA CRTX  |               | 05491 | 25.5776    | Bundled, sometimes payable | \$1,553.07                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 67105   | T                      | REPAIR DETACHED RETINA PC    |               | 05481 | 6.1524     | APC                        | \$373.57                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 67107   | N                      | REPAIR DETACHED RETINA       |               | 05492 | 45.1150    | Bundled, sometimes payable | \$2,739.38                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 67108   | N                      | REPAIR DETACHED RETINA       |               | 05492 | 45.1150    | Bundled, sometimes payable | \$2,739.38                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 67110   | N                      | REPAIR DETACHED RETINA       |               | 05491 | 25.5776    | Bundled, sometimes payable | \$1,553.07                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 67113   | N                      | REPAIR RETINAL DETACH CPLX   |               | 05493 | 57.8644    | Bundled, sometimes payable | \$3,513.53                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 67115   | N                      | RELEASE ENCIRCLING MATERIAL  |               | 05492 | 45.1150    | Bundled, sometimes payable | \$2,739.38                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 67120   | N                      | REMOVE EYE IMPLANT MATERIAL  |               | 05491 | 25.5776    | Bundled, sometimes payable | \$1,553.07                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 67121   | N                      | REMOVE EYE IMPLANT MATERIAL  |               | 05491 | 25.5776    | Bundled, sometimes payable | \$1,553.07                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 67141   | T                      | PROPH RTA DTCHMNT CRTX DTHRM |               | 05501 | 3.3524     | APC                        | \$203.56                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 67145   | T                      | PROPH RTA DTCHMNT PC         |               | 05481 | 6.1524     | APC                        | \$373.57                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 67208   | T                      | TREATMENT OF RETINAL LESION  |               | 05501 | 3.3524     | APC                        | \$203.56                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 67210   | T                      | TREATMENT OF RETINAL LESION  |               | 05481 | 6.1524     | APC                        | \$373.57                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 67218   | N                      | TREATMENT OF RETINAL LESION  |               | 05504 | 42.2905    | Bundled, sometimes payable | \$2,567.88                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 67220   | T                      | TREATMENT OF CHOROID LESION  |               | 05481 | 6.1524     | APC                        | \$373.57                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 67221   | T                      | OCULAR PHOTODYNAMIC THER     |               | 05481 | 6.1524     | APC                        | \$373.57                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 67225   | N                      | EYE PHOTODYNAMIC THER ADD-ON |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 67227   | N                      | DSTRJ EXTENSIVE RETINOPATHY  |               | 05504 | 42.2905    | Bundled, sometimes payable | \$2,567.88                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 67228   | T                      | TREATMENT X10SV RETINOPATHY  |               | 05481 | 6.1524     | APC                        | \$373.57                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 67229   | T                      | TR RETINAL LES PRETERM INF   |               | 05481 | 6.1524     | APC                        | \$373.57                         |                              |                                  | -                    | -        | 000     | 1       |          |
| 67250   | N                      | REINFORCE EYE WALL           |               | 05503 | 26.1633    | Bundled, sometimes payable | \$1,588.64                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 67255   | N                      | REINFORCE/GRAFT EYE WALL     |               | 05492 | 45.1150    | Bundled, sometimes payable | \$2,739.38                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 67299   | N                      | UNLISTED PX POSTERIOR SEGMNT |               | 05491 | 25.5776    | Bundled, sometimes payable | \$1,553.07                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 67311   | N                      | REVISE EYE MUSCLE            |               | 05503 | 26.1633    | Bundled, sometimes payable | \$1,588.64                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 67312   | N                      | REVISE TWO EYE MUSCLES       |               | 05504 | 42.2905    | Bundled, sometimes payable | \$2,567.88                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 67314   | N                      | REVISE EYE MUSCLE            |               | 05503 | 26.1633    | Bundled, sometimes payable | \$1,588.64                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 67316   | N                      | REVISE TWO EYE MUSCLES       |               | 05503 | 26.1633    | Bundled, sometimes payable | \$1,588.64                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 67318   | N                      | REVISE EYE MUSCLE(S)         |               | 05503 | 26.1633    | Bundled, sometimes payable | \$1,588.64                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 67320   | N                      | REVISE EYE MUSCLE(S) ADD-ON  |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 67331   | N                      | EYE SURGERY FOLLOW-UP ADD-ON |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 67332   | N                      | REREVISE EYE MUSCLES ADD-ON  |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |



**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2025**

| Proc Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC   | APC<br>Weight | Method                     | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|---------|------------------------------|------------------------------|------------------|-------|---------------|----------------------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|         |                              |                              |                  |       |               |                            |                                        |                                    |                                           |                         |          |            |            |          |
| 67334   | N                            | REVISE EYE MUSCLE W/SUTURE   |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 67335   | N                            | EYE SUTURE DURING SURGERY    |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 67340   | N                            | REVISE EYE MUSCLE ADD-ON     |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 67343   | N                            | RELEASE EYE TISSUE           |                  | 05503 | 26.1633       | Bundled, sometimes payable | \$1,588.64                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 67345   | T                            | DESTROY NERVE OF EYE MUSCLE  |                  | 05501 | 3.3524        | APC                        | \$203.56                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 67346   | N                            | BIOPSY EYE MUSCLE            |                  | 05504 | 42.2905       | Bundled, sometimes payable | \$2,567.88                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 67399   | T                            | UNLISTED PX EXTRAOCULAR MUSC |                  | 05501 | 3.3524        | APC                        | \$203.56                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 67400   | N                            | EXPLORE/BIOPSY EYE SOCKET    |                  | 05504 | 42.2905       | Bundled, sometimes payable | \$2,567.88                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 67405   | N                            | EXPLORE/DRAIN EYE SOCKET     |                  | 05503 | 26.1633       | Bundled, sometimes payable | \$1,588.64                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 67412   | N                            | EXPLORE/TREAT EYE SOCKET     |                  | 05503 | 26.1633       | Bundled, sometimes payable | \$1,588.64                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 67413   | N                            | EXPLORE/TREAT EYE SOCKET     |                  | 05503 | 26.1633       | Bundled, sometimes payable | \$1,588.64                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 67414   | N                            | EXPLR/DECOMPRESS EYE SOCKET  |                  | 05504 | 42.2905       | Bundled, sometimes payable | \$2,567.88                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 67415   | N                            | ASPIRATION ORBITAL CONTENTS  |                  | 05503 | 26.1633       | Bundled, sometimes payable | \$1,588.64                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 67420   | N                            | EXPLORE/TREAT EYE SOCKET     |                  | 05504 | 42.2905       | Bundled, sometimes payable | \$2,567.88                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 67430   | N                            | EXPLORE/TREAT EYE SOCKET     |                  | 05504 | 42.2905       | Bundled, sometimes payable | \$2,567.88                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 67440   | N                            | EXPLORE/DRAIN EYE SOCKET     |                  | 05504 | 42.2905       | Bundled, sometimes payable | \$2,567.88                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 67445   | N                            | EXPLR/DECOMPRESS EYE SOCKET  |                  | 05504 | 42.2905       | Bundled, sometimes payable | \$2,567.88                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 67450   | N                            | EXPLORE/BIOPSY EYE SOCKET    |                  | 05504 | 42.2905       | Bundled, sometimes payable | \$2,567.88                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 67500   | T                            | INJECT/TREAT EYE SOCKET      |                  | 05501 | 3.3524        | APC                        | \$203.56                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 67505   | T                            | INJECT/TREAT EYE SOCKET      |                  | 05501 | 3.3524        | APC                        | \$203.56                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 67515   | T                            | INJECT/TREAT EYE SOCKET      |                  | 05501 | 3.3524        | APC                        | \$203.56                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 67516   | T                            | SPRCHOROIDAL SPC NJX RX AGT  |                  | 05694 | 3.7198        | APC                        | \$225.87                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 67550   | N                            | INSERT EYE SOCKET IMPLANT    |                  | 05504 | 42.2905       | Bundled, sometimes payable | \$2,567.88                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 67560   | N                            | REVISE EYE SOCKET IMPLANT    |                  | 05504 | 42.2905       | Bundled, sometimes payable | \$2,567.88                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 67570   | N                            | DECOMPRESS OPTIC NERVE       |                  | 05504 | 42.2905       | Bundled, sometimes payable | \$2,567.88                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 67599   | T                            | UNLISTED PROCEDURE ORBIT     |                  | 05501 | 3.3524        | APC                        | \$203.56                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 67700   | T                            | BLEPHAROTOMY DRG ABSC EYELID |                  | 05501 | 3.3524        | APC                        | \$203.56                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 67710   | T                            | SEVERING TARSORRHAPHY        |                  | 05502 | 10.8618       | APC                        | \$659.53                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 67715   | N                            | CANTHOTOMY                   |                  | 05503 | 26.1633       | Bundled, sometimes payable | \$1,588.64                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 67800   | T                            | REMOVE EYELID LESION         |                  | 05501 | 3.3524        | APC                        | \$203.56                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 67801   | T                            | REMOVE EYELID LESIONS        |                  | 05502 | 10.8618       | APC                        | \$659.53                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 67805   | T                            | REMOVE EYELID LESIONS        |                  | 05501 | 3.3524        | APC                        | \$203.56                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 67808   | N                            | REMOVE EYELID LESION(S)      |                  | 05503 | 26.1633       | Bundled, sometimes payable | \$1,588.64                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 67810   | T                            | INCAL BX EYELID SKN LID MRGN |                  | 05501 | 3.3524        | APC                        | \$203.56                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 67820   | N                            | REVISE EYELASHES             |                  | 05734 | 1.4456        | Bundled, sometimes payable | \$87.78                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 67825   | T                            | REVISE EYELASHES             |                  | 05501 | 3.3524        | APC                        | \$203.56                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 67830   | T                            | REVISE EYELASHES             |                  | 05502 | 10.8618       | APC                        | \$659.53                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 67835   | N                            | REVISE EYELASHES             |                  | 05503 | 26.1633       | Bundled, sometimes payable | \$1,588.64                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 67840   | T                            | REMOVE EYELID LESION         |                  | 05502 | 10.8618       | APC                        | \$659.53                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 67850   | T                            | DSTRJ LESION LID MARGIN <1CM |                  | 05502 | 10.8618       | APC                        | \$659.53                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 67875   | T                            | CLOSURE OF EYELID BY SUTURE  |                  | 05502 | 10.8618       | APC                        | \$659.53                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 67880   | N                            | REVISION OF EYELID           |                  | 05503 | 26.1633       | Bundled, sometimes payable | \$1,588.64                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 67882   | N                            | REVISION OF EYELID           |                  | 05503 | 26.1633       | Bundled, sometimes payable | \$1,588.64                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 67900   | N                            | REPAIR BROW DEFECT           |                  | 05503 | 26.1633       | Bundled, sometimes payable | \$1,588.64                             |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 67901   | N                            | REPAIR EYELID DEFECT         |                  | 05503 | 26.1633       | Bundled, sometimes payable | \$1,588.64                             |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 67902   | N                            | REPAIR EYELID DEFECT         |                  | 05504 | 42.2905       | Bundled, sometimes payable | \$2,567.88                             |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 67903   | N                            | REPAIR EYELID DEFECT         |                  | 05503 | 26.1633       | Bundled, sometimes payable | \$1,588.64                             |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 67904   | N                            | REPAIR EYELID DEFECT         |                  | 05503 | 26.1633       | Bundled, sometimes payable | \$1,588.64                             |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 67906   | N                            | REPAIR EYELID DEFECT         |                  | 05504 | 42.2905       | Bundled, sometimes payable | \$2,567.88                             |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 67908   | N                            | REPAIR EYELID DEFECT         |                  | 05503 | 26.1633       | Bundled, sometimes payable | \$1,588.64                             |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 67909   | N                            | REVISE EYELID DEFECT         |                  | 05503 | 26.1633       | Bundled, sometimes payable | \$1,588.64                             |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 67911   | N                            | REVISE EYELID DEFECT         |                  | 05503 | 26.1633       | Bundled, sometimes payable | \$1,588.64                             |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 67912   | N                            | CORRECTION EYELID W/IMPLANT  |                  | 05503 | 26.1633       | Bundled, sometimes payable | \$1,588.64                             |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 67914   | N                            | REPAIR EYELID DEFECT         |                  | 05503 | 26.1633       | Bundled, sometimes payable | \$1,588.64                             |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 67915   | N                            | REPAIR EYELID DEFECT         |                  | 05503 | 26.1633       | Bundled, sometimes payable | \$1,588.64                             |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 67916   | N                            | REPAIR EYELID DEFECT         |                  | 05503 | 26.1633       | Bundled, sometimes payable | \$1,588.64                             |                                    |                                           | Y                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc<br>Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                   | Proc<br>Modifier | APC<br>Weight | Method  | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|------------------------------|-----------------------------|------------------|---------------|---------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|            |                              |                             |                  |               |         |                                        |                                    |                                           |                         |          |            |            |          |
| 67917      | N                            | REPAIR EYELID DEFECT        |                  | 05503         | 26.1633 | Bundled, sometimes payable             |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 67921      | N                            | REPAIR EYELID DEFECT        |                  | 05503         | 26.1633 | Bundled, sometimes payable             |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 67922      | N                            | REPAIR EYELID DEFECT        |                  | 05503         | 26.1633 | Bundled, sometimes payable             |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 67923      | N                            | REPAIR EYELID DEFECT        |                  | 05503         | 26.1633 | Bundled, sometimes payable             |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 67924      | N                            | REPAIR EYELID DEFECT        |                  | 05503         | 26.1633 | Bundled, sometimes payable             |                                    |                                           | Y                       | -        | 000        | 999        |          |
| 67930      | N                            | REPAIR EYELID WOUND         |                  | 05503         | 26.1633 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 67935      | N                            | REPAIR EYELID WOUND         |                  | 05503         | 26.1633 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 67938      | T                            | REMOVE EYELID FOREIGN BODY  |                  | 05501         | 3.3524  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 67950      | N                            | REVISION OF EYELID          |                  | 05503         | 26.1633 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 67961      | N                            | REVISION OF EYELID          |                  | 05503         | 26.1633 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 67966      | N                            | REVISION OF EYELID          |                  | 05503         | 26.1633 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 67971      | N                            | RECONSTRUCTION OF EYELID    |                  | 05503         | 26.1633 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 67973      | N                            | RECONSTRUCTION OF EYELID    |                  | 05503         | 26.1633 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 67974      | N                            | RECONSTRUCTION OF EYELID    |                  | 05504         | 42.2905 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 67975      | N                            | RECONSTRUCTION OF EYELID    |                  | 05503         | 26.1633 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 67999      | T                            | UNLISTED PROCEDURE EYELIDS  |                  | 05501         | 3.3524  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 68020      | T                            | INCISE/DRAIN EYELID LINING  |                  | 05502         | 10.8618 | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 68040      | T                            | TREATMENT OF EYELID LESIONS |                  | 05501         | 3.3524  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 68100      | N                            | BIOPSY CONJUNCTIVA          |                  | 05503         | 26.1633 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 68110      | N                            | EXC LES CONJUNCTIVA <1 CM   |                  | 05503         | 26.1633 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 68115      | N                            | EXC LES CONJUNCTIVA >1 CM   |                  | 05503         | 26.1633 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 68130      | N                            | EXC LES CONJUNCTIVA ADJ SCL |                  | 05503         | 26.1633 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 68135      | N                            | DESTRUCTION LES CONJUNCTIVA |                  | 05503         | 26.1633 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 68200      | N                            | TREAT EYELID BY INJECTION   |                  | 05735         | 4.4751  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 68320      | N                            | REVISE/GRAFT EYELID LINING  |                  | 05503         | 26.1633 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 68325      | N                            | REVISE/GRAFT EYELID LINING  |                  | 05504         | 42.2905 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 68326      | N                            | REVISE/GRAFT EYELID LINING  |                  | 05504         | 42.2905 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 68328      | N                            | REVISE/GRAFT EYELID LINING  |                  | 05503         | 26.1633 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 68330      | N                            | REVISE EYELID LINING        |                  | 05491         | 25.5776 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 68335      | N                            | REVISE/GRAFT EYELID LINING  |                  | 05504         | 42.2905 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 68340      | N                            | SEPARATE EYELID ADHESIONS   |                  | 05503         | 26.1633 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 68360      | N                            | REVISE EYELID LINING        |                  | 05504         | 42.2905 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 68362      | N                            | REVISE EYELID LINING        |                  | 05503         | 26.1633 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 68371      | N                            | HARVEST EYE TISSUE ALOGRAFT |                  | 05503         | 26.1633 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 68399      | T                            | UNLISTED PX CONJUNCTIVA     |                  | 05501         | 3.3524  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 68400      | T                            | I&D LACRIMAL GLAND          |                  | 05502         | 10.8618 | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 68420      | N                            | I&D LACRIMAL SAC            |                  | 05503         | 26.1633 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 68440      | T                            | SNIP INC LACRIMAL PUNCTUM   |                  | 05501         | 3.3524  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 68500      | N                            | REMOVAL OF TEAR GLAND       |                  | 05504         | 42.2905 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 68505      | N                            | PARTIAL REMOVAL TEAR GLAND  |                  | 05504         | 42.2905 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 68510      | N                            | BIOPSY OF TEAR GLAND        |                  | 05503         | 26.1633 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 68520      | N                            | REMOVAL OF TEAR SAC         |                  | 05504         | 42.2905 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 68525      | N                            | BIOPSY OF TEAR SAC          |                  | 05503         | 26.1633 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 68530      | T                            | CLEARANCE OF TEAR DUCT      |                  | 05501         | 3.3524  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 68540      | N                            | REMOVE TEAR GLAND LESION    |                  | 05503         | 26.1633 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 68550      | N                            | REMOVE TEAR GLAND LESION    |                  | 05504         | 42.2905 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 68700      | N                            | REPAIR TEAR DUCTS           |                  | 05503         | 26.1633 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 68705      | T                            | REVISE TEAR DUCT OPENING    |                  | 05501         | 3.3524  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 68720      | N                            | CREATE TEAR SAC DRAIN       |                  | 05504         | 42.2905 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 68745      | N                            | CREATE TEAR DUCT DRAIN      |                  | 05504         | 42.2905 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 68750      | N                            | CREATE TEAR DUCT DRAIN      |                  | 05504         | 42.2905 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 68760      | T                            | CLOSE TEAR DUCT OPENING     |                  | 05501         | 3.3524  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 68761      | T                            | CLOSE TEAR DUCT OPENING     |                  | 05501         | 3.3524  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 68770      | N                            | CLOSE TEAR SYSTEM FISTULA   |                  | 05503         | 26.1633 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 68801      | N                            | DILATE TEAR DUCT OPENING    |                  | 05735         | 4.4751  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 68810      | T                            | PROBE NASOLACRIMAL DUCT     |                  | 05501         | 3.3524  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |

**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2025**

| 2024 APC |            | 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 |
|----------|------------|------------------------------|---------------|-------|------------|----------------------------|----------------------------------|------------------------------|----------------------------------|----------------------|----------|---------|---------|----------|
| Proc Cd  | Status Ind |                              |               |       |            |                            |                                  |                              |                                  |                      |          |         |         |          |
|          |            |                              |               |       |            |                            |                                  |                              |                                  |                      |          |         |         |          |
| 68811    | N          | PROBE NASOLACRIMAL DUCT      |               | 05503 | 26.1633    | Bundled, sometimes payable | \$1,588.64                       |                              | -                                | -                    |          | 000     | 999     |          |
| 68815    | N          | PROBE NASOLACRIMAL DUCT      |               | 05503 | 26.1633    | Bundled, sometimes payable | \$1,588.64                       |                              | -                                | -                    |          | 000     | 999     |          |
| 68816    | N          | PROBE NL DUCT W/BALLOON      |               | 05503 | 26.1633    | Bundled, sometimes payable | \$1,588.64                       |                              | -                                | -                    |          | 000     | 999     |          |
| 68840    | T          | EXPLORE/IRRIGATE TEAR DUCTS  |               | 05501 | 3.3524     | APC                        | \$203.56                         |                              | -                                | -                    |          | 000     | 999     |          |
| 68841    | N          | INSJ RX ELUT IMPLT LAC CANAL |               | 05503 | 26.1633    | Bundled, sometimes payable | \$1,588.64                       |                              | -                                | -                    |          | 000     | 999     |          |
| 68850    | N          | INJECTION FOR TEAR SAC X-RAY |               | -     | -          | Bundled                    | \$0.00                           |                              | -                                | -                    |          | 000     | 999     |          |
| 68899    | T          | UNLISTED PX LACRIMAL SYSTEM  |               | 05501 | 3.3524     | APC                        | \$203.56                         |                              | -                                | -                    |          | 000     | 999     |          |
| 69000    | T          | DRG XTRNL EAR ABSC/HEM SMPL  |               | 05071 | 7.8905     | APC                        | \$479.11                         |                              | -                                | -                    |          | 000     | 999     |          |
| 69005    | N          | DRG XTRNL EAR ABSC/HEM COMP  |               | 05072 | 18.1704    | Bundled, sometimes payable | \$1,103.31                       |                              | -                                | -                    |          | 000     | 999     |          |
| 69020    | T          | DRG XTRNL AUD CANAL ABSCESS  |               | 05071 | 7.8905     | APC                        | \$479.11                         |                              | -                                | -                    |          | 000     | 999     |          |
| 69090    | E          | EAR PIERCING                 |               | -     | -          | Not Allowed                | \$0.00                           |                              | -                                | -                    |          | 000     | 999     |          |
| 69100    | T          | BIOPSY OF EXTERNAL EAR       |               | 05161 | 2.6043     | APC                        | \$158.13                         |                              | -                                | -                    |          | 000     | 999     |          |
| 69105    | N          | BIOPSY OF EXTERNAL EAR CANAL |               | 05163 | 16.6121    | Bundled, sometimes payable | \$1,008.69                       |                              | -                                | -                    |          | 000     | 999     |          |
| 69110    | N          | REMOVE EXTERNAL EAR PARTIAL  |               | 05073 | 32.0969    | Bundled, sometimes payable | \$1,948.92                       |                              | -                                | -                    |          | 000     | 999     |          |
| 69120    | N          | REMOVAL OF EXTERNAL EAR      |               | 05165 | 66.3421    | Bundled, sometimes payable | \$4,028.29                       |                              | -                                | -                    |          | 000     | 999     |          |
| 69140    | N          | REMOVE EAR CANAL LESION(S)   |               | 05165 | 66.3421    | Bundled, sometimes payable | \$4,028.29                       |                              | -                                | -                    |          | 000     | 999     |          |
| 69145    | N          | REMOVE EAR CANAL LESION(S)   |               | 05073 | 32.0969    | Bundled, sometimes payable | \$1,948.92                       |                              | -                                | -                    |          | 000     | 999     |          |
| 69150    | N          | EXTENSIVE EAR CANAL SURGERY  |               | 05165 | 66.3421    | Bundled, sometimes payable | \$4,028.29                       |                              | -                                | -                    |          | 000     | 999     |          |
| 69155    | C          | EXTENSIVE EAR/NECK SURGERY   |               | -     | -          | IP Only                    | \$0.00                           |                              | -                                | -                    |          | 000     | 999     |          |
| 69200    | N          | CLEAR OUTER EAR CANAL        |               | 05734 | 1.4456     | Bundled, sometimes payable | \$87.78                          |                              | -                                | -                    |          | 000     | 999     |          |
| 69205    | N          | CLEAR OUTER EAR CANAL        |               | 05072 | 18.1704    | Bundled, sometimes payable | \$1,103.31                       |                              | -                                | -                    |          | 000     | 999     |          |
| 69209    | N          | REMOVE IMPACTED EAR WAX UNI  |               | 05733 | 0.6661     | Bundled, sometimes payable | \$40.45                          |                              | -                                | -                    |          | 000     | 999     |          |
| 69210    | N          | REMOVE IMPACTED EAR WAX UNI  |               | 05733 | 0.6661     | Bundled, sometimes payable | \$40.45                          |                              | -                                | -                    |          | 000     | 999     |          |
| 69220    | N          | CLEAN OUT MASTOID CAVITY     |               | 05051 | 2.2284     | Bundled, sometimes payable | \$135.31                         |                              | -                                | -                    |          | 000     | 999     |          |
| 69222    | T          | CLEAN OUT MASTOID CAVITY     |               | 05162 | 5.7111     | APC                        | \$346.78                         |                              | -                                | -                    |          | 000     | 999     |          |
| 69300    | E          | REVISE EXTERNAL EAR          |               | -     | -          | Not Allowed                | \$0.00                           |                              | -                                | -                    |          | 000     | 999     |          |
| 69310    | N          | REBUILD OUTER EAR CANAL      |               | 05165 | 66.3421    | Bundled, sometimes payable | \$4,028.29                       |                              | -                                | -                    |          | 000     | 999     |          |
| 69320    | N          | REBUILD OUTER EAR CANAL      |               | 05165 | 66.3421    | Bundled, sometimes payable | \$4,028.29                       |                              | -                                | -                    |          | 000     | 999     |          |
| 69399    | T          | UNLISTED PX EXTERNAL EAR     |               | 05161 | 2.6043     | APC                        | \$158.13                         |                              | -                                | -                    |          | 000     | 999     |          |
| 69420    | T          | INCISION OF EARDRUM          |               | 05161 | 2.6043     | APC                        | \$158.13                         |                              | -                                | -                    |          | 000     | 999     |          |
| 69421    | N          | INCISION OF EARDRUM          |               | 05164 | 36.3699    | Bundled, sometimes payable | \$2,208.38                       |                              | -                                | -                    |          | 000     | 999     |          |
| 69424    | N          | REMOVE VENTILATING TUBE      |               | 05164 | 36.3699    | Bundled, sometimes payable | \$2,208.38                       |                              | -                                | -                    |          | 000     | 999     |          |
| 69433    | T          | CREATE EARDRUM OPENING       |               | 05162 | 5.7111     | APC                        | \$346.78                         |                              | -                                | -                    |          | 000     | 999     |          |
| 69436    | N          | CREATE EARDRUM OPENING       |               | 05163 | 16.6121    | Bundled, sometimes payable | \$1,008.69                       |                              | -                                | -                    |          | 000     | 999     |          |
| 69440    | N          | EXPLORATION OF MIDDLE EAR    |               | 05164 | 36.3699    | Bundled, sometimes payable | \$2,208.38                       |                              | -                                | -                    |          | 000     | 999     |          |
| 69450    | N          | EARDRUM REVISION             |               | 05164 | 36.3699    | Bundled, sometimes payable | \$2,208.38                       |                              | -                                | -                    |          | 000     | 999     |          |
| 69501    | N          | MASTOIDECTOMY                |               | 05165 | 66.3421    | Bundled, sometimes payable | \$4,028.29                       |                              | -                                | -                    |          | 000     | 999     |          |
| 69502    | N          | MASTOIDECTOMY                |               | 05165 | 66.3421    | Bundled, sometimes payable | \$4,028.29                       |                              | -                                | -                    |          | 000     | 999     |          |
| 69505    | N          | REMOVE MASTOID STRUCTURES    |               | 05165 | 66.3421    | Bundled, sometimes payable | \$4,028.29                       |                              | -                                | -                    |          | 000     | 999     |          |
| 69511    | N          | EXTENSIVE MASTOID SURGERY    |               | 05165 | 66.3421    | Bundled, sometimes payable | \$4,028.29                       |                              | -                                | -                    |          | 000     | 999     |          |
| 69530    | N          | EXTENSIVE MASTOID SURGERY    |               | 05165 | 66.3421    | Bundled, sometimes payable | \$4,028.29                       |                              | -                                | -                    |          | 000     | 999     |          |
| 69535    | C          | REMOVE PART OF TEMPORAL BONE |               | -     | -          | IP Only                    | \$0.00                           |                              | -                                | -                    |          | 000     | 999     |          |
| 69540    | N          | EXCISION AURAL POLYP         |               | 05163 | 16.6121    | Bundled, sometimes payable | \$1,008.69                       |                              | -                                | -                    |          | 000     | 999     |          |
| 69550    | N          | EXC AURL GLOMUS TUM TRNSCANL |               | 05165 | 66.3421    | Bundled, sometimes payable | \$4,028.29                       |                              | -                                | -                    |          | 000     | 999     |          |
| 69552    | N          | EXC AURL GLOMUS TUM TRNSMSTD |               | 05165 | 66.3421    | Bundled, sometimes payable | \$4,028.29                       |                              | -                                | -                    |          | 000     | 999     |          |
| 69554    | C          | EXC AURL GLOMUS TUM EXTENDED |               | -     | -          | IP Only                    | \$0.00                           |                              | -                                | -                    |          | 000     | 999     |          |
| 69601    | N          | REVJ MSTDC RSLTG COMPL MSTDC |               | 05165 | 66.3421    | Bundled, sometimes payable | \$4,028.29                       |                              | -                                | -                    |          | 000     | 999     |          |
| 69602    | N          | REV MSTDC RSLT MOD RAD MSTDC |               | 05165 | 66.3421    | Bundled, sometimes payable | \$4,028.29                       |                              | -                                | -                    |          | 000     | 999     |          |
| 69603    | N          | REVJ MSTDC RSLTG RAD MSTDC   |               | 05165 | 66.3421    | Bundled, sometimes payable | \$4,028.29                       |                              | -                                | -                    |          | 000     | 999     |          |
| 69604    | N          | REVJ MSTDC RSLTG TYMPANPLSTY |               | 05165 | 66.3421    | Bundled, sometimes payable | \$4,028.29                       |                              | -                                | -                    |          | 000     | 999     |          |
| 69610    | N          | TYMPANIC MEMBRANE REPAIR     |               | 05163 | 16.6121    | Bundled, sometimes payable | \$1,008.69                       |                              | -                                | -                    |          | 000     | 999     |          |
| 69620    | N          | MYRINGOPLASTY                |               | 05164 | 36.3699    | Bundled, sometimes payable | \$2,208.38                       |                              | -                                | -                    |          | 000     | 999     |          |
| 69631    | N          | REPAIR EARDRUM STRUCTURES    |               | 05165 | 66.3421    | Bundled, sometimes payable | \$4,028.29                       |                              | -                                | -                    |          | 000     | 999     |          |
| 69632    | N          | REBUILD EARDRUM STRUCTURES   |               | 05165 | 66.3421    | Bundled, sometimes payable | \$4,028.29                       |                              | -                                | -                    |          | 000     | 999     |          |
| 69633    | N          | REBUILD EARDRUM STRUCTURES   |               | 05165 | 66.3421    | Bundled, sometimes payable | \$4,028.29                       |                              | -                                | -                    |          | 000     | 999     |          |
| 69635    | N          | REPAIR EARDRUM STRUCTURES    |               | 05165 | 66.3421    | Bundled, sometimes payable | \$4,028.29                       |                              | -                                | -                    |          | 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  
April 1, 2025

| 2024<br>APC |               | Proc Desc                    | Proc<br>Modifier | APC<br>Weight | Method   | Outpatient                 | Sole Comm.   | Non-sole<br>Comm. |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|-------------|---------------|------------------------------|------------------|---------------|----------|----------------------------|--------------|-------------------|--|-------------------------|----------|------------|------------|----------|
| Proc<br>Cd  | Status<br>Ind |                              |                  |               |          | Hospital Fee               | Hospital Lab | Hospital Lab      |  |                         |          |            |            |          |
|             |               |                              |                  |               |          | Schedule<br>Fees           | Fees         | Fees              |  |                         |          |            |            |          |
| 69636       | N             | REBUILD EARDRUM STRUCTURES   |                  | 05165         | 66.3421  | Bundled, sometimes payable | \$4,028.29   |                   |  | -                       | -        | 000        | 999        |          |
| 69637       | N             | REBUILD EARDRUM STRUCTURES   |                  | 05165         | 66.3421  | Bundled, sometimes payable | \$4,028.29   |                   |  | -                       | -        | 000        | 999        |          |
| 69641       | N             | REVISE MIDDLE EAR & MASTOID  |                  | 05165         | 66.3421  | Bundled, sometimes payable | \$4,028.29   |                   |  | -                       | -        | 000        | 999        |          |
| 69642       | N             | REVISE MIDDLE EAR & MASTOID  |                  | 05165         | 66.3421  | Bundled, sometimes payable | \$4,028.29   |                   |  | -                       | -        | 000        | 999        |          |
| 69643       | N             | REVISE MIDDLE EAR & MASTOID  |                  | 05165         | 66.3421  | Bundled, sometimes payable | \$4,028.29   |                   |  | -                       | -        | 000        | 999        |          |
| 69644       | N             | REVISE MIDDLE EAR & MASTOID  |                  | 05165         | 66.3421  | Bundled, sometimes payable | \$4,028.29   |                   |  | -                       | -        | 000        | 999        |          |
| 69645       | N             | REVISE MIDDLE EAR & MASTOID  |                  | 05165         | 66.3421  | Bundled, sometimes payable | \$4,028.29   |                   |  | -                       | -        | 000        | 999        |          |
| 69646       | N             | REVISE MIDDLE EAR & MASTOID  |                  | 05165         | 66.3421  | Bundled, sometimes payable | \$4,028.29   |                   |  | -                       | -        | 000        | 999        |          |
| 69650       | N             | STAPES MOBILIZATION          |                  | 05164         | 36.3699  | Bundled, sometimes payable | \$2,208.38   |                   |  | -                       | -        | 000        | 999        |          |
| 69660       | N             | REVISE MIDDLE EAR BONE       |                  | 05165         | 66.3421  | Bundled, sometimes payable | \$4,028.29   |                   |  | -                       | -        | 000        | 999        |          |
| 69661       | N             | REVISE MIDDLE EAR BONE       |                  | 05165         | 66.3421  | Bundled, sometimes payable | \$4,028.29   |                   |  | -                       | -        | 000        | 999        |          |
| 69662       | N             | REVISE MIDDLE EAR BONE       |                  | 05165         | 66.3421  | Bundled, sometimes payable | \$4,028.29   |                   |  | -                       | -        | 000        | 999        |          |
| 69666       | N             | REPAIR MIDDLE EAR STRUCTURES |                  | 05164         | 36.3699  | Bundled, sometimes payable | \$2,208.38   |                   |  | -                       | -        | 000        | 999        |          |
| 69667       | N             | REPAIR MIDDLE EAR STRUCTURES |                  | 05164         | 36.3699  | Bundled, sometimes payable | \$2,208.38   |                   |  | -                       | -        | 000        | 999        |          |
| 69670       | N             | REMOVE MASTOID AIR CELLS     |                  | 05165         | 66.3421  | Bundled, sometimes payable | \$4,028.29   |                   |  | -                       | -        | 000        | 999        |          |
| 69676       | N             | REMOVE MIDDLE EAR NERVE      |                  | 05164         | 36.3699  | Bundled, sometimes payable | \$2,208.38   |                   |  | -                       | -        | 000        | 999        |          |
| 69700       | N             | CLOSE MASTOID FISTULA        |                  | 05163         | 16.6121  | Bundled, sometimes payable | \$1,008.69   |                   |  | -                       | -        | 000        | 999        |          |
| 69705       | N             | NPS SURG DILAT EUST TUBE UNI |                  | 05165         | 66.3421  | Bundled, sometimes payable | \$4,028.29   |                   |  | -                       | -        | 000        | 999        |          |
| 69706       | N             | NPS SURG DILAT EUST TUBE BI  |                  | 05165         | 66.3421  | Bundled, sometimes payable | \$4,028.29   |                   |  | -                       | -        | 000        | 999        |          |
| 69710       | E             | IMPLANT/REPLACE HEARING AID  |                  | -             | -        | Not Allowed                | \$0.00       |                   |  | -                       | -        | 000        | 999        |          |
| 69711       | N             | REMOVE/REPAIR HEARING AID    |                  | 05164         | 36.3699  | Bundled, sometimes payable | \$2,208.38   |                   |  | -                       | -        | 000        | 999        |          |
| 69714       | N             | IMPL OI IMPLT SKULL PERQ ESP |                  | 05115         | 144.2970 | Bundled, sometimes payable | \$8,761.71   |                   |  | -                       | -        | 000        | 999        |          |
| 69716       | N             | IMPL OI IMPLT SK TC ESP<100  |                  | 05115         | 144.2970 | Bundled, sometimes payable | \$8,761.71   |                   |  | -                       | -        | 000        | 999        |          |
| 69717       | N             | RPLCMT OI IMPLT SKL PRQ ESP  |                  | 05114         | 80.1145  | Bundled, sometimes payable | \$4,864.55   |                   |  | -                       | -        | 000        | 999        |          |
| 69719       | N             | RPLCM OI IMPLT SK TC ESP<100 |                  | 05115         | 144.2970 | Bundled, sometimes payable | \$8,761.71   |                   |  | -                       | -        | 000        | 999        |          |
| 69720       | N             | RELEASE FACIAL NERVE         |                  | 05165         | 66.3421  | Bundled, sometimes payable | \$4,028.29   |                   |  | -                       | -        | 000        | 999        |          |
| 69725       | N             | RELEASE FACIAL NERVE         |                  | 05165         | 66.3421  | Bundled, sometimes payable | \$4,028.29   |                   |  | -                       | -        | 000        | 999        |          |
| 69726       | N             | RMV NTR OI IMPLT SKL PRQ ESP |                  | 05113         | 36.3872  | Bundled, sometimes payable | \$2,209.43   |                   |  | -                       | -        | 000        | 999        |          |
| 69727       | N             | RMV NTR OI IMP SK TC ESP<100 |                  | 05113         | 36.3872  | Bundled, sometimes payable | \$2,209.43   |                   |  | -                       | -        | 000        | 999        |          |
| 69728       | N             | RMV NTR OI IMP SK TC>=100    |                  | 05113         | 36.3872  | Bundled, sometimes payable | \$2,209.43   |                   |  | -                       | -        | 000        | 999        |          |
| 69729       | N             | IMPL OI IMPLT SK TC ESP>=100 |                  | 05115         | 144.2970 | Bundled, sometimes payable | \$8,761.71   |                   |  | -                       | -        | 000        | 999        |          |
| 69730       | N             | RPLC OI IMPLT SK TC ESP>=100 |                  | 05115         | 144.2970 | Bundled, sometimes payable | \$8,761.71   |                   |  | -                       | -        | 000        | 999        |          |
| 69740       | N             | REPAIR FACIAL NERVE          |                  | 05165         | 66.3421  | Bundled, sometimes payable | \$4,028.29   |                   |  | -                       | -        | 000        | 999        |          |
| 69745       | N             | REPAIR FACIAL NERVE          |                  | 05165         | 66.3421  | Bundled, sometimes payable | \$4,028.29   |                   |  | -                       | -        | 000        | 999        |          |
| 69799       | T             | UNLISTED PX MIDDLE EAR       |                  | 05161         | 2.6043   | APC                        | \$158.13     |                   |  | -                       | -        | 000        | 999        |          |
| 69801       | N             | INCISE INNER EAR             |                  | 05163         | 16.6121  | Bundled, sometimes payable | \$1,008.69   |                   |  | -                       | -        | 000        | 999        |          |
| 69805       | N             | EXPLORE INNER EAR            |                  | 05165         | 66.3421  | Bundled, sometimes payable | \$4,028.29   |                   |  | -                       | -        | 000        | 999        |          |
| 69806       | N             | EXPLORE INNER EAR            |                  | 05165         | 66.3421  | Bundled, sometimes payable | \$4,028.29   |                   |  | -                       | -        | 000        | 999        |          |
| 69905       | N             | REMOVE INNER EAR             |                  | 05165         | 66.3421  | Bundled, sometimes payable | \$4,028.29   |                   |  | -                       | -        | 000        | 999        |          |
| 69910       | N             | REMOVE INNER EAR & MASTOID   |                  | 05165         | 66.3421  | Bundled, sometimes payable | \$4,028.29   |                   |  | -                       | -        | 000        | 999        |          |
| 69915       | N             | INCISE INNER EAR NERVE       |                  | 05164         | 36.3699  | Bundled, sometimes payable | \$2,208.38   |                   |  | -                       | -        | 000        | 999        |          |
| 69930       | N             | IMPLANT COCHLEAR DEVICE      |                  | 05166         | 356.7139 | Bundled, sometimes payable | \$21,659.67  |                   |  | Y                       | -        | 000        | 999        |          |
| 69949       | T             | UNLISTED PX INNER EAR        |                  | 05161         | 2.6043   | APC                        | \$158.13     |                   |  | -                       | -        | 000        | 999        |          |
| 69950       | C             | INCISE INNER EAR NERVE       |                  | -             | -        | IP Only                    | \$0.00       |                   |  | -                       | -        | 000        | 999        |          |
| 69955       | N             | RELEASE FACIAL NERVE         |                  | 05165         | 66.3421  | Bundled, sometimes payable | \$4,028.29   |                   |  | -                       | -        | 000        | 999        |          |
| 69960       | N             | RELEASE INNER EAR CANAL      |                  | 05165         | 66.3421  | Bundled, sometimes payable | \$4,028.29   |                   |  | -                       | -        | 000        | 999        |          |
| 69970       | N             | REMOVE INNER EAR LESION      |                  | 05165         | 66.3421  | Bundled, sometimes payable | \$4,028.29   |                   |  | -                       | -        | 000        | 999        |          |
| 69979       | T             | UNLISTED PX TEMPORAL BONE    |                  | 05161         | 2.6043   | APC                        | \$158.13     |                   |  | -                       | -        | 000        | 999        |          |
| 69990       | N             | MICROSURGERY ADD-ON          |                  | -             | -        | Bundled                    | \$0.00       |                   |  | -                       | -        | 000        | 999        |          |
| 70010       | N             | CONTRAST X-RAY OF BRAIN      |                  | 05572         | 4.0051   | Bundled, sometimes payable | \$243.19     |                   |  | -                       | -        | 000        | 999        |          |
| 70015       | N             | CONTRAST X-RAY OF BRAIN      |                  | 05573         | 8.8602   | Bundled, sometimes payable | \$537.99     |                   |  | -                       | -        | 000        | 999        |          |
| 70030       | N             | X-RAY EYE FOR FOREIGN BODY   |                  | 05521         | 0.9874   | Bundled, sometimes payable | \$59.95      |                   |  | -                       | -        | 000        | 999        |          |
| 70100       | N             | X-RAY EXAM OF JAW <4VIEWS    |                  | 05521         | 0.9874   | Bundled, sometimes payable | \$59.95      |                   |  | -                       | -        | 000        | 999        |          |
| 7010F       | E             | PT INFO INTO RECALL SYSTEM   |                  | -             | -        | Not Allowed                | \$0.00       |                   |  | -                       | -        | 000        | 999        |          |
| 70110       | N             | X-RAY EXAM OF JAW 4/> VIEWS  |                  | 05522         | 1.1926   | Bundled, sometimes payable | \$72.41      |                   |  | -                       | -        | 000        | 999        |          |
| 70120       | N             | X-RAY EXAM OF MASTOIDS       |                  | 05522         | 1.1926   | Bundled, sometimes payable | \$72.41      |                   |  | -                       | -        | 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**  
**April 1, 2025**

| Proc Cd | 2024 APC |     | 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 |
|---------|----------|-----|------------------------------|---------------|-------|--------|----------------------------|----------------------------------|------------------------------|----------------------------------|----------------------|----------|---------|---------|----------|
|         | Status   | Ind |                              |               |       |        |                            |                                  |                              |                                  |                      |          |         |         |          |
| 70130   | N        |     | X-RAY EXAM OF MASTOIDS       |               | 05522 | 1.1926 | Bundled, sometimes payable | \$72.41                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 70134   | N        |     | X-RAY EXAM OF MIDDLE EAR     |               | 05524 | 6.1490 | Bundled, sometimes payable | \$373.37                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 70140   | N        |     | X-RAY EXAM OF FACIAL BONES   |               | 05521 | 0.9874 | Bundled, sometimes payable | \$59.95                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 70150   | N        |     | X-RAY EXAM OF FACIAL BONES   |               | 05522 | 1.1926 | Bundled, sometimes payable | \$72.41                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 70160   | N        |     | X-RAY EXAM OF NASAL BONES    |               | 05521 | 0.9874 | Bundled, sometimes payable | \$59.95                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 70170   | N        |     | X-RAY EXAM OF TEAR DUCT      |               | 05523 | 2.7108 | Bundled, sometimes payable | \$164.60                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 70190   | N        |     | X-RAY EXAM OF EYE SOCKETS    |               | 05521 | 0.9874 | Bundled, sometimes payable | \$59.95                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 70200   | N        |     | X-RAY EXAM OF EYE SOCKETS    |               | 05522 | 1.1926 | Bundled, sometimes payable | \$72.41                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 7020F   | E        |     | MAMMO ASSESS CAT IN DBASE    |               | -     | -      | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 70210   | N        |     | X-RAY EXAM OF SINUSES        |               | 05521 | 0.9874 | Bundled, sometimes payable | \$59.95                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 70220   | N        |     | X-RAY EXAM OF SINUSES        |               | 05521 | 0.9874 | Bundled, sometimes payable | \$59.95                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 70240   | N        |     | X-RAY EXAM PITUITARY SADDLE  |               | 05521 | 0.9874 | Bundled, sometimes payable | \$59.95                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 70250   | N        |     | X-RAY EXAM OF SKULL          |               | 05522 | 1.1926 | Bundled, sometimes payable | \$72.41                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 7025F   | E        |     | PT INFOSYS ALARM 4 NXT MAMMO |               | -     | -      | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 70260   | N        |     | X-RAY EXAM OF SKULL          |               | 05522 | 1.1926 | Bundled, sometimes payable | \$72.41                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 70300   | N        |     | X-RAY EXAM OF TEETH          |               | 05521 | 0.9874 | Bundled, sometimes payable | \$59.95                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 70310   | N        |     | X-RAY EXAM OF TEETH          |               | 05523 | 2.7108 | Bundled, sometimes payable | \$164.60                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 70320   | N        |     | FULL MOUTH X-RAY OF TEETH    |               | 05523 | 2.7108 | Bundled, sometimes payable | \$164.60                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 70328   | N        |     | X-RAY EXAM OF JAW JOINT      |               | 05521 | 0.9874 | Bundled, sometimes payable | \$59.95                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 70330   | N        |     | X-RAY EXAM OF JAW JOINTS     |               | 05521 | 0.9874 | Bundled, sometimes payable | \$59.95                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 70332   | N        |     | X-RAY EXAM OF JAW JOINT      |               | 05523 | 2.7108 | Bundled, sometimes payable | \$164.60                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 70336   | N        |     | MAGNETIC IMAGE JAW JOINT     |               | 05523 | 2.7108 | Bundled, sometimes payable | \$164.60                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 70350   | N        |     | X-RAY HEAD FOR ORTHODONTIA   |               | 05521 | 0.9874 | Bundled, sometimes payable | \$59.95                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 70355   | N        |     | PANORAMIC X-RAY OF JAWS      |               | 05521 | 0.9874 | Bundled, sometimes payable | \$59.95                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 70360   | N        |     | X-RAY EXAM OF NECK           |               | 05521 | 0.9874 | Bundled, sometimes payable | \$59.95                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 70370   | N        |     | THROAT X-RAY & FLUOROSCOPY   |               | 05521 | 0.9874 | Bundled, sometimes payable | \$59.95                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 70371   | N        |     | SPEECH EVALUATION COMPLEX    |               | 05523 | 2.7108 | Bundled, sometimes payable | \$164.60                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 70380   | N        |     | X-RAY EXAM OF SALIVARY GLAND |               | 05521 | 0.9874 | Bundled, sometimes payable | \$59.95                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 70390   | N        |     | X-RAY EXAM OF SALIVARY DUCT  |               | 05523 | 2.7108 | Bundled, sometimes payable | \$164.60                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 70450   | N        |     | CT HEAD/BRAIN W/O DYE        |               | 05522 | 1.1926 | Bundled, sometimes payable | \$72.41                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 70460   | N        |     | CT HEAD/BRAIN W/DYE          |               | 05571 | 1.9964 | Bundled, sometimes payable | \$121.22                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 70470   | N        |     | CT HEAD/BRAIN W/O & W/DYE    |               | 05571 | 1.9964 | Bundled, sometimes payable | \$121.22                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 70480   | N        |     | CT ORBIT/EAR/FOSSA W/O DYE   |               | 05522 | 1.1926 | Bundled, sometimes payable | \$72.41                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 70481   | N        |     | CT ORBIT/EAR/FOSSA W/DYE     |               | 05571 | 1.9964 | Bundled, sometimes payable | \$121.22                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 70482   | N        |     | CT ORBIT/EAR/FOSSA W/O&W/DYE |               | 05571 | 1.9964 | Bundled, sometimes payable | \$121.22                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 70486   | N        |     | CT MAXILLOFACIAL W/O DYE     |               | 05522 | 1.1926 | Bundled, sometimes payable | \$72.41                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 70487   | N        |     | CT MAXILLOFACIAL W/DYE       |               | 05571 | 1.9964 | Bundled, sometimes payable | \$121.22                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 70488   | N        |     | CT MAXILLOFACIAL W/O & W/DYE |               | 05571 | 1.9964 | Bundled, sometimes payable | \$121.22                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 70490   | N        |     | CT SOFT TISSUE NECK W/O DYE  |               | 05522 | 1.1926 | Bundled, sometimes payable | \$72.41                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 70491   | N        |     | CT SOFT TISSUE NECK W/DYE    |               | 05571 | 1.9964 | Bundled, sometimes payable | \$121.22                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 70492   | N        |     | CT SFT TSUE NCK W/O & W/DYE  |               | 05571 | 1.9964 | Bundled, sometimes payable | \$121.22                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 70496   | N        |     | CT ANGIOGRAPHY HEAD          |               | 05571 | 1.9964 | Bundled, sometimes payable | \$121.22                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 70498   | N        |     | CT ANGIOGRAPHY NECK          |               | 05571 | 1.9964 | Bundled, sometimes payable | \$121.22                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 70540   | N        |     | MRI ORBIT/FACE/NECK W/O DYE  |               | 05523 | 2.7108 | Bundled, sometimes payable | \$164.60                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 70542   | N        |     | MRI ORBIT/FACE/NECK W/DYE    |               | 05572 | 4.0051 | Bundled, sometimes payable | \$243.19                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 70543   | N        |     | MRI ORBT/FAC/NCK W/O &W/DYE  |               | 05572 | 4.0051 | Bundled, sometimes payable | \$243.19                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 70544   | N        |     | MR ANGIOGRAPHY HEAD W/O DYE  |               | 05523 | 2.7108 | Bundled, sometimes payable | \$164.60                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 70545   | N        |     | MR ANGIOGRAPHY HEAD W/DYE    |               | 05572 | 4.0051 | Bundled, sometimes payable | \$243.19                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 70546   | N        |     | MR ANGIOGRAPH HEAD W/O&W/DYE |               | 05572 | 4.0051 | Bundled, sometimes payable | \$243.19                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 70547   | N        |     | MR ANGIOGRAPHY NECK W/O DYE  |               | 05523 | 2.7108 | Bundled, sometimes payable | \$164.60                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 70548   | N        |     | MR ANGIOGRAPHY NECK W/DYE    |               | 05572 | 4.0051 | Bundled, sometimes payable | \$243.19                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 70549   | N        |     | MR ANGIOGRAPH NECK W/O&W/DYE |               | 05572 | 4.0051 | Bundled, sometimes payable | \$243.19                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 70551   | N        |     | MRI BRAIN STEM W/O DYE       |               | 05523 | 2.7108 | Bundled, sometimes payable | \$164.60                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 70552   | N        |     | MRI BRAIN STEM W/DYE         |               | 05572 | 4.0051 | Bundled, sometimes payable | \$243.19                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 70553   | N        |     | MRI BRAIN STEM W/O & W/DYE   |               | 05572 | 4.0051 | Bundled, sometimes payable | \$243.19                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 70554   | N        |     | FMRI BRAIN BY TECH           |               | 05523 | 2.7108 | Bundled, sometimes payable | \$164.60                         |                              |                                  | -                    | -        | 000     | 999     |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc<br>Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                     | Proc<br>Modifier | APC   | APC<br>Weight | Method                     | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|------------------------------|-------------------------------|------------------|-------|---------------|----------------------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|            |                              |                               |                  |       |               |                            |                                        |                                    |                                           |                         |          |            |            |          |
| 70555      | S                            | FMRI BRAIN BY PHYS/PSYCH      |                  | 05523 | 2.7108        | APC                        | \$164.60                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 70557      | S                            | MRI BRAIN W/O DYE             |                  | 05524 | 6.1490        | APC                        | \$373.37                               |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 70558      | S                            | MRI BRAIN W/DYE               |                  | 05571 | 1.9964        | APC                        | \$121.22                               |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 70559      | S                            | MRI BRAIN W/O & W/DYE         |                  | 05571 | 1.9964        | APC                        | \$121.22                               |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 71045      | N                            | X-RAY EXAM CHEST 1 VIEW       |                  | 05521 | 0.9874        | Bundled, sometimes payable | \$59.95                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 71046      | N                            | X-RAY EXAM CHEST 2 VIEWS      |                  | 05521 | 0.9874        | Bundled, sometimes payable | \$59.95                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 71047      | N                            | X-RAY EXAM CHEST 3 VIEWS      |                  | 05521 | 0.9874        | Bundled, sometimes payable | \$59.95                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 71048      | N                            | X-RAY EXAM CHEST 4+ VIEWS     |                  | 05522 | 1.1926        | Bundled, sometimes payable | \$72.41                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 71100      | N                            | X-RAY EXAM RIBS UNI 2 VIEWS   |                  | 05521 | 0.9874        | Bundled, sometimes payable | \$59.95                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 71101      | N                            | X-RAY EXAM OF RIBS CHEST      |                  | 05522 | 1.1926        | Bundled, sometimes payable | \$72.41                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 71110      | N                            | X-RAY EXAM RIBS BIL 3 VIEWS   |                  | 05522 | 1.1926        | Bundled, sometimes payable | \$72.41                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 71111      | N                            | X-RAY EXAM RIBS/CHEST4/> VWWS |                  | 05522 | 1.1926        | Bundled, sometimes payable | \$72.41                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 71120      | N                            | X-RAY EXAM BREASTBONE 2/>VWS  |                  | 05521 | 0.9874        | Bundled, sometimes payable | \$59.95                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 71130      | N                            | X-RAY STRENOCLAVIC JT 3/>VWS  |                  | 05521 | 0.9874        | Bundled, sometimes payable | \$59.95                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 71250      | N                            | CT THORAX DX C-               |                  | 05522 | 1.1926        | Bundled, sometimes payable | \$72.41                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 71260      | N                            | CT THORAX DX C+               |                  | 05571 | 1.9964        | Bundled, sometimes payable | \$121.22                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 71270      | N                            | CT THORAX DX C-/C+            |                  | 05571 | 1.9964        | Bundled, sometimes payable | \$121.22                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 71271      | S                            | CT THORAX LUNG CANCER SCR C-  |                  | 05522 | 1.1926        | APC                        | \$72.41                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 71275      | N                            | CT ANGIOGRAPHY CHEST          |                  | 05571 | 1.9964        | Bundled, sometimes payable | \$121.22                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 71550      | N                            | MRI CHEST W/O DYE             |                  | 05523 | 2.7108        | Bundled, sometimes payable | \$164.60                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 71551      | N                            | MRI CHEST W/DYE               |                  | 05573 | 8.8602        | Bundled, sometimes payable | \$537.99                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 71552      | N                            | MRI CHEST W/O & W/DYE         |                  | 05572 | 4.0051        | Bundled, sometimes payable | \$243.19                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 71555      | M                            | MRI ANGIO CHEST W OR W/O DYE  |                  | -     | -             | Fee Schedule               | \$452.66                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 72020      | N                            | X-RAY EXAM OF SPINE 1 VIEW    |                  | 05521 | 0.9874        | Bundled, sometimes payable | \$59.95                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 72040      | N                            | X-RAY EXAM NECK SPINE 2-3 VW  |                  | 05521 | 0.9874        | Bundled, sometimes payable | \$59.95                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 72050      | N                            | X-RAY EXAM NECK SPINE 4/5VWS  |                  | 05522 | 1.1926        | Bundled, sometimes payable | \$72.41                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 72052      | N                            | X-RAY EXAM NECK SPINE 6/>VWS  |                  | 05522 | 1.1926        | Bundled, sometimes payable | \$72.41                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 72070      | N                            | X-RAY EXAM OF THORAX SPINE    |                  | 05522 | 1.1926        | Bundled, sometimes payable | \$72.41                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 72072      | N                            | X-RAY EXAM OF THORACIC SPINE  |                  | 05522 | 1.1926        | Bundled, sometimes payable | \$72.41                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 72074      | N                            | X-RAY EXAM OF THORACIC SPINE  |                  | 05522 | 1.1926        | Bundled, sometimes payable | \$72.41                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 72080      | N                            | X-RAY EXAM THORACOLMB 2/> VW  |                  | 05521 | 0.9874        | Bundled, sometimes payable | \$59.95                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 72081      | N                            | X-RAY EXAM ENTIRE SPI 1 VW    |                  | 05521 | 0.9874        | Bundled, sometimes payable | \$59.95                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 72082      | N                            | X-RAY EXAM ENTIRE SPI 2/3 VW  |                  | 05522 | 1.1926        | Bundled, sometimes payable | \$72.41                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 72083      | S                            | X-RAY EXAM ENTIRE SPI 4/5 VW  |                  | 05522 | 1.1926        | APC                        | \$72.41                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 72084      | S                            | X-RAY EXAM ENTIRE SPI 6/> VW  |                  | 05522 | 1.1926        | APC                        | \$72.41                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 72100      | N                            | X-RAY EXAM L-S SPINE 2/3 VWS  |                  | 05522 | 1.1926        | Bundled, sometimes payable | \$72.41                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 72110      | N                            | X-RAY EXAM L-2 SPINE 4/>VWS   |                  | 05522 | 1.1926        | Bundled, sometimes payable | \$72.41                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 72114      | N                            | X-RAY EXAM L-S SPINE BENDING  |                  | 05522 | 1.1926        | Bundled, sometimes payable | \$72.41                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 72120      | N                            | X-RAY BEND ONLY L-S SPINE     |                  | 05522 | 1.1926        | Bundled, sometimes payable | \$72.41                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 72125      | N                            | CT NECK SPINE W/O DYE         |                  | 05522 | 1.1926        | Bundled, sometimes payable | \$72.41                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 72126      | N                            | CT NECK SPINE W/DYE           |                  | 05572 | 4.0051        | Bundled, sometimes payable | \$243.19                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 72127      | N                            | CT NECK SPINE W/O & W/DYE     |                  | 05571 | 1.9964        | Bundled, sometimes payable | \$121.22                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 72128      | N                            | CT CHEST SPINE W/O DYE        |                  | 05522 | 1.1926        | Bundled, sometimes payable | \$72.41                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 72129      | N                            | CT CHEST SPINE W/DYE          |                  | 05571 | 1.9964        | Bundled, sometimes payable | \$121.22                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 72130      | N                            | CT CHEST SPINE W/O & W/DYE    |                  | 05571 | 1.9964        | Bundled, sometimes payable | \$121.22                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 72131      | N                            | CT LUMBAR SPINE W/O DYE       |                  | 05522 | 1.1926        | Bundled, sometimes payable | \$72.41                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 72132      | N                            | CT LUMBAR SPINE W/DYE         |                  | 05572 | 4.0051        | Bundled, sometimes payable | \$243.19                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 72133      | N                            | CT LUMBAR SPINE W/O & W/DYE   |                  | 05571 | 1.9964        | Bundled, sometimes payable | \$121.22                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 72141      | N                            | MRI NECK SPINE W/O DYE        |                  | 05523 | 2.7108        | Bundled, sometimes payable | \$164.60                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 72142      | N                            | MRI NECK SPINE W/DYE          |                  | 05572 | 4.0051        | Bundled, sometimes payable | \$243.19                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 72146      | N                            | MRI CHEST SPINE W/O DYE       |                  | 05523 | 2.7108        | Bundled, sometimes payable | \$164.60                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 72147      | N                            | MRI CHEST SPINE W/DYE         |                  | 05572 | 4.0051        | Bundled, sometimes payable | \$243.19                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 72148      | N                            | MRI LUMBAR SPINE W/O DYE      |                  | 05523 | 2.7108        | Bundled, sometimes payable | \$164.60                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 72149      | N                            | MRI LUMBAR SPINE W/DYE        |                  | 05572 | 4.0051        | Bundled, sometimes payable | \$243.19                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 72156      | N                            | MRI NECK SPINE W/O & W/DYE    |                  | 05572 | 4.0051        | Bundled, sometimes payable | \$243.19                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 72157      | N                            | MRI CHEST SPINE W/O & W/DYE   |                  | 05572 | 4.0051        | Bundled, sometimes payable | \$243.19                               |                                    |                                           | -                       | -        | 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  
April 1, 2025

| Proc<br>Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC<br>Weight | Method  | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|------------------------------|------------------------------|------------------|---------------|---------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|            |                              |                              |                  |               |         |                                        |                                    |                                           |                         |          |            |            |          |
| 72158      | N                            | MRI LUMBAR SPINE W/O & W/DYE |                  | 05572         | 4.0051  | Bundled, sometimes payable             | \$243.19                           |                                           | -                       | -        | 000        | 999        |          |
| 72159      | E                            | MR ANGIO SPINE W/O&W/DYE     |                  | -             | -       | Not Allowed                            | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 72170      | N                            | X-RAY EXAM OF PELVIS         |                  | 05522         | 1.1926  | Bundled, sometimes payable             | \$72.41                            |                                           | -                       | -        | 000        | 999        |          |
| 72190      | N                            | X-RAY EXAM OF PELVIS         |                  | 05522         | 1.1926  | Bundled, sometimes payable             | \$72.41                            |                                           | -                       | -        | 000        | 999        |          |
| 72191      | N                            | CT ANGIOGRAPH PELV W/O&W/DYE |                  | 05571         | 1.9964  | Bundled, sometimes payable             | \$121.22                           |                                           | -                       | -        | 000        | 999        |          |
| 72192      | N                            | CT PELVIS W/O DYE            |                  | 05522         | 1.1926  | Bundled, sometimes payable             | \$72.41                            |                                           | -                       | -        | 000        | 999        |          |
| 72193      | N                            | CT PELVIS W/DYE              |                  | 05571         | 1.9964  | Bundled, sometimes payable             | \$121.22                           |                                           | -                       | -        | 000        | 999        |          |
| 72194      | N                            | CT PELVIS W/O & W/DYE        |                  | 05571         | 1.9964  | Bundled, sometimes payable             | \$121.22                           |                                           | -                       | -        | 000        | 999        |          |
| 72195      | N                            | MRI PELVIS W/O DYE           |                  | 05523         | 2.7108  | Bundled, sometimes payable             | \$164.60                           |                                           | -                       | -        | 000        | 999        |          |
| 72196      | N                            | MRI PELVIS W/DYE             |                  | 05572         | 4.0051  | Bundled, sometimes payable             | \$243.19                           |                                           | -                       | -        | 000        | 999        |          |
| 72197      | N                            | MRI PELVIS W/O & W/DYE       |                  | 05572         | 4.0051  | Bundled, sometimes payable             | \$243.19                           |                                           | -                       | -        | 000        | 999        |          |
| 72198      | E                            | MR ANGIO PELVIS W/O & W/DYE  |                  | -             | -       | Not Allowed                            | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 72200      | N                            | X-RAY EXAM SI JOINTS         |                  | 05522         | 1.1926  | Bundled, sometimes payable             | \$72.41                            |                                           | -                       | -        | 000        | 999        |          |
| 72202      | N                            | X-RAY EXAM SACROILIAC JOINTS |                  | 05522         | 1.1926  | Bundled, sometimes payable             | \$72.41                            |                                           | -                       | -        | 000        | 999        |          |
| 72220      | N                            | X-RAY EXAM OF TAILBONE       |                  | 05521         | 0.9874  | Bundled, sometimes payable             | \$59.95                            |                                           | -                       | -        | 000        | 999        |          |
| 72240      | N                            | MYELOGRAPHY NECK SPINE       |                  | 05573         | 8.8602  | Bundled, sometimes payable             | \$537.99                           |                                           | -                       | -        | 000        | 999        |          |
| 72255      | N                            | MYELOGRAPHY THORACIC SPINE   |                  | 05573         | 8.8602  | Bundled, sometimes payable             | \$537.99                           |                                           | -                       | -        | 000        | 999        |          |
| 72265      | N                            | MYELOGRAPHY L-S SPINE        |                  | 05573         | 8.8602  | Bundled, sometimes payable             | \$537.99                           |                                           | -                       | -        | 000        | 999        |          |
| 72270      | N                            | MYELOGPHY 2/> SPINE REGIONS  |                  | 05573         | 8.8602  | Bundled, sometimes payable             | \$537.99                           |                                           | -                       | -        | 000        | 999        |          |
| 72285      | N                            | DISCOGRAPHY CERV/THOR SPINE  |                  | 05431         | 21.8997 | Bundled, sometimes payable             | \$1,329.75                         |                                           | -                       | -        | 000        | 999        |          |
| 72295      | N                            | X-RAY OF LOWER SPINE DISK    |                  | 05431         | 21.8997 | Bundled, sometimes payable             | \$1,329.75                         |                                           | -                       | -        | 000        | 999        |          |
| 73000      | N                            | X-RAY EXAM OF COLLAR BONE    |                  | 05521         | 0.9874  | Bundled, sometimes payable             | \$59.95                            |                                           | -                       | -        | 000        | 999        |          |
| 73010      | N                            | X-RAY EXAM OF SHOULDER BLADE |                  | 05522         | 1.1926  | Bundled, sometimes payable             | \$72.41                            |                                           | -                       | -        | 000        | 999        |          |
| 73020      | N                            | X-RAY EXAM OF SHOULDER       |                  | 05521         | 0.9874  | Bundled, sometimes payable             | \$59.95                            |                                           | -                       | -        | 000        | 999        |          |
| 73030      | N                            | X-RAY EXAM OF SHOULDER       |                  | 05521         | 0.9874  | Bundled, sometimes payable             | \$59.95                            |                                           | -                       | -        | 000        | 999        |          |
| 73040      | N                            | CONTRAST X-RAY OF SHOULDER   |                  | 05572         | 4.0051  | Bundled, sometimes payable             | \$243.19                           |                                           | -                       | -        | 000        | 999        |          |
| 73050      | N                            | X-RAY EXAM OF SHOULDERS      |                  | 05521         | 0.9874  | Bundled, sometimes payable             | \$59.95                            |                                           | -                       | -        | 000        | 999        |          |
| 73060      | N                            | X-RAY EXAM OF HUMERUS        |                  | 05521         | 0.9874  | Bundled, sometimes payable             | \$59.95                            |                                           | -                       | -        | 000        | 999        |          |
| 73070      | N                            | X-RAY EXAM OF ELBOW          |                  | 05521         | 0.9874  | Bundled, sometimes payable             | \$59.95                            |                                           | -                       | -        | 000        | 999        |          |
| 73080      | N                            | X-RAY EXAM OF ELBOW          |                  | 05521         | 0.9874  | Bundled, sometimes payable             | \$59.95                            |                                           | -                       | -        | 000        | 999        |          |
| 73085      | N                            | CONTRAST X-RAY OF ELBOW      |                  | 05572         | 4.0051  | Bundled, sometimes payable             | \$243.19                           |                                           | -                       | -        | 000        | 999        |          |
| 73090      | N                            | X-RAY EXAM OF FOREARM        |                  | 05521         | 0.9874  | Bundled, sometimes payable             | \$59.95                            |                                           | -                       | -        | 000        | 999        |          |
| 73092      | N                            | X-RAY EXAM OF ARM INFANT     |                  | 05522         | 1.1926  | Bundled, sometimes payable             | \$72.41                            |                                           | -                       | -        | 000        | 999        |          |
| 73100      | N                            | X-RAY EXAM OF WRIST          |                  | 05521         | 0.9874  | Bundled, sometimes payable             | \$59.95                            |                                           | -                       | -        | 000        | 999        |          |
| 73110      | N                            | X-RAY EXAM OF WRIST          |                  | 05521         | 0.9874  | Bundled, sometimes payable             | \$59.95                            |                                           | -                       | -        | 000        | 999        |          |
| 73115      | N                            | CONTRAST X-RAY OF WRIST      |                  | 05572         | 4.0051  | Bundled, sometimes payable             | \$243.19                           |                                           | -                       | -        | 000        | 999        |          |
| 73120      | N                            | X-RAY EXAM OF HAND           |                  | 05522         | 1.1926  | Bundled, sometimes payable             | \$72.41                            |                                           | -                       | -        | 000        | 999        |          |
| 73130      | N                            | X-RAY EXAM OF HAND           |                  | 05521         | 0.9874  | Bundled, sometimes payable             | \$59.95                            |                                           | -                       | -        | 000        | 999        |          |
| 73140      | N                            | X-RAY EXAM OF FINGER(S)      |                  | 05521         | 0.9874  | Bundled, sometimes payable             | \$59.95                            |                                           | -                       | -        | 000        | 999        |          |
| 73200      | N                            | CT UPPER EXTREMITY W/O DYE   |                  | 05522         | 1.1926  | Bundled, sometimes payable             | \$72.41                            |                                           | -                       | -        | 000        | 999        |          |
| 73201      | N                            | CT UPPER EXTREMITY W/DYE     |                  | 05572         | 4.0051  | Bundled, sometimes payable             | \$243.19                           |                                           | -                       | -        | 000        | 999        |          |
| 73202      | N                            | CT UPPR EXTREMITY W/O&W/DYE  |                  | 05571         | 1.9964  | Bundled, sometimes payable             | \$121.22                           |                                           | -                       | -        | 000        | 999        |          |
| 73206      | N                            | CT ANGIO UPR EXTRM W/O&W/DYE |                  | 05571         | 1.9964  | Bundled, sometimes payable             | \$121.22                           |                                           | -                       | -        | 000        | 999        |          |
| 73218      | N                            | MRI UPPER EXTREMITY W/O DYE  |                  | 05523         | 2.7108  | Bundled, sometimes payable             | \$164.60                           |                                           | -                       | -        | 000        | 999        |          |
| 73219      | N                            | MRI UPPER EXTREMITY W/DYE    |                  | 05572         | 4.0051  | Bundled, sometimes payable             | \$243.19                           |                                           | -                       | -        | 000        | 999        |          |
| 73220      | N                            | MRI UPPR EXTREMITY W/O&W/DYE |                  | 05572         | 4.0051  | Bundled, sometimes payable             | \$243.19                           |                                           | -                       | -        | 000        | 999        |          |
| 73221      | N                            | MRI JOINT UPR EXTREM W/O DYE |                  | 05523         | 2.7108  | Bundled, sometimes payable             | \$164.60                           |                                           | -                       | -        | 000        | 999        |          |
| 73222      | N                            | MRI JOINT UPR EXTREM W/DYE   |                  | 05573         | 8.8602  | Bundled, sometimes payable             | \$537.99                           |                                           | -                       | -        | 000        | 999        |          |
| 73223      | N                            | MRI JOINT UPR EXTR W/O&W/DYE |                  | 05572         | 4.0051  | Bundled, sometimes payable             | \$243.19                           |                                           | -                       | -        | 000        | 999        |          |
| 73225      | E                            | MR ANGIO UPR EXTR W/O&W/DYE  |                  | -             | -       | Not Allowed                            | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 73501      | N                            | X-RAY EXAM HIP UNI 1 VIEW    |                  | 05521         | 0.9874  | Bundled, sometimes payable             | \$59.95                            |                                           | -                       | -        | 000        | 999        |          |
| 73502      | N                            | X-RAY EXAM HIP UNI 2-3 VIEWS |                  | 05521         | 0.9874  | Bundled, sometimes payable             | \$59.95                            |                                           | -                       | -        | 000        | 999        |          |
| 73503      | N                            | X-RAY EXAM HIP UNI 4/> VIEWS |                  | 05522         | 1.1926  | Bundled, sometimes payable             | \$72.41                            |                                           | -                       | -        | 000        | 999        |          |
| 73521      | N                            | X-RAY EXAM HIPS BI 2 VIEWS   |                  | 05522         | 1.1926  | Bundled, sometimes payable             | \$72.41                            |                                           | -                       | -        | 000        | 999        |          |
| 73522      | N                            | X-RAY EXAM HIPS BI 3-4 VIEWS |                  | 05522         | 1.1926  | Bundled, sometimes payable             | \$72.41                            |                                           | -                       | -        | 000        | 999        |          |
| 73523      | S                            | X-RAY EXAM HIPS BI 5/> VIEWS |                  | 05522         | 1.1926  | APC                                    | \$72.41                            |                                           | -                       | -        | 000        | 999        |          |



**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2025**

| Proc<br>Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                                           | Proc<br>Modifier | APC<br>Weight | Method | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|------------------------------|-----------------------------------------------------|------------------|---------------|--------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|            |                              |                                                     |                  |               |        |                                        |                                    |                                           |                         |          |            |            |          |
| 73525      | N                            | CONTRAST X-RAY OF HIP                               |                  | 05572         | 4.0051 | Bundled, sometimes payable             | \$243.19                           |                                           | -                       | -        | 000        | 999        |          |
| 73551      | N                            | X-RAY EXAM OF FEMUR 1                               |                  | 05521         | 0.9874 | Bundled, sometimes payable             | \$59.95                            |                                           | -                       | -        | 000        | 999        |          |
| 73552      | N                            | X-RAY EXAM OF FEMUR 2/>                             |                  | 05521         | 0.9874 | Bundled, sometimes payable             | \$59.95                            |                                           | -                       | -        | 000        | 999        |          |
| 73560      | N                            | X-RAY EXAM OF KNEE 1 OR 2                           |                  | 05521         | 0.9874 | Bundled, sometimes payable             | \$59.95                            |                                           | -                       | -        | 000        | 999        |          |
| 73562      | N                            | X-RAY EXAM OF KNEE 3                                |                  | 05521         | 0.9874 | Bundled, sometimes payable             | \$59.95                            |                                           | -                       | -        | 000        | 999        |          |
| 73564      | N                            | X-RAY EXAM KNEE 4 OR MORE                           |                  | 05522         | 1.1926 | Bundled, sometimes payable             | \$72.41                            |                                           | -                       | -        | 000        | 999        |          |
| 73565      | N                            | RADIOLOGIC EXAMINATION KNEE; BOTH KNEES STANDING AP |                  | 05521         | 0.9874 | Bundled, sometimes payable             | \$59.95                            |                                           | -                       | -        | 000        | 999        |          |
| 73580      | N                            | CONTRAST X-RAY OF KNEE JOINT                        |                  | 05572         | 4.0051 | Bundled, sometimes payable             | \$243.19                           |                                           | -                       | -        | 000        | 999        |          |
| 73590      | N                            | X-RAY EXAM OF LOWER LEG                             |                  | 05521         | 0.9874 | Bundled, sometimes payable             | \$59.95                            |                                           | -                       | -        | 000        | 999        |          |
| 73592      | N                            | X-RAY EXAM OF LEG INFANT                            |                  | 05521         | 0.9874 | Bundled, sometimes payable             | \$59.95                            |                                           | -                       | -        | 000        | 2          |          |
| 73600      | N                            | X-RAY EXAM OF ANKLE                                 |                  | 05521         | 0.9874 | Bundled, sometimes payable             | \$59.95                            |                                           | -                       | -        | 000        | 999        |          |
| 73610      | N                            | X-RAY EXAM OF ANKLE                                 |                  | 05521         | 0.9874 | Bundled, sometimes payable             | \$59.95                            |                                           | -                       | -        | 000        | 999        |          |
| 73615      | N                            | CONTRAST X-RAY OF ANKLE                             |                  | 05572         | 4.0051 | Bundled, sometimes payable             | \$243.19                           |                                           | -                       | -        | 000        | 999        |          |
| 73620      | N                            | X-RAY EXAM OF FOOT                                  |                  | 05521         | 0.9874 | Bundled, sometimes payable             | \$59.95                            |                                           | -                       | -        | 000        | 999        |          |
| 73630      | N                            | X-RAY EXAM OF FOOT                                  |                  | 05521         | 0.9874 | Bundled, sometimes payable             | \$59.95                            |                                           | -                       | -        | 000        | 999        |          |
| 73650      | N                            | X-RAY EXAM OF HEEL                                  |                  | 05521         | 0.9874 | Bundled, sometimes payable             | \$59.95                            |                                           | -                       | -        | 000        | 999        |          |
| 73660      | N                            | X-RAY EXAM OF TOE(S)                                |                  | 05521         | 0.9874 | Bundled, sometimes payable             | \$59.95                            |                                           | -                       | -        | 000        | 999        |          |
| 73700      | N                            | CT LOWER EXTREMITY W/O DYE                          |                  | 05522         | 1.1926 | Bundled, sometimes payable             | \$72.41                            |                                           | -                       | -        | 000        | 999        |          |
| 73701      | N                            | CT LOWER EXTREMITY W/DYE                            |                  | 05571         | 1.9964 | Bundled, sometimes payable             | \$121.22                           |                                           | -                       | -        | 000        | 999        |          |
| 73702      | N                            | CT LWR EXTREMITY W/O&W/DYE                          |                  | 05571         | 1.9964 | Bundled, sometimes payable             | \$121.22                           |                                           | -                       | -        | 000        | 999        |          |
| 73706      | N                            | CT ANGIO LWR EXTR W/O&W/DYE                         |                  | 05571         | 1.9964 | Bundled, sometimes payable             | \$121.22                           |                                           | -                       | -        | 000        | 999        |          |
| 73718      | N                            | MRI LOWER EXTREMITY W/O DYE                         |                  | 05523         | 2.7108 | Bundled, sometimes payable             | \$164.60                           |                                           | -                       | -        | 000        | 999        |          |
| 73719      | N                            | MRI LOWER EXTREMITY W/DYE                           |                  | 05572         | 4.0051 | Bundled, sometimes payable             | \$243.19                           |                                           | -                       | -        | 000        | 999        |          |
| 73720      | N                            | MRI LWR EXTREMITY W/O&W/DYE                         |                  | 05572         | 4.0051 | Bundled, sometimes payable             | \$243.19                           |                                           | -                       | -        | 000        | 999        |          |
| 73721      | N                            | MRI JNT OF LWR EXTRE W/O DYE                        |                  | 05523         | 2.7108 | Bundled, sometimes payable             | \$164.60                           |                                           | -                       | -        | 000        | 999        |          |
| 73722      | N                            | MRI JOINT OF LWR EXTR W/DYE                         |                  | 05573         | 8.8602 | Bundled, sometimes payable             | \$537.99                           |                                           | -                       | -        | 000        | 999        |          |
| 73723      | N                            | MRI JOINT LWR EXTR W/O&W/DYE                        |                  | 05572         | 4.0051 | Bundled, sometimes payable             | \$243.19                           |                                           | -                       | -        | 000        | 999        |          |
| 73725      | M                            | MR ANG LWR EXT W OR W/O DYE                         |                  | -             | -      | Fee Schedule                           | \$455.29                           |                                           | -                       | -        | 000        | 999        |          |
| 74018      | N                            | RADEX ABDOMEN 1 VIEW                                |                  | 05521         | 0.9874 | Bundled, sometimes payable             | \$59.95                            |                                           | -                       | -        | 000        | 999        |          |
| 74019      | N                            | RADEX ABDOMEN 2 VIEWS                               |                  | 05522         | 1.1926 | Bundled, sometimes payable             | \$72.41                            |                                           | -                       | -        | 000        | 999        |          |
| 74021      | N                            | RADEX ABDOMEN 3+ VIEWS                              |                  | 05522         | 1.1926 | Bundled, sometimes payable             | \$72.41                            |                                           | -                       | -        | 000        | 999        |          |
| 74022      | N                            | RADEX COMPL AQT ABD SERIES                          |                  | 05522         | 1.1926 | Bundled, sometimes payable             | \$72.41                            |                                           | -                       | -        | 000        | 999        |          |
| 74150      | N                            | CT ABDOMEN W/O CONTRAST                             |                  | 05522         | 1.1926 | Bundled, sometimes payable             | \$72.41                            |                                           | -                       | -        | 000        | 999        |          |
| 74160      | N                            | CT ABDOMEN W/CONTRAST                               |                  | 05571         | 1.9964 | Bundled, sometimes payable             | \$121.22                           |                                           | -                       | -        | 000        | 999        |          |
| 74170      | N                            | CT ABD WO CNTRST FLWD CNTRST                        |                  | 05571         | 1.9964 | Bundled, sometimes payable             | \$121.22                           |                                           | -                       | -        | 000        | 999        |          |
| 74174      | S                            | CTA ABD&PLVS W/CONTRAST                             |                  | 05572         | 4.0051 | APC                                    | \$243.19                           |                                           | -                       | -        | 000        | 999        |          |
| 74175      | N                            | CTA ABDOMEN W/CONTRAST                              |                  | 05571         | 1.9964 | Bundled, sometimes payable             | \$121.22                           |                                           | -                       | -        | 000        | 999        |          |
| 74176      | N                            | CT ABD & PELVIS W/O CONTRAST                        |                  | 05523         | 2.7108 | Bundled, sometimes payable             | \$164.60                           |                                           | -                       | -        | 000        | 999        |          |
| 74177      | N                            | CT ABD & PELVIS W/CONTRAST                          |                  | 05572         | 4.0051 | Bundled, sometimes payable             | \$243.19                           |                                           | -                       | -        | 000        | 999        |          |
| 74178      | N                            | CT ABD&PLV WO CNTR FLWD CNTR                        |                  | 05572         | 4.0051 | Bundled, sometimes payable             | \$243.19                           |                                           | -                       | -        | 000        | 999        |          |
| 74181      | N                            | MRI ABDOMEN W/O CONTRAST                            |                  | 05523         | 2.7108 | Bundled, sometimes payable             | \$164.60                           |                                           | -                       | -        | 000        | 999        |          |
| 74182      | N                            | MRI ABDOMEN W/CONTRAST                              |                  | 05572         | 4.0051 | Bundled, sometimes payable             | \$243.19                           |                                           | -                       | -        | 000        | 999        |          |
| 74183      | N                            | MRI ABD W/O CNTR FLWD CNTR                          |                  | 05572         | 4.0051 | Bundled, sometimes payable             | \$243.19                           |                                           | -                       | -        | 000        | 999        |          |
| 74185      | M                            | MRA ABD W OR W/O CNTRST                             |                  | -             | -      | Fee Schedule                           | \$456.61                           |                                           | -                       | -        | 000        | 999        |          |
| 74190      | N                            | PERITONEOGRAM RS&I                                  |                  | 05524         | 6.1490 | Bundled, sometimes payable             | \$373.37                           |                                           | -                       | -        | 000        | 999        |          |
| 74210      | N                            | X-RAY XM PHRNX&/CRV ESOPH C+                        |                  | 05571         | 1.9964 | Bundled, sometimes payable             | \$121.22                           |                                           | -                       | -        | 000        | 999        |          |
| 74220      | N                            | X-RAY XM ESOPHAGUS 1CNTRST                          |                  | 05571         | 1.9964 | Bundled, sometimes payable             | \$121.22                           |                                           | -                       | -        | 000        | 999        |          |
| 74221      | N                            | X-RAY XM ESOPHAGUS 2CNTRST                          |                  | 05571         | 1.9964 | Bundled, sometimes payable             | \$121.22                           |                                           | -                       | -        | 000        | 999        |          |
| 74230      | N                            | X-RAY XM SWLNG FUNCJ C+                             |                  | 05571         | 1.9964 | Bundled, sometimes payable             | \$121.22                           |                                           | -                       | -        | 000        | 999        |          |
| 74235      | N                            | REMOVE ESOPHAGUS OBSTRUCTION                        |                  | -             | -      | Bundled                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 74240      | N                            | X-RAY XM UPR GI TRC 1CNTRST                         |                  | 05571         | 1.9964 | Bundled, sometimes payable             | \$121.22                           |                                           | -                       | -        | 000        | 999        |          |
| 74246      | N                            | X-RAY XM UPR GI TRC 2CNTRST                         |                  | 05571         | 1.9964 | Bundled, sometimes payable             | \$121.22                           |                                           | -                       | -        | 000        | 999        |          |
| 74248      | N                            | X-RAY SM INT F-THRU STD                             |                  | -             | -      | Bundled                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 74250      | N                            | X-RAY XM SM INT 1CNTRST STD                         |                  | 05571         | 1.9964 | Bundled, sometimes payable             | \$121.22                           |                                           | -                       | -        | 000        | 999        |          |
| 74251      | N                            | X-RAY XM SM INT 2CNTRST STD                         |                  | 05571         | 1.9964 | Bundled, sometimes payable             | \$121.22                           |                                           | -                       | -        | 000        | 999        |          |
| 74261      | N                            | CT COLONOGRAPHY DX                                  |                  | 05522         | 1.1926 | Bundled, sometimes payable             | \$72.41                            |                                           | -                       | -        | 000        | 999        |          |



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| 2024<br>APC |               |                               |                  |               |                            | Outpatient               |                                    | Non-sole                      |                         |          |            |            |          |  |  |
|-------------|---------------|-------------------------------|------------------|---------------|----------------------------|--------------------------|------------------------------------|-------------------------------|-------------------------|----------|------------|------------|----------|--|--|
| Proc<br>Cd  | Status<br>Ind | Proc Desc                     | Proc<br>Modifier | APC<br>Weight | Method                     | Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |  |  |
| 74262       | N             | CT COLONOGRAPHY DX W/DYE      |                  | 05571 1.9964  | Bundled, sometimes payable | \$121.22                 |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 74263       | S             | CT COLONOGRAPHY SCREENING     |                  | 05523 2.7108  | APC                        | \$164.60                 |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 74270       | N             | X-RAY XM COLON 1CNTRST STD    |                  | 05571 1.9964  | Bundled, sometimes payable | \$121.22                 |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 74280       | N             | X-RAY XM COLON 2CNTRST STD    |                  | 05571 1.9964  | Bundled, sometimes payable | \$121.22                 |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 74283       | S             | THER NMA RDCTJ INTUS/OBSTR CJ |                  | 05571 1.9964  | APC                        | \$121.22                 |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 74290       | N             | CONTRAST X-RAY GALLBLADDER    |                  | 05571 1.9964  | Bundled, sometimes payable | \$121.22                 |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 74300       | N             | X-RAY BILE DUCTS/PANCREAS     | -                | -             | Bundled                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 74301       | N             | X-RAYS AT SURGERY ADD-ON      | -                | -             | Bundled                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 74328       | N             | X-RAY BILE DUCT ENDOSCOPY     | -                | -             | Bundled                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 74329       | N             | X-RAY FOR PANCREAS ENDOSCOPY  | -                | -             | Bundled                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 74330       | N             | X-RAY BILE/PANC ENDOSCOPY     | -                | -             | Bundled                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 74340       | N             | X-RAY GUIDE FOR GI TUBE       | -                | -             | Bundled                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 74355       | N             | X-RAY GUIDE INTESTINAL TUBE   | -                | -             | Bundled                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 74360       | N             | X-RAY GUIDE GI DILATION       | -                | -             | Bundled                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 74363       | N             | X-RAY BILE DUCT DILATION      | -                | -             | Bundled                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 74400       | S             | UROGRAPHY IV +-KUB TOMOG      | 05571            | 1.9964        | APC                        | \$121.22                 |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 74410       | S             | UROGRAPHY NFS DRIP&/BOLUS     | 05571            | 1.9964        | APC                        | \$121.22                 |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 74415       | S             | UROGRAPHY NFS DRIP&/BLS W/NF  | 05571            | 1.9964        | APC                        | \$121.22                 |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 74420       | S             | UROGRAPHY RTRGR +-KUB         | 05572            | 4.0051        | APC                        | \$243.19                 |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 74425       | N             | UROGRAPHY ANTEGRADE RS&I      | 05572            | 4.0051        | Bundled, sometimes payable | \$243.19                 |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 74430       | N             | CONTRAST X-RAY BLADDER        | 05572            | 4.0051        | Bundled, sometimes payable | \$243.19                 |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 74440       | N             | X-RAY MALE GENITAL TRACT      | 05523            | 2.7108        | Bundled, sometimes payable | \$164.60                 |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 74445       | N             | X-RAY EXAM OF PENIS           | 05522            | 1.1926        | Bundled, sometimes payable | \$72.41                  |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 74450       | N             | X-RAY URETHRA/BLADDER         | 05523            | 2.7108        | Bundled, sometimes payable | \$164.60                 |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 74455       | N             | X-RAY URETHRA/BLADDER         | 05523            | 2.7108        | Bundled, sometimes payable | \$164.60                 |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 74470       | N             | X-RAY EXAM OF KIDNEY LESION   | 05524            | 6.1490        | Bundled, sometimes payable | \$373.37                 |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 74485       | N             | DILATION URTR/URT RS&I        | 05373            | 22.9733       | Bundled, sometimes payable | \$1,394.94               |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 74712       | S             | MRI FETAL SNGL/1ST GESTATION  | 05523            | 2.7108        | APC                        | \$164.60                 |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 74713       | N             | MRI FETAL EA ADDL GESTATION   | -                | -             | Bundled                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 74740       | N             | X-RAY FEMALE GENITAL TRACT    | 05523            | 2.7108        | Bundled, sometimes payable | \$164.60                 |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 74742       | N             | X-RAY FALLOPIAN TUBE          | -                | -             | Bundled                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 74775       | S             | X-RAY EXAM OF PERINEUM        | 05523            | 2.7108        | APC                        | \$164.60                 |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 75557       | N             | CARDIAC MRI FOR MORPH         | 05523            | 2.7108        | Bundled, sometimes payable | \$164.60                 |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 75559       | N             | CARDIAC MRI W/STRESS IMG      | 05524            | 6.1490        | Bundled, sometimes payable | \$373.37                 |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 75561       | N             | CARDIAC MRI FOR MORPH W/DYE   | 05572            | 4.0051        | Bundled, sometimes payable | \$243.19                 |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 75563       | N             | CARD MRI W/STRESS IMG & DYE   | 05573            | 8.8602        | Bundled, sometimes payable | \$537.99                 |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 75565       | N             | CARD MRI VELOC FLOW MAPPING   | -                | -             | Bundled                    | \$0.00                   |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 75571       | N             | CT HRT W/O DYE W/CA TEST      | 05521            | 0.9874        | Bundled, sometimes payable | \$59.95                  |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 75572       | S             | CT HRT W/3D IMAGE             | 05572            | 4.0051        | APC                        | \$243.19                 |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 75573       | S             | CT HRT C+ STRUX CGEN HRT DS   | 05572            | 4.0051        | APC                        | \$243.19                 |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 75574       | S             | CT ANGIO HRT W/3D IMAGE       | 05572            | 4.0051        | APC                        | \$243.19                 |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 75580       | S             | N-INVAS EST C FFR SW ALY CTA  | 05724            | 11.4097       | APC                        | \$692.80                 |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 75600       | N             | CONTRAST EXAM THORACIC AORTA  | 05183            | 35.2981       | Bundled, sometimes payable | \$2,143.30               |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 75605       | N             | CONTRAST EXAM THORACIC AORTA  | 05184            | 60.6231       | Bundled, sometimes payable | \$3,681.03               |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 75625       | N             | CONTRAST EXAM ABDOMINL AORTA  | 05183            | 35.2981       | Bundled, sometimes payable | \$2,143.30               |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 75630       | N             | X-RAY AORTA LEG ARTERIES      | 05183            | 35.2981       | Bundled, sometimes payable | \$2,143.30               |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 75635       | N             | CT ANGIO ABDOMINAL ARTERIES   | 05571            | 1.9964        | Bundled, sometimes payable | \$121.22                 |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 75705       | N             | ARTERY X-RAYS SPINE           | 05184            | 60.6231       | Bundled, sometimes payable | \$3,681.03               |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 75710       | N             | ARTERY X-RAYS ARM/LEG         | 05183            | 35.2981       | Bundled, sometimes payable | \$2,143.30               |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 75716       | N             | ARTERY X-RAYS ARMS/LEGS       | 05183            | 35.2981       | Bundled, sometimes payable | \$2,143.30               |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 75726       | N             | ARTERY X-RAYS ABDOMEN         | 05184            | 60.6231       | Bundled, sometimes payable | \$3,681.03               |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 75731       | N             | ARTERY X-RAYS ADRENAL GLAND   | 05183            | 35.2981       | Bundled, sometimes payable | \$2,143.30               |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 75733       | N             | ARTERY X-RAYS ADRENALS        | 05183            | 35.2981       | Bundled, sometimes payable | \$2,143.30               |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 75736       | N             | ARTERY X-RAYS PELVIS          | 05184            | 60.6231       | Bundled, sometimes payable | \$3,681.03               |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 75741       | N             | ARTERY X-RAYS LUNG            | 05183            | 35.2981       | Bundled, sometimes payable | \$2,143.30               |                                    |                               | -                       | -        | 000        | 999        |          |  |  |
| 75743       | N             | ARTERY X-RAYS LUNGS           | 05183            | 35.2981       | Bundled, sometimes payable | \$2,143.30               |                                    |                               | -                       | -        | 000        | 999        |          |  |  |

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| Proc Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC   | APC<br>Weight | Method                     | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|---------|------------------------------|------------------------------|------------------|-------|---------------|----------------------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|         |                              |                              |                  |       |               |                            |                                        |                                    |                                           |                         |          |            |            |          |
| 75746   | N                            | ARTERY X-RAYS LUNG           |                  | 05183 | 35.2981       | Bundled, sometimes payable | \$2,143.30                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 75756   | N                            | ARTERY X-RAYS CHEST          |                  | 05183 | 35.2981       | Bundled, sometimes payable | \$2,143.30                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 75774   | N                            | ARTERY X-RAY EACH VESSEL     |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 75801   | N                            | LYMPH VESSEL X-RAY ARM/LEG   |                  | 05181 | 6.9336        | Bundled, sometimes payable | \$421.01                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 75803   | N                            | LYMPH VESSEL X-RAY ARMS/LEGS |                  | 05182 | 17.4213       | Bundled, sometimes payable | \$1,057.82                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 75805   | N                            | LYMPH VESSEL X-RAY TRUNK     |                  | 05183 | 35.2981       | Bundled, sometimes payable | \$2,143.30                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 75807   | N                            | LYMPH VESSEL X-RAY TRUNK     |                  | 05183 | 35.2981       | Bundled, sometimes payable | \$2,143.30                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 75809   | N                            | NONVASCULAR SHUNT X-RAY      |                  | 05522 | 1.1926        | Bundled, sometimes payable | \$72.41                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 75810   | N                            | VEIN X-RAY SPLEEN/LIVER      |                  | 05183 | 35.2981       | Bundled, sometimes payable | \$2,143.30                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 75820   | N                            | VEIN X-RAY ARM/LEG           |                  | 05182 | 17.4213       | Bundled, sometimes payable | \$1,057.82                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 75822   | N                            | VEIN X-RAY ARMS/LEGS         |                  | 05182 | 17.4213       | Bundled, sometimes payable | \$1,057.82                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 75825   | N                            | VEIN X-RAY TRUNK             |                  | 05183 | 35.2981       | Bundled, sometimes payable | \$2,143.30                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 75827   | N                            | VEIN X-RAY CHEST             |                  | 05182 | 17.4213       | Bundled, sometimes payable | \$1,057.82                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 75831   | N                            | VEIN X-RAY KIDNEY            |                  | 05183 | 35.2981       | Bundled, sometimes payable | \$2,143.30                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 75833   | N                            | VEIN X-RAY KIDNEYS           |                  | 05183 | 35.2981       | Bundled, sometimes payable | \$2,143.30                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 75840   | N                            | VEIN X-RAY ADRENAL GLAND     |                  | 05183 | 35.2981       | Bundled, sometimes payable | \$2,143.30                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 75842   | N                            | VEIN X-RAY ADRENAL GLANDS    |                  | 05184 | 60.6231       | Bundled, sometimes payable | \$3,681.03                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 75860   | N                            | VEIN X-RAY NECK              |                  | 05183 | 35.2981       | Bundled, sometimes payable | \$2,143.30                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 75870   | N                            | VEIN X-RAY SKULL             |                  | 05183 | 35.2981       | Bundled, sometimes payable | \$2,143.30                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 75872   | N                            | VEIN X-RAY SKULL EPIDURAL    |                  | 05181 | 6.9336        | Bundled, sometimes payable | \$421.01                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 75880   | N                            | VEIN X-RAY EYE SOCKET        |                  | 05181 | 6.9336        | Bundled, sometimes payable | \$421.01                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 75885   | N                            | VEIN X-RAY LIVER W/HEMODYNAM |                  | 05183 | 35.2981       | Bundled, sometimes payable | \$2,143.30                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 75887   | N                            | VEIN X-RAY LIVER W/O HEMODYN |                  | 05183 | 35.2981       | Bundled, sometimes payable | \$2,143.30                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 75889   | N                            | VEIN X-RAY LIVER W/HEMODYNAM |                  | 05183 | 35.2981       | Bundled, sometimes payable | \$2,143.30                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 75891   | N                            | VEIN X-RAY LIVER             |                  | 05183 | 35.2981       | Bundled, sometimes payable | \$2,143.30                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 75893   | N                            | VENOUS SAMPLING BY CATHETER  |                  | 05184 | 60.6231       | Bundled, sometimes payable | \$3,681.03                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 75894   | N                            | X-RAYS TRANSCATH THERAPY     |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 75898   | N                            | FOLLOW-UP ANGIOGRAPHY        |                  | 05183 | 35.2981       | Bundled, sometimes payable | \$2,143.30                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 75901   | N                            | REMOVE CVA DEVICE OBSTRUCT   |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 75902   | N                            | REMOVE CVA LUMEN OBSTRUCT    |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 75956   | C                            | XRAY ENDOVASC THOR AO REPR   |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 75957   | C                            | XRAY ENDOVASC THOR AO REPR   |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 75958   | C                            | XRAY PLACE PROX EXT THOR AO  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 75959   | C                            | XRAY PLACE DIST EXT THOR AO  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 75970   | N                            | VASCULAR BIOPSY              |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 75984   | N                            | XRAY CONTROL CATHETER CHANGE |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 75989   | N                            | ABSCESS DRAINAGE UNDER X-RAY |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 76000   | S                            | FLUOROSCOPY <1 HR PHYS/QHP   |                  | 05523 | 2.7108        | APC                        | \$164.60                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 76010   | N                            | X-RAY NOSE TO RECTUM         |                  | 05521 | 0.9874        | Bundled, sometimes payable | \$59.95                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 76014   | S                            | MR SFTY IMPLT&/FB ASMT STF 1 |                  | 05731 | 0.2747        | APC                        | \$16.68                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 76015   | N                            | MR SFTY MPLT&/FB ASMT STF EA |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 76016   | S                            | MR SAFETY DETER PHYS/QHP     |                  | 05521 | 0.9874        | APC                        | \$59.95                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 76017   | S                            | MR SFTY MED PHYSICS XM CSTMZ |                  | 05523 | 2.7108        | APC                        | \$164.60                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 76018   | S                            | MR SAFETY IMPLANT ELEC PREPJ |                  | 05742 | 1.0294        | APC                        | \$62.51                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 76019   | S                            | MR SAFETY IMPLT POS&/IMMOBLJ |                  | 05733 | 0.6661        | APC                        | \$40.45                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 76080   | N                            | X-RAY EXAM OF FISTULA        |                  | 05524 | 6.1490        | Bundled, sometimes payable | \$373.37                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 76098   | N                            | X-RAY EXAM SURGICAL SPECIMEN |                  | 05524 | 6.1490        | Bundled, sometimes payable | \$373.37                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 76100   | N                            | X-RAY EXAM OF BODY SECTION   |                  | 05522 | 1.1926        | Bundled, sometimes payable | \$72.41                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 76120   | N                            | CINE/VIDEO X-RAYS            |                  | 05522 | 1.1926        | Bundled, sometimes payable | \$72.41                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 76125   | N                            | CINE/VIDEO X-RAYS ADD-ON     |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 76140   | E                            | X-RAY CONSULTATION           |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 76145   | S                            | MED PHYSIC DOS EVAL RAD EXPS |                  | 05723 | 5.9505        | APC                        | \$361.31                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 76376   | N                            | 3D RENDER W/INTRP POSTPROCES |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 76377   | N                            | 3D RENDER W/INTRP POSTPROCES |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 76380   | N                            | CAT SCAN FOLLOW-UP STUDY     |                  | 05521 | 0.9874        | Bundled, sometimes payable | \$59.95                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 76390   | E                            | MR SPECTROSCOPY              |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |

**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2025**

| Proc Cd | 2024 APC |     | 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 |
|---------|----------|-----|------------------------------|---------------|-------|--------|----------------------------|----------------------------------|------------------------------|----------------------------------|----------------------|----------|---------|---------|----------|
|         | Status   | Ind |                              |               |       |        |                            |                                  |                              |                                  |                      |          |         |         |          |
| 76391   | N        |     | MR ELASTOGRAPHY              |               | 05523 | 2.7108 | Bundled, sometimes payable | \$164.60                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 76496   | N        |     | UNLISTED FLUOROSCOPIC PX     |               | 05521 | 0.9874 | Bundled, sometimes payable | \$59.95                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 76497   | N        |     | UNLISTED CT PROCEDURE        |               | 05521 | 0.9874 | Bundled, sometimes payable | \$59.95                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 76498   | S        |     | UNLISTED MR PROCEDURE        |               | 05521 | 0.9874 | APC                        | \$59.95                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 76499   | N        |     | UNLISTED DX RADIOGRAPHIC PX  |               | 05521 | 0.9874 | Bundled, sometimes payable | \$59.95                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 76506   | N        |     | ECHO EXAM OF HEAD            |               | 05522 | 1.1926 | Bundled, sometimes payable | \$72.41                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 76510   | N        |     | OPH US DX B-SCAN&QUAN A-SCAN |               | 05734 | 1.4456 | Bundled, sometimes payable | \$87.78                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 76511   | N        |     | OPH US DX QUAN A-SCAN ONLY   |               | 05522 | 1.1926 | Bundled, sometimes payable | \$72.41                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 76512   | N        |     | OPH US DX B-SCAN             |               | 05522 | 1.1926 | Bundled, sometimes payable | \$72.41                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 76513   | N        |     | OPH US DX ANT SGM US UNI/BI  |               | 05522 | 1.1926 | Bundled, sometimes payable | \$72.41                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 76514   | N        |     | ECHO EXAM OF EYE THICKNESS   |               | 05731 | 0.2747 | Bundled, sometimes payable | \$16.68                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 76516   | N        |     | ECHO EXAM OF EYE             |               | 05522 | 1.1926 | Bundled, sometimes payable | \$72.41                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 76519   | N        |     | ECHO EXAM OF EYE             |               | 05522 | 1.1926 | Bundled, sometimes payable | \$72.41                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 76529   | N        |     | ECHO EXAM OF EYE             |               | 05521 | 0.9874 | Bundled, sometimes payable | \$59.95                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 76536   | N        |     | US EXAM OF HEAD AND NECK     |               | 05522 | 1.1926 | Bundled, sometimes payable | \$72.41                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 76604   | N        |     | US EXAM CHEST                |               | 05522 | 1.1926 | Bundled, sometimes payable | \$72.41                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 76641   | N        |     | ULTRASOUND BREAST COMPLETE   |               | 05522 | 1.1926 | Bundled, sometimes payable | \$72.41                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 76642   | N        |     | ULTRASOUND BREAST LIMITED    |               | 05521 | 0.9874 | Bundled, sometimes payable | \$59.95                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 76700   | N        |     | US EXAM ABDOM COMPLETE       |               | 05522 | 1.1926 | Bundled, sometimes payable | \$72.41                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 76705   | N        |     | ECHO EXAM OF ABDOMEN         |               | 05522 | 1.1926 | Bundled, sometimes payable | \$72.41                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 76706   | S        |     | US ABDL AORTA SCREEN AAA     |               | 05522 | 1.1926 | APC                        | \$72.41                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 76770   | N        |     | US EXAM ABDO BACK WALL COMP  |               | 05522 | 1.1926 | Bundled, sometimes payable | \$72.41                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 76775   | N        |     | US EXAM ABDO BACK WALL LIM   |               | 05522 | 1.1926 | Bundled, sometimes payable | \$72.41                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 76776   | N        |     | US EXAM K TRANSPL W/DOPPLER  |               | 05522 | 1.1926 | Bundled, sometimes payable | \$72.41                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 76800   | N        |     | US EXAM SPINAL CANAL         |               | 05522 | 1.1926 | Bundled, sometimes payable | \$72.41                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 76801   | S        |     | OB US < 14 WKS SINGLE FETUS  |               | 05522 | 1.1926 | APC                        | \$72.41                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 76802   | N        |     | OB US < 14 WKS ADDL FETUS    |               | -     | -      | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 76805   | S        |     | OB US >= 14 WKS SNGL FETUS   |               | 05522 | 1.1926 | APC                        | \$72.41                          |                              |                                  | -                    | -        | 010     | 65      |          |
| 76810   | N        |     | OB US >= 14 WKS ADDL FETUS   |               | -     | -      | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 010     | 65      |          |
| 76811   | S        |     | OB US DETAILED SNGL FETUS    |               | 05523 | 2.7108 | APC                        | \$164.60                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 76812   | N        |     | OB US DETAILED ADDL FETUS    |               | -     | -      | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 76813   | N        |     | OB US NUCHAL MEAS 1 GEST     |               | 05522 | 1.1926 | Bundled, sometimes payable | \$72.41                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 76814   | N        |     | OB US NUCHAL MEAS ADD-ON     |               | -     | -      | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 76815   | N        |     | OB US LIMITED FETUS(S)       |               | 05522 | 1.1926 | Bundled, sometimes payable | \$72.41                          |                              |                                  | -                    | -        | 010     | 65      |          |
| 76816   | N        |     | OB US FOLLOW-UP PER FETUS    |               | 05522 | 1.1926 | Bundled, sometimes payable | \$72.41                          |                              |                                  | -                    | -        | 010     | 65      |          |
| 76817   | N        |     | TRANSVAGINAL US OBSTETRIC    |               | 05522 | 1.1926 | Bundled, sometimes payable | \$72.41                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 76818   | S        |     | FETAL BIOPHYS PROFILE W/NST  |               | 05522 | 1.1926 | APC                        | \$72.41                          |                              |                                  | -                    | -        | 010     | 65      |          |
| 76819   | S        |     | FETAL BIOPHYS PROFIL W/O NST |               | 05522 | 1.1926 | APC                        | \$72.41                          |                              |                                  | -                    | -        | 010     | 65      |          |
| 76820   | N        |     | UMBILICAL ARTERY ECHO        |               | 05522 | 1.1926 | Bundled, sometimes payable | \$72.41                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 76821   | N        |     | MIDDLE CEREBRAL ARTERY ECHO  |               | 05522 | 1.1926 | Bundled, sometimes payable | \$72.41                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 76825   | S        |     | ECHO EXAM OF FETAL HEART     |               | 05524 | 6.1490 | APC                        | \$373.37                         |                              |                                  | -                    | -        | 010     | 65      |          |
| 76826   | S        |     | ECHO EXAM OF FETAL HEART     |               | 05523 | 2.7108 | APC                        | \$164.60                         |                              |                                  | -                    | -        | 010     | 65      |          |
| 76827   | N        |     | ECHO EXAM OF FETAL HEART     |               | 05522 | 1.1926 | Bundled, sometimes payable | \$72.41                          |                              |                                  | -                    | -        | 010     | 65      |          |
| 76828   | N        |     | ECHO EXAM OF FETAL HEART     |               | 05522 | 1.1926 | Bundled, sometimes payable | \$72.41                          |                              |                                  | -                    | -        | 010     | 65      |          |
| 76830   | S        |     | TRANSVAGINAL US NON-OB       |               | 05522 | 1.1926 | APC                        | \$72.41                          |                              |                                  | -                    | -        | 010     | 999     |          |
| 76831   | N        |     | ECHO EXAM UTERUS             |               | 05523 | 2.7108 | Bundled, sometimes payable | \$164.60                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 76856   | N        |     | US EXAM PELVIC COMPLETE      |               | 05522 | 1.1926 | Bundled, sometimes payable | \$72.41                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 76857   | N        |     | US EXAM PELVIC LIMITED       |               | 05522 | 1.1926 | Bundled, sometimes payable | \$72.41                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 76870   | N        |     | US EXAM SCROTUM              |               | 05522 | 1.1926 | Bundled, sometimes payable | \$72.41                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 76872   | S        |     | US TRANSRECTAL               |               | 05522 | 1.1926 | APC                        | \$72.41                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 76873   | S        |     | ECHOGRAP TRANS R PROS STUDY  |               | 05522 | 1.1926 | APC                        | \$72.41                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 76881   | S        |     | US COMPL JOINT R-T W/IMG     |               | 05522 | 1.1926 | APC                        | \$72.41                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 76882   | N        |     | US LMTD JT/FCL EVL NVASC XTR |               | 05522 | 1.1926 | Bundled, sometimes payable | \$72.41                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 76883   | N        |     | US NRV&ACC STRUX 1XTR COMPRE |               | 05522 | 1.1926 | Bundled, sometimes payable | \$72.41                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 76885   | N        |     | US EXAM INFANT HIPS DYNAMIC  |               | 05521 | 0.9874 | Bundled, sometimes payable | \$59.95                          |                              |                                  | -                    | -        | 000     | 0       |          |
| 76886   | N        |     | US EXAM INFANT HIPS STATIC   |               | 05521 | 0.9874 | Bundled, sometimes payable | \$59.95                          |                              |                                  | -                    | -        | 000     | 0       |          |

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  
April 1, 2025

| Proc Cd | 2024 APC<br>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 |
|---------|------------------------|------------------------------|---------------|--------|------------|----------------------------|----------------------------------|------------------------------|----------------------------------|----------------------|----------|---------|---------|----------|
|         |                        |                              |               |        |            |                            |                                  |                              |                                  |                      |          |         |         |          |
| 76932   | N                      | ECHO GUIDE FOR HEART BIOPSY  | -             | -      | -          | Bundled                    | \$0.00                           | -                            | -                                | -                    | -        | 000     | 999     |          |
| 76936   | S                      | ECHO GUIDE FOR ARTERY REPAIR | 05722         | 3.4922 | -          | APC                        | \$212.05                         | -                            | -                                | -                    | -        | 000     | 999     |          |
| 76937   | N                      | US GUIDE VASCULAR ACCESS     | -             | -      | -          | Bundled                    | \$0.00                           | -                            | -                                | -                    | -        | 000     | 999     |          |
| 76940   | N                      | US GUIDE TISSUE ABLATION     | -             | -      | -          | Bundled                    | \$0.00                           | -                            | -                                | -                    | -        | 000     | 999     |          |
| 76941   | N                      | ECHO GUIDE FOR TRANSFUSION   | -             | -      | -          | Bundled                    | \$0.00                           | -                            | -                                | -                    | -        | 010     | 65      |          |
| 76942   | N                      | ECHO GUIDE FOR BIOPSY        | -             | -      | -          | Bundled                    | \$0.00                           | -                            | -                                | -                    | -        | 000     | 999     |          |
| 76945   | N                      | ECHO GUIDE VILLUS SAMPLING   | -             | -      | -          | Bundled                    | \$0.00                           | -                            | -                                | -                    | -        | 010     | 65      |          |
| 76946   | N                      | ECHO GUIDE FOR AMNIOCENTESIS | -             | -      | -          | Bundled                    | \$0.00                           | -                            | -                                | -                    | -        | 010     | 65      |          |
| 76948   | N                      | ECHO GUIDE OVA ASPIRATION    | -             | -      | -          | Bundled                    | \$0.00                           | -                            | -                                | -                    | -        | 010     | 65      |          |
| 76965   | N                      | ECHO GUIDANCE RADIOTHERAPY   | -             | -      | -          | Bundled                    | \$0.00                           | -                            | -                                | -                    | -        | 000     | 999     |          |
| 76975   | N                      | GI ENDOSCOPIC ULTRASOUND     | 05523         | 2.7108 | -          | Bundled, sometimes payable | \$164.60                         | -                            | -                                | -                    | -        | 000     | 999     |          |
| 76977   | S                      | US BONE DENSITY MEASURE      | 05522         | 1.1926 | -          | APC                        | \$72.41                          | -                            | -                                | -                    | -        | 000     | 999     |          |
| 76978   | S                      | US TRGT DYN MBUBB 1ST LES    | 05571         | 1.9964 | -          | APC                        | \$121.22                         | -                            | -                                | -                    | -        | 000     | 999     |          |
| 76979   | N                      | US TRGT DYN MBUBB EA ADDL    | -             | -      | -          | Bundled                    | \$0.00                           | -                            | -                                | -                    | -        | 000     | 999     |          |
| 76981   | N                      | USE PARENCHYMA               | 05522         | 1.1926 | -          | Bundled, sometimes payable | \$72.41                          | -                            | -                                | -                    | -        | 000     | 999     |          |
| 76982   | N                      | USE 1ST TARGET LESION        | 05522         | 1.1926 | -          | Bundled, sometimes payable | \$72.41                          | -                            | -                                | -                    | -        | 000     | 999     |          |
| 76983   | N                      | USE EA ADDL TARGET LESION    | -             | -      | -          | Bundled                    | \$0.00                           | -                            | -                                | -                    | -        | 000     | 999     |          |
| 76984   | C                      | DX INTRAOP THORACIC AORTA US | -             | -      | -          | IP Only                    | \$0.00                           | -                            | -                                | -                    | -        | 000     | 999     |          |
| 76987   | C                      | DX INTRAOP EPICAR CAR US CHD | -             | -      | -          | IP Only                    | \$0.00                           | -                            | -                                | -                    | -        | 000     | 999     |          |
| 76988   | C                      | DX NTROP EPCR US CHD IMG ACQ | -             | -      | -          | IP Only                    | \$0.00                           | -                            | -                                | -                    | -        | 000     | 999     |          |
| 76989   | C                      | DX INTRAOP EPCAR US CHD I&R  | -             | -      | -          | IP Only                    | \$0.00                           | -                            | -                                | -                    | -        | 000     | 999     |          |
| 76998   | N                      | US GUIDE INTRAOP             | -             | -      | -          | Bundled                    | \$0.00                           | -                            | -                                | -                    | -        | 000     | 999     |          |
| 76999   | N                      | ECHO EXAMINATION PROCEDURE   | 05521         | 0.9874 | -          | Bundled, sometimes payable | \$59.95                          | -                            | -                                | -                    | -        | 000     | 999     |          |
| 77001   | N                      | FLUOROGUIDE FOR VEIN DEVICE  | -             | -      | -          | Bundled                    | \$0.00                           | -                            | -                                | -                    | -        | 000     | 999     |          |
| 77002   | N                      | NEEDLE LOCALIZATION BY XRAY  | -             | -      | -          | Bundled                    | \$0.00                           | -                            | -                                | -                    | -        | 000     | 999     |          |
| 77003   | N                      | FLUOROGUIDE FOR SPINE INJECT | -             | -      | -          | Bundled                    | \$0.00                           | -                            | -                                | -                    | -        | 000     | 999     |          |
| 77011   | N                      | CT SCAN FOR LOCALIZATION     | -             | -      | -          | Bundled                    | \$0.00                           | -                            | -                                | -                    | -        | 000     | 999     |          |
| 77012   | N                      | CT SCAN FOR NEEDLE BIOPSY    | -             | -      | -          | Bundled                    | \$0.00                           | -                            | -                                | -                    | -        | 000     | 999     |          |
| 77013   | N                      | CT GUIDE FOR TISSUE ABLATION | -             | -      | -          | Bundled                    | \$0.00                           | -                            | -                                | -                    | -        | 000     | 999     |          |
| 77014   | N                      | CT SCAN FOR THERAPY GUIDE    | -             | -      | -          | Bundled                    | \$0.00                           | -                            | -                                | -                    | -        | 000     | 999     |          |
| 77021   | N                      | MRI GUIDANCE NDL PLMT RS&I   | -             | -      | -          | Bundled                    | \$0.00                           | -                            | -                                | -                    | -        | 000     | 999     |          |
| 77022   | N                      | MRI GDN PARNCHYMA TISS ABLTJ | -             | -      | -          | Bundled                    | \$0.00                           | -                            | -                                | -                    | -        | 000     | 999     |          |
| 77046   | N                      | MRI BREAST C- UNILATERAL     | 05523         | 2.7108 | -          | Bundled, sometimes payable | \$164.60                         | -                            | -                                | -                    | -        | 000     | 999     |          |
| 77047   | N                      | MRI BREAST C- BILATERAL      | 05523         | 2.7108 | -          | Bundled, sometimes payable | \$164.60                         | -                            | -                                | -                    | -        | 000     | 999     |          |
| 77048   | E                      | MRI BREAST C-+ W/CAD UNI     | -             | -      | -          | Not Allowed                | \$0.00                           | -                            | -                                | -                    | -        | 000     | 999     |          |
| 77049   | E                      | MRI BREAST C-+ W/CAD BI      | -             | -      | -          | Not Allowed                | \$0.00                           | -                            | -                                | -                    | -        | 000     | 999     |          |
| 77053   | N                      | X-RAY OF MAMMARY DUCT        | 05523         | 2.7108 | -          | Bundled, sometimes payable | \$164.60                         | -                            | -                                | -                    | -        | 000     | 999     |          |
| 77054   | N                      | X-RAY OF MAMMARY DUCTS       | 05523         | 2.7108 | -          | Bundled, sometimes payable | \$164.60                         | -                            | -                                | -                    | -        | 000     | 999     |          |
| 77061   | E                      | BREAST TOMOSYNTHESIS UNI     | -             | -      | -          | Not Allowed                | \$0.00                           | -                            | -                                | -                    | -        | 000     | 999     |          |
| 77062   | E                      | BREAST TOMOSYNTHESIS BI      | -             | -      | -          | Not Allowed                | \$0.00                           | -                            | -                                | -                    | -        | 000     | 999     |          |
| 77063   | M                      | BREAST TOMOSYNTHESIS BI      | -             | -      | -          | Fee Schedule               | \$68.53                          | -                            | -                                | -                    | -        | 000     | 999     |          |
| 77065   | M                      | DX MAMMO INCL CAD UNI        | -             | -      | -          | Fee Schedule               | \$165.25                         | -                            | -                                | -                    | -        | 000     | 999     |          |
| 77066   | M                      | DX MAMMO INCL CAD BI         | -             | -      | -          | Fee Schedule               | \$209.16                         | -                            | -                                | -                    | -        | 000     | 999     |          |
| 77067   | M                      | SCR MAMMO BI INCL CAD        | -             | -      | -          | Fee Schedule               | \$168.76                         | -                            | -                                | -                    | -        | 000     | 999     |          |
| 77071   | N                      | MNL APPL STRS JT RADIOGRAPHY | 05521         | 0.9874 | -          | Bundled, sometimes payable | \$59.95                          | -                            | -                                | -                    | -        | 000     | 999     |          |
| 77072   | N                      | BONE AGE STUDIES             | 05522         | 1.1926 | -          | Bundled, sometimes payable | \$72.41                          | -                            | -                                | -                    | -        | 000     | 999     |          |
| 77073   | N                      | BONE LENGTH STUDIES          | 05522         | 1.1926 | -          | Bundled, sometimes payable | \$72.41                          | -                            | -                                | -                    | -        | 000     | 999     |          |
| 77074   | N                      | RADEX OSSEOUS SURVEY LMTD    | 05522         | 1.1926 | -          | Bundled, sometimes payable | \$72.41                          | -                            | -                                | -                    | -        | 000     | 999     |          |
| 77075   | N                      | RADEX OSSEOUS SURVEY COMPL   | 05522         | 1.1926 | -          | Bundled, sometimes payable | \$72.41                          | -                            | -                                | -                    | -        | 000     | 999     |          |
| 77076   | N                      | RADEX OSSEOUS SURVEY INFANT  | 05522         | 1.1926 | -          | Bundled, sometimes payable | \$72.41                          | -                            | -                                | -                    | -        | 000     | 1       |          |
| 77077   | N                      | JOINT SURVEY SINGLE VIEW     | 05522         | 1.1926 | -          | Bundled, sometimes payable | \$72.41                          | -                            | -                                | -                    | -        | 000     | 999     |          |
| 77078   | S                      | CT BONE DENSITY AXIAL        | 05521         | 0.9874 | -          | APC                        | \$59.95                          | -                            | -                                | -                    | -        | 000     | 999     |          |
| 77080   | S                      | DXA BONE DENSITY AXIAL       | 05522         | 1.1926 | -          | APC                        | \$72.41                          | -                            | -                                | -                    | -        | 000     | 999     |          |
| 77081   | S                      | DXA BONE DENSITY APPENDICULR | 05521         | 0.9874 | -          | APC                        | \$59.95                          | -                            | -                                | -                    | -        | 000     | 999     |          |
| 77084   | S                      | MRI BONE MARROW BLOOD SUPPLY | 05523         | 2.7108 | -          | APC                        | \$164.60                         | -                            | -                                | -                    | -        | 000     | 999     |          |
| 77085   | N                      | DXA BONE DENSITY AXL VRT FX  | 05522         | 1.1926 | -          | Bundled, sometimes payable | \$72.41                          | -                            | -                                | -                    | -        | 000     | 999     |          |



Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc Cd | 2024<br>APC<br>Status | Proc Desc                     | Proc<br>Modifier | APC   | APC<br>Weight | Method                     | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|---------|-----------------------|-------------------------------|------------------|-------|---------------|----------------------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|         |                       |                               |                  |       |               |                            |                                        |                                    |                                           |                         |          |            |            |          |
| 77086   | N                     | VRT FRACTURE ASSMT VIA DXA    |                  | 05521 | 0.9874        | Bundled, sometimes payable | \$59.95                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 77089   | E                     | TBS DXA CAL W/I&R FX RISK     |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 77090   | S                     | TBS TECHL PREP&TRANSMIS DATA  |                  | 05521 | 0.9874        | APC                        | \$59.95                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 77091   | S                     | TBS TECHL CALCULATION ONLY    |                  | 05521 | 0.9874        | APC                        | \$59.95                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 77092   | E                     | TBS I&R FX RSK QHP            |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 77261   | E                     | THER RADIOLOGY TX PLNG SMPL   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 77262   | E                     | THER RADIOLOGY TX PLNG INTRM  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 77263   | E                     | THER RADIOLOGY TX PLNG CPLX   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 77280   | S                     | THER RAD SIMULAJ FIELD SMPL   |                  | 05611 | 1.4890        | APC                        | \$90.41                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 77285   | S                     | THER RAD SIMULAJ FIELD INTRM  |                  | 05612 | 4.1054        | APC                        | \$249.28                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 77290   | S                     | THER RAD SIMULAJ FIELD CPLX   |                  | 05612 | 4.1054        | APC                        | \$249.28                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 77293   | N                     | RESPIRATOR MOTION MGMT SIMUL  |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 77295   | S                     | 3-D RADIOTHERAPY PLAN         |                  | 05613 | 15.3446       | APC                        | \$931.72                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 77299   | S                     | UNLISTED PX THER RAD TX PLNG  |                  | 05611 | 1.4890        | APC                        | \$90.41                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 77300   | S                     | RADIATION THERAPY DOSE PLAN   |                  | 05611 | 1.4890        | APC                        | \$90.41                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 77301   | S                     | RADIOTHERAPY DOSE PLAN IMRT   |                  | 05613 | 15.3446       | APC                        | \$931.72                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 77306   | S                     | TELETHX ISODOSE PLAN SIMPLE   |                  | 05612 | 4.1054        | APC                        | \$249.28                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 77307   | S                     | TELETHX ISODOSE PLAN CPLX     |                  | 05612 | 4.1054        | APC                        | \$249.28                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 77316   | S                     | BRACHYTX ISODOSE PLAN SIMPLE  |                  | 05612 | 4.1054        | APC                        | \$249.28                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 77317   | S                     | BRACHYTX ISODOSE INTERMED     |                  | 05612 | 4.1054        | APC                        | \$249.28                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 77318   | S                     | BRACHYTX ISODOSE COMPLEX      |                  | 05612 | 4.1054        | APC                        | \$249.28                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 77321   | S                     | SPECIAL TELETX PORT PLAN      |                  | 05612 | 4.1054        | APC                        | \$249.28                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 77331   | S                     | SPECIAL RADIATION DOSIMETRY   |                  | 05611 | 1.4890        | APC                        | \$90.41                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 77332   | S                     | RADIATION TREATMENT AID(S)    |                  | 05611 | 1.4890        | APC                        | \$90.41                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 77333   | S                     | RADIATION TREATMENT AID(S)    |                  | 05611 | 1.4890        | APC                        | \$90.41                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 77334   | S                     | RADIATION TREATMENT AID(S)    |                  | 05612 | 4.1054        | APC                        | \$249.28                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 77336   | S                     | RADIATION PHYSICS CONSULT     |                  | 05611 | 1.4890        | APC                        | \$90.41                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 77338   | S                     | DESIGN MLC DEVICE FOR IMRT    |                  | 05612 | 4.1054        | APC                        | \$249.28                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 77370   | S                     | RADIATION PHYSICS CONSULT     |                  | 05611 | 1.4890        | APC                        | \$90.41                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 77371   | N                     | SRS MULTISOURCE               |                  | 05627 | 85.7304       | Bundled, sometimes payable | \$5,205.55                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 77372   | N                     | SRS LINEAR BASED              |                  | 05627 | 85.7304       | Bundled, sometimes payable | \$5,205.55                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 77373   | S                     | STRCTCTC BDY RAD THER TX DLVR |                  | 05626 | 19.6919       | APC                        | \$1,195.69                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 77385   | S                     | NTSTY MODUL RAD TX DLVR SMPL  |                  | 05623 | 6.4874        | APC                        | \$393.91                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 77386   | S                     | NTSTY MODUL RAD TX DLVR CPLX  |                  | 05623 | 6.4874        | APC                        | \$393.91                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 77387   | N                     | GUIDANCE FOR RADJ TX DLVR     |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 77399   | S                     | UNLISTED PX MED RADJ PHYSICS  |                  | 05611 | 1.4890        | APC                        | \$90.41                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 77401   | S                     | RADIATION TX DELIVERY SUPFC   |                  | 05621 | 1.2280        | APC                        | \$74.56                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 77402   | S                     | RADIATION TX DELIVERY SIMPLE  |                  | 05621 | 1.2280        | APC                        | \$74.56                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 77407   | S                     | RADIATION TX DELIVERY INTRM   |                  | 05622 | 2.9492        | APC                        | \$179.08                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 77412   | S                     | RADIATION TX DELIVERY COMPLX  |                  | 05622 | 2.9492        | APC                        | \$179.08                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 77417   | N                     | THER RADIOLOGY PORT IMAGE(S)  |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 77423   | S                     | NEUTRON BEAM TX COMPLEX       |                  | 05623 | 6.4874        | APC                        | \$393.91                               |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 77424   | N                     | IO RAD TX DELIVERY BY X-RAY   |                  | 05627 | 85.7304       | Bundled, sometimes payable | \$5,205.55                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 77425   | N                     | IO RAD TX DELIVER BY ELCTRNS  |                  | 05627 | 85.7304       | Bundled, sometimes payable | \$5,205.55                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 77427   | M                     | RADIATION TX MANAGEMENT X5    |                  | -     | -             | Fee Schedule               | \$250.31                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 77431   | M                     | RADIATION THERAPY MANAGEMENT  |                  | -     | -             | Fee Schedule               | \$141.42                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 77432   | M                     | STEREOTACTIC RADIATION TRMT   |                  | -     | -             | Fee Schedule               | \$556.36                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 77435   | N                     | SBRT MANAGEMENT               |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 77469   | E                     | IO RADIATION TX MANAGEMENT    |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 77470   | S                     | SPECIAL RADIATION TREATMENT   |                  | 05623 | 6.4874        | APC                        | \$393.91                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 77499   | M                     | UNLISTED PX THER RAD TX MGMT  |                  | -     | -             | Fee Schedule               | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 77520   | S                     | PROTON TRMT SIMPLE W/O COMP   |                  | 05623 | 6.4874        | APC                        | \$393.91                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 77522   | S                     | PROTON TRMT SIMPLE W/COMP     |                  | 05625 | 14.3044       | APC                        | \$868.56                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 77523   | S                     | PROTON TRMT INTERMEDIATE      |                  | 05625 | 14.3044       | APC                        | \$868.56                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 77525   | S                     | PROTON TREATMENT COMPLEX      |                  | 05625 | 14.3044       | APC                        | \$868.56                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 77600   | S                     | HYPERTHERMIA EXT GEN SUPFC    |                  | 05622 | 2.9492        | APC                        | \$179.08                               |                                    |                                           | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
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| Proc<br>Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                     | Proc<br>Modifier | APC<br>Weight | Method  | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|------------------------------|-------------------------------|------------------|---------------|---------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|            |                              |                               |                  |               |         |                                        |                                    |                                           |                         |          |            |            |          |
| 77605      | S                            | HYPERTHERMIA EXT GEN DEEP     |                  | 05624         | 7.7808  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 77610      | S                            | HYPERTHERMIA NTRSTL PRB 5/<   |                  | 05623         | 6.4874  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 77615      | S                            | HYPERTHERMIA NTRSTL PRB>5     |                  | 05623         | 6.4874  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 77620      | S                            | HYPERTHERMIA GEN INTRCV PRB   |                  | 05623         | 6.4874  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 77750      | S                            | INFUSE RADIOACTIVE MATERIALS  |                  | 05622         | 2.9492  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 77761      | S                            | APPLY INTRCAV RADIAT SIMPLE   |                  | 05623         | 6.4874  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 77762      | S                            | APPLY INTRCAV RADIAT INTERM   |                  | 05623         | 6.4874  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 77763      | S                            | APPLY INTRCAV RADIAT COMPL    |                  | 05624         | 7.7808  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 77767      | S                            | HDR RDNCL SKN SURF BRACHYTX   |                  | 05622         | 2.9492  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 77768      | S                            | HDR RDNCL SKN SURF BRACHYTX   |                  | 05622         | 2.9492  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 77770      | S                            | HDR RDNCL NTRSTL/ICAV BRCHTX  |                  | 05624         | 7.7808  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 77771      | S                            | HDR RDNCL NTRSTL/ICAV BRCHTX  |                  | 05624         | 7.7808  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 77772      | S                            | HDR RDNCL NTRSTL/ICAV BRCHTX  |                  | 05624         | 7.7808  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 77778      | S                            | APPLY INTERSTIT RADIAT COMPL  |                  | 05624         | 7.7808  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 77789      | S                            | APPLY SURF LDR RADIONUCLIDE   |                  | 05621         | 1.2280  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 77790      | N                            | RADIATION HANDLING            |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 77799      | S                            | UNLISTED PX CLIN BRACHYTX     |                  | 05621         | 1.2280  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78012      | S                            | THYROID UPTAKE MEASUREMENT    |                  | 05591         | 4.5064  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78013      | S                            | THYROID IMAGING W/BLOOD FLOW  |                  | 05591         | 4.5064  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78014      | S                            | THYROID IMAGING W/BLOOD FLOW  |                  | 05591         | 4.5064  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78015      | S                            | THYROID MET IMAGING           |                  | 05591         | 4.5064  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78016      | S                            | THYROID MET IMAGING/STUDIES   |                  | 05591         | 4.5064  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78018      | S                            | THYROID MET IMAGING BODY      |                  | 05592         | 6.0365  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78020      | N                            | THYROID MET UPTAKE            |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78070      | S                            | PARATHYROID PLANAR IMAGING    |                  | 05591         | 4.5064  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78071      | S                            | PARATHYRD PLANAR W/WO SUBTRJ  |                  | 05591         | 4.5064  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78072      | S                            | PARATHYRD PLANAR W/SPECT&CT   |                  | 05592         | 6.0365  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78075      | S                            | ADRENAL CORTEX & MEDULLA IMG  |                  | 05593         | 14.6405 | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78099      | S                            | UNLISTED ENDOCRINE PX DX NUC  |                  | 05591         | 4.5064  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78102      | S                            | BONE MARROW IMAGING LTD       |                  | 05591         | 4.5064  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78103      | S                            | BONE MARROW IMAGING MULT      |                  | 05591         | 4.5064  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78104      | S                            | BONE MARROW IMAGING BODY      |                  | 05591         | 4.5064  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78110      | S                            | PLASMA VOLUME SINGLE          |                  | 05593         | 14.6405 | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78111      | S                            | PLASMA VOLUME MULTIPLE        |                  | 05593         | 14.6405 | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78120      | S                            | RED CELL MASS SINGLE          |                  | 05591         | 4.5064  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78121      | S                            | RED CELL MASS MULTIPLE        |                  | 05592         | 6.0365  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78122      | S                            | WHL BLD VOLUME DETERMINATION  |                  | 05592         | 6.0365  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78130      | S                            | RED CELL SURVIVAL STUDY       |                  | 05591         | 4.5064  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78140      | S                            | RED CELL SEQUESTRATION        |                  | 05591         | 4.5064  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78185      | S                            | SPLEEN IMAGING                |                  | 05591         | 4.5064  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78191      | S                            | PLATELET SURVIVAL STUDY       |                  | 05591         | 4.5064  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78195      | S                            | LYMPH SYSTEM IMAGING          |                  | 05592         | 6.0365  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78199      | S                            | UNLSTD HEMATOP RET/ENDO LYMP  |                  | 05591         | 4.5064  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78201      | S                            | LIVER IMAGING STATIC ONLY     |                  | 05592         | 6.0365  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78202      | S                            | LIVER IMAGING WITH VASC FLOW  |                  | 05592         | 6.0365  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78215      | S                            | LVR&SPLEEN IMG STATIC ONLY    |                  | 05591         | 4.5064  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78216      | S                            | LVR&SPLEEN IMG W/VASC FLOW    |                  | 05591         | 4.5064  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78226      | S                            | HEPATOBIILIARY SYSTEM IMAGING |                  | 05591         | 4.5064  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78227      | S                            | HEPATOBIL SYST IMAGE W/DRUG   |                  | 05592         | 6.0365  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78230      | S                            | SALIVARY GLAND IMAGING        |                  | 05591         | 4.5064  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78231      | S                            | SALIVARY GLND IMG SERIAL IMG  |                  | 05591         | 4.5064  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78232      | S                            | SALIVARY GLAND FUNCTION STD   |                  | 05591         | 4.5064  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78258      | S                            | ESOPHAGEAL MOTILITY           |                  | 05591         | 4.5064  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78261      | S                            | GASTRIC MUCOSA IMAGING        |                  | 05591         | 4.5064  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78262      | S                            | GASTROESOPHAGEAL REFLUX STD   |                  | 05591         | 4.5064  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78264      | S                            | GASTRIC EMPTYING IMAG STUDY   |                  | 05591         | 4.5064  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc<br>Cd | 2024<br>APC<br>Status |  | Proc Desc                    | Proc<br>Modifier | APC   | APC<br>Weight | Method      | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-----------------------|--|------------------------------|------------------|-------|---------------|-------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|            | Ind                   |  |                              |                  |       |               |             |                                        |                                    |                                           |                         |          |            |            |          |
| 78265      | S                     |  | GASTRIC EMPTYING IMAG STUDY  |                  | 05591 | 4.5064        | APC         | \$273.63                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78266      | S                     |  | GASTRIC EMPTYING IMAG STUDY  |                  | 05592 | 6.0365        | APC         | \$366.54                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78267      | Q                     |  | BREATH TST ATTAIN/ANAL C-14  |                  | -     | -             | Medicare    | \$18.43                                | \$11.43                            | \$11.06                                   | -                       | -        | 000        | 999        |          |
| 78268      | Q                     |  | BREATH TEST ANALYSIS C-14    |                  | -     | -             | Medicare    | \$157.35                               | \$97.56                            | \$94.41                                   | -                       | -        | 000        | 999        |          |
| 78278      | S                     |  | ACUTE GI BLOOD LOSS IMAGING  |                  | 05591 | 4.5064        | APC         | \$273.63                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78282      | S                     |  | GI PROTEIN LOSS EXAM         |                  | 05591 | 4.5064        | APC         | \$273.63                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78290      | S                     |  | MECKELS DIVERT EXAM          |                  | 05591 | 4.5064        | APC         | \$273.63                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78291      | S                     |  | LEVEEN/SHUNT PATENCY EXAM    |                  | 05591 | 4.5064        | APC         | \$273.63                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78299      | S                     |  | UNLISTED GI PX DX NUC MED    |                  | 05591 | 4.5064        | APC         | \$273.63                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78300      | S                     |  | BONE IMAGING LIMITED AREA    |                  | 05591 | 4.5064        | APC         | \$273.63                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78305      | S                     |  | BONE IMAGING MULTIPLE AREAS  |                  | 05591 | 4.5064        | APC         | \$273.63                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78306      | S                     |  | BONE IMAGING WHOLE BODY      |                  | 05591 | 4.5064        | APC         | \$273.63                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78315      | S                     |  | BONE IMAGING 3 PHASE         |                  | 05591 | 4.5064        | APC         | \$273.63                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78350      | E                     |  | BONE MINERAL SINGLE PHOTON   |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78351      | E                     |  | BONE MINERAL DUAL PHOTON     |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78399      | S                     |  | UNLISTED MUSCSKEL PX DX NUC  |                  | 05591 | 4.5064        | APC         | \$273.63                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78414      | S                     |  | NON-IMAGING HEART FUNCTION   |                  | 05592 | 6.0365        | APC         | \$366.54                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78428      | S                     |  | CARDIAC SHUNT IMAGING        |                  | 05591 | 4.5064        | APC         | \$273.63                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78429      | S                     |  | MYOCDR IMG PET 1 STD W/CT    |                  | 05594 | 16.3576       | APC         | \$1,012.67                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78430      | S                     |  | MYOCDR IMG PET RST/STRS W/CT |                  | 05594 | 16.3576       | APC         | \$1,012.67                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78431      | S                     |  | MYOCDR IMG PET RST&STRS CT   |                  | 01522 | 37.0636       | APC         | \$2,250.50                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78432      | S                     |  | MYOCDR IMG PET 2RTRACER      |                  | 01520 | 30.4760       | APC         | \$2,750.50                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78433      | S                     |  | MYOCDR IMG PET 2RTRACER CT   |                  | 01521 | 32.1229       | APC         | \$2,750.50                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78434      | N                     |  | AQMBF PET REST & RX STRESS   |                  | -     | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78445      | S                     |  | VASCULAR FLOW IMAGING        |                  | 05591 | 4.5064        | APC         | \$273.63                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78451      | S                     |  | HT MUSCLE IMAGE SPECT SING   |                  | 05593 | 14.6405       | APC         | \$888.97                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78452      | S                     |  | HT MUSCLE IMAGE SPECT MULT   |                  | 05593 | 14.6405       | APC         | \$888.97                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78453      | S                     |  | HT MUSCLE IMAGE PLANAR SING  |                  | 05593 | 14.6405       | APC         | \$888.97                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78454      | S                     |  | HT MUSC IMAGE PLANAR MULT    |                  | 05593 | 14.6405       | APC         | \$888.97                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78456      | S                     |  | ACUTE VENOUS THROMBUS IMAGE  |                  | 05593 | 14.6405       | APC         | \$888.97                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78457      | S                     |  | VENOUS THROMBOSIS IMAGING    |                  | 05592 | 6.0365        | APC         | \$366.54                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78458      | S                     |  | VEN THROMBOSIS IMAGES BILAT  |                  | 05591 | 4.5064        | APC         | \$273.63                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78459      | S                     |  | MYOCDR IMG PET SINGLE STUDY  |                  | 05593 | 14.6405       | APC         | \$888.97                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78466      | S                     |  | HEART INFARCT IMAGE          |                  | 05591 | 4.5064        | APC         | \$273.63                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78468      | S                     |  | HEART INFARCT IMAGE (EF)     |                  | 05592 | 6.0365        | APC         | \$366.54                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78469      | S                     |  | HEART INFARCT IMAGE (3D)     |                  | 05592 | 6.0365        | APC         | \$366.54                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78472      | S                     |  | GATED HEART PLANAR SINGLE    |                  | 05591 | 4.5064        | APC         | \$273.63                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78473      | S                     |  | GATED HEART MULTIPLE         |                  | 05591 | 4.5064        | APC         | \$273.63                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78481      | S                     |  | HEART FIRST PASS SINGLE      |                  | 05592 | 6.0365        | APC         | \$366.54                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78483      | S                     |  | HEART FIRST PASS MULTIPLE    |                  | 05592 | 6.0365        | APC         | \$366.54                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78491      | S                     |  | MYOCDR IMG PET 1STD RST/STRS |                  | 05594 | 16.3576       | APC         | \$993.23                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78492      | S                     |  | MYOCDR IMG PET MLT RST&STRS  |                  | 05594 | 16.3576       | APC         | \$993.23                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78494      | S                     |  | HEART IMAGE SPECT            |                  | 05591 | 4.5064        | APC         | \$273.63                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78496      | N                     |  | HEART FIRST PASS ADD-ON      |                  | -     | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78499      | S                     |  | UNLISTED CV PX DX NUC MED    |                  | 05591 | 4.5064        | APC         | \$273.63                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78579      | S                     |  | LUNG VENTILATION IMAGING     |                  | 05591 | 4.5064        | APC         | \$273.63                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78580      | S                     |  | LUNG PERFUSION IMAGING       |                  | 05591 | 4.5064        | APC         | \$273.63                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78582      | S                     |  | LUNG VENTILAT&PERFUS IMAGING |                  | 05592 | 6.0365        | APC         | \$366.54                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78597      | S                     |  | LUNG PERFUSION DIFFERENTIAL  |                  | 05591 | 4.5064        | APC         | \$273.63                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78598      | S                     |  | LUNG PERF&VENTILAT DIFERENTL |                  | 05592 | 6.0365        | APC         | \$366.54                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78599      | S                     |  | UNLISTED RESP PX DX NUC MED  |                  | 05591 | 4.5064        | APC         | \$273.63                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78600      | S                     |  | BRAIN IMAGE < 4 VIEWS        |                  | 05591 | 4.5064        | APC         | \$273.63                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78601      | S                     |  | BRAIN IMAGE W/FLOW < 4 VIEWS |                  | 05591 | 4.5064        | APC         | \$273.63                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78605      | S                     |  | BRAIN IMAGE 4+ VIEWS         |                  | 05592 | 6.0365        | APC         | \$366.54                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78606      | S                     |  | BRAIN IMAGE W/FLOW 4 + VIEWS |                  | 05592 | 6.0365        | APC         | \$366.54                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 78608      | S                     |  | BRAIN IMAGING (PET)          |                  | 05594 | 16.3576       | APC         | \$993.23                               |                                    |                                           | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
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| Proc Cd | 2024 APC<br>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 |
|---------|------------------------|------------------------------|---------------|-------|------------|----------------------------|----------------------------------|------------------------------|----------------------------------|----------------------|----------|---------|---------|----------|
|         |                        |                              |               |       |            |                            |                                  |                              |                                  |                      |          |         |         |          |
| 78609   | E                      | BRAIN IMAGING (PET)          |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 78610   | S                      | BRAIN FLOW IMAGING ONLY      |               | 05592 | 6.0365     | APC                        | \$366.54                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 78630   | S                      | CEREBROSPINAL FLUID SCAN     |               | 05592 | 6.0365     | APC                        | \$366.54                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 78635   | S                      | CSF VENTRICULOGRAPHY         |               | 05592 | 6.0365     | APC                        | \$366.54                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 78645   | S                      | CSF SHUNT EVALUATION         |               | 05592 | 6.0365     | APC                        | \$366.54                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 78650   | S                      | CSF LEAKAGE IMAGING          |               | 05593 | 14.6405    | APC                        | \$888.97                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 78660   | S                      | NUCLEAR EXAM OF TEAR FLOW    |               | 05591 | 4.5064     | APC                        | \$273.63                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 78699   | S                      | UNLISTED NRVS SYS PX DX NUC  |               | 05591 | 4.5064     | APC                        | \$273.63                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 78700   | S                      | KIDNEY IMAGING MORPHOL       |               | 05591 | 4.5064     | APC                        | \$273.63                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 78701   | S                      | KIDNEY IMAGING WITH FLOW     |               | 05591 | 4.5064     | APC                        | \$273.63                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 78707   | S                      | K FLOW/FUNCT IMAGE W/O DRUG  |               | 05592 | 6.0365     | APC                        | \$366.54                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 78708   | S                      | K FLOW/FUNCT IMAGE W/DRUG    |               | 05592 | 6.0365     | APC                        | \$366.54                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 78709   | S                      | K FLOW/FUNCT IMAGE MULTIPLE  |               | 05592 | 6.0365     | APC                        | \$366.54                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 78725   | S                      | KIDNEY FUNCTION STUDY        |               | 05591 | 4.5064     | APC                        | \$273.63                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 78730   | N                      | URINARY BLADDER RETENTION    |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 78740   | S                      | URETERAL REFLUX STUDY        |               | 05591 | 4.5064     | APC                        | \$273.63                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 78761   | S                      | TESTICULAR IMAGING W/FLOW    |               | 05591 | 4.5064     | APC                        | \$273.63                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 78799   | S                      | UNLISTED GU PX DX NUC MED    |               | 05591 | 4.5064     | APC                        | \$273.63                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 78800   | S                      | RP LOCLZJ TUM 1 AREA 1 D IMG |               | 05591 | 4.5064     | APC                        | \$273.63                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 78801   | S                      | RP LOCLZJ TUM 2+AREA 1+D IMG |               | 05591 | 4.5064     | APC                        | \$273.63                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 78802   | S                      | RP LOCLZJ TUM WHBDY 1 D IMG  |               | 05593 | 14.6405    | APC                        | \$888.97                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 78803   | S                      | RP LOCLZJ TUM SPECT 1 AREA   |               | 05593 | 14.6405    | APC                        | \$888.97                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 78804   | S                      | RP LOCLZJ TUM WHBDY 2+D IMG  |               | 05593 | 14.6405    | APC                        | \$888.97                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 78808   | N                      | IV INJ RA DRUG DX STUDY      |               | 05591 | 4.5064     | Bundled, sometimes payable | \$273.63                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 78811   | S                      | PET IMAGE LTD AREA           |               | 05593 | 14.6405    | APC                        | \$888.97                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 78812   | S                      | PET IMAGE SKULL-THIGH        |               | 05594 | 16.3576    | APC                        | \$993.23                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 78813   | S                      | PET IMAGE FULL BODY          |               | 05594 | 16.3576    | APC                        | \$993.23                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 78814   | S                      | PET IMAGE W/CT LMTD          |               | 05594 | 16.3576    | APC                        | \$993.23                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 78815   | S                      | PET IMAGE W/CT SKULL-THIGH   |               | 05594 | 16.3576    | APC                        | \$993.23                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 78816   | S                      | PET IMAGE W/CT FULL BODY     |               | 05594 | 16.3576    | APC                        | \$993.23                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 78830   | S                      | RP LOCLZJ TUM SPECT W/CT 1   |               | 05593 | 14.6405    | APC                        | \$893.37                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 78831   | S                      | RP LOCLZJ TUM SPECT 2 AREAS  |               | 05593 | 14.6405    | APC                        | \$893.37                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 78832   | S                      | RP LOCLZJ TUM SPECT W/CT 2   |               | 05594 | 16.3576    | APC                        | \$1,012.67                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 78835   | N                      | RP QUAN MEAS SINGLE AREA     |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 78999   | S                      | UNLISTED MISC PX DX NUC MED  |               | 05591 | 4.5064     | APC                        | \$273.63                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 79005   | S                      | NUCLEAR RX ORAL ADMIN        |               | 05661 | 2.5135     | APC                        | \$152.62                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 79101   | S                      | NUCLEAR RX IV ADMIN          |               | 05661 | 2.5135     | APC                        | \$152.62                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 79200   | S                      | NUCLEAR RX INTRACAV ADMIN    |               | 05661 | 2.5135     | APC                        | \$152.62                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 79300   | S                      | NUCLR RX INTERSTIT COLLOID   |               | 05661 | 2.5135     | APC                        | \$152.62                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 79403   | S                      | HEMATOPOIETIC NUCLEAR TX     |               | 05661 | 2.5135     | APC                        | \$152.62                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 79440   | S                      | NUCLEAR RX INTRA-ARTICULAR   |               | 05661 | 2.5135     | APC                        | \$152.62                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 79445   | S                      | NUCLEAR RX INTRA-ARTERIAL    |               | 05661 | 2.5135     | APC                        | \$152.62                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 79999   | S                      | RP THERAPY UNLISTED PX       |               | 05661 | 2.5135     | APC                        | \$152.62                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 80047   | Q                      | METABOLIC PANEL IONIZED CA   |               | -     | -          | Medicare                   | \$22.88                          | \$14.19                      | \$13.73                          | -                    | -        | 000     | 999     |          |
| 80048   | Q                      | METABOLIC PANEL TOTAL CA     |               | -     | -          | Medicare                   | \$14.10                          | \$8.74                       | \$8.46                           | -                    | -        | 000     | 999     |          |
| 80050   | M                      | GENERAL HEALTH PANEL         |               | -     | -          | Fee Schedule               | \$64.37                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 80051   | Q                      | ELECTROLYTE PANEL            |               | -     | -          | Medicare                   | \$11.68                          | \$7.24                       | \$7.01                           | -                    | -        | 000     | 999     |          |
| 80053   | Q                      | COMPREHEN METABOLIC PANEL    |               | -     | -          | Medicare                   | \$17.60                          | \$10.91                      | \$10.56                          | -                    | -        | 000     | 999     |          |
| 80055   | Q                      | OBSTETRIC PANEL              |               | -     | -          | Medicare                   | \$79.68                          | \$49.40                      | \$47.81                          | -                    | -        | 010     | 65      |          |
| 80061   | Q                      | LIPID PANEL                  |               | -     | -          | Medicare                   | \$22.32                          | \$13.84                      | \$13.39                          | -                    | -        | 000     | 999     |          |
| 80069   | Q                      | RENAL FUNCTION PANEL         |               | -     | -          | Medicare                   | \$14.47                          | \$8.97                       | \$8.68                           | -                    | -        | 000     | 999     |          |
| 80074   | Q                      | ACUTE HEPATITIS PANEL        |               | -     | -          | Medicare                   | \$79.38                          | \$49.22                      | \$47.63                          | -                    | -        | 000     | 999     |          |
| 80076   | Q                      | HEPATIC FUNCTION PANEL       |               | -     | -          | Medicare                   | \$13.62                          | \$8.44                       | \$8.17                           | -                    | -        | 000     | 999     |          |
| 80081   | Q                      | OBSTETRIC PANEL INC HIV TSTG |               | -     | -          | Medicare                   | \$124.77                         | \$77.36                      | \$74.86                          | -                    | -        | 000     | 999     |          |
| 80143   | Q                      | DRUG ASSAY ACETAMINOPHEN     |               | -     | -          | Medicare                   | \$31.07                          | \$19.26                      | \$18.64                          | -                    | -        | 000     | 999     |          |
| 80145   | Q                      | DRUG ASSAY ADALIMUMAB        |               | -     | -          | Medicare                   | \$64.28                          | \$39.85                      | \$38.57                          | -                    | -        | 000     | 999     |          |



Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc<br>Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                     | Proc<br>Modifier | APC | APC<br>Weight | Method      | Outpatient               | Sole Comm.           | Non-sole             | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|------------------------------|-------------------------------|------------------|-----|---------------|-------------|--------------------------|----------------------|----------------------|-------------------------|----------|------------|------------|----------|
|            |                              |                               |                  |     |               |             | Hospital Fee<br>Schedule | Hospital Lab<br>Fees | Hospital Lab<br>Fees |                         |          |            |            |          |
| 80150      | Q                            | ASSAY OF AMIKACIN             |                  | -   | -             | Medicare    | \$25.13                  | \$15.58              | \$15.08              | -                       | -        | 000        | 999        |          |
| 80151      | Q                            | DRUG ASSAY AMIODARONE         |                  | -   | -             | Medicare    | \$31.07                  | \$19.26              | \$18.64              | -                       | -        | 000        | 999        |          |
| 80155      | Q                            | DRUG ASSAY CAFFEINE           |                  | -   | -             | Medicare    | \$64.28                  | \$39.85              | \$38.57              | -                       | -        | 000        | 999        |          |
| 80156      | Q                            | ASSAY CARBAMAZEPINE TOTAL     |                  | -   | -             | Medicare    | \$24.28                  | \$15.05              | \$14.57              | -                       | -        | 000        | 999        |          |
| 80157      | Q                            | ASSAY CARBAMAZEPINE FREE      |                  | -   | -             | Medicare    | \$22.08                  | \$13.69              | \$13.25              | -                       | -        | 000        | 999        |          |
| 80158      | Q                            | DRUG ASSAY CYCLOSPORINE       |                  | -   | -             | Medicare    | \$30.08                  | \$18.65              | \$18.05              | -                       | -        | 000        | 999        |          |
| 80159      | Q                            | DRUG ASSAY CLOZAPINE          |                  | -   | -             | Medicare    | \$33.58                  | \$20.82              | \$20.15              | -                       | -        | 000        | 999        |          |
| 80161      | Q                            | ASY CARBAMAZEPIN 10,11-EPXID  |                  | -   | -             | Medicare    | \$31.07                  | \$19.26              | \$18.64              | -                       | -        | 000        | 999        |          |
| 80162      | Q                            | ASSAY OF DIGOXIN TOTAL        |                  | -   | -             | Medicare    | \$22.13                  | \$13.72              | \$13.28              | -                       | -        | 000        | 999        |          |
| 80163      | Q                            | ASSAY OF DIGOXIN FREE         |                  | -   | -             | Medicare    | \$22.13                  | \$13.72              | \$13.28              | -                       | -        | 000        | 999        |          |
| 80164      | Q                            | ASSAY DIPROPYLACETIC ACD TOT  |                  | -   | -             | Medicare    | \$22.57                  | \$13.99              | \$13.54              | -                       | -        | 000        | 999        |          |
| 80165      | Q                            | DIPROPYLACETIC ACID FREE      |                  | -   | -             | Medicare    | \$22.57                  | \$13.99              | \$13.54              | -                       | -        | 000        | 999        |          |
| 80167      | Q                            | DRUG ASSAY FELBAMATE          |                  | -   | -             | Medicare    | \$31.07                  | \$19.26              | \$18.64              | -                       | -        | 000        | 999        |          |
| 80168      | Q                            | ASSAY OF ETHOSUXIMIDE         |                  | -   | -             | Medicare    | \$27.23                  | \$16.88              | \$16.34              | -                       | -        | 000        | 999        |          |
| 80169      | Q                            | DRUG ASSAY EVEROLIMUS         |                  | -   | -             | Medicare    | \$22.88                  | \$14.19              | \$13.73              | -                       | -        | 000        | 999        |          |
| 80170      | Q                            | ASSAY OF GENTAMICIN           |                  | -   | -             | Medicare    | \$27.30                  | \$16.93              | \$16.38              | -                       | -        | 000        | 999        |          |
| 80171      | Q                            | DRUG SCREEN QUANT GABAPENTIN  |                  | -   | -             | Medicare    | \$36.12                  | \$22.39              | \$21.67              | -                       | -        | 000        | 999        |          |
| 80173      | Q                            | ASSAY OF HALOPERIDOL          |                  | -   | -             | Medicare    | \$26.30                  | \$16.31              | \$15.78              | -                       | -        | 000        | 999        |          |
| 80175      | Q                            | DRUG SCREEN QUAN LAMOTRIGINE  |                  | -   | -             | Medicare    | \$22.08                  | \$13.69              | \$13.25              | -                       | -        | 000        | 999        |          |
| 80176      | Q                            | ASSAY OF LIDOCAINE            |                  | -   | -             | Medicare    | \$24.48                  | \$15.18              | \$14.69              | -                       | -        | 000        | 999        |          |
| 80177      | Q                            | DRUG SCR N QUAN LEVETIRACETAM |                  | -   | -             | Medicare    | \$22.08                  | \$13.69              | \$13.25              | -                       | -        | 000        | 999        |          |
| 80178      | Q                            | ASSAY OF LITHIUM              |                  | -   | -             | Medicare    | \$11.02                  | \$6.83               | \$6.61               | -                       | -        | 000        | 999        |          |
| 80179      | Q                            | DRUG ASSAY SALICYLATE         |                  | -   | -             | Medicare    | \$31.07                  | \$19.26              | \$18.64              | -                       | -        | 000        | 999        |          |
| 80180      | Q                            | DRUG SCR N QUAN MYCOPHENOLATE |                  | -   | -             | Medicare    | \$30.08                  | \$18.65              | \$18.05              | -                       | -        | 000        | 999        |          |
| 80181      | Q                            | DRUG ASSAY FLECAINIDE         |                  | -   | -             | Medicare    | \$31.07                  | \$19.26              | \$18.64              | -                       | -        | 000        | 999        |          |
| 80183      | Q                            | DRUG SCR N QUANT OXCARBAZEPIN |                  | -   | -             | Medicare    | \$22.08                  | \$13.69              | \$13.25              | -                       | -        | 000        | 999        |          |
| 80184      | Q                            | ASSAY OF PHENOBARBITAL        |                  | -   | -             | Medicare    | \$25.50                  | \$15.81              | \$15.30              | -                       | -        | 000        | 999        |          |
| 80185      | Q                            | ASSAY OF PHENYTOIN TOTAL      |                  | -   | -             | Medicare    | \$22.08                  | \$13.69              | \$13.25              | -                       | -        | 000        | 999        |          |
| 80186      | Q                            | ASSAY OF PHENYTOIN FREE       |                  | -   | -             | Medicare    | \$22.93                  | \$14.22              | \$13.76              | -                       | -        | 000        | 999        |          |
| 80187      | Q                            | DRUG ASSAY POSACONAZOLE       |                  | -   | -             | Medicare    | \$45.18                  | \$28.01              | \$27.11              | -                       | -        | 000        | 999        |          |
| 80188      | Q                            | ASSAY OF PRIMIDONE            |                  | -   | -             | Medicare    | \$27.65                  | \$17.14              | \$16.59              | -                       | -        | 000        | 999        |          |
| 80189      | Q                            | DRUG ASSAY ITRACONAZOLE       |                  | -   | -             | Medicare    | \$45.18                  | \$28.01              | \$27.11              | -                       | -        | 000        | 999        |          |
| 80190      | Q                            | ASSAY OF PROCAINAMIDE         |                  | -   | -             | Medicare    | \$100.00                 | \$62.00              | \$60.00              | -                       | -        | 000        | 999        |          |
| 80192      | Q                            | ASSAY OF PROCAINAMIDE         |                  | -   | -             | Medicare    | \$27.92                  | \$17.31              | \$16.75              | -                       | -        | 000        | 999        |          |
| 80193      | Q                            | DRUG ASSAY LEFLUNOMIDE        |                  | -   | -             | Medicare    | \$64.28                  | \$39.85              | \$38.57              | -                       | -        | 000        | 999        |          |
| 80194      | Q                            | ASSAY OF QUINIDINE            |                  | -   | -             | Medicare    | \$24.33                  | \$15.08              | \$14.60              | -                       | -        | 000        | 999        |          |
| 80195      | Q                            | ASSAY OF SIROLIMUS            |                  | -   | -             | Medicare    | \$22.88                  | \$14.19              | \$13.73              | -                       | -        | 000        | 999        |          |
| 80197      | Q                            | ASSAY OF TACROLIMUS           |                  | -   | -             | Medicare    | \$22.88                  | \$14.19              | \$13.73              | -                       | -        | 000        | 999        |          |
| 80198      | Q                            | ASSAY OF THEOPHYLLINE         |                  | -   | -             | Medicare    | \$23.57                  | \$14.61              | \$14.14              | -                       | -        | 000        | 999        |          |
| 80199      | Q                            | DRUG SCREEN QUANT TIAGABINE   |                  | -   | -             | Medicare    | \$45.18                  | \$28.01              | \$27.11              | -                       | -        | 000        | 999        |          |
| 80200      | Q                            | ASSAY OF TOBRAMYCIN           |                  | -   | -             | Medicare    | \$26.88                  | \$16.67              | \$16.13              | -                       | -        | 000        | 999        |          |
| 80201      | Q                            | ASSAY OF TOPIRAMATE           |                  | -   | -             | Medicare    | \$19.87                  | \$12.32              | \$11.92              | -                       | -        | 000        | 999        |          |
| 80202      | Q                            | ASSAY OF VANCOMYCIN           |                  | -   | -             | Medicare    | \$22.57                  | \$13.99              | \$13.54              | -                       | -        | 000        | 999        |          |
| 80203      | Q                            | DRUG SCREEN QUANT ZONISAMIDE  |                  | -   | -             | Medicare    | \$22.08                  | \$13.69              | \$13.25              | -                       | -        | 000        | 999        |          |
| 80204      | Q                            | DRUG ASSAY METHOTREXATE       |                  | -   | -             | Medicare    | \$64.28                  | \$39.85              | \$38.57              | -                       | -        | 000        | 999        |          |
| 80210      | Q                            | DRUG ASSAY RUFINAMIDE         |                  | -   | -             | Medicare    | \$45.18                  | \$28.01              | \$27.11              | -                       | -        | 000        | 999        |          |
| 80220      | Q                            | DRUG ASY HYDROXYCHLOROQUINE   |                  | -   | -             | Medicare    | \$31.07                  | \$19.26              | \$18.64              | -                       | -        | 000        | 999        |          |
| 80230      | Q                            | DRUG ASSAY INFliximab         |                  | -   | -             | Medicare    | \$64.28                  | \$39.85              | \$38.57              | -                       | -        | 000        | 999        |          |
| 80235      | Q                            | DRUG ASSAY LACOSAMIDE         |                  | -   | -             | Medicare    | \$45.18                  | \$28.01              | \$27.11              | -                       | -        | 000        | 999        |          |
| 80280      | Q                            | DRUG ASSAY VEDOLIZUMAB        |                  | -   | -             | Medicare    | \$64.28                  | \$39.85              | \$38.57              | -                       | -        | 000        | 999        |          |
| 80285      | Q                            | DRUG ASSAY VORICONAZOLE       |                  | -   | -             | Medicare    | \$45.18                  | \$28.01              | \$27.11              | -                       | -        | 000        | 999        |          |
| 80299      | Q                            | QUANTITATIVE ASSAY DRUG       |                  | -   | -             | Medicare    | \$31.07                  | \$19.26              | \$18.64              | -                       | -        | 000        | 999        |          |
| 80305      | Q                            | DRUG TEST PRSMV DIR OPT OBS   |                  | -   | -             | Medicare    | \$21.00                  | \$13.02              | \$12.60              | -                       | -        | 000        | 999        |          |
| 80306      | Q                            | DRUG TEST PRSMV INSTRMNT      |                  | -   | -             | Medicare    | \$28.57                  | \$17.71              | \$17.14              | -                       | -        | 000        | 999        |          |
| 80307      | Q                            | DRUG TEST PRSMV CHEM ANLYZR   |                  | -   | -             | Medicare    | \$103.57                 | \$64.21              | \$62.14              | -                       | -        | 000        | 999        |          |
| 80320      | E                            | DRUG SCREEN QUANTALCOHOLS     |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
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| Proc Cd | 2024 APC |     | 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 |
|---------|----------|-----|------------------------------|---------------|-----|------------|-------------|----------------------------------|------------------------------|----------------------------------|----------------------|----------|---------|---------|----------|
|         | Status   | Ind |                              |               |     |            |             |                                  |                              |                                  |                      |          |         |         |          |
| 80321   | E        |     | ALCOHOLS BIOMARKERS 1OR 2    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 80322   | E        |     | ALCOHOLS BIOMARKERS 3/MORE   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 80323   | E        |     | ALKALOIDS NOS                |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 80324   | E        |     | DRUG SCREEN AMPHETAMINES 1/2 |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 80325   | E        |     | AMPHETAMINES 3OR 4           |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 80326   | E        |     | AMPHETAMINES 5 OR MORE       |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 80327   | E        |     | ANABOLIC STEROID 1 OR 2      |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 80328   | E        |     | ANABOLIC STEROID 3 OR MORE   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 80329   | E        |     | ANALGESICS NON-OPIOID 1 OR 2 |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 80330   | E        |     | ANALGESICS NON-OPIOID 3-5    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 80331   | E        |     | ANALGESICS NON-OPIOID 6/MORE |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 80332   | E        |     | ANTIDEPRESSANTS CLASS 1 OR 2 |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 80333   | E        |     | ANTIDEPRESSANTS CLASS 3-5    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 80334   | E        |     | ANTIDEPRESSANTS CLASS 6/MORE |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 80335   | E        |     | ANTIDEPRESSANT TRICYCLIC 1/2 |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 80336   | E        |     | ANTIDEPRESSANT TRICYCLIC 3-5 |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 80337   | E        |     | TRICYCLIC & CYCLICALS 6/MORE |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 80338   | E        |     | ANTIDEPRESSANT NOT SPECIFIED |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 80339   | E        |     | ANTIEPILEPTICS NOS 1-3       |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 80340   | E        |     | ANTIEPILEPTICS NOS 4-6       |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 80341   | E        |     | ANTIEPILEPTICS NOS 7/MORE    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 80342   | E        |     | ANTIPSYCHOTICS NOS 1-3       |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 80343   | E        |     | ANTIPSYCHOTICS NOS 4-6       |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 80344   | E        |     | ANTIPSYCHOTICS NOS 7/MORE    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 80345   | E        |     | DRUG SCREENING BARBITURATES  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 80346   | E        |     | BENZODIAZEPINES1-12          |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 80347   | E        |     | BENZODIAZEPINES 13 OR MORE   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 80348   | E        |     | DRUG SCREENING BUPRENORPHINE |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 80349   | E        |     | CANNABINOIDS NATURAL         |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 80350   | E        |     | CANNABINOIDS SYNTHETIC 1-3   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 80351   | E        |     | CANNABINOIDS SYNTHETIC 4-6   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 80352   | E        |     | CANNABINOID SYNTHETIC 7/MORE |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 80353   | E        |     | DRUG SCREENING COCAINE       |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 80354   | E        |     | DRUG SCREENING FENTANYL      |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 80355   | E        |     | GABAPENTIN NON-BLOOD         |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 80356   | E        |     | HEROIN METABOLITE            |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 80357   | E        |     | KETAMINE AND NORKETAMINE     |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 80358   | E        |     | DRUG SCREENING METHADONE     |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 80359   | E        |     | METHYLENEDIOXYAMPHETAMINES   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 80360   | E        |     | METHYLPHENIDATE              |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 80361   | E        |     | OPIATES 1 OR MORE            |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 80362   | E        |     | OPIOIDS & OPIATE ANALOGS 1/2 |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 80363   | E        |     | OPIOIDS & OPIATE ANALOGS 3/4 |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 80364   | E        |     | OPIOID &OPIATE ANALOG 5/MORE |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 80365   | E        |     | DRUG SCREENING OXYCODONE     |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 80366   | E        |     | DRUG SCREENING PREGABALIN    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 80367   | E        |     | DRUG SCREENING PROPOXYPHENE  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 80368   | E        |     | SEDATIVE HYPNOTICS           |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 80369   | E        |     | SKELETAL MUSCLE RELAXANT 1/2 |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 80370   | E        |     | SKEL MUSC RELAXANT 3 OR MORE |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 80371   | E        |     | STIMULANTS SYNTHETIC         |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 80372   | E        |     | DRUG SCREENING TAPENTADOL    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 80373   | E        |     | DRUG SCREENING TRAMADOL      |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 80374   | E        |     | STEREOISOMER ANALYSIS        |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 80375   | E        |     | DRUG/SUBSTANCE NOS 1-3       |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 80376   | E        |     | DRUG/SUBSTANCE NOS 4-6       |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |

Montana Healthcare Programs Fee Schedule  
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| Proc<br>Cd | 2024<br>APC<br>Status | Proc Desc                    | Proc<br>Modifier | APC   | APC<br>Weight | Method                     | Outpatient               | Sole Comm.           | Non-sole             | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-----------------------|------------------------------|------------------|-------|---------------|----------------------------|--------------------------|----------------------|----------------------|-------------------------|----------|------------|------------|----------|
|            |                       |                              |                  |       |               |                            | Hospital Fee<br>Schedule | Hospital Lab<br>Fees | Hospital Lab<br>Fees |                         |          |            |            |          |
| 80377      | E                     | DRUG/SUBSTANCE NOS 7/MORE    | -                | -     | -             | Not Allowed                | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 80400      | Q                     | ACTH STIMULATION PANEL       | -                | -     | -             | Medicare                   | \$54.37                  | \$33.71              | \$32.62              | -                       | -        | 000        | 999        |          |
| 80402      | Q                     | ACTH STIMULATION PANEL       | -                | -     | -             | Medicare                   | \$144.93                 | \$89.86              | \$86.96              | -                       | -        | 000        | 999        |          |
| 80406      | Q                     | ACTH STIMULATION PANEL       | -                | -     | -             | Medicare                   | \$130.43                 | \$80.87              | \$78.26              | -                       | -        | 000        | 999        |          |
| 80408      | Q                     | ALDOSTERONE SUPPRESSION EVAL | -                | -     | -             | Medicare                   | \$209.17                 | \$129.69             | \$125.50             | -                       | -        | 000        | 999        |          |
| 80410      | Q                     | CALCITONIN STIMUL PANEL      | -                | -     | -             | Medicare                   | \$133.95                 | \$83.05              | \$80.37              | -                       | -        | 000        | 999        |          |
| 80412      | Q                     | CRH STIMULATION PANEL        | -                | -     | -             | Medicare                   | \$1,336.03               | \$828.34             | \$801.62             | -                       | -        | 000        | 999        |          |
| 80414      | Q                     | TESTOSTERONE RESPONSE PANEL  | -                | -     | -             | Medicare                   | \$86.07                  | \$53.36              | \$51.64              | -                       | -        | 000        | 999        |          |
| 80415      | Q                     | TOT ESTRADIOL RESPONSE PANEL | -                | -     | -             | Medicare                   | \$93.15                  | \$57.75              | \$55.89              | -                       | -        | 000        | 999        |          |
| 80416      | Q                     | RENIN STIMULATION PANEL      | -                | -     | -             | Medicare                   | \$348.87                 | \$216.30             | \$209.32             | -                       | -        | 000        | 999        |          |
| 80417      | Q                     | RENIN STIMULATION PANEL      | -                | -     | -             | Medicare                   | \$73.32                  | \$45.46              | \$43.99              | -                       | -        | 000        | 999        |          |
| 80418      | Q                     | PITUITARY EVALUATION PANEL   | -                | -     | -             | Medicare                   | \$965.80                 | \$598.80             | \$579.48             | -                       | -        | 000        | 999        |          |
| 80420      | Q                     | DEXAMETHASONE PANEL          | -                | -     | -             | Medicare                   | \$269.80                 | \$167.28             | \$161.88             | -                       | -        | 000        | 999        |          |
| 80422      | Q                     | GLUCAGON TOLERANCE PANEL     | -                | -     | -             | Medicare                   | \$76.78                  | \$47.60              | \$46.07              | -                       | -        | 000        | 999        |          |
| 80424      | Q                     | GLUCAGON TOLERANCE PANEL     | -                | -     | -             | Medicare                   | \$84.17                  | \$52.19              | \$50.50              | -                       | -        | 000        | 999        |          |
| 80426      | Q                     | GONADOTROPIN HORMONE PANEL   | -                | -     | -             | Medicare                   | \$247.35                 | \$153.36             | \$148.41             | -                       | -        | 000        | 999        |          |
| 80428      | Q                     | GROWTH HORMONE PANEL         | -                | -     | -             | Medicare                   | \$111.17                 | \$68.93              | \$66.70              | -                       | -        | 000        | 999        |          |
| 80430      | Q                     | GROWTH HORMONE PANEL         | -                | -     | -             | Medicare                   | \$215.55                 | \$133.64             | \$129.33             | -                       | -        | 000        | 999        |          |
| 80432      | Q                     | INSULIN SUPPRESSION PANEL    | -                | -     | -             | Medicare                   | \$276.02                 | \$171.13             | \$165.61             | -                       | -        | 000        | 999        |          |
| 80434      | Q                     | INSULIN TOLERANCE PANEL      | -                | -     | -             | Medicare                   | \$475.05                 | \$294.53             | \$285.03             | -                       | -        | 000        | 999        |          |
| 80435      | Q                     | INSULIN TOLERANCE PANEL      | -                | -     | -             | Medicare                   | \$171.67                 | \$106.44             | \$103.00             | -                       | -        | 000        | 999        |          |
| 80436      | Q                     | METYRAPONE PANEL             | -                | -     | -             | Medicare                   | \$151.93                 | \$94.20              | \$91.16              | -                       | -        | 000        | 999        |          |
| 80438      | Q                     | TRH STIMULATION PANEL        | -                | -     | -             | Medicare                   | \$84.02                  | \$52.09              | \$50.41              | -                       | -        | 000        | 999        |          |
| 80439      | Q                     | TRH STIMULATION PANEL        | -                | -     | -             | Medicare                   | \$112.02                 | \$69.45              | \$67.21              | -                       | -        | 000        | 999        |          |
| 80503      | N                     | PATH CLIN CONSLTJ SF 5-20    |                  | 05671 | 0.5992        | Bundled, sometimes payable | \$36.38                  |                      |                      | -                       | -        | 000        | 999        |          |
| 80504      | N                     | PATH CLIN CONSLTJ MOD 21-40  |                  | 05672 | 1.9218        | Bundled, sometimes payable | \$116.69                 |                      |                      | -                       | -        | 000        | 999        |          |
| 80505      | N                     | PATH CLIN CONSLTJ HIGH 41-60 |                  | 05672 | 1.9218        | Bundled, sometimes payable | \$116.69                 |                      |                      | -                       | -        | 000        | 999        |          |
| 80506      | N                     | PATH CLIN CONSLTJ PROLNG SVC |                  | -     | -             | Bundled                    | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 81000      | Q                     | URINALYSIS NONAUTO W/SCOPE   | -                | -     | -             | Medicare                   | \$6.70                   | \$4.15               | \$4.02               | -                       | -        | 000        | 999        |          |
| 81001      | Q                     | URINALYSIS AUTO W/SCOPE      | -                | -     | -             | Medicare                   | \$5.28                   | \$3.27               | \$3.17               | -                       | -        | 000        | 999        |          |
| 81002      | Q                     | URINALYSIS NONAUTO W/O SCOPE | -                | -     | -             | Medicare                   | \$5.80                   | \$3.60               | \$3.48               | -                       | -        | 000        | 999        |          |
| 81003      | Q                     | URINALYSIS AUTO W/O SCOPE    | -                | -     | -             | Medicare                   | \$3.75                   | \$2.33               | \$2.25               | -                       | -        | 000        | 999        |          |
| 81005      | Q                     | URINALYSIS                   | -                | -     | -             | Medicare                   | \$3.62                   | \$2.24               | \$2.17               | -                       | -        | 000        | 999        |          |
| 81007      | Q                     | URINE SCREEN FOR BACTERIA    | -                | -     | -             | Medicare                   | \$49.97                  | \$30.98              | \$29.98              | -                       | -        | 000        | 999        |          |
| 81015      | Q                     | MICROSCOPIC EXAM OF URINE    | -                | -     | -             | Medicare                   | \$5.08                   | \$3.15               | \$3.05               | -                       | -        | 000        | 999        |          |
| 81020      | Q                     | URINALYSIS GLASS TEST        | -                | -     | -             | Medicare                   | \$7.83                   | \$4.85               | \$4.70               | -                       | -        | 000        | 999        |          |
| 81025      | Q                     | URINE PREGNANCY TEST         | -                | -     | -             | Medicare                   | \$14.35                  | \$8.90               | \$8.61               | -                       | -        | 000        | 999        |          |
| 81050      | Q                     | URINALYSIS VOLUME MEASURE    | -                | -     | -             | Medicare                   | \$6.07                   | \$3.76               | \$3.64               | -                       | -        | 000        | 999        |          |
| 81099      | N                     | UNLISTED URINALYSIS PX       | -                | -     | -             | Bundled                    | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 81105      | Q                     | HPA-1 GENOTYPING             | -                | -     | -             | Medicare                   | \$203.70                 | \$126.29             | \$122.22             | -                       | -        | 000        | 999        |          |
| 81106      | Q                     | HPA-2 GENOTYPING             | -                | -     | -             | Medicare                   | \$203.70                 | \$126.29             | \$122.22             | -                       | -        | 000        | 999        |          |
| 81107      | Q                     | HPA-3 GENOTYPING             | -                | -     | -             | Medicare                   | \$203.70                 | \$126.29             | \$122.22             | -                       | -        | 000        | 999        |          |
| 81108      | Q                     | HPA-4 GENOTYPING             | -                | -     | -             | Medicare                   | \$203.70                 | \$126.29             | \$122.22             | -                       | -        | 000        | 999        |          |
| 81109      | Q                     | HPA-5 GENOTYPING             | -                | -     | -             | Medicare                   | \$203.70                 | \$126.29             | \$122.22             | -                       | -        | 000        | 999        |          |
| 81110      | Q                     | HPA-6 GENOTYPING             | -                | -     | -             | Medicare                   | \$203.70                 | \$126.29             | \$122.22             | -                       | -        | 000        | 999        |          |
| 81111      | Q                     | HPA-9 GENOTYPING             | -                | -     | -             | Medicare                   | \$203.70                 | \$126.29             | \$122.22             | -                       | -        | 000        | 999        |          |
| 81112      | Q                     | HPA-15 GENOTYPING            | -                | -     | -             | Medicare                   | \$203.70                 | \$126.29             | \$122.22             | -                       | -        | 000        | 999        |          |
| 81120      | Q                     | IDH1 COMMON VARIANTS         | -                | -     | -             | Medicare                   | \$322.08                 | \$199.69             | \$193.25             | -                       | -        | 000        | 999        |          |
| 81121      | Q                     | IDH2 COMMON VARIANTS         | -                | -     | -             | Medicare                   | \$492.98                 | \$305.65             | \$295.79             | -                       | -        | 000        | 999        |          |
| 81161      | Q                     | DMD DUP/DELET ANALYSIS       | -                | -     | -             | Medicare                   | \$465.00                 | \$288.30             | \$279.00             | -                       | -        | 000        | 999        |          |
| 81162      | Q                     | BRCA1&2 GEN FULL SEQ DUP/DEL | -                | -     | -             | Medicare                   | \$3,041.47               | \$1,885.71           | \$1,824.88           | Y                       | -        | 000        | 999        |          |
| 81163      | Q                     | BRCA1&2 GENE FULL SEQ ALYS   | -                | -     | -             | Medicare                   | \$780.00                 | \$483.60             | \$468.00             | Y                       | -        | 000        | 999        |          |
| 81164      | Q                     | BRCA1&2 GEN FUL DUP/DEL ALYS | -                | -     | -             | Medicare                   | \$973.72                 | \$603.71             | \$584.23             | Y                       | -        | 000        | 999        |          |
| 81165      | Q                     | BRCA1 GENE FULL SEQ ALYS     | -                | -     | -             | Medicare                   | \$471.47                 | \$292.31             | \$282.88             | Y                       | -        | 000        | 999        |          |
| 81166      | Q                     | BRCA1 GENE FULL DUP/DEL ALYS | -                | -     | -             | Medicare                   | \$502.25                 | \$311.40             | \$301.35             | Y                       | -        | 000        | 999        |          |
| 81167      | Q                     | BRCA2 GENE FULL DUP/DEL ALYS | -                | -     | -             | Medicare                   | \$471.47                 | \$292.31             | \$282.88             | Y                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| 2024 | APC |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2025**

| Proc<br>Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method   | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments                                                   |
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|            |                              |                              |                  |     |               |          |                                        |                                    |                                           |                         |          |            |            |                                                            |
| 81226      | Q                            | CYP2D6 GENE COM VARIANTS     |                  | -   | -             | Medicare | \$751.52                               | \$465.94                           | \$450.91                                  | Y                       | -        | 000        | 999        | PA applies to<br>under 18 with<br>mental health<br>DX only |
| 81227      | Q                            | CYP2C9 GENE COM VARIANTS     |                  | -   | -             | Medicare | \$291.35                               | \$180.64                           | \$174.81                                  | -                       | -        | 000        | 999        |                                                            |
| 81228      | Q                            | CYTOG ALYS CHRML ABNR CGH    |                  | -   | -             | Medicare | \$1,500.00                             | \$930.00                           | \$900.00                                  | -                       | -        | 000        | 999        |                                                            |
| 81229      | Q                            | CYTOG ALYS CHRML ABNR SNPCGH |                  | -   | -             | Medicare | \$1,933.33                             | \$1,198.66                         | \$1,160.00                                | -                       | -        | 000        | 999        |                                                            |
| 81230      | Q                            | CYP3A4 GENE COMMON VARIANTS  |                  | -   | -             | Medicare | \$291.35                               | \$180.64                           | \$174.81                                  | -                       | -        | 000        | 999        |                                                            |
| 81231      | Q                            | CYP3A5 GENE COMMON VARIANTS  |                  | -   | -             | Medicare | \$291.35                               | \$180.64                           | \$174.81                                  | -                       | -        | 000        | 999        |                                                            |
| 81232      | Q                            | DPYD GENE COMMON VARIANTS    |                  | -   | -             | Medicare | \$291.35                               | \$180.64                           | \$174.81                                  | -                       | -        | 000        | 999        |                                                            |
| 81233      | Q                            | BTK GENE COMMON VARIANTS     |                  | -   | -             | Medicare | \$292.33                               | \$181.24                           | \$175.40                                  | -                       | -        | 000        | 999        |                                                            |
| 81234      | Q                            | DMPK GENE DETC ABNOR ALLELE  |                  | -   | -             | Medicare | \$228.33                               | \$141.56                           | \$137.00                                  | -                       | -        | 000        | 999        |                                                            |
| 81235      | Q                            | EGFR GENE COM VARIANTS       |                  | -   | -             | Medicare | \$540.97                               | \$335.40                           | \$324.58                                  | -                       | -        | 000        | 999        |                                                            |
| 81236      | Q                            | EZH2 GENE FULL GENE SEQUENCE |                  | -   | -             | Medicare | \$471.47                               | \$292.31                           | \$282.88                                  | -                       | -        | 000        | 999        |                                                            |
| 81237      | Q                            | EZH2 GENE COMMON VARIANTS    |                  | -   | -             | Medicare | \$292.33                               | \$181.24                           | \$175.40                                  | -                       | -        | 000        | 999        |                                                            |
| 81238      | Q                            | F9 FULL GENE SEQUENCE        |                  | -   | -             | Medicare | \$1,000.00                             | \$620.00                           | \$600.00                                  | -                       | -        | 000        | 999        |                                                            |
| 81239      | Q                            | DMPK GENE CHARAC ALLELES     |                  | -   | -             | Medicare | \$458.05                               | \$283.99                           | \$274.83                                  | -                       | -        | 000        | 999        |                                                            |
| 81240      | Q                            | F2 GENE                      |                  | -   | -             | Medicare | \$109.48                               | \$67.88                            | \$65.69                                   | -                       | -        | 000        | 999        |                                                            |
| 81241      | Q                            | F5 GENE                      |                  | -   | -             | Medicare | \$122.28                               | \$75.81                            | \$73.37                                   | -                       | -        | 000        | 999        |                                                            |
| 81242      | Q                            | FANCC GENE                   |                  | -   | -             | Medicare | \$61.03                                | \$37.84                            | \$36.62                                   | -                       | -        | 000        | 999        |                                                            |
| 81243      | Q                            | FMR1 GEN ALY DETC ABNL ALLEL |                  | -   | -             | Medicare | \$95.07                                | \$58.94                            | \$57.04                                   | -                       | -        | 000        | 999        |                                                            |
| 81244      | Q                            | FMR1 GEN ALYS CHARAC ALLELES |                  | -   | -             | Medicare | \$74.82                                | \$46.39                            | \$44.89                                   | -                       | -        | 000        | 999        |                                                            |
| 81245      | Q                            | FLT3 GENE                    |                  | -   | -             | Medicare | \$275.85                               | \$171.03                           | \$165.51                                  | -                       | -        | 000        | 999        |                                                            |
| 81246      | Q                            | FLT3 GENE ANALYSIS           |                  | -   | -             | Medicare | \$138.33                               | \$85.76                            | \$83.00                                   | -                       | -        | 000        | 999        |                                                            |
| 81247      | Q                            | G6PD GENE ALYS CMN VARIANT   |                  | -   | -             | Medicare | \$291.35                               | \$180.64                           | \$174.81                                  | -                       | -        | 000        | 999        |                                                            |
| 81248      | Q                            | G6PD KNOWN FAMILIAL VARIANT  |                  | -   | -             | Medicare | \$625.42                               | \$387.76                           | \$375.25                                  | -                       | -        | 000        | 999        |                                                            |
| 81249      | Q                            | G6PD FULL GENE SEQUENCE      |                  | -   | -             | Medicare | \$1,000.00                             | \$620.00                           | \$600.00                                  | -                       | -        | 000        | 999        |                                                            |
| 81250      | Q                            | G6PC GENE                    |                  | -   | -             | Medicare | \$97.48                                | \$60.44                            | \$58.49                                   | -                       | -        | 000        | 999        |                                                            |
| 81251      | Q                            | GBA GENE                     |                  | -   | -             | Medicare | \$78.75                                | \$48.83                            | \$47.25                                   | -                       | -        | 000        | 999        |                                                            |
| 81252      | Q                            | GJB2 GENE FULL SEQUENCE      |                  | -   | -             | Medicare | \$168.53                               | \$104.49                           | \$101.12                                  | -                       | -        | 000        | 999        |                                                            |
| 81253      | Q                            | GJB2 GENE KNOWN FAM VARIANTS |                  | -   | -             | Medicare | \$102.53                               | \$63.57                            | \$61.52                                   | -                       | -        | 000        | 999        |                                                            |
| 81254      | Q                            | GJB6 GENE COM VARIANTS       |                  | -   | -             | Medicare | \$58.33                                | \$36.16                            | \$35.00                                   | -                       | -        | 000        | 999        |                                                            |
| 81255      | Q                            | HEXA GENE                    |                  | -   | -             | Medicare | \$85.75                                | \$53.17                            | \$51.45                                   | -                       | -        | 000        | 999        |                                                            |
| 81256      | Q                            | HFE GENE                     |                  | -   | -             | Medicare | \$108.93                               | \$67.54                            | \$65.36                                   | -                       | -        | 000        | 999        |                                                            |
| 81257      | Q                            | HBA1/HBA2 GENE               |                  | -   | -             | Medicare | \$170.43                               | \$105.67                           | \$102.26                                  | -                       | -        | 000        | 999        |                                                            |
| 81258      | Q                            | HBA1/HBA2 GENE FAM VRNT      |                  | -   | -             | Medicare | \$625.42                               | \$387.76                           | \$375.25                                  | -                       | -        | 000        | 999        |                                                            |
| 81259      | Q                            | HBA1/HBA2 FULL GENE SEQUENCE |                  | -   | -             | Medicare | \$1,000.00                             | \$620.00                           | \$600.00                                  | -                       | -        | 000        | 999        |                                                            |
| 81260      | Q                            | IKBKAP GENE                  |                  | -   | -             | Medicare | \$65.52                                | \$40.62                            | \$39.31                                   | -                       | -        | 000        | 999        |                                                            |
| 81261      | Q                            | IGH GENE REARRANGE AMP METH  |                  | -   | -             | Medicare | \$329.98                               | \$204.59                           | \$197.99                                  | -                       | -        | 000        | 999        |                                                            |
| 81262      | Q                            | IGH GENE REARRANG DIR PROBE  |                  | -   | -             | Medicare | \$114.25                               | \$70.84                            | \$68.55                                   | -                       | -        | 000        | 999        |                                                            |
| 81263      | Q                            | IGH VARI REGIONAL MUTATION   |                  | -   | -             | Medicare | \$490.87                               | \$304.34                           | \$294.52                                  | -                       | -        | 000        | 999        |                                                            |
| 81264      | Q                            | IGK REARRANGEABN CLONAL POP  |                  | -   | -             | Medicare | \$287.88                               | \$178.49                           | \$172.73                                  | -                       | -        | 000        | 999        |                                                            |
| 81265      | Q                            | STR MARKERS SPECIMEN ANAL    |                  | -   | -             | Medicare | \$388.45                               | \$240.84                           | \$233.07                                  | -                       | -        | 000        | 999        |                                                            |
| 81266      | Q                            | STR MARKERS SPEC ANAL ADDL   |                  | -   | -             | Medicare | \$508.02                               | \$314.97                           | \$304.81                                  | -                       | -        | 000        | 999        |                                                            |
| 81267      | Q                            | CHIMERISM ANAL NO CELL SELEC |                  | -   | -             | Medicare | \$345.77                               | \$214.38                           | \$207.46                                  | -                       | -        | 000        | 999        |                                                            |
| 81268      | Q                            | CHIMERISM ANAL W/CELL SELECT |                  | -   | -             | Medicare | \$434.65                               | \$269.48                           | \$260.79                                  | -                       | -        | 000        | 999        |                                                            |
| 81269      | Q                            | HBA1/HBA2 GENE DUP/DEL VRNTS |                  | -   | -             | Medicare | \$337.33                               | \$209.14                           | \$202.40                                  | -                       | -        | 000        | 999        |                                                            |
| 81270      | Q                            | JAK2 GENE                    |                  | -   | -             | Medicare | \$152.77                               | \$94.72                            | \$91.66                                   | -                       | -        | 000        | 999        |                                                            |
| 81271      | Q                            | HTT GENE DETC ABNOR ALLELES  |                  | -   | -             | Medicare | \$228.33                               | \$141.56                           | \$137.00                                  | -                       | -        | 000        | 999        |                                                            |
| 81272      | Q                            | KIT GENE TARGETED SEQ ANALYS |                  | -   | -             | Medicare | \$549.18                               | \$340.49                           | \$329.51                                  | -                       | -        | 000        | 999        |                                                            |
| 81273      | Q                            | KIT GENE ANALYS D816 VARIANT |                  | -   | -             | Medicare | \$208.12                               | \$129.03                           | \$124.87                                  | -                       | -        | 000        | 999        |                                                            |
| 81274      | Q                            | HTT GENE CHARAC ALLELES      |                  | -   | -             | Medicare | \$458.05                               | \$283.99                           | \$274.83                                  | -                       | -        | 000        | 999        |                                                            |
| 81275      | Q                            | KRAS GENE VARIANTS EXON 2    |                  | -   | -             | Medicare | \$322.08                               | \$199.69                           | \$193.25                                  | -                       | -        | 000        | 999        |                                                            |
| 81276      | Q                            | KRAS GENE ADDL VARIANTS      |                  | -   | -             | Medicare | \$322.08                               | \$199.69                           | \$193.25                                  | -                       | -        | 000        | 999        |                                                            |
| 81277      | Q                            | CYTOGENOMIC NEO MICRORA ALYS |                  | -   | -             | Medicare | \$1,933.33                             | \$1,198.66                         | \$1,160.00                                | -                       | -        | 000        | 999        |                                                            |
| 81278      | Q                            | IGH@/BCL2 TRANSLOCATION ALYS |                  | -   | -             | Medicare | \$345.52                               | \$214.22                           | \$207.31                                  | -                       | -        | 000        | 999        |                                                            |

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| Proc Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method   | Outpatient               | Sole Comm.           | Non-sole             | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments                                                   |
|---------|------------------------------|------------------------------|------------------|-----|---------------|----------|--------------------------|----------------------|----------------------|-------------------------|----------|------------|------------|------------------------------------------------------------|
|         |                              |                              |                  |     |               |          | Hospital Fee<br>Schedule | Hospital Lab<br>Fees | Hospital Lab<br>Fees |                         |          |            |            |                                                            |
| 81279   | Q                            | JAK2 GENE TRGT SEQUENCE ALYS |                  | -   | -             | Medicare | \$308.67                 | \$191.38             | \$185.20             | -                       | -        | 000        | 999        |                                                            |
| 81283   | Q                            | IFNL3 GENE                   |                  | -   | -             | Medicare | \$122.28                 | \$75.81              | \$73.37              | -                       | -        | 000        | 999        |                                                            |
| 81284   | Q                            | FXN GENE DETC ABNOR ALLELES  |                  | -   | -             | Medicare | \$228.33                 | \$141.56             | \$137.00             | -                       | -        | 000        | 999        |                                                            |
| 81285   | Q                            | FXN GENE CHARAC ALLELES      |                  | -   | -             | Medicare | \$458.05                 | \$283.99             | \$274.83             | -                       | -        | 000        | 999        |                                                            |
| 81286   | Q                            | FXN GENE FULL GENE SEQUENCE  |                  | -   | -             | Medicare | \$458.05                 | \$283.99             | \$274.83             | -                       | -        | 000        | 999        |                                                            |
| 81287   | Q                            | MGMT GENE PRMTR MTHYLTN ALYS |                  | -   | -             | Medicare | \$207.73                 | \$128.79             | \$124.64             | -                       | -        | 000        | 999        |                                                            |
| 81288   | Q                            | MLH1 GENE                    |                  | -   | -             | Medicare | \$320.53                 | \$198.73             | \$192.32             | -                       | -        | 000        | 999        |                                                            |
| 81289   | Q                            | FXN GENE KNOWN FAMIL VARIANT |                  | -   | -             | Medicare | \$308.67                 | \$191.38             | \$185.20             | -                       | -        | 000        | 999        |                                                            |
| 81290   | Q                            | MCOLN1 GENE                  |                  | -   | -             | Medicare | \$65.52                  | \$40.62              | \$39.31              | -                       | -        | 000        | 999        |                                                            |
| 81291   | Q                            | MTHFR GENE                   |                  | -   | -             | Medicare | \$108.90                 | \$67.52              | \$65.34              | Y                       | -        | 000        | 999        | PA applies to<br>under 18 with<br>mental health<br>DX only |
| 81292   | Q                            | MLH1 GENE FULL SEQ           |                  | -   | -             | Medicare | \$1,125.67               | \$697.92             | \$675.40             | -                       | -        | 000        | 999        |                                                            |
| 81293   | Q                            | MLH1 GENE KNOWN VARIANTS     |                  | -   | -             | Medicare | \$551.67                 | \$342.04             | \$331.00             | -                       | -        | 000        | 999        |                                                            |
| 81294   | Q                            | MLH1 GENE DUP/DELETE VARIANT |                  | -   | -             | Medicare | \$337.33                 | \$209.14             | \$202.40             | -                       | -        | 000        | 999        |                                                            |
| 81295   | Q                            | MSH2 GENE FULL SEQ           |                  | -   | -             | Medicare | \$636.17                 | \$394.43             | \$381.70             | -                       | -        | 000        | 999        |                                                            |
| 81296   | Q                            | MSH2 GENE KNOWN VARIANTS     |                  | -   | -             | Medicare | \$562.88                 | \$348.99             | \$337.73             | -                       | -        | 000        | 999        |                                                            |
| 81297   | Q                            | MSH2 GENE DUP/DELETE VARIANT |                  | -   | -             | Medicare | \$355.50                 | \$220.41             | \$213.30             | -                       | -        | 000        | 999        |                                                            |
| 81298   | Q                            | MSH6 GENE FULL SEQ           |                  | -   | -             | Medicare | \$1,069.75               | \$663.25             | \$641.85             | -                       | -        | 000        | 999        |                                                            |
| 81299   | Q                            | MSH6 GENE KNOWN VARIANTS     |                  | -   | -             | Medicare | \$513.33                 | \$318.26             | \$308.00             | -                       | -        | 000        | 999        |                                                            |
| 81300   | Q                            | MSH6 GENE DUP/DELETE VARIANT |                  | -   | -             | Medicare | \$396.67                 | \$245.94             | \$238.00             | -                       | -        | 000        | 999        |                                                            |
| 81301   | Q                            | MICROSATELLITE INSTABILITY   |                  | -   | -             | Medicare | \$580.93                 | \$360.18             | \$348.56             | -                       | -        | 000        | 999        |                                                            |
| 81302   | Q                            | MECP2 GENE FULL SEQ          |                  | -   | -             | Medicare | \$879.78                 | \$545.46             | \$527.87             | -                       | -        | 000        | 999        |                                                            |
| 81303   | Q                            | MECP2 GENE KNOWN VARIANT     |                  | -   | -             | Medicare | \$200.00                 | \$124.00             | \$120.00             | -                       | -        | 000        | 999        |                                                            |
| 81304   | Q                            | MECP2 GENE DUP/DELET VARIANT |                  | -   | -             | Medicare | \$250.00                 | \$155.00             | \$150.00             | -                       | -        | 000        | 999        |                                                            |
| 81305   | Q                            | MYD88 GENE P.LEU265PRO VRNT  |                  | -   | -             | Medicare | \$292.33                 | \$181.24             | \$175.40             | -                       | -        | 000        | 999        |                                                            |
| 81306   | Q                            | NUDT15 GENE COMMON VARIANTS  |                  | -   | -             | Medicare | \$485.60                 | \$301.07             | \$291.36             | -                       | -        | 000        | 999        |                                                            |
| 81307   | Q                            | PALB2 GENE FULL GENE SEQ     |                  | -   | -             | Medicare | \$1,127.50               | \$699.05             | \$676.50             | -                       | -        | 000        | 999        |                                                            |
| 81308   | Q                            | PALB2 GENE KNOWN FAMIL VRNT  |                  | -   | -             | Medicare | \$502.25                 | \$311.40             | \$301.35             | -                       | -        | 000        | 999        |                                                            |
| 81309   | Q                            | PIK3CA GENE TRGT SEQ ALYS    |                  | -   | -             | Medicare | \$458.05                 | \$283.99             | \$274.83             | -                       | -        | 000        | 999        |                                                            |
| 81310   | Q                            | NPM1 GENE                    |                  | -   | -             | Medicare | \$410.87                 | \$254.74             | \$246.52             | -                       | -        | 000        | 999        |                                                            |
| 81311   | Q                            | NRAS GENE VARIANTS EXON 2&3  |                  | -   | -             | Medicare | \$492.98                 | \$305.65             | \$295.79             | -                       | -        | 000        | 999        |                                                            |
| 81312   | Q                            | PABPN1 GENE DETC ABNOR ALLEL |                  | -   | -             | Medicare | \$228.33                 | \$141.56             | \$137.00             | -                       | -        | 000        | 999        |                                                            |
| 81313   | Q                            | PCA3/KLK3 ANTIGEN            |                  | -   | -             | Medicare | \$425.08                 | \$263.55             | \$255.05             | -                       | -        | 000        | 999        |                                                            |
| 81314   | Q                            | PDGFRA GENE                  |                  | -   | -             | Medicare | \$549.18                 | \$340.49             | \$329.51             | -                       | -        | 000        | 999        |                                                            |
| 81315   | Q                            | PML/RARALPHA COM BREAKPOINTS |                  | -   | -             | Medicare | \$345.52                 | \$214.22             | \$207.31             | -                       | -        | 000        | 999        |                                                            |
| 81316   | Q                            | PML/RARALPHA 1 BREAKPOINT    |                  | -   | -             | Medicare | \$345.52                 | \$214.22             | \$207.31             | -                       | -        | 000        | 999        |                                                            |
| 81317   | Q                            | PMS2 GENE FULL SEQ ANALYSIS  |                  | -   | -             | Medicare | \$1,127.50               | \$699.05             | \$676.50             | -                       | -        | 000        | 999        |                                                            |
| 81318   | Q                            | PMS2 KNOWN FAMILIAL VARIANTS |                  | -   | -             | Medicare | \$551.67                 | \$342.04             | \$331.00             | -                       | -        | 000        | 999        |                                                            |
| 81319   | Q                            | PMS2 GENE DUP/DELET VARIANTS |                  | -   | -             | Medicare | \$339.17                 | \$210.29             | \$203.50             | -                       | -        | 000        | 999        |                                                            |
| 81320   | Q                            | PLCG2 GENE COMMON VARIANTS   |                  | -   | -             | Medicare | \$485.60                 | \$301.07             | \$291.36             | -                       | -        | 000        | 999        |                                                            |
| 81321   | Q                            | PTEN GENE FULL SEQUENCE      |                  | -   | -             | Medicare | \$1,000.00               | \$620.00             | \$600.00             | -                       | -        | 000        | 999        |                                                            |
| 81322   | Q                            | PTEN GENE KNOWN FAM VARIANT  |                  | -   | -             | Medicare | \$77.67                  | \$48.16              | \$46.60              | -                       | -        | 000        | 999        |                                                            |
| 81323   | Q                            | PTEN GENE DUP/DELET VARIANT  |                  | -   | -             | Medicare | \$500.00                 | \$310.00             | \$300.00             | -                       | -        | 000        | 999        |                                                            |
| 81324   | Q                            | PMP22 GENE DUP/DELET         |                  | -   | -             | Medicare | \$1,263.93               | \$783.64             | \$758.36             | -                       | -        | 000        | 999        |                                                            |
| 81325   | Q                            | PMP22 GENE FULL SEQUENCE     |                  | -   | -             | Medicare | \$1,282.63               | \$795.23             | \$769.58             | -                       | -        | 000        | 999        |                                                            |
| 81326   | Q                            | PMP22 GENE KNOWN FAM VARIANT |                  | -   | -             | Medicare | \$77.67                  | \$48.16              | \$46.60              | -                       | -        | 000        | 999        |                                                            |
| 81327   | Q                            | SEPT9 GEN PRMTR MTHYLTN ALYS |                  | -   | -             | Medicare | \$320.00                 | \$198.40             | \$192.00             | -                       | -        | 000        | 999        |                                                            |
| 81328   | Q                            | SLCO1B1 GENE COM VARIANTS    |                  | -   | -             | Medicare | \$291.35                 | \$180.64             | \$174.81             | -                       | -        | 000        | 999        |                                                            |
| 81329   | Q                            | SMN1 GENE DOS/DELETION ALYS  |                  | -   | -             | Medicare | \$228.33                 | \$141.56             | \$137.00             | -                       | -        | 000        | 999        |                                                            |
| 81330   | Q                            | SMPD1 GENE COMMON VARIANTS   |                  | -   | -             | Medicare | \$78.33                  | \$48.56              | \$47.00              | -                       | -        | 000        | 999        |                                                            |
| 81331   | Q                            | SNRPN/UBE3A GENE             |                  | -   | -             | Medicare | \$85.12                  | \$52.77              | \$51.07              | -                       | -        | 000        | 999        |                                                            |
| 81332   | Q                            | SERPINA1 GENE                |                  | -   | -             | Medicare | \$72.75                  | \$45.11              | \$43.65              | -                       | -        | 000        | 999        |                                                            |
| 81333   | Q                            | TGFB1 GENE COMMON VARIANTS   |                  | -   | -             | Medicare | \$228.33                 | \$141.56             | \$137.00             | -                       | -        | 000        | 999        |                                                            |
| 81334   | Q                            | RUNX1 GENE TARGETED SEQ ALYS |                  | -   | -             | Medicare | \$549.18                 | \$340.49             | \$329.51             | -                       | -        | 000        | 999        |                                                            |

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| Proc<br>Cd | 2024<br>APC<br>Status |  | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method   | Outpatient               | Sole Comm.           | Non-sole             | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments                                                   |
|------------|-----------------------|--|------------------------------|------------------|-----|---------------|----------|--------------------------|----------------------|----------------------|-------------------------|----------|------------|------------|------------------------------------------------------------|
|            |                       |  |                              |                  |     |               |          | Hospital Fee<br>Schedule | Hospital Lab<br>Fees | Hospital Lab<br>Fees |                         |          |            |            |                                                            |
| 81335      | Q                     |  | TPMT GENE COM VARIANTS       |                  | -   | -             | Medicare | \$291.35                 | \$180.64             | \$174.81             | -                       | -        | 000        | 999        |                                                            |
| 81336      | Q                     |  | SMN1 GENE FULL GENE SEQUENCE |                  | -   | -             | Medicare | \$502.25                 | \$311.40             | \$301.35             | -                       | -        | 000        | 999        |                                                            |
| 81337      | Q                     |  | SMN1 GEN NOWN FAMIL SEQ VRNT |                  | -   | -             | Medicare | \$308.67                 | \$191.38             | \$185.20             | -                       | -        | 000        | 999        |                                                            |
| 81338      | Q                     |  | MPL GENE COMMON VARIANTS     |                  | -   | -             | Medicare | \$250.55                 | \$155.34             | \$150.33             | -                       | -        | 000        | 999        |                                                            |
| 81339      | Q                     |  | MPL GENE SEQ ALYS EXON 10    |                  | -   | -             | Medicare | \$308.67                 | \$191.38             | \$185.20             | -                       | -        | 000        | 999        |                                                            |
| 81340      | Q                     |  | TRB@ GENE REARRANGE AMPLIFY  |                  | -   | -             | Medicare | \$348.20                 | \$215.88             | \$208.92             | -                       | -        | 000        | 999        |                                                            |
| 81341      | Q                     |  | TRB@ GENE REARRANGE DIRPROBE |                  | -   | -             | Medicare | \$82.65                  | \$51.24              | \$49.59              | -                       | -        | 000        | 999        |                                                            |
| 81342      | Q                     |  | TRG GENE REARRANGEMENT ANAL  |                  | -   | -             | Medicare | \$335.83                 | \$208.21             | \$201.50             | -                       | -        | 000        | 999        |                                                            |
| 81343      | Q                     |  | PPP2R2B GEN DETC ABNOR ALLEL |                  | -   | -             | Medicare | \$228.33                 | \$141.56             | \$137.00             | -                       | -        | 000        | 999        |                                                            |
| 81344      | Q                     |  | TBP GENE DETC ABNOR ALLELES  |                  | -   | -             | Medicare | \$228.33                 | \$141.56             | \$137.00             | -                       | -        | 000        | 999        |                                                            |
| 81345      | Q                     |  | TERT GENE TARGETED SEQ ALYS  |                  | -   | -             | Medicare | \$308.67                 | \$191.38             | \$185.20             | -                       | -        | 000        | 999        |                                                            |
| 81346      | Q                     |  | TYMS GENE COM VARIANTS       |                  | -   | -             | Medicare | \$291.35                 | \$180.64             | \$174.81             | -                       | -        | 000        | 999        |                                                            |
| 81347      | Q                     |  | SF3B1 GENE COMMON VARIANTS   |                  | -   | -             | Medicare | \$322.08                 | \$199.69             | \$193.25             | -                       | -        | 000        | 999        |                                                            |
| 81348      | Q                     |  | SRSF2 GENE COMMON VARIANTS   |                  | -   | -             | Medicare | \$292.33                 | \$181.24             | \$175.40             | -                       | -        | 000        | 999        |                                                            |
| 81349      | Q                     |  | CYTOG ALYS CHRML ABNR LW-PS  |                  | -   | -             | Medicare | \$1,996.57               | \$1,237.87           | \$1,197.94           | -                       | -        | 000        | 999        |                                                            |
| 81350      | Q                     |  | UGT1A1 GENE COMMON VARIANTS  |                  | -   | -             | Medicare | \$390.00                 | \$241.80             | \$234.00             | -                       | -        | 000        | 999        |                                                            |
| 81351      | Q                     |  | TP53 GENE FULL GENE SEQUENCE |                  | -   | -             | Medicare | \$1,069.75               | \$663.25             | \$641.85             | -                       | -        | 000        | 999        |                                                            |
| 81352      | Q                     |  | TP53 GENE TRGT SEQUENCE ALYS |                  | -   | -             | Medicare | \$549.18                 | \$340.49             | \$329.51             | -                       | -        | 000        | 999        |                                                            |
| 81353      | Q                     |  | TP53 GENE KNOWN FAMIL VRNT   |                  | -   | -             | Medicare | \$513.33                 | \$318.26             | \$308.00             | -                       | -        | 000        | 999        |                                                            |
| 81355      | Q                     |  | VKORC1 GENE                  |                  | -   | -             | Medicare | \$147.00                 | \$91.14              | \$88.20              | -                       | -        | 000        | 999        |                                                            |
| 81357      | Q                     |  | U2AF1 GENE COMMON VARIANTS   |                  | -   | -             | Medicare | \$322.08                 | \$199.69             | \$193.25             | -                       | -        | 000        | 999        |                                                            |
| 81360      | Q                     |  | ZRSR2 GENE COMMON VARIANTS   |                  | -   | -             | Medicare | \$322.08                 | \$199.69             | \$193.25             | -                       | -        | 000        | 999        |                                                            |
| 81361      | Q                     |  | HBB GENE COM VARIANTS        |                  | -   | -             | Medicare | \$291.35                 | \$180.64             | \$174.81             | -                       | -        | 000        | 999        |                                                            |
| 81362      | Q                     |  | HBB GENE KNOWN FAM VARIANT   |                  | -   | -             | Medicare | \$625.42                 | \$387.76             | \$375.25             | -                       | -        | 000        | 999        |                                                            |
| 81363      | Q                     |  | HBB GENE DUP/DEL VARIANTS    |                  | -   | -             | Medicare | \$337.33                 | \$209.14             | \$202.40             | -                       | -        | 000        | 999        |                                                            |
| 81364      | Q                     |  | HBB FULL GENE SEQUENCE       |                  | -   | -             | Medicare | \$540.97                 | \$335.40             | \$324.58             | -                       | -        | 000        | 999        |                                                            |
| 81370      | Q                     |  | HLA I & II TYPING LR         |                  | -   | -             | Medicare | \$670.20                 | \$415.52             | \$402.12             | -                       | -        | 000        | 999        |                                                            |
| 81371      | Q                     |  | HLA I & II TYPE VERIFY LR    |                  | -   | -             | Medicare | \$674.20                 | \$418.00             | \$404.52             | -                       | -        | 000        | 999        |                                                            |
| 81372      | Q                     |  | HLA I TYPING COMPLETE LR     |                  | -   | -             | Medicare | \$672.65                 | \$417.04             | \$403.59             | -                       | -        | 000        | 999        |                                                            |
| 81373      | Q                     |  | HLA I TYPING 1 LOCUS LR      |                  | -   | -             | Medicare | \$212.38                 | \$131.68             | \$127.43             | -                       | -        | 000        | 999        |                                                            |
| 81374      | Q                     |  | HLA I TYPING 1 ANTIGEN LR    |                  | -   | -             | Medicare | \$123.88                 | \$76.81              | \$74.33              | -                       | -        | 000        | 999        |                                                            |
| 81375      | Q                     |  | HLA II TYPING AG EQUIV LR    |                  | -   | -             | Medicare | \$367.90                 | \$228.10             | \$220.74             | -                       | -        | 000        | 999        |                                                            |
| 81376      | Q                     |  | HLA II TYPING 1 LOCUS LR     |                  | -   | -             | Medicare | \$203.70                 | \$126.29             | \$122.22             | -                       | -        | 000        | 999        |                                                            |
| 81377      | Q                     |  | HLA II TYPE 1 AG EQUIV LR    |                  | -   | -             | Medicare | \$157.90                 | \$97.90              | \$94.74              | -                       | -        | 000        | 999        |                                                            |
| 81378      | Q                     |  | HLA I & II TYPING HR         |                  | -   | -             | Medicare | \$575.95                 | \$357.09             | \$345.57             | -                       | -        | 000        | 999        |                                                            |
| 81379      | Q                     |  | HLA I TYPING COMPLETE HR     |                  | -   | -             | Medicare | \$558.97                 | \$346.56             | \$335.38             | -                       | -        | 000        | 999        |                                                            |
| 81380      | Q                     |  | HLA I TYPING 1 LOCUS HR      |                  | -   | -             | Medicare | \$295.42                 | \$183.16             | \$177.25             | -                       | -        | 000        | 999        |                                                            |
| 81381      | Q                     |  | HLA I TYPING 1 ALLELE HR     |                  | -   | -             | Medicare | \$283.17                 | \$175.57             | \$169.90             | -                       | -        | 000        | 999        |                                                            |
| 81382      | Q                     |  | HLA II TYPING 1 LOC HR       |                  | -   | -             | Medicare | \$206.13                 | \$127.80             | \$123.68             | -                       | -        | 000        | 999        |                                                            |
| 81383      | Q                     |  | HLA II TYPING 1 ALLELE HR    |                  | -   | -             | Medicare | \$181.88                 | \$112.77             | \$109.13             | -                       | -        | 000        | 999        |                                                            |
| 81400      | Q                     |  | MOPATH PROCEDURE LEVEL 1     |                  | -   | -             | Medicare | \$106.60                 | \$66.09              | \$63.96              | -                       | -        | 000        | 999        | PA applies to<br>under 18 with<br>mental health<br>DX only |
| 81401      | Q                     |  | MOPATH PROCEDURE LEVEL 2     |                  | -   | -             | Medicare | \$228.33                 | \$141.56             | \$137.00             | Y                       | -        | 000        | 999        |                                                            |
| 81402      | Q                     |  | MOPATH PROCEDURE LEVEL 3     |                  | -   | -             | Medicare | \$250.55                 | \$155.34             | \$150.33             | -                       | -        | 000        | 999        |                                                            |
| 81403      | Q                     |  | MOPATH PROCEDURE LEVEL 4     |                  | -   | -             | Medicare | \$308.67                 | \$191.38             | \$185.20             | -                       | -        | 000        | 999        |                                                            |
| 81404      | Q                     |  | MOPATH PROCEDURE LEVEL 5     |                  | -   | -             | Medicare | \$458.05                 | \$283.99             | \$274.83             | -                       | -        | 000        | 999        |                                                            |
| 81405      | Q                     |  | MOPATH PROCEDURE LEVEL 6     |                  | -   | -             | Medicare | \$502.25                 | \$311.40             | \$301.35             | -                       | -        | 000        | 999        |                                                            |
| 81406      | Q                     |  | MOPATH PROCEDURE LEVEL 7     |                  | -   | -             | Medicare | \$471.47                 | \$292.31             | \$282.88             | -                       | -        | 000        | 999        |                                                            |
| 81407      | Q                     |  | MOPATH PROCEDURE LEVEL 8     |                  | -   | -             | Medicare | \$1,410.45               | \$874.48             | \$846.27             | -                       | -        | 000        | 999        |                                                            |
| 81408      | Q                     |  | MOPATH PROCEDURE LEVEL 9     |                  | -   | -             | Medicare | \$3,333.33               | \$2,066.66           | \$2,000.00           | -                       | -        | 000        | 999        |                                                            |
| 81410      | Q                     |  | AORTIC DYSFUNCTION/DILATION  |                  | -   | -             | Medicare | \$840.00                 | \$520.80             | \$504.00             | -                       | -        | 000        | 999        |                                                            |
| 81411      | Q                     |  | AORTIC DYSFUNCTION/DILATION  |                  | -   | -             | Medicare | \$2,250.32               | \$1,395.20           | \$1,350.19           | -                       | -        | 000        | 999        |                                                            |
| 81412      | Q                     |  | ASHKENAZI JEWISH ASSOC DIS   |                  | -   | -             | Medicare | \$4,080.93               | \$2,530.18           | \$2,448.56           | -                       | -        | 000        | 999        |                                                            |
| 81413      | Q                     |  | CAR ION CHNNLPATH INC 10 GNS |                  | -   | -             | Medicare | \$974.83                 | \$604.39             | \$584.90             | -                       | -        | 000        | 999        |                                                            |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method      | Outpatient               | Sole Comm.           | Non-sole             | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments                                                   |
|---------|------------------------------|------------------------------|------------------|-----|---------------|-------------|--------------------------|----------------------|----------------------|-------------------------|----------|------------|------------|------------------------------------------------------------|
|         |                              |                              |                  |     |               |             | Hospital Fee<br>Schedule | Hospital Lab<br>Fees | Hospital Lab<br>Fees |                         |          |            |            |                                                            |
| 81414   | Q                            | CAR ION CHNNLPATH INC 2 GNS  |                  | -   | -             | Medicare    | \$974.83                 | \$604.39             | \$584.90             | -                       | -        | 000        | 999        |                                                            |
| 81415   | Q                            | EXOME SEQUENCE ANALYSIS      |                  | -   | -             | Medicare    | \$7,966.67               | \$4,939.34           | \$4,780.00           | Y                       | -        | 000        | 999        |                                                            |
| 81416   | Q                            | EXOME SEQUENCE ANALYSIS      |                  | -   | -             | Medicare    | \$20,000.00              | \$12,400.00          | \$12,000.00          | Y                       | -        | 000        | 999        |                                                            |
| 81417   | Q                            | EXOME RE-EVALUATION          |                  | -   | -             | Medicare    | \$533.33                 | \$330.66             | \$320.00             | -                       | -        | 000        | 999        |                                                            |
| 81418   | Q                            | RX METAB GEN SEQ ALYS PNL 6  |                  | -   | -             | Medicare    | \$1,528.47               | \$947.65             | \$917.08             | -                       | -        | 000        | 999        |                                                            |
| 81419   | Q                            | EPILEPSY GEN SEQ ALYS PANEL  |                  | -   | -             | Medicare    | \$4,080.93               | \$2,530.18           | \$2,448.56           | -                       | -        | 000        | 999        |                                                            |
| 81420   | Q                            | FETAL CHRMOML ANEUPLOIDY     |                  | -   | -             | Medicare    | \$1,265.08               | \$784.35             | \$759.05             | -                       | -        | 010        | 61         |                                                            |
| 81422   | Q                            | FETAL CHRMOML MICRODEL TJ    |                  | -   | -             | Medicare    | \$1,265.08               | \$784.35             | \$759.05             | -                       | -        | 000        | 999        |                                                            |
| 81425   | Q                            | GENOME SEQUENCE ANALYSIS     |                  | -   | -             | Medicare    | \$8,385.33               | \$5,198.90           | \$5,031.20           | -                       | -        | 000        | 999        |                                                            |
| 81426   | Q                            | GENOME SEQUENCE ANALYSIS     |                  | -   | -             | Medicare    | \$4,516.58               | \$2,800.28           | \$2,709.95           | -                       | -        | 000        | 999        |                                                            |
| 81427   | Q                            | GENOME RE-EVALUATION         |                  | -   | -             | Medicare    | \$3,896.08               | \$2,415.57           | \$2,337.65           | -                       | -        | 000        | 999        |                                                            |
| 81430   | Q                            | HEARING LOSS SEQUENCE ANALYS |                  | -   | -             | Medicare    | \$2,708.33               | \$1,679.16           | \$1,625.00           | -                       | -        | 000        | 999        |                                                            |
| 81431   | Q                            | HEARING LOSS DUP/DEL ANALYS  |                  | -   | -             | Medicare    | \$1,132.62               | \$702.22             | \$679.57             | -                       | -        | 000        | 999        |                                                            |
| 81432   | Q                            | HRDTRY BRST CA-RLATD DSORDRS |                  | -   | -             | Medicare    | \$2,173.25               | \$1,347.42           | \$1,303.95           | -                       | -        | 000        | 999        |                                                            |
| 81434   | Q                            | HERED RTA DO GEN SEQ 15      |                  | -   | -             | Medicare    | \$996.52                 | \$617.84             | \$597.91             | -                       | -        | 000        | 999        |                                                            |
| 81435   | Q                            | HEREDITARY COLON CA DSORDRS  |                  | -   | -             | Medicare    | \$2,173.25               | \$1,347.42           | \$1,303.95           | -                       | -        | 000        | 999        |                                                            |
| 81437   | Q                            | HEREDTRY NURONDCRN TUM DSRDR |                  | -   | -             | Medicare    | \$2,173.25               | \$1,347.42           | \$1,303.95           | -                       | -        | 000        | 999        |                                                            |
| 81439   | Q                            | HRDTRY CARDMYPY GENE PANEL   |                  | -   | -             | Medicare    | \$974.83                 | \$604.39             | \$584.90             | -                       | -        | 000        | 999        |                                                            |
| 81440   | Q                            | MITOCHONDRIAL GENE           |                  | -   | -             | Medicare    | \$5,540.00               | \$3,434.80           | \$3,324.00           | -                       | -        | 000        | 999        |                                                            |
| 81441   | Q                            | IBMFS SEQ ALYS PNL 30 GENES  |                  | -   | -             | Medicare    | \$4,080.93               | \$2,530.18           | \$2,448.56           | -                       | -        | 000        | 999        |                                                            |
| 81442   | Q                            | NOONAN SPECTRUM DISORDERS    |                  | -   | -             | Medicare    | \$3,572.67               | \$2,215.06           | \$2,143.60           | -                       | -        | 000        | 999        |                                                            |
| 81443   | Q                            | GENETIC TSTG SEVERE INH COND |                  | -   | -             | Medicare    | \$4,080.93               | \$2,530.18           | \$2,448.56           | -                       | -        | 000        | 999        |                                                            |
| 81445   | Q                            | SO NEO GSAP 5-50DNA/DNA&RNA  |                  | -   | -             | Medicare    | \$996.52                 | \$617.84             | \$597.91             | -                       | -        | 000        | 999        |                                                            |
| 81448   | Q                            | HRDTRY PERPH NEURPHY PANEL   |                  | -   | -             | Medicare    | \$974.83                 | \$604.39             | \$584.90             | -                       | -        | 000        | 999        |                                                            |
| 81449   | Q                            | SO NEO GSAP 5-50 RNA ALYS    |                  | -   | -             | Medicare    | \$996.52                 | \$617.84             | \$597.91             | -                       | -        | 000        | 999        |                                                            |
| 81450   | Q                            | HL NEO GSAP 5-50DNA/DNA&RNA  |                  | -   | -             | Medicare    | \$1,265.88               | \$784.85             | \$759.53             | -                       | -        | 000        | 999        |                                                            |
| 81451   | Q                            | HL NEO GSAP 5-50 RNA ALYS    |                  | -   | -             | Medicare    | \$1,265.88               | \$784.85             | \$759.53             | -                       | -        | 000        | 999        |                                                            |
| 81455   | Q                            | SO/HL 51/>GSAP DNA/DNA&RNA   |                  | -   | -             | Medicare    | \$4,866.00               | \$3,016.92           | \$2,919.60           | -                       | -        | 000        | 999        |                                                            |
| 81456   | Q                            | SO/HL 51/>GSAP RNA ALYS      |                  | -   | -             | Medicare    | \$4,866.00               | \$3,016.92           | \$2,919.60           | -                       | -        | 000        | 999        |                                                            |
| 81457   | Q                            | SO NEO GSAP DNA MCRSTL INS   |                  | -   | -             | Medicare    | \$1,494.78               | \$926.76             | \$896.87             | -                       | -        | 000        | 999        |                                                            |
| 81458   | Q                            | SO GSAP DNA CPY NMBR&MCRSTL  |                  | -   | -             | Medicare    | \$1,743.92               | \$1,081.23           | \$1,046.35           | -                       | -        | 000        | 999        |                                                            |
| 81459   | Q                            | SO NEO GSAP DNA/DNA&RNA      |                  | -   | -             | Medicare    | \$4,982.58               | \$3,089.20           | \$2,989.55           | -                       | -        | 000        | 999        |                                                            |
| 81460   | Q                            | WHOLE MITOCHONDRIAL GENOME   |                  | -   | -             | Medicare    | \$2,145.00               | \$1,329.90           | \$1,287.00           | -                       | -        | 000        | 999        |                                                            |
| 81462   | Q                            | SO GSAP CLL FR DNA/DNA&RNA   |                  | -   | -             | Medicare    | \$1,993.05               | \$1,235.69           | \$1,195.83           | -                       | -        | 000        | 999        |                                                            |
| 81463   | Q                            | SO GSAP CL FR CPY NMBR&MCRST |                  | -   | -             | Medicare    | \$2,242.18               | \$1,390.15           | \$1,345.31           | -                       | -        | 000        | 999        |                                                            |
| 81464   | Q                            | SO GSAP CLL FR MCRSTL INS    |                  | -   | -             | Medicare    | \$5,480.85               | \$3,398.13           | \$3,288.51           | -                       | -        | 000        | 999        |                                                            |
| 81465   | Q                            | WHOLE MITOCHONDRIAL GENOME   |                  | -   | -             | Medicare    | \$1,560.00               | \$967.20             | \$936.00             | -                       | -        | 000        | 999        |                                                            |
| 81470   | Q                            | X-LINKED INTELLECTUAL DBLT   |                  | -   | -             | Medicare    | \$1,523.33               | \$944.46             | \$914.00             | -                       | -        | 000        | 999        |                                                            |
| 81471   | Q                            | X-LINKED INTELLECTUAL DBLT   |                  | -   | -             | Medicare    | \$1,523.33               | \$944.46             | \$914.00             | -                       | -        | 000        | 999        |                                                            |
| 81479   | N                            | UNLISTED MOLECULAR PATHOLOGY |                  | -   | -             | Bundled     | \$0.00                   |                      |                      | Y                       | -        | 000        | 999        | PA applies to<br>under 18 with<br>mental health<br>DX only |
| 81490   | Q                            | AUTOIMMUNE RA ALYS 12 BMRK   |                  | -   | -             | Medicare    | \$1,401.08               | \$868.67             | \$840.65             | -                       | -        | 000        | 999        |                                                            |
| 81493   | Q                            | COR ARTERY DISEASE MRNA      |                  | -   | -             | Medicare    | \$1,750.00               | \$1,085.00           | \$1,050.00           | -                       | -        | 000        | 999        |                                                            |
| 81500   | Q                            | ONCO (OVAR) TWO PROTEINS     |                  | -   | -             | Medicare    | \$434.17                 | \$269.19             | \$260.50             | -                       | -        | 000        | 999        |                                                            |
| 81503   | Q                            | ONCO (OVAR) FIVE PROTEINS    |                  | -   | -             | Medicare    | \$1,495.00               | \$926.90             | \$897.00             | -                       | -        | 000        | 999        |                                                            |
| 81504   | Q                            | ONCOLOGY TISSUE OF ORIGIN    |                  | -   | -             | Medicare    | \$866.67                 | \$537.34             | \$520.00             | -                       | -        | 000        | 999        |                                                            |
| 81506   | E                            | ENDO ASSAY SEVEN ANAL        |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |                                                            |
| 81507   | Q                            | FETAL ANEUPLOIDY TRISOM RISK |                  | -   | -             | Medicare    | \$1,325.00               | \$821.50             | \$795.00             | -                       | -        | 010        | 61         |                                                            |
| 81508   | E                            | FTL CGEN ABNOR TWO PROTEINS  |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 010        | 61         |                                                            |
| 81509   | E                            | FTL CGEN ABNOR 3 PROTEINS    |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 010        | 61         |                                                            |
| 81510   | E                            | FTL CGEN ABNOR THREE ANAL    |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 010        | 61         |                                                            |
| 81511   | E                            | FTL CGEN ABNOR FOUR ANAL     |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 010        | 61         |                                                            |
| 81512   | E                            | FTL CGEN ABNOR FIVE ANAL     |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 010        | 61         |                                                            |
| 81513   | Q                            | NFCT DS BV RNA VAG FLU ALG   |                  | -   | -             | Medicare    | \$237.72                 | \$147.39             | \$142.63             | -                       | -        | 000        | 999        |                                                            |



Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
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| Proc<br>Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method      | Outpatient               | Sole Comm.           | Non-sole             | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|------------------------------|------------------------------|------------------|-----|---------------|-------------|--------------------------|----------------------|----------------------|-------------------------|----------|------------|------------|----------|
|            |                              |                              |                  |     |               |             | Hospital Fee<br>Schedule | Hospital Lab<br>Fees | Hospital Lab<br>Fees |                         |          |            |            |          |
| 81514      | Q                            | NFCT DS BV&VAGINITIS DNA ALG |                  | -   | -             | Medicare    | \$438.32                 | \$271.76             | \$262.99             | -                       | -        | 000        | 999        |          |
| 81515      | Q                            | NFCT DS BV&VAGINITIS DNA ALG |                  | -   | -             | Medicare    | \$438.32                 | \$271.76             | \$262.99             | -                       | -        | 000        | 999        |          |
| 81517      | Q                            | LIVER DS ALYS 3 BMRK SRM ALG |                  | -   | -             | Medicare    | \$293.65                 | \$182.06             | \$176.19             | -                       | -        | 000        | 999        |          |
| 81518      | Q                            | ONC BRST MRNA 11 GENES       |                  | -   | -             | Medicare    | \$6,455.00               | \$4,002.10           | \$3,873.00           | -                       | -        | 000        | 999        |          |
| 81519      | Q                            | ONCOLOGY BREAST MRNA         |                  | -   | -             | Medicare    | \$6,455.00               | \$4,002.10           | \$3,873.00           | -                       | -        | 000        | 999        |          |
| 81520      | Q                            | ONC BREAST MRNA 58 GENES     |                  | -   | -             | Medicare    | \$4,183.68               | \$2,593.88           | \$2,510.21           | -                       | -        | 000        | 999        |          |
| 81521      | Q                            | ONC BREAST MRNA 70 GENES     |                  | -   | -             | Medicare    | \$6,455.00               | \$4,002.10           | \$3,873.00           | -                       | -        | 000        | 999        |          |
| 81522      | Q                            | ONC BREAST MRNA 12 GENES     |                  | -   | -             | Medicare    | \$6,455.00               | \$4,002.10           | \$3,873.00           | -                       | -        | 000        | 999        |          |
| 81523      | Q                            | ONC BRST MRNA 70 CNT 31 GENE |                  | -   | -             | Medicare    | \$6,455.00               | \$4,002.10           | \$3,873.00           | -                       | -        | 000        | 999        |          |
| 81525      | Q                            | ONCOLOGY COLON MRNA          |                  | -   | -             | Medicare    | \$5,193.33               | \$3,219.86           | \$3,116.00           | -                       | -        | 000        | 999        |          |
| 81528      | Q                            | ONCOLOGY COLORECTAL SCR      |                  | -   | -             | Medicare    | \$848.12                 | \$525.83             | \$508.87             | -                       | -        | 045        | 999        |          |
| 81529      | Q                            | ONC CUTAN MLNMA MRNA 31 GENE |                  | -   | -             | Medicare    | \$11,988.33              | \$7,432.76           | \$7,193.00           | -                       | -        | 000        | 999        |          |
| 81535      | Q                            | ONCOLOGY GYNECOLOGIC         |                  | -   | -             | Medicare    | \$965.77                 | \$598.78             | \$579.46             | -                       | -        | 000        | 999        |          |
| 81536      | Q                            | ONCOLOGY GYNECOLOGIC         |                  | -   | -             | Medicare    | \$295.93                 | \$183.48             | \$177.56             | -                       | -        | 000        | 999        |          |
| 81538      | Q                            | ONCOLOGY LUNG                |                  | -   | -             | Medicare    | \$4,785.00               | \$2,966.70           | \$2,871.00           | -                       | -        | 000        | 999        |          |
| 81539      | Q                            | ONCOLOGY PROSTATE PROB SCORE |                  | -   | -             | Medicare    | \$1,266.67               | \$785.34             | \$760.00             | -                       | -        | 000        | 999        |          |
| 81540      | Q                            | ONCOLOGY TUM UNKNOWN ORIGIN  |                  | -   | -             | Medicare    | \$6,250.00               | \$3,875.00           | \$3,750.00           | -                       | -        | 000        | 999        |          |
| 81541      | Q                            | ONC PROSTATE MRNA 46 GENES   |                  | -   | -             | Medicare    | \$6,455.00               | \$4,002.10           | \$3,873.00           | -                       | -        | 000        | 999        |          |
| 81542      | Q                            | ONC PROSTATE MRNA 22 CNT GEN |                  | -   | -             | Medicare    | \$6,455.00               | \$4,002.10           | \$3,873.00           | -                       | -        | 000        | 999        |          |
| 81546      | Q                            | ONC THYR MRNA 10,196 GEN ALG |                  | -   | -             | Medicare    | \$6,000.00               | \$3,720.00           | \$3,600.00           | -                       | -        | 000        | 999        |          |
| 81551      | Q                            | ONC PROSTATE 3 GENES         |                  | -   | -             | Medicare    | \$3,383.33               | \$2,097.66           | \$2,030.00           | -                       | -        | 000        | 999        |          |
| 81552      | Q                            | ONC UVEAL MLNMA MRNA 15 GENE |                  | -   | -             | Medicare    | \$12,960.00              | \$8,035.20           | \$7,776.00           | -                       | -        | 000        | 999        |          |
| 81554      | Q                            | PULM DS IPF MRNA 190 GEN ALG |                  | -   | -             | Medicare    | \$9,075.00               | \$5,626.50           | \$5,445.00           | -                       | -        | 000        | 999        |          |
| 81558      | Q                            | TRNSPL REJ KDN MRNA QPCR 139 |                  | -   | -             | Medicare    | \$5,400.00               | \$3,348.00           | \$3,240.00           | -                       | -        | 000        | 999        |          |
| 81560      | Q                            | TRNSPLJ PD LVR&BWL CD154+CLL |                  | -   | -             | Medicare    | \$1,067.88               | \$662.09             | \$640.73             | -                       | -        | 000        | 999        |          |
| 81595      | Q                            | CARDIOLOGY HRT TRNSPL MRNA   |                  | -   | -             | Medicare    | \$5,400.00               | \$3,348.00           | \$3,240.00           | -                       | -        | 000        | 999        |          |
| 81596      | Q                            | NFCT DS CHRNC HCV 6 ASSAYS   |                  | -   | -             | Medicare    | \$120.32                 | \$74.60              | \$72.19              | -                       | -        | 000        | 999        |          |
| 81599      | E                            | UNLISTED MAAA                |                  | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 82009      | Q                            | KETONE BODYS QUAL            |                  | -   | -             | Medicare    | \$7.53                   | \$4.67               | \$4.52               | -                       | -        | 000        | 999        |          |
| 82010      | Q                            | KETONE BODYS QUAN            |                  | -   | -             | Medicare    | \$13.62                  | \$8.44               | \$8.17               | -                       | -        | 000        | 999        |          |
| 82013      | Q                            | ACETYLCHOLINESTERASE ASSAY   |                  | -   | -             | Medicare    | \$20.48                  | \$12.70              | \$12.29              | -                       | -        | 000        | 999        |          |
| 82016      | Q                            | ACYLCARNITINES QUAL          |                  | -   | -             | Medicare    | \$27.48                  | \$17.04              | \$16.49              | -                       | -        | 000        | 999        |          |
| 82017      | Q                            | ACYLCARNITINES QUANT         |                  | -   | -             | Medicare    | \$28.12                  | \$17.43              | \$16.87              | -                       | -        | 000        | 999        |          |
| 82024      | Q                            | ASSAY OF ACTH                |                  | -   | -             | Medicare    | \$64.37                  | \$39.91              | \$38.62              | -                       | -        | 000        | 999        |          |
| 82030      | Q                            | ASSAY OF ADP & AMP           |                  | -   | -             | Medicare    | \$43.00                  | \$26.66              | \$25.80              | -                       | -        | 000        | 999        |          |
| 82040      | Q                            | ASSAY OF SERUM ALBUMIN       |                  | -   | -             | Medicare    | \$8.25                   | \$5.12               | \$4.95               | -                       | -        | 000        | 999        |          |
| 82042      | Q                            | OTHER SOURCE ALBUMIN QUAN EA |                  | -   | -             | Medicare    | \$12.97                  | \$8.04               | \$7.78               | -                       | -        | 000        | 999        |          |
| 82043      | Q                            | UR ALBUMIN QUANTITATIVE      |                  | -   | -             | Medicare    | \$9.63                   | \$5.97               | \$5.78               | -                       | -        | 000        | 999        |          |
| 82044      | Q                            | UR ALBUMIN SEMIQUANTITATIVE  |                  | -   | -             | Medicare    | \$10.38                  | \$6.44               | \$6.23               | -                       | -        | 000        | 999        |          |
| 82045      | Q                            | ALBUMIN ISCHEMIA MODIFIED    |                  | -   | -             | Medicare    | \$56.57                  | \$35.07              | \$33.94              | -                       | -        | 000        | 999        |          |
| 82075      | Q                            | ASSAY OF BREATH ETHANOL      |                  | -   | -             | Medicare    | \$50.00                  | \$31.00              | \$30.00              | -                       | -        | 000        | 999        |          |
| 82077      | Q                            | ASSAY SPEC XCP UR&BREATH IA  |                  | -   | -             | Medicare    | \$28.78                  | \$17.84              | \$17.27              | -                       | -        | 000        | 999        |          |
| 82085      | Q                            | ASSAY OF ALDOLASE            |                  | -   | -             | Medicare    | \$16.18                  | \$10.03              | \$9.71               | -                       | -        | 000        | 999        |          |
| 82088      | Q                            | ASSAY OF ALDOSTERONE         |                  | -   | -             | Medicare    | \$67.92                  | \$42.11              | \$40.75              | -                       | -        | 000        | 999        |          |
| 82103      | Q                            | ALPHA-1-ANTITRYPSIN TOTAL    |                  | -   | -             | Medicare    | \$22.40                  | \$13.89              | \$13.44              | -                       | -        | 000        | 999        |          |
| 82104      | Q                            | ALPHA-1-ANTITRYPSIN PHENO    |                  | -   | -             | Medicare    | \$24.10                  | \$14.94              | \$14.46              | -                       | -        | 000        | 999        |          |
| 82105      | Q                            | ALPHA-FETOPROTEIN SERUM      |                  | -   | -             | Medicare    | \$27.95                  | \$17.33              | \$16.77              | -                       | -        | 000        | 999        |          |
| 82106      | Q                            | ALPHA-FETOPROTEIN AMNIOTIC   |                  | -   | -             | Medicare    | \$28.33                  | \$17.56              | \$17.00              | -                       | -        | 000        | 999        |          |
| 82107      | Q                            | ALPHA-FETOPROTEIN L3         |                  | -   | -             | Medicare    | \$107.35                 | \$66.56              | \$64.41              | -                       | -        | 000        | 999        |          |
| 82108      | Q                            | ASSAY OF ALUMINUM            |                  | -   | -             | Medicare    | \$42.47                  | \$26.33              | \$25.48              | -                       | -        | 000        | 999        |          |
| 82120      | Q                            | AMINES VAGINAL FLUID QUAL    |                  | -   | -             | Medicare    | \$9.98                   | \$6.19               | \$5.99               | -                       | -        | 000        | 999        |          |
| 82127      | Q                            | AMINO ACID SINGLE QUAL       |                  | -   | -             | Medicare    | \$23.63                  | \$14.65              | \$14.18              | -                       | -        | 000        | 999        |          |
| 82128      | Q                            | AMINO ACIDS MULT QUAL        |                  | -   | -             | Medicare    | \$23.12                  | \$14.33              | \$13.87              | -                       | -        | 000        | 999        |          |
| 82131      | Q                            | AMINO ACIDS SINGLE QUANT     |                  | -   | -             | Medicare    | \$38.30                  | \$23.75              | \$22.98              | -                       | -        | 000        | 999        |          |
| 82135      | Q                            | ASSAY AMINOLEVULINIC ACID    |                  | -   | -             | Medicare    | \$27.42                  | \$17.00              | \$16.45              | -                       | -        | 000        | 999        |          |
| 82136      | Q                            | AMINO ACIDS QUANT 2-5        |                  | -   | -             | Medicare    | \$32.68                  | \$20.26              | \$19.61              | -                       | -        | 000        | 999        |          |

**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2025**

| Proc<br>Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method   | Outpatient               | Sole Comm.           | Non-sole             | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|------------------------------|------------------------------|------------------|-----|---------------|----------|--------------------------|----------------------|----------------------|-------------------------|----------|------------|------------|----------|
|            |                              |                              |                  |     |               |          | Hospital Fee<br>Schedule | Hospital Lab<br>Fees | Hospital Lab<br>Fees |                         |          |            |            |          |
| 82139      | Q                            | AMINO ACIDS QUAN 6 OR MORE   |                  | -   | -             | Medicare | \$28.12                  | \$17.43              | \$16.87              | -                       | -        | 000        | 999        |          |
| 82140      | Q                            | ASSAY OF AMMONIA             |                  | -   | -             | Medicare | \$24.28                  | \$15.05              | \$14.57              | -                       | -        | 000        | 999        |          |
| 82143      | Q                            | AMNIOTIC FLUID SCAN          |                  | -   | -             | Medicare | \$15.58                  | \$9.66               | \$9.35               | -                       | -        | 000        | 999        |          |
| 82150      | Q                            | ASSAY OF AMYLASE             |                  | -   | -             | Medicare | \$10.80                  | \$6.70               | \$6.48               | -                       | -        | 000        | 999        |          |
| 82154      | Q                            | ANDROSTANEDIOL GLUCURONIDE   |                  | -   | -             | Medicare | \$48.05                  | \$29.79              | \$28.83              | -                       | -        | 000        | 999        |          |
| 82157      | Q                            | ASSAY OF ANDROSTENEDIONE     |                  | -   | -             | Medicare | \$48.80                  | \$30.26              | \$29.28              | -                       | -        | 000        | 999        |          |
| 82160      | Q                            | ASSAY OF ANDROSTERONE        |                  | -   | -             | Medicare | \$42.58                  | \$26.40              | \$25.55              | -                       | -        | 000        | 999        |          |
| 82163      | Q                            | ASSAY OF ANGIOTENSIN II      |                  | -   | -             | Medicare | \$34.20                  | \$21.20              | \$20.52              | -                       | -        | 000        | 999        |          |
| 82164      | Q                            | ANGIOTENSIN I ENZYME TEST    |                  | -   | -             | Medicare | \$24.33                  | \$15.08              | \$14.60              | -                       | -        | 000        | 999        |          |
| 82166      | Q                            | ASSAY ANTI-MULLERIAN HORM    |                  | -   | -             | Medicare | \$64.37                  | \$39.91              | \$38.62              | -                       | -        | 000        | 999        |          |
| 82172      | Q                            | ASSAY OF APOLIPOPROTEIN      |                  | -   | -             | Medicare | \$35.15                  | \$21.79              | \$21.09              | -                       | -        | 000        | 999        |          |
| 82175      | Q                            | ASSAY OF ARSENIC             |                  | -   | -             | Medicare | \$31.62                  | \$19.60              | \$18.97              | -                       | -        | 000        | 999        |          |
| 82180      | Q                            | ASSAY OF ASCORBIC ACID       |                  | -   | -             | Medicare | \$16.48                  | \$10.22              | \$9.89               | -                       | -        | 000        | 999        |          |
| 82190      | Q                            | ATOMIC ABSORPTION            |                  | -   | -             | Medicare | \$26.50                  | \$16.43              | \$15.90              | -                       | -        | 000        | 999        |          |
| 82232      | Q                            | ASSAY OF BETA-2 PROTEIN      |                  | -   | -             | Medicare | \$26.97                  | \$16.72              | \$16.18              | -                       | -        | 000        | 999        |          |
| 82233      | Q                            | BETA-AMYLOID 1-40 (ABETA 40) |                  | -   | -             | Medicare | \$0.00                   | \$0.00               | \$0.00               | -                       | -        | 000        | 999        |          |
| 82234      | Q                            | BETA-AMYLOID 1-42 (ABETA 42) |                  | -   | -             | Medicare | \$0.00                   | \$0.00               | \$0.00               | -                       | -        | 000        | 999        |          |
| 82239      | Q                            | BILE ACIDS TOTAL             |                  | -   | -             | Medicare | \$28.53                  | \$17.69              | \$17.12              | -                       | -        | 000        | 999        |          |
| 82240      | Q                            | BILE ACIDS CHOLYGLYCINE      |                  | -   | -             | Medicare | \$44.30                  | \$27.47              | \$26.58              | -                       | -        | 000        | 999        |          |
| 82247      | Q                            | BILIRUBIN TOTAL              |                  | -   | -             | Medicare | \$8.37                   | \$5.19               | \$5.02               | -                       | -        | 000        | 999        |          |
| 82248      | Q                            | BILIRUBIN DIRECT             |                  | -   | -             | Medicare | \$8.37                   | \$5.19               | \$5.02               | -                       | -        | 000        | 999        |          |
| 82252      | Q                            | FECAL BILIRUBIN TEST         |                  | -   | -             | Medicare | \$7.60                   | \$4.71               | \$4.56               | -                       | -        | 000        | 999        |          |
| 82261      | Q                            | ASSAY OF BIOTINIDASE         |                  | -   | -             | Medicare | \$28.12                  | \$17.43              | \$16.87              | -                       | -        | 000        | 999        |          |
| 82270      | Q                            | OCCULT BLOOD FECES           |                  | -   | -             | Medicare | \$7.30                   | \$4.53               | \$4.38               | -                       | -        | 000        | 999        |          |
| 82271      | Q                            | OCCULT BLOOD OTHER SOURCES   |                  | -   | -             | Medicare | \$8.87                   | \$5.50               | \$5.32               | -                       | -        | 000        | 999        |          |
| 82272      | Q                            | OCCULT BLD FECES 1-3 TESTS   |                  | -   | -             | Medicare | \$7.05                   | \$4.37               | \$4.23               | -                       | -        | 000        | 999        |          |
| 82274      | Q                            | ASSAY TEST FOR BLOOD FECAL   |                  | -   | -             | Medicare | \$26.53                  | \$16.45              | \$15.92              | -                       | -        | 000        | 999        |          |
| 82286      | Q                            | ASSAY OF BRADYKININ          |                  | -   | -             | Medicare | \$8.60                   | \$5.33               | \$5.16               | -                       | -        | 000        | 999        |          |
| 82300      | Q                            | ASSAY OF CADMIUM             |                  | -   | -             | Medicare | \$39.40                  | \$24.43              | \$23.64              | -                       | -        | 000        | 999        |          |
| 82306      | Q                            | VITAMIN D 25 HYDROXY         |                  | -   | -             | Medicare | \$49.33                  | \$30.58              | \$29.60              | -                       | -        | 000        | 999        |          |
| 82308      | Q                            | ASSAY OF CALCITONIN          |                  | -   | -             | Medicare | \$44.65                  | \$27.68              | \$26.79              | -                       | -        | 000        | 999        |          |
| 82310      | Q                            | ASSAY OF CALCIUM             |                  | -   | -             | Medicare | \$8.60                   | \$5.33               | \$5.16               | -                       | -        | 000        | 999        |          |
| 82330      | Q                            | ASSAY OF CALCIUM             |                  | -   | -             | Medicare | \$22.80                  | \$14.14              | \$13.68              | -                       | -        | 000        | 999        |          |
| 82331      | Q                            | CALCIUM INFUSION TEST        |                  | -   | -             | Medicare | \$22.23                  | \$13.78              | \$13.34              | -                       | -        | 000        | 999        |          |
| 82340      | Q                            | ASSAY OF CALCIUM IN URINE    |                  | -   | -             | Medicare | \$10.05                  | \$6.23               | \$6.03               | -                       | -        | 000        | 999        |          |
| 82355      | Q                            | CALCULUS ANALYSIS QUAL       |                  | -   | -             | Medicare | \$19.30                  | \$11.97              | \$11.58              | -                       | -        | 000        | 999        |          |
| 82360      | Q                            | CALCULUS ASSAY QUANT         |                  | -   | -             | Medicare | \$21.45                  | \$13.30              | \$12.87              | -                       | -        | 000        | 999        |          |
| 82365      | Q                            | CALCULUS SPECTROSCOPY        |                  | -   | -             | Medicare | \$21.50                  | \$13.33              | \$12.90              | -                       | -        | 000        | 999        |          |
| 82370      | Q                            | X-RAY ASSAY CALCULUS         |                  | -   | -             | Medicare | \$20.87                  | \$12.94              | \$12.52              | -                       | -        | 000        | 999        |          |
| 82373      | Q                            | ASSAY C-D TRANSFER MEASURE   |                  | -   | -             | Medicare | \$30.10                  | \$18.66              | \$18.06              | -                       | -        | 000        | 999        |          |
| 82374      | Q                            | ASSAY BLOOD CARBON DIOXIDE   |                  | -   | -             | Medicare | \$8.13                   | \$5.04               | \$4.88               | -                       | -        | 000        | 999        |          |
| 82375      | Q                            | ASSAY CARBOXYHB QUANT        |                  | -   | -             | Medicare | \$20.53                  | \$12.73              | \$12.32              | -                       | -        | 000        | 999        |          |
| 82376      | Q                            | ASSAY CARBOXYHB QUAL         |                  | -   | -             | Medicare | \$23.45                  | \$14.54              | \$14.07              | -                       | -        | 000        | 999        |          |
| 82378      | Q                            | CARCINOEMBRYONIC ANTIGEN     |                  | -   | -             | Medicare | \$31.60                  | \$19.59              | \$18.96              | -                       | -        | 000        | 999        |          |
| 82379      | Q                            | ASSAY OF CARNITINE           |                  | -   | -             | Medicare | \$28.12                  | \$17.43              | \$16.87              | -                       | -        | 000        | 999        |          |
| 82380      | Q                            | ASSAY OF CAROTENE            |                  | -   | -             | Medicare | \$15.37                  | \$9.53               | \$9.22               | -                       | -        | 000        | 999        |          |
| 82382      | Q                            | ASSAY URINE CATECHOLAMINES   |                  | -   | -             | Medicare | \$45.50                  | \$28.21              | \$27.30              | -                       | -        | 000        | 999        |          |
| 82383      | Q                            | ASSAY BLOOD CATECHOLAMINES   |                  | -   | -             | Medicare | \$48.47                  | \$30.05              | \$29.08              | -                       | -        | 000        | 999        |          |
| 82384      | Q                            | ASSAY THREE CATECHOLAMINES   |                  | -   | -             | Medicare | \$42.08                  | \$26.09              | \$25.25              | -                       | -        | 000        | 999        |          |
| 82387      | Q                            | ASSAY OF CATHEPSIN-D         |                  | -   | -             | Medicare | \$30.10                  | \$18.66              | \$18.06              | -                       | -        | 000        | 999        |          |
| 82390      | Q                            | ASSAY OF CERULOPLASMIN       |                  | -   | -             | Medicare | \$17.90                  | \$11.10              | \$10.74              | -                       | -        | 000        | 999        |          |
| 82397      | Q                            | CHEMILUMINESCENT ASSAY       |                  | -   | -             | Medicare | \$23.53                  | \$14.59              | \$14.12              | -                       | -        | 000        | 999        |          |
| 82415      | Q                            | ASSAY OF CHLORAMPHENICOL     |                  | -   | -             | Medicare | \$21.12                  | \$13.09              | \$12.67              | -                       | -        | 000        | 999        |          |
| 82435      | Q                            | ASSAY OF BLOOD CHLORIDE      |                  | -   | -             | Medicare | \$7.67                   | \$4.76               | \$4.60               | -                       | -        | 000        | 999        |          |
| 82436      | Q                            | ASSAY OF URINE CHLORIDE      |                  | -   | -             | Medicare | \$9.58                   | \$5.94               | \$5.75               | -                       | -        | 000        | 999        |          |
| 82438      | Q                            | ASSAY OTHER FLUID CHLORIDES  |                  | -   | -             | Medicare | \$8.33                   | \$5.16               | \$5.00               | -                       | -        | 000        | 999        |          |

**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2025**

| 2024 APC |            |                              |               |     |            |          | Non-sole                         |                              |                         |                      |          |         |         |          |
|----------|------------|------------------------------|---------------|-----|------------|----------|----------------------------------|------------------------------|-------------------------|----------------------|----------|---------|---------|----------|
| Proc Cd  | Status Ind | Proc Desc                    | Proc Modifier | APC | APC Weight | Method   | Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
| 82441    | Q          | TEST FOR CHLOROHYDROCARBONS  |               | -   | -          | Medicare | \$10.02                          | \$6.21                       | \$6.01                  | -                    | -        | 000     | 999     |          |
| 82465    | Q          | ASSAY BLD/SERUM CHOLESTEROL  |               | -   | -          | Medicare | \$7.25                           | \$4.50                       | \$4.35                  | -                    | -        | 000     | 999     |          |
| 82480    | Q          | ASSAY SERUM CHOLINESTERASE   |               | -   | -          | Medicare | \$13.12                          | \$8.13                       | \$7.87                  | -                    | -        | 000     | 999     |          |
| 82482    | Q          | ASSAY RBC CHOLINESTERASE     |               | -   | -          | Medicare | \$16.35                          | \$10.14                      | \$9.81                  | -                    | -        | 000     | 999     |          |
| 82485    | Q          | ASSAY CHONDROITIN SULFATE    |               | -   | -          | Medicare | \$34.42                          | \$21.34                      | \$20.65                 | -                    | -        | 000     | 999     |          |
| 82495    | Q          | ASSAY OF CHROMIUM            |               | -   | -          | Medicare | \$33.80                          | \$20.96                      | \$20.28                 | -                    | -        | 000     | 999     |          |
| 82507    | Q          | ASSAY OF CITRATE             |               | -   | -          | Medicare | \$46.33                          | \$28.72                      | \$27.80                 | -                    | -        | 000     | 999     |          |
| 82523    | Q          | COLLAGEN CROSSLINKS          |               | -   | -          | Medicare | \$31.13                          | \$19.30                      | \$18.68                 | -                    | -        | 000     | 999     |          |
| 82525    | Q          | ASSAY OF COPPER              |               | -   | -          | Medicare | \$20.68                          | \$12.82                      | \$12.41                 | -                    | -        | 000     | 999     |          |
| 82528    | Q          | ASSAY OF CORTICOSTERONE      |               | -   | -          | Medicare | \$37.53                          | \$23.27                      | \$22.52                 | -                    | -        | 000     | 999     |          |
| 82530    | Q          | CORTISOL FREE                |               | -   | -          | Medicare | \$27.85                          | \$17.27                      | \$16.71                 | -                    | -        | 000     | 999     |          |
| 82533    | Q          | TOTAL CORTISOL               |               | -   | -          | Medicare | \$27.17                          | \$16.85                      | \$16.30                 | -                    | -        | 000     | 999     |          |
| 82540    | Q          | ASSAY OF CREATINE            |               | -   | -          | Medicare | \$7.73                           | \$4.79                       | \$4.64                  | -                    | -        | 000     | 999     |          |
| 82542    | Q          | COL CHROMOTOGRAPHY QUAL/QUAN |               | -   | -          | Medicare | \$40.15                          | \$24.89                      | \$24.09                 | -                    | -        | 000     | 999     |          |
| 82550    | Q          | ASSAY OF CK (CPK)            |               | -   | -          | Medicare | \$10.85                          | \$6.73                       | \$6.51                  | -                    | -        | 000     | 999     |          |
| 82552    | Q          | ASSAY OF CPK IN BLOOD        |               | -   | -          | Medicare | \$22.32                          | \$13.84                      | \$13.39                 | -                    | -        | 000     | 999     |          |
| 82553    | Q          | CREATINE MB FRACTION         |               | -   | -          | Medicare | \$19.25                          | \$11.94                      | \$11.55                 | -                    | -        | 000     | 999     |          |
| 82554    | Q          | CREATINE ISOFORMS            |               | -   | -          | Medicare | \$19.78                          | \$12.26                      | \$11.87                 | -                    | -        | 000     | 999     |          |
| 82565    | Q          | ASSAY OF CREATININE          |               | -   | -          | Medicare | \$8.53                           | \$5.29                       | \$5.12                  | -                    | -        | 000     | 999     |          |
| 82570    | Q          | ASSAY OF URINE CREATININE    |               | -   | -          | Medicare | \$8.63                           | \$5.35                       | \$5.18                  | -                    | -        | 000     | 999     |          |
| 82575    | Q          | CREATININE CLEARANCE TEST    |               | -   | -          | Medicare | \$15.77                          | \$9.78                       | \$9.46                  | -                    | -        | 000     | 999     |          |
| 82585    | Q          | ASSAY OF CRYOFIBRINOGEN      |               | -   | -          | Medicare | \$23.57                          | \$14.61                      | \$14.14                 | -                    | -        | 000     | 999     |          |
| 82595    | Q          | ASSAY OF CRYOGLOBULIN        |               | -   | -          | Medicare | \$10.78                          | \$6.68                       | \$6.47                  | -                    | -        | 000     | 999     |          |
| 82600    | Q          | ASSAY OF CYANIDE             |               | -   | -          | Medicare | \$32.33                          | \$20.04                      | \$19.40                 | -                    | -        | 000     | 999     |          |
| 82607    | Q          | VITAMIN B-12                 |               | -   | -          | Medicare | \$25.13                          | \$15.58                      | \$15.08                 | -                    | -        | 000     | 999     |          |
| 82608    | Q          | B-12 BINDING CAPACITY        |               | -   | -          | Medicare | \$23.87                          | \$14.80                      | \$14.32                 | -                    | -        | 000     | 999     |          |
| 82610    | Q          | CYSTATIN C                   |               | -   | -          | Medicare | \$30.87                          | \$19.14                      | \$18.52                 | -                    | -        | 000     | 999     |          |
| 82615    | Q          | TEST FOR URINE CYSTINES      |               | -   | -          | Medicare | \$15.92                          | \$9.87                       | \$9.55                  | -                    | -        | 000     | 999     |          |
| 82626    | Q          | DEHYDROEPIANDROSTERONE       |               | -   | -          | Medicare | \$42.12                          | \$26.11                      | \$25.27                 | -                    | -        | 000     | 999     |          |
| 82627    | Q          | DEHYDROEPIANDROSTERONE       |               | -   | -          | Medicare | \$37.05                          | \$22.97                      | \$22.23                 | -                    | -        | 000     | 999     |          |
| 82633    | Q          | DESOXYCORTICOSTERONE         |               | -   | -          | Medicare | \$51.63                          | \$32.01                      | \$30.98                 | -                    | -        | 000     | 999     |          |
| 82634    | Q          | DEOXYCORTISOL                |               | -   | -          | Medicare | \$48.80                          | \$30.26                      | \$29.28                 | -                    | -        | 000     | 999     |          |
| 82638    | Q          | ASSAY OF DIBUCAINE NUMBER    |               | -   | -          | Medicare | \$20.42                          | \$12.66                      | \$12.25                 | -                    | -        | 000     | 999     |          |
| 82642    | Q          | DIHYDROTESTOSTERONE          |               | -   | -          | Medicare | \$48.80                          | \$30.26                      | \$29.28                 | -                    | -        | 000     | 999     |          |
| 82652    | Q          | VIT D 1 25-DIHYDROXY         |               | -   | -          | Medicare | \$64.17                          | \$39.79                      | \$38.50                 | -                    | -        | 000     | 999     |          |
| 82653    | Q          | EL-1 FECAL QUANTITATIVE      |               | -   | -          | Medicare | \$38.28                          | \$23.73                      | \$22.97                 | -                    | -        | 000     | 999     |          |
| 82656    | Q          | EL-1 FECAL QUAL/SEMIQ        |               | -   | -          | Medicare | \$19.22                          | \$11.92                      | \$11.53                 | -                    | -        | 000     | 999     |          |
| 82657    | Q          | ENZYME CELL ACTIVITY         |               | -   | -          | Medicare | \$36.95                          | \$22.91                      | \$22.17                 | -                    | -        | 000     | 999     |          |
| 82658    | Q          | ENZYME CELL ACTIVITY RA      |               | -   | -          | Medicare | \$73.38                          | \$45.50                      | \$44.03                 | -                    | -        | 000     | 999     |          |
| 82664    | Q          | ELECTROPHORETIC TEST         |               | -   | -          | Medicare | \$102.50                         | \$63.55                      | \$61.50                 | -                    | -        | 000     | 999     |          |
| 82668    | Q          | ASSAY OF ERYTHROPOIETIN      |               | -   | -          | Medicare | \$31.32                          | \$19.42                      | \$18.79                 | -                    | -        | 000     | 999     |          |
| 82670    | Q          | ASSAY OF TOTAL ESTRADIOL     |               | -   | -          | Medicare | \$46.57                          | \$28.87                      | \$27.94                 | -                    | -        | 000     | 999     |          |
| 82671    | Q          | ASSAY OF ESTROGENS           |               | -   | -          | Medicare | \$53.83                          | \$33.37                      | \$32.30                 | -                    | -        | 000     | 999     |          |
| 82672    | Q          | ASSAY OF ESTROGEN            |               | -   | -          | Medicare | \$36.17                          | \$22.43                      | \$21.70                 | -                    | -        | 000     | 999     |          |
| 82677    | Q          | ASSAY OF ESTRIOL             |               | -   | -          | Medicare | \$40.30                          | \$24.99                      | \$24.18                 | -                    | -        | 000     | 999     |          |
| 82679    | Q          | ASSAY OF ESTRONE             |               | -   | -          | Medicare | \$41.58                          | \$25.78                      | \$24.95                 | -                    | -        | 000     | 999     |          |
| 82681    | Q          | ASSAY DIR MEAS FR ESTRADIOL  |               | -   | -          | Medicare | \$46.57                          | \$28.87                      | \$27.94                 | -                    | -        | 000     | 999     |          |
| 82693    | Q          | ASSAY OF ETHYLENE GLYCOL     |               | -   | -          | Medicare | \$24.83                          | \$15.39                      | \$14.90                 | -                    | -        | 000     | 999     |          |
| 82696    | Q          | ASSAY OF ETIOCHOLANOLONE     |               | -   | -          | Medicare | \$43.73                          | \$27.11                      | \$26.24                 | -                    | -        | 000     | 999     |          |
| 82705    | Q          | FATS/LIPIDS FECES QUAL       |               | -   | -          | Medicare | \$8.50                           | \$5.27                       | \$5.10                  | -                    | -        | 000     | 999     |          |
| 82710    | Q          | FATS/LIPIDS FECES QUANT      |               | -   | -          | Medicare | \$28.00                          | \$17.36                      | \$16.80                 | -                    | -        | 000     | 999     |          |
| 82715    | Q          | ASSAY OF FECAL FAT           |               | -   | -          | Medicare | \$38.28                          | \$23.73                      | \$22.97                 | -                    | -        | 000     | 999     |          |
| 82725    | Q          | ASSAY OF BLOOD FATTY ACIDS   |               | -   | -          | Medicare | \$31.28                          | \$19.39                      | \$18.77                 | -                    | -        | 000     | 999     |          |
| 82726    | Q          | LONG CHAIN FATTY ACIDS       |               | -   | -          | Medicare | \$32.92                          | \$20.41                      | \$19.75                 | -                    | -        | 000     | 999     |          |
| 82728    | Q          | ASSAY OF FERRITIN            |               | -   | -          | Medicare | \$22.72                          | \$14.09                      | \$13.63                 | -                    | -        | 000     | 999     |          |
| 82731    | Q          | ASSAY OF FETAL FIBRONECTIN   |               | -   | -          | Medicare | \$107.35                         | \$66.56                      | \$64.41                 | -                    | -        | 010     | 61      |          |

Montana Healthcare Programs Fee Schedule  
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| Proc Cd | 2024 APC<br>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 |                      |          |         |         |          |
| 82735   | Q                      | ASSAY OF FLUORIDE            |               | -   | -          | Medicare    | \$30.90               | \$19.16           | \$18.54           | -                    | -        | 000     | 999     |          |
| 82746   | Q                      | ASSAY OF FOLIC ACID SERUM    |               | -   | -          | Medicare    | \$24.50               | \$15.19           | \$14.70           | -                    | -        | 000     | 999     |          |
| 82747   | Q                      | ASSAY OF FOLIC ACID RBC      |               | -   | -          | Medicare    | \$29.42               | \$18.24           | \$17.65           | -                    | -        | 000     | 999     |          |
| 82757   | Q                      | ASSAY OF SEMEN FRUCTOSE      |               | -   | -          | Medicare    | \$28.90               | \$17.92           | \$17.34           | -                    | -        | 000     | 999     |          |
| 82759   | Q                      | ASSAY OF RBC GALACTOKINASE   |               | -   | -          | Medicare    | \$35.80               | \$22.20           | \$21.48           | -                    | -        | 000     | 999     |          |
| 82760   | Q                      | ASSAY OF GALACTOSE           |               | -   | -          | Medicare    | \$18.67               | \$11.58           | \$11.20           | -                    | -        | 000     | 999     |          |
| 82775   | Q                      | ASSAY GALACTOSE TRANSFERASE  |               | -   | -          | Medicare    | \$35.12               | \$21.77           | \$21.07           | -                    | -        | 000     | 999     |          |
| 82776   | Q                      | GALACTOSE TRANSFERASE TEST   |               | -   | -          | Medicare    | \$19.57               | \$12.13           | \$11.74           | -                    | -        | 000     | 999     |          |
| 82777   | Q                      | GALECTIN-3                   |               | -   | -          | Medicare    | \$73.75               | \$45.73           | \$44.25           | -                    | -        | 000     | 999     |          |
| 82784   | Q                      | ASSAY IGA/IGD/IGG/IGM EACH   |               | -   | -          | Medicare    | \$15.50               | \$9.61            | \$9.30            | -                    | -        | 000     | 999     |          |
| 82785   | Q                      | ASSAY OF IGE                 |               | -   | -          | Medicare    | \$27.43               | \$17.01           | \$16.46           | -                    | -        | 000     | 999     |          |
| 82787   | Q                      | IGG 1 2 3 OR 4 EACH          |               | -   | -          | Medicare    | \$13.37               | \$8.29            | \$8.02            | -                    | -        | 000     | 999     |          |
| 82800   | Q                      | BLOOD PH                     |               | -   | -          | Medicare    | \$18.33               | \$11.36           | \$11.00           | -                    | -        | 000     | 999     |          |
| 82803   | Q                      | BLOOD GASES ANY COMBINATION  |               | -   | -          | Medicare    | \$43.45               | \$26.94           | \$26.07           | -                    | -        | 000     | 999     |          |
| 82805   | Q                      | BLOOD GASES W/O2 SATURATION  |               | -   | -          | Medicare    | \$131.28              | \$81.39           | \$78.77           | -                    | -        | 000     | 999     |          |
| 82810   | Q                      | BLOOD GASES O2 SAT ONLY      |               | -   | -          | Medicare    | \$16.28               | \$10.09           | \$9.77            | -                    | -        | 000     | 999     |          |
| 82820   | Q                      | HEMOGLOBIN-OXYGEN AFFINITY   |               | -   | -          | Medicare    | \$22.23               | \$13.78           | \$13.34           | -                    | -        | 000     | 999     |          |
| 82930   | Q                      | GASTRIC ANALY W/PH EA SPEC   |               | -   | -          | Medicare    | \$11.18               | \$6.93            | \$6.71            | -                    | -        | 000     | 999     |          |
| 82938   | Q                      | GASTRIN TEST                 |               | -   | -          | Medicare    | \$29.48               | \$18.28           | \$17.69           | -                    | -        | 000     | 999     |          |
| 82941   | Q                      | ASSAY OF GASTRIN             |               | -   | -          | Medicare    | \$29.38               | \$18.22           | \$17.63           | -                    | -        | 000     | 999     |          |
| 82943   | Q                      | ASSAY OF GLUCAGON            |               | -   | -          | Medicare    | \$23.82               | \$14.77           | \$14.29           | -                    | -        | 000     | 999     |          |
| 82945   | Q                      | GLUCOSE OTHER FLUID          |               | -   | -          | Medicare    | \$6.55                | \$4.06            | \$3.93            | -                    | -        | 000     | 999     |          |
| 82946   | Q                      | GLUCAGON TOLERANCE TEST      |               | -   | -          | Medicare    | \$29.62               | \$18.36           | \$17.77           | -                    | -        | 000     | 999     |          |
| 82947   | Q                      | ASSAY GLUCOSE BLOOD QUANT    |               | -   | -          | Medicare    | \$6.55                | \$4.06            | \$3.93            | -                    | -        | 000     | 999     |          |
| 82948   | Q                      | REAGENT STRIP/BLOOD GLUCOSE  |               | -   | -          | Medicare    | \$8.40                | \$5.21            | \$5.04            | -                    | -        | 000     | 999     |          |
| 82950   | Q                      | GLUCOSE TEST                 |               | -   | -          | Medicare    | \$7.92                | \$4.91            | \$4.75            | -                    | -        | 000     | 999     |          |
| 82951   | Q                      | GLUCOSE TOLERANCE TEST (GTT) |               | -   | -          | Medicare    | \$21.45               | \$13.30           | \$12.87           | -                    | -        | 000     | 999     |          |
| 82952   | Q                      | GTT-ADDED SAMPLES            |               | -   | -          | Medicare    | \$6.53                | \$4.05            | \$3.92            | -                    | -        | 000     | 999     |          |
| 82955   | Q                      | ASSAY OF G6PD ENZYME         |               | -   | -          | Medicare    | \$16.17               | \$10.03           | \$9.70            | -                    | -        | 000     | 999     |          |
| 82960   | Q                      | TEST FOR G6PD ENZYME         |               | -   | -          | Medicare    | \$10.08               | \$6.25            | \$6.05            | -                    | -        | 000     | 999     |          |
| 82962   | Q                      | GLUCOSE BLOOD TEST           |               | -   | -          | Medicare    | \$5.47                | \$3.39            | \$3.28            | -                    | -        | 000     | 999     |          |
| 82963   | Q                      | ASSAY OF GLUCOSIDASE         |               | -   | -          | Medicare    | \$35.80               | \$22.20           | \$21.48           | -                    | -        | 000     | 999     |          |
| 82965   | Q                      | ASSAY OF GDH ENZYME          |               | -   | -          | Medicare    | \$21.92               | \$13.59           | \$13.15           | -                    | -        | 000     | 999     |          |
| 82977   | Q                      | ASSAY OF GGT                 |               | -   | -          | Medicare    | \$12.00               | \$7.44            | \$7.20            | -                    | -        | 000     | 999     |          |
| 82978   | Q                      | ASSAY OF GLUTATHIONE         |               | -   | -          | Medicare    | \$25.75               | \$15.97           | \$15.45           | -                    | -        | 000     | 999     |          |
| 82979   | Q                      | ASSAY RBC GLUTATHIONE        |               | -   | -          | Medicare    | \$15.73               | \$9.75            | \$9.44            | -                    | -        | 000     | 999     |          |
| 82985   | Q                      | ASSAY OF GLYCATED PROTEIN    |               | -   | -          | Medicare    | \$27.93               | \$17.32           | \$16.76           | -                    | -        | 000     | 999     |          |
| 83001   | Q                      | ASSAY OF GONADOTROPIN (FSH)  |               | -   | -          | Medicare    | \$30.97               | \$19.20           | \$18.58           | -                    | -        | 000     | 999     |          |
| 83002   | Q                      | ASSAY OF GONADOTROPIN (LH)   |               | -   | -          | Medicare    | \$30.87               | \$19.14           | \$18.52           | -                    | -        | 000     | 999     |          |
| 83003   | Q                      | ASSAY GROWTH HORMONE (HGH)   |               | -   | -          | Medicare    | \$27.78               | \$17.22           | \$16.67           | -                    | -        | 000     | 999     |          |
| 83006   | Q                      | GROWTH STIMULATION GENE 2    |               | -   | -          | Medicare    | \$126.00              | \$78.12           | \$75.60           | -                    | -        | 000     | 999     |          |
| 83009   | Q                      | H PYLORI (C-13) BLOOD        |               | -   | -          | Medicare    | \$112.27              | \$69.61           | \$67.36           | -                    | -        | 000     | 999     |          |
| 83010   | Q                      | ASSAY OF HAPTOGLOBIN QUANT   |               | -   | -          | Medicare    | \$20.97               | \$13.00           | \$12.58           | -                    | -        | 000     | 999     |          |
| 83012   | Q                      | ASSAY OF HAPTOGLOBINS        |               | -   | -          | Medicare    | \$44.82               | \$27.79           | \$26.89           | -                    | -        | 000     | 999     |          |
| 83013   | Q                      | H PYLORI (C-13) BREATH       |               | -   | -          | Medicare    | \$112.27              | \$69.61           | \$67.36           | -                    | -        | 000     | 999     |          |
| 83014   | Q                      | H PYLORI DRUG ADMIN          |               | -   | -          | Medicare    | \$13.10               | \$8.12            | \$7.86            | -                    | -        | 000     | 999     |          |
| 83015   | Q                      | HEAVY METAL QUAL ANY ANAL    |               | -   | -          | Medicare    | \$34.90               | \$21.64           | \$20.94           | -                    | -        | 000     | 999     |          |
| 83018   | Q                      | HEAVY METAL QUANT EACH NES   |               | -   | -          | Medicare    | \$36.60               | \$22.69           | \$21.96           | -                    | -        | 000     | 999     |          |
| 83020   | Q                      | HEMOGLOBIN ELECTROPHORESIS   |               | -   | -          | Medicare    | \$21.45               | \$13.30           | \$12.87           | -                    | -        | 000     | 999     |          |
| 83021   | Q                      | HEMOGLOBIN CHROMOTOGRAPHY    |               | -   | -          | Medicare    | \$30.10               | \$18.66           | \$18.06           | -                    | -        | 000     | 999     |          |
| 83026   | Q                      | HEMOGLOBIN COPPER SULFATE    |               | -   | -          | Medicare    | \$6.68                | \$4.14            | \$4.01            | -                    | -        | 000     | 999     |          |
| 83030   | Q                      | HEMOGLOBIN F FETAL CHEMICAL  |               | -   | -          | Medicare    | \$17.90               | \$11.10           | \$10.74           | -                    | -        | 000     | 999     |          |
| 83033   | Q                      | HEMOGLOBIN FTL F ASSAY QUAL  |               | -   | -          | Medicare    | \$13.33               | \$8.26            | \$8.00            | -                    | -        | 000     | 999     |          |
| 83036   | Q                      | HEMOGLOBIN GLYCOSYLATED A1C  |               | -   | -          | Medicare    | \$16.18               | \$10.03           | \$9.71            | -                    | -        | 000     | 999     |          |
| 83037   | E                      | HB GLYCOSYLATED A1C HOME DEV |               | -   | -          | Not Allowed | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 83045   | Q                      | HGB METHEMOGLOBIN QUAL       |               | -   | -          | Medicare    | \$10.82               | \$6.71            | \$6.49            | -                    | -        | 000     | 999     |          |



Montana Healthcare Programs Fee Schedule  
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| Proc<br>Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method   | Outpatient               | Sole Comm.           | Non-sole             | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|------------------------------|------------------------------|------------------|-----|---------------|----------|--------------------------|----------------------|----------------------|-------------------------|----------|------------|------------|----------|
|            |                              |                              |                  |     |               |          | Hospital Fee<br>Schedule | Hospital Lab<br>Fees | Hospital Lab<br>Fees |                         |          |            |            |          |
| 83050      | Q                            | HGB METHEMOGLOBIN QUAN       |                  | -   | -             | Medicare | \$13.67                  | \$8.48               | \$8.20               | -                       | -        | 000        | 999        |          |
| 83051      | Q                            | HEMOGLOBIN PLASMA            |                  | -   | -             | Medicare | \$12.18                  | \$7.55               | \$7.31               | -                       | -        | 000        | 999        |          |
| 83060      | Q                            | HGB SULFHEMOGLOBIN QUAN      |                  | -   | -             | Medicare | \$14.67                  | \$9.10               | \$8.80               | -                       | -        | 000        | 999        |          |
| 83065      | Q                            | HEMOGLOBIN THERMOLABILE      |                  | -   | -             | Medicare | \$15.00                  | \$9.30               | \$9.00               | -                       | -        | 000        | 999        |          |
| 83068      | Q                            | HEMOGLOBIN UNSTABLE SCREEN   |                  | -   | -             | Medicare | \$15.78                  | \$9.78               | \$9.47               | -                       | -        | 000        | 999        |          |
| 83069      | Q                            | HEMOGLOBIN URINE             |                  | -   | -             | Medicare | \$6.58                   | \$4.08               | \$3.95               | -                       | -        | 000        | 999        |          |
| 83070      | Q                            | ASSAY OF HEMOSIDERIN QUAL    |                  | -   | -             | Medicare | \$7.92                   | \$4.91               | \$4.75               | -                       | -        | 000        | 999        |          |
| 83080      | Q                            | ASSAY OF B HEXOSAMINIDASE EA |                  | -   | -             | Medicare | \$28.12                  | \$17.43              | \$16.87              | -                       | -        | 000        | 999        |          |
| 83088      | Q                            | ASSAY OF HISTAMINE           |                  | -   | -             | Medicare | \$49.22                  | \$30.52              | \$29.53              | -                       | -        | 000        | 999        |          |
| 83090      | Q                            | ASSAY OF HOMOCYSTEINE        |                  | -   | -             | Medicare | \$29.87                  | \$18.52              | \$17.92              | -                       | -        | 000        | 999        |          |
| 83150      | Q                            | ASSAY OF HOMOVANILLIC ACID   |                  | -   | -             | Medicare | \$37.35                  | \$23.16              | \$22.41              | -                       | -        | 000        | 999        |          |
| 83491      | Q                            | ASY HYDROXYCORTICOSTEROIDS17 |                  | -   | -             | Medicare | \$29.83                  | \$18.49              | \$17.90              | -                       | -        | 000        | 999        |          |
| 83497      | Q                            | ASSAY OF 5-HIAA              |                  | -   | -             | Medicare | \$21.50                  | \$13.33              | \$12.90              | -                       | -        | 000        | 999        |          |
| 83498      | Q                            | ASY HYDROXYPROGESTERONE 17-D |                  | -   | -             | Medicare | \$45.28                  | \$28.07              | \$27.17              | -                       | -        | 000        | 999        |          |
| 83500      | Q                            | ASSAY FREE HYDROXYPROLINE    |                  | -   | -             | Medicare | \$37.75                  | \$23.41              | \$22.65              | -                       | -        | 000        | 999        |          |
| 83505      | Q                            | ASSAY TOTAL HYDROXYPROLINE   |                  | -   | -             | Medicare | \$40.50                  | \$25.11              | \$24.30              | -                       | -        | 000        | 999        |          |
| 83516      | Q                            | IMMUNOASSAY NONANTIBODY      |                  | -   | -             | Medicare | \$19.22                  | \$11.92              | \$11.53              | -                       | -        | 000        | 999        |          |
| 83518      | Q                            | IMMUNOASSAY DIPSTICK         |                  | -   | -             | Medicare | \$16.07                  | \$9.96               | \$9.64               | -                       | -        | 000        | 999        |          |
| 83519      | Q                            | RIA NONANTIBODY              |                  | -   | -             | Medicare | \$30.67                  | \$19.02              | \$18.40              | -                       | -        | 000        | 999        |          |
| 83520      | Q                            | IMMUNOASSAY QUANT NOS NONAB  |                  | -   | -             | Medicare | \$28.78                  | \$17.84              | \$17.27              | -                       | -        | 000        | 999        |          |
| 83521      | Q                            | IG LIGHT CHAINS FREE EACH    |                  | -   | -             | Medicare | \$28.78                  | \$17.84              | \$17.27              | -                       | -        | 000        | 999        |          |
| 83525      | Q                            | ASSAY OF INSULIN             |                  | -   | -             | Medicare | \$19.05                  | \$11.81              | \$11.43              | -                       | -        | 000        | 999        |          |
| 83527      | Q                            | ASSAY OF INSULIN             |                  | -   | -             | Medicare | \$21.58                  | \$13.38              | \$12.95              | -                       | -        | 000        | 999        |          |
| 83528      | Q                            | ASSAY OF INTRINSIC FACTOR    |                  | -   | -             | Medicare | \$33.03                  | \$20.48              | \$19.82              | -                       | -        | 000        | 999        |          |
| 83529      | Q                            | ASAY OF INTERLEUKIN-6 (IL-6) |                  | -   | -             | Medicare | \$28.78                  | \$17.84              | \$17.27              | -                       | -        | 000        | 999        |          |
| 83540      | Q                            | ASSAY OF IRON                |                  | -   | -             | Medicare | \$10.78                  | \$6.68               | \$6.47               | -                       | -        | 000        | 999        |          |
| 83550      | Q                            | IRON BINDING TEST            |                  | -   | -             | Medicare | \$14.57                  | \$9.03               | \$8.74               | -                       | -        | 000        | 999        |          |
| 83570      | Q                            | ASSAY OF IDH ENZYME          |                  | -   | -             | Medicare | \$14.75                  | \$9.15               | \$8.85               | -                       | -        | 000        | 999        |          |
| 83582      | Q                            | ASSAY OF KETOGENIC STEROIDS  |                  | -   | -             | Medicare | \$25.78                  | \$15.98              | \$15.47              | -                       | -        | 000        | 999        |          |
| 83586      | Q                            | ASSAY 17- KETOSTEROIDS       |                  | -   | -             | Medicare | \$21.33                  | \$13.22              | \$12.80              | -                       | -        | 000        | 999        |          |
| 83593      | Q                            | FRACTIONATION KETOSTEROIDS   |                  | -   | -             | Medicare | \$47.50                  | \$29.45              | \$28.50              | -                       | -        | 000        | 999        |          |
| 83605      | Q                            | ASSAY OF LACTIC ACID         |                  | -   | -             | Medicare | \$19.28                  | \$11.95              | \$11.57              | -                       | -        | 000        | 999        |          |
| 83615      | Q                            | LACTATE (LD) (LDH) ENZYME    |                  | -   | -             | Medicare | \$10.07                  | \$6.24               | \$6.04               | -                       | -        | 000        | 999        |          |
| 83625      | Q                            | ASSAY OF LDH ENZYMES         |                  | -   | -             | Medicare | \$21.32                  | \$13.22              | \$12.79              | -                       | -        | 000        | 999        |          |
| 83630      | Q                            | LACTOFERRIN FECAL (QUAL)     |                  | -   | -             | Medicare | \$32.83                  | \$20.35              | \$19.70              | -                       | -        | 000        | 999        |          |
| 83631      | Q                            | LACTOFERRIN FECAL (QUANT)    |                  | -   | -             | Medicare | \$32.72                  | \$20.29              | \$19.63              | -                       | -        | 000        | 999        |          |
| 83632      | Q                            | PLACENTAL LACTOGEN           |                  | -   | -             | Medicare | \$33.70                  | \$20.89              | \$20.22              | -                       | -        | 000        | 999        |          |
| 83633      | Q                            | TEST URINE FOR LACTOSE       |                  | -   | -             | Medicare | \$18.75                  | \$11.63              | \$11.25              | -                       | -        | 000        | 999        |          |
| 83655      | Q                            | ASSAY OF LEAD                |                  | -   | -             | Medicare | \$20.18                  | \$12.51              | \$12.11              | -                       | -        | 000        | 999        |          |
| 83661      | Q                            | L/S RATIO FETAL LUNG         |                  | -   | -             | Medicare | \$36.65                  | \$22.72              | \$21.99              | -                       | -        | 000        | 999        |          |
| 83662      | Q                            | FOAM STABILITY FETAL LUNG    |                  | -   | -             | Medicare | \$31.52                  | \$19.54              | \$18.91              | -                       | -        | 000        | 999        |          |
| 83663      | Q                            | FLUORO POLARIZE FETAL LUNG   |                  | -   | -             | Medicare | \$31.52                  | \$19.54              | \$18.91              | -                       | -        | 000        | 999        |          |
| 83664      | Q                            | LAMELLAR BDY FETAL LUNG      |                  | -   | -             | Medicare | \$32.20                  | \$19.96              | \$19.32              | -                       | -        | 000        | 999        |          |
| 83670      | Q                            | ASSAY OF LAP ENZYME          |                  | -   | -             | Medicare | \$16.35                  | \$10.14              | \$9.81               | -                       | -        | 000        | 999        |          |
| 83690      | Q                            | ASSAY OF LIPASE              |                  | -   | -             | Medicare | \$11.48                  | \$7.12               | \$6.89               | -                       | -        | 000        | 999        |          |
| 83695      | Q                            | ASSAY OF LIPOPROTEIN(A)      |                  | -   | -             | Medicare | \$23.87                  | \$14.80              | \$14.32              | -                       | -        | 000        | 999        |          |
| 83698      | Q                            | ASSAY LIPOPROTEIN PLA2       |                  | -   | -             | Medicare | \$77.18                  | \$47.85              | \$46.31              | -                       | -        | 000        | 999        |          |
| 83700      | Q                            | LIOPRO BLD ELECTROPHORETIC   |                  | -   | -             | Medicare | \$18.77                  | \$11.64              | \$11.26              | -                       | -        | 000        | 999        |          |
| 83701      | Q                            | LIOPROTEIN BLD HR FRACTION   |                  | -   | -             | Medicare | \$56.43                  | \$34.99              | \$33.86              | -                       | -        | 000        | 999        |          |
| 83704      | Q                            | LIOPROTEIN BLD QUAN PART     |                  | -   | -             | Medicare | \$56.98                  | \$35.33              | \$34.19              | -                       | -        | 000        | 999        |          |
| 83718      | Q                            | ASSAY OF LIPOPROTEIN         |                  | -   | -             | Medicare | \$13.65                  | \$8.46               | \$8.19               | -                       | -        | 000        | 999        |          |
| 83719      | Q                            | ASSAY OF BLOOD LIPOPROTEIN   |                  | -   | -             | Medicare | \$21.25                  | \$13.18              | \$12.75              | -                       | -        | 000        | 999        |          |
| 83721      | Q                            | ASSAY OF BLOOD LIPOPROTEIN   |                  | -   | -             | Medicare | \$17.50                  | \$10.85              | \$10.50              | -                       | -        | 000        | 999        |          |
| 83722      | Q                            | LIOPRTN DIR MEAS SD LDL CHL  |                  | -   | -             | Medicare | \$56.98                  | \$35.33              | \$34.19              | -                       | -        | 000        | 999        |          |
| 83727      | Q                            | ASSAY OF LRH HORMONE         |                  | -   | -             | Medicare | \$28.65                  | \$17.76              | \$17.19              | -                       | -        | 000        | 999        |          |
| 83735      | Q                            | ASSAY OF MAGNESIUM           |                  | -   | -             | Medicare | \$11.17                  | \$6.93               | \$6.70               | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc<br>Cd | 2024<br>APC<br>Status | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method      | Outpatient               | Sole Comm.           | Non-sole             | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-----------------------|------------------------------|------------------|-----|---------------|-------------|--------------------------|----------------------|----------------------|-------------------------|----------|------------|------------|----------|
|            |                       |                              |                  |     |               |             | Hospital Fee<br>Schedule | Hospital Lab<br>Fees | Hospital Lab<br>Fees |                         |          |            |            |          |
| 83775      | Q                     | ASSAY MALATE DEHYDROGENASE   | -                | -   | -             | Medicare    | \$12.28                  | \$7.61               | \$7.37               | -                       | -        | 000        | 999        |          |
| 83785      | Q                     | ASSAY OF MANGANESE           | -                | -   | -             | Medicare    | \$44.42                  | \$27.54              | \$26.65              | -                       | -        | 000        | 999        |          |
| 83789      | Q                     | MASS SPECTROMETRY QUAL/QUAN  | -                | -   | -             | Medicare    | \$40.18                  | \$24.91              | \$24.11              | -                       | -        | 000        | 999        |          |
| 83825      | Q                     | ASSAY OF MERCURY             | -                | -   | -             | Medicare    | \$27.10                  | \$16.80              | \$16.26              | -                       | -        | 000        | 999        |          |
| 83835      | Q                     | ASSAY OF METANEPHRINES       | -                | -   | -             | Medicare    | \$28.23                  | \$17.50              | \$16.94              | -                       | -        | 000        | 999        |          |
| 83857      | Q                     | ASSAY OF METHEMALBUMIN       | -                | -   | -             | Medicare    | \$17.90                  | \$11.10              | \$10.74              | -                       | -        | 000        | 999        |          |
| 83861      | Q                     | MICROFLUID ANALY TEARS       | -                | -   | -             | Medicare    | \$37.47                  | \$23.23              | \$22.48              | -                       | -        | 000        | 999        |          |
| 83864      | Q                     | MUCOPOLYSACCHARIDES          | -                | -   | -             | Medicare    | \$47.50                  | \$29.45              | \$28.50              | -                       | -        | 000        | 999        |          |
| 83872      | Q                     | ASSAY SYNOVIAL FLUID MUCIN   | -                | -   | -             | Medicare    | \$9.77                   | \$6.06               | \$5.86               | -                       | -        | 000        | 999        |          |
| 83873      | Q                     | ASSAY OF CSF PROTEIN         | -                | -   | -             | Medicare    | \$28.67                  | \$17.78              | \$17.20              | -                       | -        | 000        | 999        |          |
| 83874      | Q                     | ASSAY OF MYOGLOBIN           | -                | -   | -             | Medicare    | \$21.53                  | \$13.35              | \$12.92              | -                       | -        | 000        | 999        |          |
| 83876      | Q                     | ASSAY MYELOPEROXIDASE        | -                | -   | -             | Medicare    | \$84.77                  | \$52.56              | \$50.86              | -                       | -        | 000        | 999        |          |
| 83880      | Q                     | ASSAY OF NATRIURETIC PEPTIDE | -                | -   | -             | Medicare    | \$65.43                  | \$40.57              | \$39.26              | -                       | -        | 000        | 999        |          |
| 83883      | Q                     | ASSAY NEPHELOMETRY NOT SPEC  | -                | -   | -             | Medicare    | \$22.67                  | \$14.06              | \$13.60              | -                       | -        | 000        | 999        |          |
| 83884      | Q                     | ASSAY NEURFLMNT LIGHT CHAIN  | -                | -   | -             | Medicare    | \$0.00                   | \$0.00               | \$0.00               | -                       | -        | 000        | 999        |          |
| 83885      | Q                     | ASSAY OF NICKEL              | -                | -   | -             | Medicare    | \$40.85                  | \$25.33              | \$24.51              | -                       | -        | 000        | 999        |          |
| 83915      | Q                     | ASSAY OF NUCLEOTIDASE        | -                | -   | -             | Medicare    | \$18.58                  | \$11.52              | \$11.15              | -                       | -        | 000        | 999        |          |
| 83916      | Q                     | OLIGOCLONAL BANDS            | -                | -   | -             | Medicare    | \$45.65                  | \$28.30              | \$27.39              | -                       | -        | 000        | 999        |          |
| 83918      | Q                     | ORGANIC ACIDS TOTAL QUANT    | -                | -   | -             | Medicare    | \$39.33                  | \$24.38              | \$23.60              | -                       | -        | 000        | 999        |          |
| 83919      | Q                     | ORGANIC ACIDS QUAL EACH      | -                | -   | -             | Medicare    | \$27.42                  | \$17.00              | \$16.45              | -                       | -        | 000        | 999        |          |
| 83921      | Q                     | ORGANIC ACID SINGLE QUANT    | -                | -   | -             | Medicare    | \$35.35                  | \$21.92              | \$21.21              | -                       | -        | 000        | 999        |          |
| 83930      | Q                     | ASSAY OF BLOOD OSMOLALITY    | -                | -   | -             | Medicare    | \$11.02                  | \$6.83               | \$6.61               | -                       | -        | 000        | 999        |          |
| 83935      | Q                     | ASSAY OF URINE OSMOLALITY    | -                | -   | -             | Medicare    | \$11.37                  | \$7.05               | \$6.82               | -                       | -        | 000        | 999        |          |
| 83937      | Q                     | ASSAY OF OSTEOCALCIN         | -                | -   | -             | Medicare    | \$49.75                  | \$30.85              | \$29.85              | -                       | -        | 000        | 999        |          |
| 83945      | Q                     | ASSAY OF OXALATE             | -                | -   | -             | Medicare    | \$24.08                  | \$14.93              | \$14.45              | -                       | -        | 000        | 999        |          |
| 83950      | Q                     | ONCOPROTEIN HER-2/NEU        | -                | -   | -             | Medicare    | \$107.35                 | \$66.56              | \$64.41              | -                       | -        | 000        | 999        |          |
| 83951      | Q                     | ONCOPROTEIN DCP              | -                | -   | -             | Medicare    | \$107.35                 | \$66.56              | \$64.41              | -                       | -        | 000        | 999        |          |
| 83970      | Q                     | ASSAY OF PARATHORMONE        | -                | -   | -             | Medicare    | \$68.80                  | \$42.66              | \$41.28              | -                       | -        | 000        | 999        |          |
| 83986      | Q                     | ASSAY PH BODY FLUID NOS      | -                | -   | -             | Medicare    | \$5.97                   | \$3.70               | \$3.58               | -                       | -        | 000        | 999        |          |
| 83987      | Q                     | EXHALED BREATH CONDENSATE    | -                | -   | -             | Medicare    | \$5.97                   | \$3.70               | \$3.58               | -                       | -        | 000        | 999        |          |
| 83992      | E                     | ASSAY FOR PHENCYCLIDINE      | -                | -   | -             | Not Allowed | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 83993      | Q                     | ASSAY FOR CALPROTECTIN FECAL | -                | -   | -             | Medicare    | \$32.72                  | \$20.29              | \$19.63              | -                       | -        | 000        | 999        |          |
| 84030      | Q                     | ASSAY OF BLOOD PKU           | -                | -   | -             | Medicare    | \$9.17                   | \$5.69               | \$5.50               | -                       | -        | 000        | 999        |          |
| 84035      | Q                     | ASSAY OF PHENYLKETONES       | -                | -   | -             | Medicare    | \$6.63                   | \$4.11               | \$3.98               | -                       | -        | 000        | 999        |          |
| 84060      | Q                     | ASSAY ACID PHOSPHATASE       | -                | -   | -             | Medicare    | \$12.73                  | \$7.89               | \$7.64               | -                       | -        | 000        | 999        |          |
| 84066      | Q                     | ASSAY PROSTATE PHOSPHATASE   | -                | -   | -             | Medicare    | \$16.10                  | \$9.98               | \$9.66               | -                       | -        | 000        | 999        |          |
| 84075      | Q                     | ASSAY ALKALINE PHOSPHATASE   | -                | -   | -             | Medicare    | \$8.63                   | \$5.35               | \$5.18               | -                       | -        | 000        | 999        |          |
| 84078      | Q                     | ASSAY ALKALINE PHOSPHATASE   | -                | -   | -             | Medicare    | \$13.77                  | \$8.54               | \$8.26               | -                       | -        | 000        | 999        |          |
| 84080      | Q                     | ASSAY ALKALINE PHOSPHATASES  | -                | -   | -             | Medicare    | \$24.63                  | \$15.27              | \$14.78              | -                       | -        | 000        | 999        |          |
| 84081      | Q                     | ASSAY PHOSPHATIDYLGLYCEROL   | -                | -   | -             | Medicare    | \$27.53                  | \$17.07              | \$16.52              | -                       | -        | 000        | 999        |          |
| 84085      | Q                     | ASSAY OF RBC PG6D ENZYME     | -                | -   | -             | Medicare    | \$15.73                  | \$9.75               | \$9.44               | -                       | -        | 000        | 999        |          |
| 84087      | Q                     | ASSAY PHOSPHOHEXOSE ENZYMES  | -                | -   | -             | Medicare    | \$17.88                  | \$11.09              | \$10.73              | -                       | -        | 000        | 999        |          |
| 84100      | Q                     | ASSAY OF PHOSPHORUS          | -                | -   | -             | Medicare    | \$7.90                   | \$4.90               | \$4.74               | -                       | -        | 000        | 999        |          |
| 84105      | Q                     | ASSAY OF URINE PHOSPHORUS    | -                | -   | -             | Medicare    | \$9.63                   | \$5.97               | \$5.78               | -                       | -        | 000        | 999        |          |
| 84106      | Q                     | TEST FOR PORPHOBILINOGEN     | -                | -   | -             | Medicare    | \$9.70                   | \$6.01               | \$5.82               | -                       | -        | 000        | 999        |          |
| 84110      | Q                     | ASSAY OF PORPHOBILINOGEN     | -                | -   | -             | Medicare    | \$14.07                  | \$8.72               | \$8.44               | -                       | -        | 000        | 999        |          |
| 84112      | Q                     | EVAL AMNIOTIC FLUID PROTEIN  | -                | -   | -             | Medicare    | \$163.52                 | \$101.38             | \$98.11              | -                       | -        | 010        | 61         |          |
| 84119      | Q                     | TEST URINE FOR PORPHYRINS    | -                | -   | -             | Medicare    | \$22.27                  | \$13.81              | \$13.36              | -                       | -        | 000        | 999        |          |
| 84120      | Q                     | ASSAY OF URINE PORPHYRINS    | -                | -   | -             | Medicare    | \$24.52                  | \$15.20              | \$14.71              | -                       | -        | 000        | 999        |          |
| 84126      | Q                     | ASSAY OF FECES PORPHYRINS    | -                | -   | -             | Medicare    | \$65.18                  | \$40.41              | \$39.11              | -                       | -        | 000        | 999        |          |
| 84132      | Q                     | ASSAY OF SERUM POTASSIUM     | -                | -   | -             | Medicare    | \$7.93                   | \$4.92               | \$4.76               | -                       | -        | 000        | 999        |          |
| 84133      | Q                     | ASSAY OF URINE POTASSIUM     | -                | -   | -             | Medicare    | \$7.88                   | \$4.89               | \$4.73               | -                       | -        | 000        | 999        |          |
| 84134      | Q                     | ASSAY OF PREALBUMIN          | -                | -   | -             | Medicare    | \$24.32                  | \$15.08              | \$14.59              | -                       | -        | 000        | 999        |          |
| 84135      | Q                     | ASSAY OF PREGNANEDIOL        | -                | -   | -             | Medicare    | \$35.45                  | \$21.98              | \$21.27              | -                       | -        | 000        | 999        |          |
| 84138      | Q                     | ASSAY OF PREGNANETRIOL       | -                | -   | -             | Medicare    | \$35.08                  | \$21.75              | \$21.05              | -                       | -        | 000        | 999        |          |
| 84140      | Q                     | ASSAY OF PREGNENOLONE        | -                | -   | -             | Medicare    | \$34.45                  | \$21.36              | \$20.67              | -                       | -        | 000        | 999        |          |

**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
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| Proc Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method   | Outpatient               | Sole Comm.           | Non-sole             | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|---------|------------------------------|------------------------------|------------------|-----|---------------|----------|--------------------------|----------------------|----------------------|-------------------------|----------|------------|------------|----------|
|         |                              |                              |                  |     |               |          | Hospital Fee<br>Schedule | Hospital Lab<br>Fees | Hospital Lab<br>Fees |                         |          |            |            |          |
| 84143   | Q                            | ASSAY OF 17-HYDROXYPREGNENO  |                  | -   | -             | Medicare | \$38.02                  | \$23.57              | \$22.81              | -                       | -        | 000        | 999        |          |
| 84144   | Q                            | ASSAY OF PROGESTERONE        |                  | -   | -             | Medicare | \$34.77                  | \$21.56              | \$20.86              | -                       | -        | 000        | 999        |          |
| 84145   | Q                            | PROCALCITONIN (PCT)          |                  | -   | -             | Medicare | \$45.37                  | \$28.13              | \$27.22              | -                       | -        | 000        | 999        |          |
| 84146   | Q                            | ASSAY OF PROLACTIN           |                  | -   | -             | Medicare | \$32.30                  | \$20.03              | \$19.38              | -                       | -        | 000        | 999        |          |
| 84150   | Q                            | ASSAY OF PROSTAGLANDIN       |                  | -   | -             | Medicare | \$69.62                  | \$43.16              | \$41.77              | -                       | -        | 000        | 999        |          |
| 84152   | Q                            | ASSAY OF PSA COMPLEXED       |                  | -   | -             | Medicare | \$30.65                  | \$19.00              | \$18.39              | -                       | -        | 000        | 999        |          |
| 84153   | Q                            | ASSAY OF PSA TOTAL           |                  | -   | -             | Medicare | \$30.65                  | \$19.00              | \$18.39              | -                       | -        | 000        | 999        |          |
| 84154   | Q                            | ASSAY OF PSA FREE            |                  | -   | -             | Medicare | \$30.65                  | \$19.00              | \$18.39              | -                       | -        | 000        | 999        |          |
| 84155   | Q                            | ASSAY OF PROTEIN SERUM       |                  | -   | -             | Medicare | \$6.12                   | \$3.79               | \$3.67               | -                       | -        | 000        | 999        |          |
| 84156   | Q                            | ASSAY OF PROTEIN URINE       |                  | -   | -             | Medicare | \$6.12                   | \$3.79               | \$3.67               | -                       | -        | 000        | 999        |          |
| 84157   | Q                            | ASSAY OF PROTEIN OTHER       |                  | -   | -             | Medicare | \$6.67                   | \$4.14               | \$4.00               | -                       | -        | 000        | 999        |          |
| 84160   | Q                            | ASSAY OF PROTEIN ANY SOURCE  |                  | -   | -             | Medicare | \$9.35                   | \$5.80               | \$5.61               | -                       | -        | 000        | 999        |          |
| 84163   | Q                            | PAPPA SERUM                  |                  | -   | -             | Medicare | \$25.08                  | \$15.55              | \$15.05              | -                       | -        | 010        | 61         |          |
| 84165   | Q                            | PROTEIN E-PHORESIS SERUM     |                  | -   | -             | Medicare | \$17.90                  | \$11.10              | \$10.74              | -                       | -        | 000        | 999        |          |
| 84166   | Q                            | PROTEIN E-PHORESIS/URINE/CSF |                  | -   | -             | Medicare | \$29.72                  | \$18.43              | \$17.83              | -                       | -        | 000        | 999        |          |
| 84181   | Q                            | WESTERN BLOT TEST            |                  | -   | -             | Medicare | \$28.38                  | \$17.60              | \$17.03              | -                       | -        | 000        | 999        |          |
| 84182   | Q                            | PROTEIN WESTERN BLOT TEST    |                  | -   | -             | Medicare | \$48.68                  | \$30.18              | \$29.21              | -                       | -        | 000        | 999        |          |
| 84202   | Q                            | ASSAY RBC PROTOPORPHYRIN     |                  | -   | -             | Medicare | \$23.92                  | \$14.83              | \$14.35              | -                       | -        | 000        | 999        |          |
| 84203   | Q                            | TEST RBC PROTOPORPHYRIN      |                  | -   | -             | Medicare | \$16.23                  | \$10.06              | \$9.74               | -                       | -        | 000        | 999        |          |
| 84206   | Q                            | ASSAY OF PROINSULIN          |                  | -   | -             | Medicare | \$44.48                  | \$27.58              | \$26.69              | -                       | -        | 000        | 999        |          |
| 84207   | Q                            | ASSAY OF VITAMIN B-6         |                  | -   | -             | Medicare | \$46.83                  | \$29.03              | \$28.10              | -                       | -        | 000        | 999        |          |
| 84210   | Q                            | ASSAY OF PYRUVATE            |                  | -   | -             | Medicare | \$24.13                  | \$14.96              | \$14.48              | -                       | -        | 000        | 999        |          |
| 84220   | Q                            | ASSAY OF PYRUVATE KINASE     |                  | -   | -             | Medicare | \$15.73                  | \$9.75               | \$9.44               | -                       | -        | 000        | 999        |          |
| 84228   | Q                            | ASSAY OF QUININE             |                  | -   | -             | Medicare | \$19.38                  | \$12.02              | \$11.63              | -                       | -        | 000        | 999        |          |
| 84233   | Q                            | ASSAY OF ESTROGEN            |                  | -   | -             | Medicare | \$146.47                 | \$90.81              | \$87.88              | -                       | -        | 000        | 999        |          |
| 84234   | Q                            | ASSAY OF PROGESTERONE        |                  | -   | -             | Medicare | \$108.13                 | \$67.04              | \$64.88              | -                       | -        | 000        | 999        |          |
| 84235   | Q                            | ASSAY OF ENDOCRINE HORMONE   |                  | -   | -             | Medicare | \$118.72                 | \$73.61              | \$71.23              | -                       | -        | 000        | 999        |          |
| 84238   | Q                            | ASSAY NONENDOCRINE RECEPTOR  |                  | -   | -             | Medicare | \$60.95                  | \$37.79              | \$36.57              | -                       | -        | 000        | 999        |          |
| 84244   | Q                            | ASSAY OF RENIN               |                  | -   | -             | Medicare | \$36.65                  | \$22.72              | \$21.99              | -                       | -        | 000        | 999        |          |
| 84252   | Q                            | ASSAY OF VITAMIN B-2         |                  | -   | -             | Medicare | \$33.73                  | \$20.91              | \$20.24              | -                       | -        | 000        | 999        |          |
| 84255   | Q                            | ASSAY OF SELENIUM            |                  | -   | -             | Medicare | \$42.55                  | \$26.38              | \$25.53              | -                       | -        | 000        | 999        |          |
| 84260   | Q                            | ASSAY OF SEROTONIN           |                  | -   | -             | Medicare | \$51.63                  | \$32.01              | \$30.98              | -                       | -        | 000        | 999        |          |
| 84270   | Q                            | ASSAY OF SEX HORMONE GLOBUL  |                  | -   | -             | Medicare | \$36.22                  | \$22.46              | \$21.73              | -                       | -        | 000        | 999        |          |
| 84275   | Q                            | ASSAY OF SIALIC ACID         |                  | -   | -             | Medicare | \$22.40                  | \$13.89              | \$13.44              | -                       | -        | 000        | 999        |          |
| 84285   | Q                            | ASSAY OF SILICA              |                  | -   | -             | Medicare | \$42.02                  | \$26.05              | \$25.21              | -                       | -        | 000        | 999        |          |
| 84295   | Q                            | ASSAY OF SERUM SODIUM        |                  | -   | -             | Medicare | \$8.02                   | \$4.97               | \$4.81               | -                       | -        | 000        | 999        |          |
| 84300   | Q                            | ASSAY OF URINE SODIUM        |                  | -   | -             | Medicare | \$8.43                   | \$5.23               | \$5.06               | -                       | -        | 000        | 999        |          |
| 84302   | Q                            | ASSAY OF SWEAT SODIUM        |                  | -   | -             | Medicare | \$8.10                   | \$5.02               | \$4.86               | -                       | -        | 000        | 999        |          |
| 84305   | Q                            | ASSAY OF SOMATOMEDIN         |                  | -   | -             | Medicare | \$35.43                  | \$21.97              | \$21.26              | -                       | -        | 000        | 999        |          |
| 84307   | Q                            | ASSAY OF SOMATOSTATIN        |                  | -   | -             | Medicare | \$30.47                  | \$18.89              | \$18.28              | -                       | -        | 000        | 999        |          |
| 84311   | Q                            | SPECTROPHOTOMETRY            |                  | -   | -             | Medicare | \$13.50                  | \$8.37               | \$8.10               | -                       | -        | 000        | 999        |          |
| 84315   | Q                            | BODY FLUID SPECIFIC GRAVITY  |                  | -   | -             | Medicare | \$5.47                   | \$3.39               | \$3.28               | -                       | -        | 000        | 999        |          |
| 84375   | Q                            | CHROMATOGRAM ASSAY SUGARS    |                  | -   | -             | Medicare | \$65.00                  | \$40.30              | \$39.00              | -                       | -        | 000        | 999        |          |
| 84376   | Q                            | SUGARS SINGLE QUAL           |                  | -   | -             | Medicare | \$9.17                   | \$5.69               | \$5.50               | -                       | -        | 000        | 999        |          |
| 84377   | Q                            | SUGARS MULTIPLE QUAL         |                  | -   | -             | Medicare | \$9.17                   | \$5.69               | \$5.50               | -                       | -        | 000        | 999        |          |
| 84378   | Q                            | SUGARS SINGLE QUANT          |                  | -   | -             | Medicare | \$19.22                  | \$11.92              | \$11.53              | -                       | -        | 000        | 999        |          |
| 84379   | Q                            | SUGARS MULTIPLE QUANT        |                  | -   | -             | Medicare | \$19.22                  | \$11.92              | \$11.53              | -                       | -        | 000        | 999        |          |
| 84392   | Q                            | ASSAY OF URINE SULFATE       |                  | -   | -             | Medicare | \$9.15                   | \$5.67               | \$5.49               | -                       | -        | 000        | 999        |          |
| 84393   | Q                            | TAU PHOSPHORYLATED EA        |                  | -   | -             | Medicare | \$0.00                   | \$0.00               | \$0.00               | -                       | -        | 000        | 999        |          |
| 84394   | Q                            | TOTAL TAU                    |                  | -   | -             | Medicare | \$0.00                   | \$0.00               | \$0.00               | -                       | -        | 000        | 999        |          |
| 84402   | Q                            | ASSAY OF FREE TESTOSTERONE   |                  | -   | -             | Medicare | \$42.45                  | \$26.32              | \$25.47              | -                       | -        | 000        | 999        |          |
| 84403   | Q                            | ASSAY OF TOTAL TESTOSTERONE  |                  | -   | -             | Medicare | \$43.02                  | \$26.67              | \$25.81              | -                       | -        | 000        | 999        |          |
| 84410   | Q                            | TESTOSTERONE BIOAVAILABLE    |                  | -   | -             | Medicare | \$85.47                  | \$52.99              | \$51.28              | -                       | -        | 000        | 999        |          |
| 84425   | Q                            | ASSAY OF VITAMIN B-1         |                  | -   | -             | Medicare | \$35.38                  | \$21.94              | \$21.23              | -                       | -        | 000        | 999        |          |
| 84430   | Q                            | ASSAY OF THIOCYANATE         |                  | -   | -             | Medicare | \$19.38                  | \$12.02              | \$11.63              | -                       | -        | 000        | 999        |          |
| 84431   | Q                            | THROMBOXANE URINE            |                  | -   | -             | Medicare | \$58.52                  | \$36.28              | \$35.11              | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc<br>Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method   | Outpatient               | Sole Comm.           | Non-sole             | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|------------------------------|------------------------------|------------------|-----|---------------|----------|--------------------------|----------------------|----------------------|-------------------------|----------|------------|------------|----------|
|            |                              |                              |                  |     |               |          | Hospital Fee<br>Schedule | Hospital Lab<br>Fees | Hospital Lab<br>Fees |                         |          |            |            |          |
| 84432      | Q                            | ASSAY OF THYROGLOBULIN       |                  | -   | -             | Medicare | \$26.77                  | \$16.60              | \$16.06              | -                       | -        | 000        | 999        |          |
| 84433      |                              | ASY THIOPURIN S-MTHYLTRNSFRS |                  | -   | -             | Medicare | \$36.95                  | \$22.91              | \$22.17              | -                       | -        | 000        | 999        |          |
| 84436      | Q                            | ASSAY OF TOTAL THYROXINE     |                  | -   | -             | Medicare | \$11.45                  | \$7.10               | \$6.87               | -                       | -        | 000        | 999        |          |
| 84437      | Q                            | ASSAY OF NEONATAL THYROXINE  |                  | -   | -             | Medicare | \$10.78                  | \$6.68               | \$6.47               | -                       | -        | 000        | 999        |          |
| 84439      | Q                            | ASSAY OF FREE THYROXINE      |                  | -   | -             | Medicare | \$15.03                  | \$9.32               | \$9.02               | -                       | -        | 000        | 999        |          |
| 84442      | Q                            | ASSAY OF THYROID ACTIVITY    |                  | -   | -             | Medicare | \$24.63                  | \$15.27              | \$14.78              | -                       | -        | 000        | 999        |          |
| 84443      | Q                            | ASSAY THYROID STIM HORMONE   |                  | -   | -             | Medicare | \$28.00                  | \$17.36              | \$16.80              | -                       | -        | 000        | 999        |          |
| 84445      | Q                            | ASSAY OF TSI GLOBULIN        |                  | -   | -             | Medicare | \$84.77                  | \$52.56              | \$50.86              | -                       | -        | 000        | 999        |          |
| 84446      | Q                            | ASSAY OF VITAMIN E           |                  | -   | -             | Medicare | \$23.63                  | \$14.65              | \$14.18              | -                       | -        | 000        | 999        |          |
| 84449      | Q                            | ASSAY OF TRANSCORTIN         |                  | -   | -             | Medicare | \$30.00                  | \$18.60              | \$18.00              | -                       | -        | 000        | 999        |          |
| 84450      | Q                            | TRANSFERASE (AST) (SGOT)     |                  | -   | -             | Medicare | \$8.63                   | \$5.35               | \$5.18               | -                       | -        | 000        | 999        |          |
| 84460      | Q                            | ALANINE AMINO (ALT) (SGPT)   |                  | -   | -             | Medicare | \$8.83                   | \$5.47               | \$5.30               | -                       | -        | 000        | 999        |          |
| 84466      | Q                            | ASSAY OF TRANSFERRIN         |                  | -   | -             | Medicare | \$21.27                  | \$13.19              | \$12.76              | -                       | -        | 000        | 999        |          |
| 84478      | Q                            | ASSAY OF TRIGLYCERIDES       |                  | -   | -             | Medicare | \$9.57                   | \$5.93               | \$5.74               | -                       | -        | 000        | 999        |          |
| 84479      | Q                            | ASSAY OF THYROID (T3 OR T4)  |                  | -   | -             | Medicare | \$10.78                  | \$6.68               | \$6.47               | -                       | -        | 000        | 999        |          |
| 84480      | Q                            | ASSAY TRIIODOTHYRONINE (T3)  |                  | -   | -             | Medicare | \$23.63                  | \$14.65              | \$14.18              | -                       | -        | 000        | 999        |          |
| 84481      | Q                            | FREE ASSAY (FT-3)            |                  | -   | -             | Medicare | \$28.23                  | \$17.50              | \$16.94              | -                       | -        | 000        | 999        |          |
| 84482      | Q                            | T3 REVERSE                   |                  | -   | -             | Medicare | \$26.27                  | \$16.29              | \$15.76              | -                       | -        | 000        | 999        |          |
| 84484      | Q                            | ASSAY OF TROPONIN QUANT      |                  | -   | -             | Medicare | \$20.78                  | \$12.88              | \$12.47              | -                       | -        | 000        | 999        |          |
| 84485      | Q                            | ASSAY DUODENAL FLUID TRYPSIN |                  | -   | -             | Medicare | \$12.00                  | \$7.44               | \$7.20               | -                       | -        | 000        | 999        |          |
| 84488      | Q                            | TEST FECES FOR TRYPSIN       |                  | -   | -             | Medicare | \$12.17                  | \$7.55               | \$7.30               | -                       | -        | 000        | 999        |          |
| 84490      | Q                            | ASSAY OF FECES FOR TRYPSIN   |                  | -   | -             | Medicare | \$16.55                  | \$10.26              | \$9.93               | -                       | -        | 000        | 999        |          |
| 84510      | Q                            | ASSAY OF TYROSINE            |                  | -   | -             | Medicare | \$17.72                  | \$10.99              | \$10.63              | -                       | -        | 000        | 999        |          |
| 84512      | Q                            | ASSAY OF TROPONIN QUAL       |                  | -   | -             | Medicare | \$16.82                  | \$10.43              | \$10.09              | -                       | -        | 000        | 999        |          |
| 84520      | Q                            | ASSAY OF UREA NITROGEN       |                  | -   | -             | Medicare | \$6.58                   | \$4.08               | \$3.95               | -                       | -        | 000        | 999        |          |
| 84525      | Q                            | UREA NITROGEN SEMI-QUANT     |                  | -   | -             | Medicare | \$8.55                   | \$5.30               | \$5.13               | -                       | -        | 000        | 999        |          |
| 84540      | Q                            | ASSAY OF URINE/UREA-N        |                  | -   | -             | Medicare | \$9.27                   | \$5.75               | \$5.56               | -                       | -        | 000        | 999        |          |
| 84545      | Q                            | UREA-N CLEARANCE TEST        |                  | -   | -             | Medicare | \$12.00                  | \$7.44               | \$7.20               | -                       | -        | 000        | 999        |          |
| 84550      | Q                            | ASSAY OF BLOOD/URIC ACID     |                  | -   | -             | Medicare | \$7.53                   | \$4.67               | \$4.52               | -                       | -        | 000        | 999        |          |
| 84560      | Q                            | ASSAY OF URINE/URIC ACID     |                  | -   | -             | Medicare | \$8.47                   | \$5.25               | \$5.08               | -                       | -        | 000        | 999        |          |
| 84577      | Q                            | ASSAY OF FECES/UROBILINOGEN  |                  | -   | -             | Medicare | \$28.00                  | \$17.36              | \$16.80              | -                       | -        | 000        | 999        |          |
| 84578      | Q                            | TEST URINE UROBILINOGEN      |                  | -   | -             | Medicare | \$7.45                   | \$4.62               | \$4.47               | -                       | -        | 000        | 999        |          |
| 84580      | Q                            | ASSAY OF URINE UROBILINOGEN  |                  | -   | -             | Medicare | \$15.92                  | \$9.87               | \$9.55               | -                       | -        | 000        | 999        |          |
| 84583      | Q                            | ASSAY OF URINE UROBILINOGEN  |                  | -   | -             | Medicare | \$10.08                  | \$6.25               | \$6.05               | -                       | -        | 000        | 999        |          |
| 84585      | Q                            | ASSAY OF URINE VMA           |                  | -   | -             | Medicare | \$25.83                  | \$16.01              | \$15.50              | -                       | -        | 000        | 999        |          |
| 84586      | Q                            | ASSAY OF VIP                 |                  | -   | -             | Medicare | \$58.88                  | \$36.51              | \$35.33              | -                       | -        | 000        | 999        |          |
| 84588      | Q                            | ASSAY OF VASOPRESSIN         |                  | -   | -             | Medicare | \$56.57                  | \$35.07              | \$33.94              | -                       | -        | 000        | 999        |          |
| 84590      | Q                            | ASSAY OF VITAMIN A           |                  | -   | -             | Medicare | \$19.35                  | \$12.00              | \$11.61              | -                       | -        | 000        | 999        |          |
| 84591      | Q                            | ASSAY OF NOS VITAMIN         |                  | -   | -             | Medicare | \$28.43                  | \$17.63              | \$17.06              | -                       | -        | 000        | 999        |          |
| 84597      | Q                            | ASSAY OF VITAMIN K           |                  | -   | -             | Medicare | \$22.87                  | \$14.18              | \$13.72              | -                       | -        | 000        | 999        |          |
| 84600      | Q                            | ASSAY OF VOLATILES           |                  | -   | -             | Medicare | \$28.52                  | \$17.68              | \$17.11              | -                       | -        | 000        | 999        |          |
| 84620      | Q                            | XYLOSE TOLERANCE TEST        |                  | -   | -             | Medicare | \$21.52                  | \$13.34              | \$12.91              | -                       | -        | 000        | 999        |          |
| 84630      | Q                            | ASSAY OF ZINC                |                  | -   | -             | Medicare | \$18.98                  | \$11.77              | \$11.39              | -                       | -        | 000        | 999        |          |
| 84681      | Q                            | ASSAY OF C-PEPTIDE           |                  | -   | -             | Medicare | \$34.68                  | \$21.50              | \$20.81              | -                       | -        | 000        | 999        |          |
| 84702      | Q                            | CHORIONIC GONADOTROPIN TEST  |                  | -   | -             | Medicare | \$25.08                  | \$15.55              | \$15.05              | -                       | -        | 000        | 999        |          |
| 84703      | Q                            | CHORIONIC GONADOTROPIN ASSAY |                  | -   | -             | Medicare | \$12.53                  | \$7.77               | \$7.52               | -                       | -        | 009        | 999        |          |
| 84704      | Q                            | HCG FREE BETACHAIN TEST      |                  | -   | -             | Medicare | \$25.48                  | \$15.80              | \$15.29              | -                       | -        | 000        | 999        |          |
| 84830      | Q                            | OVULATION TESTS              |                  | -   | -             | Medicare | \$21.17                  | \$13.13              | \$12.70              | -                       | -        | 000        | 999        |          |
| 84999      | N                            | UNLISTED CHEMISTRY PROCEDURE |                  | -   | -             | Bundled  | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 85002      | Q                            | BLEEDING TIME TEST           |                  | -   | -             | Medicare | \$8.03                   | \$4.98               | \$4.82               | -                       | -        | 000        | 999        |          |
| 85004      | Q                            | AUTOMATED DIFF WBC COUNT     |                  | -   | -             | Medicare | \$10.78                  | \$6.68               | \$6.47               | -                       | -        | 000        | 999        |          |
| 85007      | Q                            | BL SMEAR W/DIFF WBC COUNT    |                  | -   | -             | Medicare | \$6.33                   | \$3.92               | \$3.80               | -                       | -        | 000        | 999        |          |
| 85008      | Q                            | BL SMEAR W/O DIFF WBC COUNT  |                  | -   | -             | Medicare | \$5.72                   | \$3.55               | \$3.43               | -                       | -        | 000        | 999        |          |
| 85009      | Q                            | MANUAL DIFF WBC COUNT B-COAT |                  | -   | -             | Medicare | \$8.45                   | \$5.24               | \$5.07               | -                       | -        | 000        | 999        |          |
| 85013      | Q                            | SPUN MICROHEMATOCRIT         |                  | -   | -             | Medicare | \$11.67                  | \$7.24               | \$7.00               | -                       | -        | 000        | 999        |          |
| 85014      | Q                            | HEMATOCRIT                   |                  | -   | -             | Medicare | \$3.95                   | \$2.45               | \$2.37               | -                       | -        | 000        | 999        |          |



**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2025**

| Proc Cd | 2024 APC |     | Proc Desc                     | Proc Modifier | APC   | APC Weight | Method                     | Outpatient            | Sole Comm.        | Non-sole          | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|---------|----------|-----|-------------------------------|---------------|-------|------------|----------------------------|-----------------------|-------------------|-------------------|----------------------|----------|---------|---------|----------|
|         | Status   | Ind |                               |               |       |            |                            | Hospital Fee Schedule | Hospital Lab Fees | Hospital Lab Fees |                      |          |         |         |          |
| 85018   | Q        |     | HEMOGLOBIN                    |               | -     | -          | Medicare                   | \$3.95                | \$2.45            | \$2.37            | -                    | -        | 000     | 999     |          |
| 85025   |          |     | COMPLETE CBC W/AUTO DIFF WBC  |               | -     | -          | Medicare                   | \$12.95               | \$8.03            | \$7.77            | -                    | -        | 000     | 999     |          |
| 85027   | Q        |     | COMPLETE CBC AUTOMATED        |               | -     | -          | Medicare                   | \$10.78               | \$6.68            | \$6.47            | -                    | -        | 000     | 999     |          |
| 85032   | Q        |     | MANUAL CELL COUNT EACH        |               | -     | -          | Medicare                   | \$7.18                | \$4.45            | \$4.31            | -                    | -        | 000     | 999     |          |
| 85041   | Q        |     | AUTOMATED RBC COUNT           |               | -     | -          | Medicare                   | \$5.03                | \$3.12            | \$3.02            | -                    | -        | 000     | 999     |          |
| 85044   | Q        |     | MANUAL RETICULOCYTE COUNT     |               | -     | -          | Medicare                   | \$7.18                | \$4.45            | \$4.31            | -                    | -        | 000     | 999     |          |
| 85045   | Q        |     | AUTOMATED RETICULOCYTE COUNT  |               | -     | -          | Medicare                   | \$6.65                | \$4.12            | \$3.99            | -                    | -        | 000     | 999     |          |
| 85046   | Q        |     | RETICYTE/HGB CONCENTRATE      |               | -     | -          | Medicare                   | \$9.28                | \$5.75            | \$5.57            | -                    | -        | 000     | 999     |          |
| 85048   | Q        |     | AUTOMATED LEUKOCYTE COUNT     |               | -     | -          | Medicare                   | \$4.23                | \$2.62            | \$2.54            | -                    | -        | 000     | 999     |          |
| 85049   | Q        |     | AUTOMATED PLATELET COUNT      |               | -     | -          | Medicare                   | \$7.47                | \$4.63            | \$4.48            | -                    | -        | 000     | 999     |          |
| 85055   | Q        |     | RETICULATED PLATELET ASSAY    |               | -     | -          | Medicare                   | \$59.57               | \$36.93           | \$35.74           | -                    | -        | 000     | 999     |          |
| 85060   | E        |     | BLOOD SMEAR INTERPRETATION    |               | -     | -          | Not Allowed                | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 85097   | N        |     | BONE MARROW INTERPRETATION    |               | 05674 | 9.1613     | Bundled, sometimes payable | \$556.27              |                   |                   | -                    | -        | 000     | 999     |          |
| 85130   | Q        |     | CHROMOGENIC SUBSTRATE ASSAY   |               | -     | -          | Medicare                   | \$19.82               | \$12.29           | \$11.89           | -                    | -        | 000     | 999     |          |
| 85170   | Q        |     | BLOOD CLOT RETRACTION         |               | -     | -          | Medicare                   | \$27.17               | \$16.85           | \$16.30           | -                    | -        | 000     | 999     |          |
| 85175   | Q        |     | BLOOD CLOT LYSIS TIME         |               | -     | -          | Medicare                   | \$33.95               | \$21.05           | \$20.37           | -                    | -        | 000     | 999     |          |
| 85210   | Q        |     | CLOT FACTOR II PROTHROM SPEC  |               | -     | -          | Medicare                   | \$21.63               | \$13.41           | \$12.98           | -                    | -        | 000     | 999     |          |
| 85220   | Q        |     | BLOOC CLOT FACTOR V TEST      |               | -     | -          | Medicare                   | \$29.42               | \$18.24           | \$17.65           | -                    | -        | 000     | 999     |          |
| 85230   | Q        |     | CLOT FACTOR VII PROCONVERTIN  |               | -     | -          | Medicare                   | \$29.83               | \$18.49           | \$17.90           | -                    | -        | 000     | 999     |          |
| 85240   | Q        |     | CLOT FACTOR VIII AHG 1 STAGE  |               | -     | -          | Medicare                   | \$29.83               | \$18.49           | \$17.90           | -                    | -        | 000     | 999     |          |
| 85244   | Q        |     | CLOT FACTOR VIII RELTD ANTGN  |               | -     | -          | Medicare                   | \$34.03               | \$21.10           | \$20.42           | -                    | -        | 000     | 999     |          |
| 85245   | Q        |     | CLOT FACTOR VIII VW RISTOCTN  |               | -     | -          | Medicare                   | \$38.23               | \$23.70           | \$22.94           | -                    | -        | 000     | 999     |          |
| 85246   | Q        |     | CLOT FACTOR VIII VW ANTIGEN   |               | -     | -          | Medicare                   | \$38.23               | \$23.70           | \$22.94           | -                    | -        | 000     | 999     |          |
| 85247   | Q        |     | CLOT FACTOR VIII MULTIMETRIC  |               | -     | -          | Medicare                   | \$38.23               | \$23.70           | \$22.94           | -                    | -        | 000     | 999     |          |
| 85250   | Q        |     | CLOT FACTOR IX PTC/CHRSTMAS   |               | -     | -          | Medicare                   | \$31.73               | \$19.67           | \$19.04           | -                    | -        | 000     | 999     |          |
| 85260   | Q        |     | CLOT FACTOR X STUART-POWER    |               | -     | -          | Medicare                   | \$29.83               | \$18.49           | \$17.90           | -                    | -        | 000     | 999     |          |
| 85270   | Q        |     | CLOT FACTOR XI PTA            |               | -     | -          | Medicare                   | \$29.83               | \$18.49           | \$17.90           | -                    | -        | 000     | 999     |          |
| 85280   | Q        |     | CLOT FACTOR XII HAGEMAN       |               | -     | -          | Medicare                   | \$32.25               | \$20.00           | \$19.35           | -                    | -        | 000     | 999     |          |
| 85290   | Q        |     | CLOT FACTOR XIII FIBRIN STAB  |               | -     | -          | Medicare                   | \$27.23               | \$16.88           | \$16.34           | -                    | -        | 000     | 999     |          |
| 85291   | Q        |     | CLOT FACTOR XIII FIBRIN SCRIN |               | -     | -          | Medicare                   | \$15.18               | \$9.41            | \$9.11            | -                    | -        | 000     | 999     |          |
| 85292   | Q        |     | CLOT FACTOR FLETCHER FACT     |               | -     | -          | Medicare                   | \$31.55               | \$19.56           | \$18.93           | -                    | -        | 000     | 999     |          |
| 85293   | Q        |     | CLOT FACTOR WGHT KININOGEN    |               | -     | -          | Medicare                   | \$31.55               | \$19.56           | \$18.93           | -                    | -        | 000     | 999     |          |
| 85300   | Q        |     | ANTITHROMBIN III ACTIVITY     |               | -     | -          | Medicare                   | \$19.75               | \$12.25           | \$11.85           | -                    | -        | 000     | 999     |          |
| 85301   | Q        |     | ANTITHROMBIN III ANTIGEN      |               | -     | -          | Medicare                   | \$18.02               | \$11.17           | \$10.81           | -                    | -        | 000     | 999     |          |
| 85302   | Q        |     | CLOT INHIBIT PROT C ANTIGEN   |               | -     | -          | Medicare                   | \$20.02               | \$12.41           | \$12.01           | -                    | -        | 000     | 999     |          |
| 85303   | Q        |     | CLOT INHIBIT PROT C ACTIVITY  |               | -     | -          | Medicare                   | \$23.07               | \$14.30           | \$13.84           | -                    | -        | 000     | 999     |          |
| 85305   | Q        |     | CLOT INHIBIT PROT S TOTAL     |               | -     | -          | Medicare                   | \$19.35               | \$12.00           | \$11.61           | -                    | -        | 000     | 999     |          |
| 85306   | Q        |     | CLOT INHIBIT PROT S FREE      |               | -     | -          | Medicare                   | \$25.53               | \$15.83           | \$15.32           | -                    | -        | 000     | 999     |          |
| 85307   | Q        |     | ASSAY ACTIVATED PROTEIN C     |               | -     | -          | Medicare                   | \$25.53               | \$15.83           | \$15.32           | -                    | -        | 000     | 999     |          |
| 85335   | Q        |     | FACTOR INHIBITOR TEST         |               | -     | -          | Medicare                   | \$21.45               | \$13.30           | \$12.87           | -                    | -        | 000     | 999     |          |
| 85337   | Q        |     | THROMBOMODULIN                |               | -     | -          | Medicare                   | \$28.78               | \$17.84           | \$17.27           | -                    | -        | 000     | 999     |          |
| 85345   | Q        |     | COAGULATION TIME LEE & WHITE  |               | -     | -          | Medicare                   | \$7.82                | \$4.85            | \$4.69            | -                    | -        | 000     | 999     |          |
| 85347   | Q        |     | COAGULATION TIME ACTIVATED    |               | -     | -          | Medicare                   | \$7.13                | \$4.42            | \$4.28            | -                    | -        | 000     | 999     |          |
| 85348   | Q        |     | COAGULATION TIME OTR METHOD   |               | -     | -          | Medicare                   | \$7.48                | \$4.64            | \$4.49            | -                    | -        | 000     | 999     |          |
| 85360   | Q        |     | EUGLOBULIN LYSIS              |               | -     | -          | Medicare                   | \$14.02               | \$8.69            | \$8.41            | -                    | -        | 000     | 999     |          |
| 85362   | Q        |     | FIBRIN DEGRADATION PRODUCTS   |               | -     | -          | Medicare                   | \$11.48               | \$7.12            | \$6.89            | -                    | -        | 000     | 999     |          |
| 85366   | Q        |     | FIBRINOGEN TEST               |               | -     | -          | Medicare                   | \$134.10              | \$83.14           | \$80.46           | -                    | -        | 000     | 999     |          |
| 85370   | Q        |     | FIBRINOGEN TEST               |               | -     | -          | Medicare                   | \$20.72               | \$12.85           | \$12.43           | -                    | -        | 000     | 999     |          |
| 85378   | Q        |     | FIBRIN DEGRADE SEMIQUANT      |               | -     | -          | Medicare                   | \$16.20               | \$10.04           | \$9.72            | -                    | -        | 000     | 999     |          |
| 85379   | Q        |     | FIBRIN DEGRADATION QUANT      |               | -     | -          | Medicare                   | \$16.97               | \$10.52           | \$10.18           | -                    | -        | 000     | 999     |          |
| 85380   | Q        |     | FIBRIN DEGRADJ D-DIMER        |               | -     | -          | Medicare                   | \$16.97               | \$10.52           | \$10.18           | -                    | -        | 000     | 999     |          |
| 85384   | Q        |     | FIBRINOGEN ACTIVITY           |               | -     | -          | Medicare                   | \$16.20               | \$10.04           | \$9.72            | -                    | -        | 000     | 999     |          |
| 85385   | Q        |     | FIBRINOGEN ANTIGEN            |               | -     | -          | Medicare                   | \$24.10               | \$14.94           | \$14.46           | -                    | -        | 000     | 999     |          |
| 85390   | Q        |     | FIBRINOLYSINS SCREEN I&R      |               | -     | -          | Medicare                   | \$25.80               | \$16.00           | \$15.48           | -                    | -        | 000     | 999     |          |
| 85396   | N        |     | CLOTTING ASSAY WHOLE BLOOD    |               | -     | -          | Bundled                    | \$0.00                |                   |                   | -                    | -        | 000     | 999     |          |
| 85397   | Q        |     | CLOTTING FUNCT ACTIVITY       |               | -     | -          | Medicare                   | \$51.43               | \$31.89           | \$30.86           | -                    | -        | 000     | 999     |          |

**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2025**

| Proc<br>Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method   | Outpatient               | Sole Comm.           | Non-sole             | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|------------------------------|------------------------------|------------------|-----|---------------|----------|--------------------------|----------------------|----------------------|-------------------------|----------|------------|------------|----------|
|            |                              |                              |                  |     |               |          | Hospital Fee<br>Schedule | Hospital Lab<br>Fees | Hospital Lab<br>Fees |                         |          |            |            |          |
| 85400      | Q                            | FIBRINOLYTIC PLASMIN         | -                | -   | -             | Medicare | \$12.85                  | \$7.97               | \$7.71               | -                       | -        | 000        | 999        |          |
| 85410      | Q                            | FIBRINOLYTIC ANTIPLASMIN     | -                | -   | -             | Medicare | \$12.85                  | \$7.97               | \$7.71               | -                       | -        | 000        | 999        |          |
| 85415      | Q                            | FIBRINOLYTIC PLASMINOGEN     | -                | -   | -             | Medicare | \$28.65                  | \$17.76              | \$17.19              | -                       | -        | 000        | 999        |          |
| 85420      | Q                            | FIBRINOLYTIC PLASMINOGEN     | -                | -   | -             | Medicare | \$10.88                  | \$6.75               | \$6.53               | -                       | -        | 000        | 999        |          |
| 85421      | Q                            | FIBRINOLYTIC PLASMINOGEN     | -                | -   | -             | Medicare | \$16.97                  | \$10.52              | \$10.18              | -                       | -        | 000        | 999        |          |
| 85441      | Q                            | HEINZ BODIES DIRECT          | -                | -   | -             | Medicare | \$7.00                   | \$4.34               | \$4.20               | -                       | -        | 000        | 999        |          |
| 85445      | Q                            | HEINZ BODIES INDUCED         | -                | -   | -             | Medicare | \$11.37                  | \$7.05               | \$6.82               | -                       | -        | 000        | 999        |          |
| 85460      | Q                            | HEMOGLOBIN FETAL             | -                | -   | -             | Medicare | \$12.88                  | \$7.99               | \$7.73               | -                       | -        | 000        | 999        |          |
| 85461      | Q                            | HEMOGLOBIN FETAL             | -                | -   | -             | Medicare | \$15.60                  | \$9.67               | \$9.36               | -                       | -        | 000        | 999        |          |
| 85475      | Q                            | HEMOLYSIN ACID               | -                | -   | -             | Medicare | \$14.78                  | \$9.16               | \$8.87               | -                       | -        | 000        | 999        |          |
| 85520      | Q                            | HEPARIN ASSAY                | -                | -   | -             | Medicare | \$21.82                  | \$13.53              | \$13.09              | -                       | -        | 000        | 999        |          |
| 85525      | Q                            | HEPARIN NEUTRALIZATION       | -                | -   | -             | Medicare | \$19.73                  | \$12.23              | \$11.84              | -                       | -        | 000        | 999        |          |
| 85530      | Q                            | HEPARIN-PROTAMINE TOLERANCE  | -                | -   | -             | Medicare | \$21.82                  | \$13.53              | \$13.09              | -                       | -        | 000        | 999        |          |
| 85536      | Q                            | IRON STAIN PERIPHERAL BLOOD  | -                | -   | -             | Medicare | \$11.47                  | \$7.11               | \$6.88               | -                       | -        | 000        | 999        |          |
| 85540      | Q                            | WBC ALKALINE PHOSPHATASE     | -                | -   | -             | Medicare | \$14.33                  | \$8.88               | \$8.60               | -                       | -        | 000        | 999        |          |
| 85547      | Q                            | RBC MECHANICAL FRAGILITY     | -                | -   | -             | Medicare | \$14.33                  | \$8.88               | \$8.60               | -                       | -        | 000        | 999        |          |
| 85549      | Q                            | MURAMIDASE                   | -                | -   | -             | Medicare | \$31.25                  | \$19.38              | \$18.75              | -                       | -        | 000        | 999        |          |
| 85555      | Q                            | RBC OSMOTIC FRAGILITY        | -                | -   | -             | Medicare | \$12.45                  | \$7.72               | \$7.47               | -                       | -        | 000        | 999        |          |
| 85557      | Q                            | RBC OSMOTIC FRAGILITY        | -                | -   | -             | Medicare | \$22.27                  | \$13.81              | \$13.36              | -                       | -        | 000        | 999        |          |
| 85576      | Q                            | BLOOD PLATELET AGGREGATION   | -                | -   | -             | Medicare | \$41.52                  | \$25.74              | \$24.91              | -                       | -        | 000        | 999        |          |
| 85597      | Q                            | PHOSPHOLIPID PLTLT NEUTRALIZ | -                | -   | -             | Medicare | \$29.97                  | \$18.58              | \$17.98              | -                       | -        | 000        | 999        |          |
| 85598      | Q                            | HEXAGNAL PHOSPH PLTLT NEUTRL | -                | -   | -             | Medicare | \$29.97                  | \$18.58              | \$17.98              | -                       | -        | 000        | 999        |          |
| 85610      | Q                            | PROTHROMBIN TIME             | -                | -   | -             | Medicare | \$7.15                   | \$4.43               | \$4.29               | -                       | -        | 000        | 999        |          |
| 85611      | Q                            | PROTHROMBIN TEST             | -                | -   | -             | Medicare | \$6.57                   | \$4.07               | \$3.94               | -                       | -        | 000        | 999        |          |
| 85612      | Q                            | VIPER VENOM PROTHROMBIN TIME | -                | -   | -             | Medicare | \$29.15                  | \$18.07              | \$17.49              | -                       | -        | 000        | 999        |          |
| 85613      | Q                            | RUSSELL VIPER VENOM DILUTED  | -                | -   | -             | Medicare | \$15.97                  | \$9.90               | \$9.58               | -                       | -        | 000        | 999        |          |
| 85635      | Q                            | REPTILASE TEST               | -                | -   | -             | Medicare | \$16.42                  | \$10.18              | \$9.85               | -                       | -        | 000        | 999        |          |
| 85651      | Q                            | RBC SED RATE NONAUTOMATED    | -                | -   | -             | Medicare | \$7.12                   | \$4.41               | \$4.27               | -                       | -        | 000        | 999        |          |
| 85652      | Q                            | RBC SED RATE AUTOMATED       | -                | -   | -             | Medicare | \$4.50                   | \$2.79               | \$2.70               | -                       | -        | 000        | 999        |          |
| 85660      | Q                            | RBC SICKLE CELL TEST         | -                | -   | -             | Medicare | \$9.18                   | \$5.69               | \$5.51               | -                       | -        | 000        | 999        |          |
| 85670      | Q                            | THROMBIN TIME PLASMA         | -                | -   | -             | Medicare | \$9.62                   | \$5.96               | \$5.77               | -                       | -        | 000        | 999        |          |
| 85675      | Q                            | THROMBIN TIME TITER          | -                | -   | -             | Medicare | \$11.42                  | \$7.08               | \$6.85               | -                       | -        | 000        | 999        |          |
| 85705      | Q                            | THROMBOPLASTIN INHIBITION    | -                | -   | -             | Medicare | \$16.05                  | \$9.95               | \$9.63               | -                       | -        | 000        | 999        |          |
| 85730      | Q                            | THROMBOPLASTIN TIME PARTIAL  | -                | -   | -             | Medicare | \$10.02                  | \$6.21               | \$6.01               | -                       | -        | 000        | 999        |          |
| 85732      | Q                            | THROMBOPLASTIN TIME PARTIAL  | -                | -   | -             | Medicare | \$10.78                  | \$6.68               | \$6.47               | -                       | -        | 000        | 999        |          |
| 85810      | Q                            | BLOOD VISCOSITY EXAMINATION  | -                | -   | -             | Medicare | \$19.45                  | \$12.06              | \$11.67              | -                       | -        | 000        | 999        |          |
| 85999      | N                            | UNLISTED HEMATOLOGY&COAGJ PX | -                | -   | -             | Bundled  | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 86000      | Q                            | AGGLUTININS FEBRILE ANTIGEN  | -                | -   | -             | Medicare | \$11.63                  | \$7.21               | \$6.98               | -                       | -        | 000        | 999        |          |
| 86001      | Q                            | ALLERGEN SPECIFIC IGG        | -                | -   | -             | Medicare | \$13.03                  | \$8.08               | \$7.82               | -                       | -        | 000        | 999        |          |
| 86003      | Q                            | ALLG SPEC IGE CRUDE XTRC EA  | -                | -   | -             | Medicare | \$8.70                   | \$5.39               | \$5.22               | -                       | -        | 000        | 999        |          |
| 86005      | Q                            | ALLG SPEC IGE MULTIALLG SCR  | -                | -   | -             | Medicare | \$13.28                  | \$8.23               | \$7.97               | -                       | -        | 000        | 999        |          |
| 86008      | Q                            | ALLG SPEC IGE RECOMB EA      | -                | -   | -             | Medicare | \$29.88                  | \$18.53              | \$17.93              | -                       | -        | 000        | 999        |          |
| 86015      | Q                            | ACTIN ANTIBODY EACH          | -                | -   | -             | Medicare | \$20.08                  | \$12.45              | \$12.05              | -                       | -        | 000        | 999        |          |
| 86021      | Q                            | WBC ANTIBODY IDENTIFICATION  | -                | -   | -             | Medicare | \$25.08                  | \$15.55              | \$15.05              | -                       | -        | 000        | 999        |          |
| 86022      | Q                            | PLATELET ANTIBODIES          | -                | -   | -             | Medicare | \$30.62                  | \$18.98              | \$18.37              | -                       | -        | 000        | 999        |          |
| 86023      | Q                            | IMMUNOGLOBULIN ASSAY         | -                | -   | -             | Medicare | \$20.77                  | \$12.88              | \$12.46              | -                       | -        | 000        | 999        |          |
| 86036      | Q                            | ANCA SCREEN EACH ANTIBODY    | -                | -   | -             | Medicare | \$20.08                  | \$12.45              | \$12.05              | -                       | -        | 000        | 999        |          |
| 86037      | Q                            | ANCA TITER EACH ANTIBODY     | -                | -   | -             | Medicare | \$20.08                  | \$12.45              | \$12.05              | -                       | -        | 000        | 999        |          |
| 86038      | Q                            | ANTINUCLEAR ANTIBODIES       | -                | -   | -             | Medicare | \$20.15                  | \$12.49              | \$12.09              | -                       | -        | 000        | 999        |          |
| 86039      | Q                            | ANTINUCLEAR ANTIBODIES (ANA) | -                | -   | -             | Medicare | \$18.60                  | \$11.53              | \$11.16              | -                       | -        | 000        | 999        |          |
| 86041      | Q                            | ACETYLCHOLN RCPTR BNDNG ANTB | -                | -   | -             | Medicare | \$30.67                  | \$19.02              | \$18.40              | -                       | -        | 000        | 999        |          |
| 86042      | Q                            | ACETYLCHOLN RCPTR BLCKG ANTB | -                | -   | -             | Medicare | \$30.67                  | \$19.02              | \$18.40              | -                       | -        | 000        | 999        |          |
| 86043      | Q                            | ACETYLCHOLN RCPTR MODLG ANTB | -                | -   | -             | Medicare | \$20.08                  | \$12.45              | \$12.05              | -                       | -        | 000        | 999        |          |
| 86051      | Q                            | AQUAPORIN-4 ANTB ELISA       | -                | -   | -             | Medicare | \$19.22                  | \$11.92              | \$11.53              | -                       | -        | 000        | 999        |          |
| 86052      | Q                            | AQUAPORIN-4 ANTB CBA EACH    | -                | -   | -             | Medicare | \$20.08                  | \$12.45              | \$12.05              | -                       | -        | 000        | 999        |          |
| 86053      | Q                            | AQAPRN-4 ANTB FLO CYTMTRY EA | -                | -   | -             | Medicare | \$62.88                  | \$38.99              | \$37.73              | -                       | -        | 000        | 999        |          |

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| Proc<br>Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC   | APC<br>Weight | Method                     | Outpatient               | Sole Comm.           | Non-sole             | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|------------------------------|------------------------------|------------------|-------|---------------|----------------------------|--------------------------|----------------------|----------------------|-------------------------|----------|------------|------------|----------|
|            |                              |                              |                  |       |               |                            | Hospital Fee<br>Schedule | Hospital Lab<br>Fees | Hospital Lab<br>Fees |                         |          |            |            |          |
| 86060      | Q                            | ANTISTREPTOLYSIN O TITER     |                  | -     | -             | Medicare                   | \$12.17                  | \$7.55               | \$7.30               | -                       | -        | 000        | 999        |          |
| 86063      | Q                            | ANTISTREPTOLYSIN O SCREEN    |                  | -     | -             | Medicare                   | \$9.62                   | \$5.96               | \$5.77               | -                       | -        | 000        | 999        |          |
| 86077      | N                            | PHYS BLOOD BANK SERV XMATCH  |                  | 05731 | 0.2747        | Bundled, sometimes payable | \$16.68                  |                      |                      | -                       | -        | 000        | 999        |          |
| 86078      | N                            | PHYS BLOOD BANK SERV REACTJ  |                  | 05672 | 1.9218        | Bundled, sometimes payable | \$116.69                 |                      |                      | -                       | -        | 000        | 999        |          |
| 86079      | N                            | PHYS BLOOD BANK SERV AUTHRJ  |                  | 05671 | 0.5992        | Bundled, sometimes payable | \$36.38                  |                      |                      | -                       | -        | 000        | 999        |          |
| 86140      | Q                            | C-REACTIVE PROTEIN           |                  | -     | -             | Medicare                   | \$8.63                   | \$5.35               | \$5.18               | -                       | -        | 000        | 999        |          |
| 86141      | Q                            | C-REACTIVE PROTEIN HS        |                  | -     | -             | Medicare                   | \$21.58                  | \$13.38              | \$12.95              | -                       | -        | 000        | 999        |          |
| 86146      | Q                            | BETA-2 GLYCOPROTEIN ANTIBODY |                  | -     | -             | Medicare                   | \$42.42                  | \$26.30              | \$25.45              | -                       | -        | 000        | 999        |          |
| 86147      | Q                            | CARDIOLIPIN ANTIBODY EA IG   |                  | -     | -             | Medicare                   | \$42.42                  | \$26.30              | \$25.45              | -                       | -        | 000        | 999        |          |
| 86148      | Q                            | ANTI-PHOSPHOLIPID ANTIBODY   |                  | -     | -             | Medicare                   | \$26.78                  | \$16.60              | \$16.07              | -                       | -        | 000        | 999        |          |
| 86152      | Q                            | CELL ENUMERATION & ID        |                  | -     | -             | Medicare                   | \$417.97                 | \$259.14             | \$250.78             | -                       | -        | 000        | 999        |          |
| 86153      | E                            | CELL ENUMERATION PHYS INTERP |                  | -     | -             | Not Allowed                | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 86155      | Q                            | CHEMOTAXIS ASSAY             |                  | -     | -             | Medicare                   | \$26.65                  | \$16.52              | \$15.99              | -                       | -        | 000        | 999        |          |
| 86156      | Q                            | COLD AGGLUTININ SCREEN       |                  | -     | -             | Medicare                   | \$13.45                  | \$8.34               | \$8.07               | -                       | -        | 000        | 999        |          |
| 86157      | Q                            | COLD AGGLUTININ TITER        |                  | -     | -             | Medicare                   | \$13.43                  | \$8.33               | \$8.06               | -                       | -        | 000        | 999        |          |
| 86160      | Q                            | COMPLEMENT ANTIGEN           |                  | -     | -             | Medicare                   | \$20.00                  | \$12.40              | \$12.00              | -                       | -        | 000        | 999        |          |
| 86161      | Q                            | COMPLEMENT/FUNCTION ACTIVITY |                  | -     | -             | Medicare                   | \$20.00                  | \$12.40              | \$12.00              | -                       | -        | 000        | 999        |          |
| 86162      | Q                            | COMPLEMENT TOTAL (CH50)      |                  | -     | -             | Medicare                   | \$33.87                  | \$21.00              | \$20.32              | -                       | -        | 000        | 999        |          |
| 86171      | Q                            | COMPLEMENT FIXATION EACH     |                  | -     | -             | Medicare                   | \$16.68                  | \$10.34              | \$10.01              | -                       | -        | 000        | 999        |          |
| 86200      | Q                            | CCP ANTIBODY                 |                  | -     | -             | Medicare                   | \$21.58                  | \$13.38              | \$12.95              | -                       | -        | 000        | 999        |          |
| 86215      | Q                            | DEOXYRIBONUCLEASE ANTIBODY   |                  | -     | -             | Medicare                   | \$22.08                  | \$13.69              | \$13.25              | -                       | -        | 000        | 999        |          |
| 86225      | Q                            | DNA ANTIBODY NATIVE          |                  | -     | -             | Medicare                   | \$22.90                  | \$14.20              | \$13.74              | -                       | -        | 000        | 999        |          |
| 86226      | Q                            | DNA ANTIBODY SINGLE STRAND   |                  | -     | -             | Medicare                   | \$20.18                  | \$12.51              | \$12.11              | -                       | -        | 000        | 999        |          |
| 86231      | Q                            | EMA EACH IG CLASS            |                  | -     | -             | Medicare                   | \$20.15                  | \$12.49              | \$12.09              | -                       | -        | 000        | 999        |          |
| 86235      | Q                            | NUCLEAR ANTIGEN ANTIBODY     |                  | -     | -             | Medicare                   | \$29.88                  | \$18.53              | \$17.93              | -                       | -        | 000        | 999        |          |
| 86255      | Q                            | FLUORESCENT ANTIBODY SCREEN  |                  | -     | -             | Medicare                   | \$20.08                  | \$12.45              | \$12.05              | -                       | -        | 000        | 999        |          |
| 86256      | Q                            | FLUORESCENT ANTIBODY TITER   |                  | -     | -             | Medicare                   | \$20.08                  | \$12.45              | \$12.05              | -                       | -        | 000        | 999        |          |
| 86258      | Q                            | DGP ANTIBODY EACH IG CLASS   |                  | -     | -             | Medicare                   | \$20.08                  | \$12.45              | \$12.05              | -                       | -        | 000        | 999        |          |
| 86277      | Q                            | GROWTH HORMONE ANTIBODY      |                  | -     | -             | Medicare                   | \$26.23                  | \$16.26              | \$15.74              | -                       | -        | 000        | 999        |          |
| 86280      | Q                            | HEMAGGLUTINATION INHIBITION  |                  | -     | -             | Medicare                   | \$13.65                  | \$8.46               | \$8.19               | -                       | -        | 000        | 999        |          |
| 86294      | Q                            | IMMUNOASSAY TUMOR QUAL       |                  | -     | -             | Medicare                   | \$42.62                  | \$26.42              | \$25.57              | -                       | -        | 000        | 999        |          |
| 86300      | Q                            | IMMUNOASSAY TUMOR CA 15-3    |                  | -     | -             | Medicare                   | \$34.68                  | \$21.50              | \$20.81              | -                       | -        | 000        | 999        |          |
| 86301      | Q                            | IMMUNOASSAY TUMOR CA 19-9    |                  | -     | -             | Medicare                   | \$34.68                  | \$21.50              | \$20.81              | -                       | -        | 000        | 999        |          |
| 86304      | Q                            | IMMUNOASSAY TUMOR CA 125     |                  | -     | -             | Medicare                   | \$34.68                  | \$21.50              | \$20.81              | -                       | -        | 000        | 999        |          |
| 86305      | Q                            | HUMAN EPIDIDYMIS PROTEIN 4   |                  | -     | -             | Medicare                   | \$34.68                  | \$21.50              | \$20.81              | -                       | -        | 000        | 999        |          |
| 86308      | Q                            | HETEROPHILE ANTIBODY SCREEN  |                  | -     | -             | Medicare                   | \$8.63                   | \$5.35               | \$5.18               | -                       | -        | 000        | 999        |          |
| 86309      | Q                            | HETEROPHILE ANTIBODY TITER   |                  | -     | -             | Medicare                   | \$10.78                  | \$6.68               | \$6.47               | -                       | -        | 000        | 999        |          |
| 86310      | Q                            | HETEROPHILE ANTIBODY ABSRBJ  |                  | -     | -             | Medicare                   | \$12.28                  | \$7.61               | \$7.37               | -                       | -        | 000        | 999        |          |
| 86316      | Q                            | IMMUNOASSAY TUMOR OTHER      |                  | -     | -             | Medicare                   | \$34.68                  | \$21.50              | \$20.81              | -                       | -        | 000        | 999        |          |
| 86317      | Q                            | IMMUNOASSAY INFECTIOUS AGENT |                  | -     | -             | Medicare                   | \$24.98                  | \$15.49              | \$14.99              | -                       | -        | 000        | 999        |          |
| 86318      | Q                            | IA INFECTIOUS AGENT ANTIBODY |                  | -     | -             | Medicare                   | \$30.15                  | \$18.69              | \$18.09              | -                       | -        | 000        | 999        |          |
| 86320      | Q                            | SERUM IMMUNOELECTROPHORESIS  |                  | -     | -             | Medicare                   | \$49.87                  | \$30.92              | \$29.92              | -                       | -        | 000        | 999        |          |
| 86325      | Q                            | OTHER IMMUNOELECTROPHORESIS  |                  | -     | -             | Medicare                   | \$38.55                  | \$23.90              | \$23.13              | -                       | -        | 000        | 999        |          |
| 86328      | Q                            | IA NFCT AB SARSCOV2 COVID19  |                  | -     | -             | Medicare                   | \$75.47                  | \$46.79              | \$45.28              | -                       | -        | 000        | 999        |          |
| 86329      | Q                            | IMMUNODIFFUSION NES          |                  | -     | -             | Medicare                   | \$23.42                  | \$14.52              | \$14.05              | -                       | -        | 000        | 999        |          |
| 86331      | Q                            | IMMUNODIFFUSION OUCHTERLONY  |                  | -     | -             | Medicare                   | \$19.97                  | \$12.38              | \$11.98              | -                       | -        | 000        | 999        |          |
| 86332      | Q                            | IMMUNE COMPLEX ASSAY         |                  | -     | -             | Medicare                   | \$40.62                  | \$25.18              | \$24.37              | -                       | -        | 000        | 999        |          |
| 86334      | Q                            | IMMUNOFIX E-PHORESIS SERUM   |                  | -     | -             | Medicare                   | \$37.23                  | \$23.08              | \$22.34              | -                       | -        | 000        | 999        |          |
| 86335      | Q                            | IMMUNFIX E-PHORSIS/URINE/CSF |                  | -     | -             | Medicare                   | \$48.92                  | \$30.33              | \$29.35              | -                       | -        | 000        | 999        |          |
| 86336      | Q                            | INHIBIN A                    |                  | -     | -             | Medicare                   | \$25.98                  | \$16.11              | \$15.59              | -                       | -        | 000        | 999        |          |
| 86337      | Q                            | INSULIN ANTIBODIES           |                  | -     | -             | Medicare                   | \$35.68                  | \$22.12              | \$21.41              | -                       | -        | 000        | 999        |          |
| 86340      | Q                            | INTRINSIC FACTOR ANTIBODY    |                  | -     | -             | Medicare                   | \$25.13                  | \$15.58              | \$15.08              | -                       | -        | 000        | 999        |          |
| 86341      | Q                            | ISLET CELL ANTIBODY          |                  | -     | -             | Medicare                   | \$39.28                  | \$24.35              | \$23.57              | -                       | -        | 000        | 999        |          |
| 86343      | Q                            | LEUKOCYTE HISTAMINE RELEASE  |                  | -     | -             | Medicare                   | \$20.77                  | \$12.88              | \$12.46              | -                       | -        | 000        | 999        |          |
| 86344      | Q                            | LEUKOCYTE PHAGOCYTOSIS       |                  | -     | -             | Medicare                   | \$17.32                  | \$10.74              | \$10.39              | -                       | -        | 000        | 999        |          |
| 86352      | Q                            | CELL FUNCTION ASSAY W/STIM   |                  | -     | -             | Medicare                   | \$226.43                 | \$140.39             | \$135.86             | -                       | -        | 000        | 999        |          |

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|------------|------------------------------|------------------------------|------------------|-------|---------------|----------------------------|--------------------------|----------------------|----------------------|-------------------------|----------|------------|------------|----------|
|            |                              |                              |                  |       |               |                            | Hospital Fee<br>Schedule | Hospital Lab<br>Fees | Hospital Lab<br>Fees |                         |          |            |            |          |
| 86353      | Q                            | LYMPHOCYTE TRANSFORMATION    |                  | -     | -             | Medicare                   | \$81.72                  | \$50.67              | \$49.03              | -                       | -        | 000        | 999        |          |
| 86355      | Q                            | B CELLS TOTAL COUNT          |                  | -     | -             | Medicare                   | \$62.88                  | \$38.99              | \$37.73              | -                       | -        | 000        | 999        |          |
| 86356      | Q                            | MONONUCLEAR CELL ANTIGEN     |                  | -     | -             | Medicare                   | \$44.63                  | \$27.67              | \$26.78              | -                       | -        | 000        | 999        |          |
| 86357      | Q                            | NK CELLS TOTAL COUNT         |                  | -     | -             | Medicare                   | \$62.88                  | \$38.99              | \$37.73              | -                       | -        | 000        | 999        |          |
| 86359      | Q                            | T CELLS TOTAL COUNT          |                  | -     | -             | Medicare                   | \$62.88                  | \$38.99              | \$37.73              | -                       | -        | 000        | 999        |          |
| 86360      | Q                            | T CELL ABSOLUTE COUNT/RATIO  |                  | -     | -             | Medicare                   | \$78.30                  | \$48.55              | \$46.98              | -                       | -        | 000        | 999        |          |
| 86361      | Q                            | T CELL ABSOLUTE COUNT        |                  | -     | -             | Medicare                   | \$44.63                  | \$27.67              | \$26.78              | -                       | -        | 000        | 999        |          |
| 86362      | Q                            | MOG-IGG1 ANTB CBA EACH       |                  | -     | -             | Medicare                   | \$20.08                  | \$12.45              | \$12.05              | -                       | -        | 000        | 999        |          |
| 86363      | Q                            | MOG-IGG1 ANTB FLO CYTMTRY EA |                  | -     | -             | Medicare                   | \$62.88                  | \$38.99              | \$37.73              | -                       | -        | 000        | 999        |          |
| 86364      | Q                            | TISS TRNSGLTMNASE EA IG CLAS |                  | -     | -             | Medicare                   | \$19.22                  | \$11.92              | \$11.53              | -                       | -        | 000        | 999        |          |
| 86366      | Q                            | MUSCLE-SPECIFIC KINASE ANTB  |                  | -     | -             | Medicare                   | \$30.67                  | \$19.02              | \$18.40              | -                       | -        | 000        | 999        |          |
| 86367      | Q                            | STEM CELLS TOTAL COUNT       |                  | -     | -             | Medicare                   | \$129.63                 | \$80.37              | \$77.78              | -                       | -        | 000        | 999        |          |
| 86376      | Q                            | MICROSOMAL ANTIBODY EACH     |                  | -     | -             | Medicare                   | \$24.25                  | \$15.04              | \$14.55              | -                       | -        | 000        | 999        |          |
| 86381      | Q                            | MITOCHONDRIAL ANTIBODY EACH  |                  | -     | -             | Medicare                   | \$42.42                  | \$26.30              | \$25.45              | -                       | -        | 000        | 999        |          |
| 86382      | Q                            | NEUTRALIZATION TEST VIRAL    |                  | -     | -             | Medicare                   | \$28.18                  | \$17.47              | \$16.91              | -                       | -        | 000        | 999        |          |
| 86384      | Q                            | NITROBLUE TETRAZOLIUM DYE    |                  | -     | -             | Medicare                   | \$22.68                  | \$14.06              | \$13.61              | -                       | -        | 000        | 999        |          |
| 86386      | Q                            | NUCLEAR MATRIX PROTEIN 22    |                  | -     | -             | Medicare                   | \$36.30                  | \$22.51              | \$21.78              | -                       | -        | 000        | 999        |          |
| 86403      | Q                            | PARTICLE AGGLUT ANTB DY SCRN |                  | -     | -             | Medicare                   | \$19.23                  | \$11.92              | \$11.54              | -                       | -        | 000        | 999        |          |
| 86406      | Q                            | PARTICLE AGGLUT ANTB DY TITR |                  | -     | -             | Medicare                   | \$17.73                  | \$10.99              | \$10.64              | -                       | -        | 000        | 999        |          |
| 86408      | Q                            | NEUTRLZG ANTB SARSCOV2 SCR   |                  | -     | -             | Medicare                   | \$70.22                  | \$43.54              | \$42.13              | -                       | -        | 000        | 999        |          |
| 86409      | Q                            | NEUTRLZG ANTB SARSCOV2 TITER |                  | -     | -             | Medicare                   | \$132.68                 | \$82.26              | \$79.61              | -                       | -        | 000        | 999        |          |
| 86413      | Q                            | SARS-COV-2 ANTB QUANTITATIVE |                  | -     | -             | Medicare                   | \$85.72                  | \$53.15              | \$51.43              | -                       | -        | 000        | 999        |          |
| 86430      | Q                            | RHEUMATOID FACTOR TEST QUAL  |                  | -     | -             | Medicare                   | \$10.23                  | \$6.34               | \$6.14               | -                       | -        | 000        | 999        |          |
| 86431      | Q                            | RHEUMATOID FACTOR QUANT      |                  | -     | -             | Medicare                   | \$9.45                   | \$5.86               | \$5.67               | -                       | -        | 000        | 999        |          |
| 86480      | Q                            | TB TEST CELL IMMUN MEASURE   |                  | -     | -             | Medicare                   | \$103.30                 | \$64.05              | \$61.98              | -                       | -        | 000        | 999        |          |
| 86481      | Q                            | TB AG RESPONSE T-CELL SUSP   |                  | -     | -             | Medicare                   | \$166.67                 | \$103.34             | \$100.00             | -                       | -        | 000        | 999        |          |
| 86485      | N                            | SKIN TEST CANDIDA            |                  | 05731 | 0.2747        | Bundled, sometimes payable | \$16.68                  |                      |                      | -                       | -        | 000        | 999        |          |
| 86486      | N                            | SKIN TEST UNLISTED ANTIGN EA |                  | 05731 | 0.2747        | Bundled, sometimes payable | \$16.68                  |                      |                      | -                       | -        | 000        | 999        |          |
| 86510      | N                            | HISTOPLASMOSIS SKIN TEST     |                  | 05732 | 0.4402        | Bundled, sometimes payable | \$26.73                  |                      |                      | -                       | -        | 000        | 999        |          |
| 86580      | N                            | TB INTRADERMAL TEST          |                  | 05731 | 0.2747        | Bundled, sometimes payable | \$16.68                  |                      |                      | -                       | -        | 000        | 999        |          |
| 86581      | Q                            | STRPTCS PNEUM ANTB SEROT IA  |                  | -     | -             | Medicare                   | \$0.00                   | \$0.00               | \$0.00               | -                       | -        | 000        | 999        |          |
| 86590      | Q                            | STREPTOKINASE ANTIBODY       |                  | -     | -             | Medicare                   | \$21.10                  | \$13.08              | \$12.66              | -                       | -        | 000        | 999        |          |
| 86592      | Q                            | SYPHILIS TEST NON-TREP QUAL  |                  | -     | -             | Medicare                   | \$7.12                   | \$4.41               | \$4.27               | -                       | -        | 000        | 999        |          |
| 86593      | Q                            | SYPHILIS TEST NON-TREP QUANT |                  | -     | -             | Medicare                   | \$7.33                   | \$4.54               | \$4.40               | -                       | -        | 000        | 999        |          |
| 86596      | Q                            | VOLTAGE-GTD CA CHNL ANTB EA  |                  | -     | -             | Medicare                   | \$20.08                  | \$12.45              | \$12.05              | -                       | -        | 000        | 999        |          |
| 86602      | Q                            | ANTINOMYCES ANTIBODY         |                  | -     | -             | Medicare                   | \$16.97                  | \$10.52              | \$10.18              | -                       | -        | 000        | 999        |          |
| 86603      | Q                            | ADENOVIRUS ANTIBODY          |                  | -     | -             | Medicare                   | \$21.45                  | \$13.30              | \$12.87              | -                       | -        | 000        | 999        |          |
| 86606      | Q                            | ASPERGILLUS ANTIBODY         |                  | -     | -             | Medicare                   | \$25.08                  | \$15.55              | \$15.05              | -                       | -        | 000        | 999        |          |
| 86609      | Q                            | BACTERIUM ANTIBODY           |                  | -     | -             | Medicare                   | \$21.47                  | \$13.31              | \$12.88              | -                       | -        | 000        | 999        |          |
| 86611      | Q                            | BARTONELLA ANTIBODY          |                  | -     | -             | Medicare                   | \$16.97                  | \$10.52              | \$10.18              | -                       | -        | 000        | 999        |          |
| 86612      | Q                            | BLASTOMYCES ANTIBODY         |                  | -     | -             | Medicare                   | \$21.50                  | \$13.33              | \$12.90              | -                       | -        | 000        | 999        |          |
| 86615      | Q                            | BORDETELLA ANTIBODY          |                  | -     | -             | Medicare                   | \$21.98                  | \$13.63              | \$13.19              | -                       | -        | 000        | 999        |          |
| 86617      | Q                            | LYME DISEASE ANTIBODY        |                  | -     | -             | Medicare                   | \$25.82                  | \$16.01              | \$15.49              | -                       | -        | 000        | 999        |          |
| 86618      | Q                            | LYME DISEASE ANTIBODY        |                  | -     | -             | Medicare                   | \$28.38                  | \$17.60              | \$17.03              | -                       | -        | 000        | 999        |          |
| 86619      | Q                            | BORRELIA ANTIBODY            |                  | -     | -             | Medicare                   | \$22.30                  | \$13.83              | \$13.38              | -                       | -        | 000        | 999        |          |
| 86622      | Q                            | BRUCELLA ANTIBODY            |                  | -     | -             | Medicare                   | \$14.88                  | \$9.23               | \$8.93               | -                       | -        | 000        | 999        |          |
| 86625      | Q                            | CAMPYLOBACTER ANTIBODY       |                  | -     | -             | Medicare                   | \$21.87                  | \$13.56              | \$13.12              | -                       | -        | 000        | 999        |          |
| 86628      | Q                            | CANDIDA ANTIBODY             |                  | -     | -             | Medicare                   | \$20.02                  | \$12.41              | \$12.01              | -                       | -        | 000        | 999        |          |
| 86631      | Q                            | CHLAMYDIA ANTIBODY           |                  | -     | -             | Medicare                   | \$19.70                  | \$12.21              | \$11.82              | -                       | -        | 000        | 999        |          |
| 86632      | Q                            | CHLAMYDIA IGM ANTIBODY       |                  | -     | -             | Medicare                   | \$21.13                  | \$13.10              | \$12.68              | -                       | -        | 000        | 999        |          |
| 86635      | Q                            | COCCIDIOIDES ANTIBODY        |                  | -     | -             | Medicare                   | \$19.12                  | \$11.85              | \$11.47              | -                       | -        | 000        | 999        |          |
| 86638      | Q                            | Q FEVER ANTIBODY             |                  | -     | -             | Medicare                   | \$20.20                  | \$12.52              | \$12.12              | -                       | -        | 000        | 999        |          |
| 86641      | Q                            | CRYPTOCOCCUS ANTIBODY        |                  | -     | -             | Medicare                   | \$24.02                  | \$14.89              | \$14.41              | -                       | -        | 000        | 999        |          |
| 86644      | Q                            | CMV ANTIBODY                 |                  | -     | -             | Medicare                   | \$23.98                  | \$14.87              | \$14.39              | -                       | -        | 000        | 999        |          |
| 86645      | Q                            | CMV ANTIBODY IGM             |                  | -     | -             | Medicare                   | \$28.08                  | \$17.41              | \$16.85              | -                       | -        | 000        | 999        |          |
| 86648      | Q                            | DIPHThERIA ANTIBODY          |                  | -     | -             | Medicare                   | \$25.35                  | \$15.72              | \$15.21              | -                       | -        | 000        | 999        |          |



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| Proc<br>Cd | 2024<br>APC |     | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method   | Outpatient               | Sole Comm.           | Non-sole<br>Comm.    |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-------------|-----|------------------------------|------------------|-----|---------------|----------|--------------------------|----------------------|----------------------|--|-------------------------|----------|------------|------------|----------|
|            | Status      | Ind |                              |                  |     |               |          | Hospital Fee<br>Schedule | Hospital Lab<br>Fees | Hospital Lab<br>Fees |  |                         |          |            |            |          |
| 86651      | Q           |     | ENCEPHALITIS CALIFORN ANTBDY |                  | -   | -             | Medicare | \$21.98                  | \$13.63              | \$13.19              |  | -                       | -        | 000        | 999        |          |
| 86652      | Q           |     | ENCEPHALTIS EAST EQNE ANBDY  |                  | -   | -             | Medicare | \$21.98                  | \$13.63              | \$13.19              |  | -                       | -        | 000        | 999        |          |
| 86653      | Q           |     | ENCEPHALTIS ST LOUIS ANTBDY  |                  | -   | -             | Medicare | \$21.98                  | \$13.63              | \$13.19              |  | -                       | -        | 000        | 999        |          |
| 86654      | Q           |     | ENCEPHALTIS WEST EQNE ANTBDY |                  | -   | -             | Medicare | \$21.98                  | \$13.63              | \$13.19              |  | -                       | -        | 000        | 999        |          |
| 86658      | Q           |     | ENTEROVIRUS ANTIBODY         |                  | -   | -             | Medicare | \$21.72                  | \$13.47              | \$13.03              |  | -                       | -        | 000        | 999        |          |
| 86663      | Q           |     | EPSTEIN-BARR ANTIBODY        |                  | -   | -             | Medicare | \$21.87                  | \$13.56              | \$13.12              |  | -                       | -        | 000        | 999        |          |
| 86664      | Q           |     | EPSTEIN-BARR NUCLEAR ANTIGEN |                  | -   | -             | Medicare | \$25.48                  | \$15.80              | \$15.29              |  | -                       | -        | 000        | 999        |          |
| 86665      | Q           |     | EPSTEIN-BARR CAPSID VCA      |                  | -   | -             | Medicare | \$30.23                  | \$18.74              | \$18.14              |  | -                       | -        | 000        | 999        |          |
| 86666      | Q           |     | EHRlichIA ANTIBODY           |                  | -   | -             | Medicare | \$16.97                  | \$10.52              | \$10.18              |  | -                       | -        | 000        | 999        |          |
| 86668      | Q           |     | FRANCISELLA TULARENSIS       |                  | -   | -             | Medicare | \$23.60                  | \$14.63              | \$14.16              |  | -                       | -        | 000        | 999        |          |
| 86671      | Q           |     | FUNGUS NES ANTIBODY          |                  | -   | -             | Medicare | \$20.42                  | \$12.66              | \$12.25              |  | -                       | -        | 000        | 999        |          |
| 86674      | Q           |     | GIARDIA LAMBLIA ANTIBODY     |                  | -   | -             | Medicare | \$24.53                  | \$15.21              | \$14.72              |  | -                       | -        | 000        | 999        |          |
| 86677      | Q           |     | HELICOBACTER PYLORI ANTIBODY |                  | -   | -             | Medicare | \$28.08                  | \$17.41              | \$16.85              |  | -                       | -        | 000        | 999        |          |
| 86682      | Q           |     | HELMINTH ANTIBODY            |                  | -   | -             | Medicare | \$21.68                  | \$13.44              | \$13.01              |  | -                       | -        | 000        | 999        |          |
| 86684      | Q           |     | HEMOPHILUS INFLUENZA ANTIBDY |                  | -   | -             | Medicare | \$26.40                  | \$16.37              | \$15.84              |  | -                       | -        | 000        | 999        |          |
| 86687      | Q           |     | HTLV-I ANTIBODY              |                  | -   | -             | Medicare | \$15.15                  | \$9.39               | \$9.09               |  | -                       | -        | 000        | 999        |          |
| 86688      | Q           |     | HTLV-II ANTIBODY             |                  | -   | -             | Medicare | \$23.33                  | \$14.46              | \$14.00              |  | -                       | -        | 000        | 999        |          |
| 86689      | Q           |     | HTLV/HIV CONFIRMJ ANTIBODY   |                  | -   | -             | Medicare | \$32.25                  | \$20.00              | \$19.35              |  | -                       | -        | 000        | 999        |          |
| 86692      | Q           |     | HEPATITIS DELTA AGENT ANTBDY |                  | -   | -             | Medicare | \$28.60                  | \$17.73              | \$17.16              |  | -                       | -        | 000        | 999        |          |
| 86694      | Q           |     | HERPES SIMPLEX NES ANTBDY    |                  | -   | -             | Medicare | \$23.98                  | \$14.87              | \$14.39              |  | -                       | -        | 000        | 999        |          |
| 86695      | Q           |     | HERPES SIMPLEX TYPE 1 TEST   |                  | -   | -             | Medicare | \$21.98                  | \$13.63              | \$13.19              |  | -                       | -        | 000        | 999        |          |
| 86696      | Q           |     | HERPES SIMPLEX TYPE 2 TEST   |                  | -   | -             | Medicare | \$32.25                  | \$20.00              | \$19.35              |  | -                       | -        | 000        | 999        |          |
| 86698      | Q           |     | HISTOPLASMA ANTIBODY         |                  | -   | -             | Medicare | \$22.98                  | \$14.25              | \$13.79              |  | -                       | -        | 000        | 999        |          |
| 86701      | Q           |     | HIV-1ANTIBODY                |                  | -   | -             | Medicare | \$14.82                  | \$9.19               | \$8.89               |  | -                       | -        | 000        | 999        |          |
| 86702      | Q           |     | HIV-2 ANTIBODY               |                  | -   | -             | Medicare | \$22.53                  | \$13.97              | \$13.52              |  | -                       | -        | 000        | 999        |          |
| 86703      | Q           |     | HIV-1/HIV-2 1 RESULT ANTBDY  |                  | -   | -             | Medicare | \$22.85                  | \$14.17              | \$13.71              |  | -                       | -        | 000        | 999        |          |
| 86704      | Q           |     | HEP B CORE ANTIBODY TOTAL    |                  | -   | -             | Medicare | \$20.08                  | \$12.45              | \$12.05              |  | -                       | -        | 000        | 999        |          |
| 86705      | Q           |     | HEP B CORE ANTIBODY IGM      |                  | -   | -             | Medicare | \$19.62                  | \$12.16              | \$11.77              |  | -                       | -        | 000        | 999        |          |
| 86706      | Q           |     | HEP B SURFACE ANTIBODY       |                  | -   | -             | Medicare | \$17.90                  | \$11.10              | \$10.74              |  | -                       | -        | 000        | 999        |          |
| 86707      | Q           |     | HEPATITIS BE ANTIBODY        |                  | -   | -             | Medicare | \$19.28                  | \$11.95              | \$11.57              |  | -                       | -        | 000        | 999        |          |
| 86708      | Q           |     | HEPATITIS A ANTIBODY         |                  | -   | -             | Medicare | \$20.65                  | \$12.80              | \$12.39              |  | -                       | -        | 000        | 999        |          |
| 86709      | Q           |     | HEPATITIS A IGM ANTIBODY     |                  | -   | -             | Medicare | \$18.77                  | \$11.64              | \$11.26              |  | -                       | -        | 000        | 999        |          |
| 86710      | Q           |     | INFLUENZA VIRUS ANTIBODY     |                  | -   | -             | Medicare | \$22.58                  | \$14.00              | \$13.55              |  | -                       | -        | 000        | 999        |          |
| 86711      | Q           |     | JOHN CUNNINGHAM ANTIBODY     |                  | -   | -             | Medicare | \$28.15                  | \$17.45              | \$16.89              |  | -                       | -        | 000        | 999        |          |
| 86713      | Q           |     | LEGIONELLA ANTIBODY          |                  | -   | -             | Medicare | \$25.50                  | \$15.81              | \$15.30              |  | -                       | -        | 000        | 999        |          |
| 86717      | Q           |     | LEISHMANIA ANTIBODY          |                  | -   | -             | Medicare | \$20.42                  | \$12.66              | \$12.25              |  | -                       | -        | 000        | 999        |          |
| 86720      | Q           |     | LEPTOSPIRA ANTIBODY          |                  | -   | -             | Medicare | \$27.00                  | \$16.74              | \$16.20              |  | -                       | -        | 000        | 999        |          |
| 86723      | Q           |     | LISTERIA MONOCYTOGENES       |                  | -   | -             | Medicare | \$21.98                  | \$13.63              | \$13.19              |  | -                       | -        | 000        | 999        |          |
| 86727      | Q           |     | LYMPH CHORIOMENINGITIS AB    |                  | -   | -             | Medicare | \$21.45                  | \$13.30              | \$12.87              |  | -                       | -        | 000        | 999        |          |
| 86732      | Q           |     | MUCORMYCOSIS ANTIBODY        |                  | -   | -             | Medicare | \$25.00                  | \$15.50              | \$15.00              |  | -                       | -        | 000        | 999        |          |
| 86735      | Q           |     | MUMPS ANTIBODY               |                  | -   | -             | Medicare | \$21.75                  | \$13.49              | \$13.05              |  | -                       | -        | 000        | 999        |          |
| 86738      | Q           |     | MYCOPLASMA ANTIBODY          |                  | -   | -             | Medicare | \$22.07                  | \$13.68              | \$13.24              |  | -                       | -        | 000        | 999        |          |
| 86741      | Q           |     | NEISSERIA MENINGITIDIS       |                  | -   | -             | Medicare | \$21.98                  | \$13.63              | \$13.19              |  | -                       | -        | 000        | 999        |          |
| 86744      | Q           |     | NOCARDIA ANTIBODY            |                  | -   | -             | Medicare | \$26.65                  | \$16.52              | \$15.99              |  | -                       | -        | 000        | 999        |          |
| 86747      | Q           |     | PARVOVIRUS ANTIBODY          |                  | -   | -             | Medicare | \$25.05                  | \$15.53              | \$15.03              |  | -                       | -        | 000        | 999        |          |
| 86750      | Q           |     | MALARIA ANTIBODY             |                  | -   | -             | Medicare | \$21.98                  | \$13.63              | \$13.19              |  | -                       | -        | 000        | 999        |          |
| 86753      | Q           |     | PROTOZOA ANTIBODY NOS        |                  | -   | -             | Medicare | \$20.65                  | \$12.80              | \$12.39              |  | -                       | -        | 000        | 999        |          |
| 86756      | Q           |     | RESPIRATORY VIRUS ANTIBODY   |                  | -   | -             | Medicare | \$26.48                  | \$16.42              | \$15.89              |  | -                       | -        | 000        | 999        |          |
| 86757      | Q           |     | RICKETTSIA ANTIBODY          |                  | -   | -             | Medicare | \$32.25                  | \$20.00              | \$19.35              |  | -                       | -        | 000        | 999        |          |
| 86759      | Q           |     | ROTAVIRUS ANTIBODY           |                  | -   | -             | Medicare | \$30.38                  | \$18.84              | \$18.23              |  | -                       | -        | 000        | 999        |          |
| 86762      | Q           |     | RUBELLA ANTIBODY             |                  | -   | -             | Medicare | \$23.98                  | \$14.87              | \$14.39              |  | -                       | -        | 000        | 999        |          |
| 86765      | Q           |     | RUBEOLA ANTIBODY             |                  | -   | -             | Medicare | \$21.47                  | \$13.31              | \$12.88              |  | -                       | -        | 000        | 999        |          |
| 86768      | Q           |     | SALMONELLA ANTIBODY          |                  | -   | -             | Medicare | \$21.98                  | \$13.63              | \$13.19              |  | -                       | -        | 000        | 999        |          |
| 86769      | Q           |     | SARS-COV-2 COVID-19 ANTIBODY |                  | -   | -             | Medicare | \$70.22                  | \$43.54              | \$42.13              |  | -                       | -        | 000        | 999        |          |
| 86771      | Q           |     | SHIGELLA ANTIBODY            |                  | -   | -             | Medicare | \$40.80                  | \$25.30              | \$24.48              |  | -                       | -        | 000        | 999        |          |
| 86774      | Q           |     | TETANUS ANTIBODY             |                  | -   | -             | Medicare | \$24.67                  | \$15.30              | \$14.80              |  | -                       | -        | 000        | 999        |          |

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| Proc<br>Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC   | APC<br>Weight | Method                     | Outpatient               | Sole Comm.           | Non-sole             | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|------------------------------|------------------------------|------------------|-------|---------------|----------------------------|--------------------------|----------------------|----------------------|-------------------------|----------|------------|------------|----------|
|            |                              |                              |                  |       |               |                            | Hospital Fee<br>Schedule | Hospital Lab<br>Fees | Hospital Lab<br>Fees |                         |          |            |            |          |
| 86777      | Q                            | TOXOPLASMA ANTIBODY          |                  | -     | -             | Medicare                   | \$23.98                  | \$14.87              | \$14.39              | -                       | -        | 000        | 999        |          |
| 86778      | Q                            | TOXOPLASMA ANTIBODY IGM      |                  | -     | -             | Medicare                   | \$24.02                  | \$14.89              | \$14.41              | -                       | -        | 000        | 999        |          |
| 86780      | Q                            | TREPONEMA PALLIDUM           |                  | -     | -             | Medicare                   | \$22.07                  | \$13.68              | \$13.24              | -                       | -        | 000        | 999        |          |
| 86784      | Q                            | TRICHINELLA ANTIBODY         |                  | -     | -             | Medicare                   | \$20.93                  | \$12.98              | \$12.56              | -                       | -        | 000        | 999        |          |
| 86787      | Q                            | VARICELLA-ZOSTER ANTIBODY    |                  | -     | -             | Medicare                   | \$21.47                  | \$13.31              | \$12.88              | -                       | -        | 000        | 999        |          |
| 86788      | Q                            | WEST NILE VIRUS AB IGM       |                  | -     | -             | Medicare                   | \$28.08                  | \$17.41              | \$16.85              | -                       | -        | 000        | 999        |          |
| 86789      | Q                            | WEST NILE VIRUS ANTIBODY     |                  | -     | -             | Medicare                   | \$23.98                  | \$14.87              | \$14.39              | -                       | -        | 000        | 999        |          |
| 86790      | Q                            | VIRUS ANTIBODY NOS           |                  | -     | -             | Medicare                   | \$21.47                  | \$13.31              | \$12.88              | -                       | -        | 000        | 999        |          |
| 86793      | Q                            | YERSINIA ANTIBODY            |                  | -     | -             | Medicare                   | \$21.98                  | \$13.63              | \$13.19              | -                       | -        | 000        | 999        |          |
| 86794      | Q                            | ZIKA VIRUS IGM ANTIBODY      |                  | -     | -             | Medicare                   | \$28.08                  | \$17.41              | \$16.85              | -                       | -        | 000        | 999        |          |
| 86800      | Q                            | THYROGLOBULIN ANTIBODY       |                  | -     | -             | Medicare                   | \$26.52                  | \$16.44              | \$15.91              | -                       | -        | 000        | 999        |          |
| 86803      | Q                            | HEPATITIS C AB TEST          |                  | -     | -             | Medicare                   | \$23.78                  | \$14.74              | \$14.27              | -                       | -        | 000        | 999        |          |
| 86804      | Q                            | HEP C AB TEST CONFIRM        |                  | -     | -             | Medicare                   | \$25.82                  | \$16.01              | \$15.49              | -                       | -        | 000        | 999        |          |
| 86805      | Q                            | LYMPHOCYTOTOXICITY ASSAY     |                  | -     | -             | Medicare                   | \$315.85                 | \$195.83             | \$189.51             | -                       | -        | 000        | 999        |          |
| 86806      | Q                            | LYMPHOCYTOTOXICITY ASSAY     |                  | -     | -             | Medicare                   | \$79.32                  | \$49.18              | \$47.59              | -                       | -        | 000        | 999        |          |
| 86807      | Q                            | CYTOTOXIC ANTIBODY SCREENING |                  | -     | -             | Medicare                   | \$131.08                 | \$81.27              | \$78.65              | -                       | -        | 000        | 999        |          |
| 86808      | Q                            | CYTOTOXIC ANTIBODY SCREENING |                  | -     | -             | Medicare                   | \$49.47                  | \$30.67              | \$29.68              | -                       | -        | 000        | 999        |          |
| 86812      | Q                            | HLA TYPING A B OR C          |                  | -     | -             | Medicare                   | \$43.02                  | \$26.67              | \$25.81              | -                       | -        | 000        | 999        |          |
| 86813      | Q                            | HLA TYPING A B OR C          |                  | -     | -             | Medicare                   | \$96.67                  | \$59.94              | \$58.00              | -                       | -        | 000        | 999        |          |
| 86816      | Q                            | HLA TYPING DR/DQ             |                  | -     | -             | Medicare                   | \$50.28                  | \$31.17              | \$30.17              | -                       | -        | 000        | 999        |          |
| 86817      | Q                            | HLA TYPING DR/DQ             |                  | -     | -             | Medicare                   | \$176.90                 | \$109.68             | \$106.14             | -                       | -        | 000        | 999        |          |
| 86821      | Q                            | LYMPHOCYTE CULTURE MIXED     |                  | -     | -             | Medicare                   | \$60.93                  | \$37.78              | \$36.56              | -                       | -        | 000        | 999        |          |
| 86825      | Q                            | HLA X-MATH NON-CYTOTOXIC     |                  | -     | -             | Medicare                   | \$182.48                 | \$113.14             | \$109.49             | -                       | -        | 000        | 999        |          |
| 86826      | Q                            | HLA X-MATCH NONCYTOTOXC ADDL |                  | -     | -             | Medicare                   | \$60.88                  | \$37.75              | \$36.53              | -                       | -        | 000        | 999        |          |
| 86828      | Q                            | HLA CLASS I&II ANTIBODY QUAL |                  | -     | -             | Medicare                   | \$106.98                 | \$66.33              | \$64.19              | -                       | -        | 000        | 999        |          |
| 86829      | Q                            | HLA CLASS I/II ANTIBODY QUAL |                  | -     | -             | Medicare                   | \$106.98                 | \$66.33              | \$64.19              | -                       | -        | 000        | 999        |          |
| 86830      | Q                            | HLA CLASS I PHENOTYPE QUAL   |                  | -     | -             | Medicare                   | \$159.20                 | \$98.70              | \$95.52              | -                       | -        | 000        | 999        |          |
| 86831      | Q                            | HLA CLASS II PHENOTYPE QUAL  |                  | -     | -             | Medicare                   | \$136.47                 | \$84.61              | \$81.88              | -                       | -        | 000        | 999        |          |
| 86832      | Q                            | HLA CLASS I HIGH DEFIN QUAL  |                  | -     | -             | Medicare                   | \$539.58                 | \$334.54             | \$323.75             | -                       | -        | 000        | 999        |          |
| 86833      | Q                            | HLA CLASS II HIGH DEFIN QUAL |                  | -     | -             | Medicare                   | \$543.00                 | \$336.66             | \$325.80             | -                       | -        | 000        | 999        |          |
| 86834      | Q                            | HLA CLASS I SEMIQUANT PANEL  |                  | -     | -             | Medicare                   | \$595.93                 | \$369.48             | \$357.56             | -                       | -        | 000        | 999        |          |
| 86835      | Q                            | HLA CLASS II SEMIQUANT PANEL |                  | -     | -             | Medicare                   | \$538.27                 | \$333.73             | \$322.96             | -                       | -        | 000        | 999        |          |
| 86849      | N                            | IMMUNOLOGY PROCEDURE         |                  | -     | -             | Bundled                    | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 86850      | N                            | RBC ANTIBODY SCREEN          |                  | 05671 | 0.5992        | Bundled, sometimes payable | \$36.38                  |                      |                      | -                       | -        | 000        | 999        |          |
| 86860      | N                            | RBC ANTIBODY ELUTION         |                  | 05672 | 1.9218        | Bundled, sometimes payable | \$116.69                 |                      |                      | -                       | -        | 000        | 999        |          |
| 86870      | N                            | RBC ANTIBODY IDENTIFICATION  |                  | 05673 | 4.0341        | Bundled, sometimes payable | \$244.95                 |                      |                      | -                       | -        | 000        | 999        |          |
| 86880      | N                            | COOMBS TEST DIRECT           |                  | 05733 | 0.6661        | Bundled, sometimes payable | \$40.45                  |                      |                      | -                       | -        | 000        | 999        |          |
| 86885      | N                            | COOMBS TEST INDIRECT QUAL    |                  | 05672 | 1.9218        | Bundled, sometimes payable | \$116.69                 |                      |                      | -                       | -        | 000        | 999        |          |
| 86886      | N                            | COOMBS TEST INDIRECT TITER   |                  | 05672 | 1.9218        | Bundled, sometimes payable | \$116.69                 |                      |                      | -                       | -        | 000        | 999        |          |
| 86890      | N                            | AUTOLOGOUS BLOOD PROCESS     |                  | 05672 | 1.9218        | Bundled, sometimes payable | \$116.69                 |                      |                      | -                       | -        | 000        | 999        |          |
| 86891      | N                            | AUTOLOGOUS BLOOD OP SALVAGE  |                  | 05674 | 9.1613        | Bundled, sometimes payable | \$556.27                 |                      |                      | -                       | -        | 000        | 999        |          |
| 86900      | N                            | BLOOD TYPING SEROLOGIC ABO   |                  | 05734 | 1.4456        | Bundled, sometimes payable | \$87.78                  |                      |                      | -                       | -        | 000        | 999        |          |
| 86901      | N                            | BLOOD TYPING SEROLOGIC RH(D) |                  | 05732 | 0.4402        | Bundled, sometimes payable | \$26.73                  |                      |                      | -                       | -        | 000        | 999        |          |
| 86902      | N                            | BLOOD TYPE ANTIGEN DONOR EA  |                  | 05673 | 4.0341        | Bundled, sometimes payable | \$244.95                 |                      |                      | -                       | -        | 000        | 999        |          |
| 86904      | N                            | BLOOD TYPING PATIENT SERUM   |                  | 05733 | 0.6661        | Bundled, sometimes payable | \$40.45                  |                      |                      | -                       | -        | 000        | 999        |          |
| 86905      | N                            | BLOOD TYPING RBC ANTIGENS    |                  | 05673 | 4.0341        | Bundled, sometimes payable | \$244.95                 |                      |                      | -                       | -        | 000        | 999        |          |
| 86906      | N                            | BLD TYPING SEROLOGIC RH PHNT |                  | 05732 | 0.4402        | Bundled, sometimes payable | \$26.73                  |                      |                      | -                       | -        | 000        | 999        |          |
| 86910      | E                            | BLOOD TYPING PATERNITY TEST  |                  | -     | -             | Not Allowed                | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 86911      | E                            | BLOOD TYPING ANTIGEN SYSTEM  |                  | -     | -             | Not Allowed                | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 86920      | N                            | COMPATIBILITY TEST SPIN      |                  | 05672 | 1.9218        | Bundled, sometimes payable | \$116.69                 |                      |                      | -                       | -        | 000        | 999        |          |
| 86921      | N                            | COMPATIBILITY TEST INCUBATE  |                  | 05672 | 1.9218        | Bundled, sometimes payable | \$116.69                 |                      |                      | -                       | -        | 000        | 999        |          |
| 86922      | N                            | COMPATIBILITY TEST ANTIGLOB  |                  | 05672 | 1.9218        | Bundled, sometimes payable | \$116.69                 |                      |                      | -                       | -        | 000        | 999        |          |
| 86923      | N                            | COMPATIBILITY TEST ELECTRIC  |                  | 05672 | 1.9218        | Bundled, sometimes payable | \$116.69                 |                      |                      | -                       | -        | 000        | 999        |          |
| 86927      | S                            | PLASMA FRESH FROZEN          |                  | 05672 | 1.9218        | APC                        | \$116.69                 |                      |                      | -                       | -        | 000        | 999        |          |
| 86930      | N                            | FROZEN BLOOD PREP            |                  | 05672 | 1.9218        | Bundled, sometimes payable | \$116.69                 |                      |                      | -                       | -        | 000        | 999        |          |
| 86931      | N                            | FROZEN BLOOD THAW            |                  | 05672 | 1.9218        | Bundled, sometimes payable | \$116.69                 |                      |                      | -                       | -        | 000        | 999        |          |

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| 2024 APC |        | Proc Desc                    | Proc Modifier | APC    | APC Weight                 | Method   | Outpatient   | Sole Comm.   | Non-sole Comm. | Prior Auth. Required | Passport | Min Age | Max Age | Comments |
|----------|--------|------------------------------|---------------|--------|----------------------------|----------|--------------|--------------|----------------|----------------------|----------|---------|---------|----------|
| Proc Cd  | Status |                              |               |        |                            |          | Hospital Fee | Hospital Lab | Hospital Lab   |                      |          |         |         |          |
| Ind      |        |                              |               |        |                            |          | Schedule     | Fees         | Fees           |                      |          |         |         |          |
| 86932    | N      | FROZEN BLOOD FREEZE/THAW     | 05732         | 0.4402 | Bundled, sometimes payable | \$26.73  |              |              | -              | -                    | 000      | 999     |         |          |
| 86940    | Q      | HEMOLYSINS/AGGLUTININS AUTO  | -             | -      | Medicare                   | \$14.62  | \$9.06       | \$8.77       | -              | -                    | 000      | 999     |         |          |
| 86941    | Q      | HEMOLYSINS/AGGLUTININS       | -             | -      | Medicare                   | \$20.18  | \$12.51      | \$12.11      | -              | -                    | 000      | 999     |         |          |
| 86945    | N      | BLOOD PRODUCT/IRRADIATION    | 05732         | 0.4402 | Bundled, sometimes payable | \$26.73  |              |              | -              | -                    | 000      | 999     |         |          |
| 86950    | N      | LEUKACYTE TRANSFUSION        | 05672         | 1.9218 | Bundled, sometimes payable | \$116.69 |              |              | -              | -                    | 000      | 999     |         |          |
| 86960    | N      | VOL REDUCTION OF BLOOD/PROD  | 05672         | 1.9218 | Bundled, sometimes payable | \$116.69 |              |              | -              | -                    | 000      | 999     |         |          |
| 86965    | N      | POOLING BLOOD PLATELETS      | 05672         | 1.9218 | Bundled, sometimes payable | \$116.69 |              |              | -              | -                    | 000      | 999     |         |          |
| 86970    | N      | RBC PRETX INCUBATJ W/CHEMICL | 05733         | 0.6661 | Bundled, sometimes payable | \$40.45  |              |              | -              | -                    | 000      | 999     |         |          |
| 86971    | N      | RBC PRETX INCUBATJ W/ENZYMES | 05672         | 1.9218 | Bundled, sometimes payable | \$116.69 |              |              | -              | -                    | 000      | 999     |         |          |
| 86972    | N      | RBC PRETX INCUBATJ W/DENSITY | 05672         | 1.9218 | Bundled, sometimes payable | \$116.69 |              |              | -              | -                    | 000      | 999     |         |          |
| 86975    | N      | RBC SERUM PRETX INCUBJ DRUGS | 05735         | 4.4751 | Bundled, sometimes payable | \$271.73 |              |              | -              | -                    | 000      | 999     |         |          |
| 86976    | N      | RBC SERUM PRETX ID DILUTION  | 05731         | 0.2747 | Bundled, sometimes payable | \$16.68  |              |              | -              | -                    | 000      | 999     |         |          |
| 86977    | N      | RBC SERUM PRETX INCUBJ/INHIB | 05672         | 1.9218 | Bundled, sometimes payable | \$116.69 |              |              | -              | -                    | 000      | 999     |         |          |
| 86978    | N      | RBC PRETREATMENT SERUM       | 05733         | 0.6661 | Bundled, sometimes payable | \$40.45  |              |              | -              | -                    | 000      | 999     |         |          |
| 86985    | N      | SPLIT BLOOD OR PRODUCTS      | 05672         | 1.9218 | Bundled, sometimes payable | \$116.69 |              |              | -              | -                    | 000      | 999     |         |          |
| 86999    | N      | UNLISTED TRANSFUSION MED PX  | 05731         | 0.2747 | Bundled, sometimes payable | \$16.68  |              |              | -              | -                    | 000      | 999     |         |          |
| 87003    | Q      | SMALL ANIMAL INOCULATION     | -             | -      | Medicare                   | \$28.07  | \$17.40      | \$16.84      | -              | -                    | 000      | 999     |         |          |
| 87015    | Q      | SPECIMEN INFECT AGNT CONCNTJ | -             | -      | Medicare                   | \$11.13  | \$6.90       | \$6.68       | -              | -                    | 000      | 999     |         |          |
| 87040    | Q      | BLOOD CULTURE FOR BACTERIA   | -             | -      | Medicare                   | \$17.20  | \$10.66      | \$10.32      | -              | -                    | 000      | 999     |         |          |
| 87045    | Q      | FECES CULTURE AEROBIC BACT   | -             | -      | Medicare                   | \$15.73  | \$9.75       | \$9.44       | -              | -                    | 000      | 999     |         |          |
| 87046    | Q      | STOOL CULTR AEROBIC BACT EA  | -             | -      | Medicare                   | \$15.73  | \$9.75       | \$9.44       | -              | -                    | 000      | 999     |         |          |
| 87070    | Q      | CULTURE OTHR SPECIMN AEROBIC | -             | -      | Medicare                   | \$14.37  | \$8.91       | \$8.62       | -              | -                    | 000      | 999     |         |          |
| 87071    | Q      | CULTURE AEROBIC QUANT OTHER  | -             | -      | Medicare                   | \$16.48  | \$10.22      | \$9.89       | -              | -                    | 000      | 999     |         |          |
| 87073    | Q      | CULTURE BACTERIA ANAEROBIC   | -             | -      | Medicare                   | \$16.10  | \$9.98       | \$9.66       | -              | -                    | 000      | 999     |         |          |
| 87075    | Q      | CULTR BACTERIA EXCEPT BLOOD  | -             | -      | Medicare                   | \$15.78  | \$9.78       | \$9.47       | -              | -                    | 000      | 999     |         |          |
| 87076    | Q      | CULTURE ANAEROBE IDENT EACH  | -             | -      | Medicare                   | \$13.47  | \$8.35       | \$8.08       | -              | -                    | 000      | 999     |         |          |
| 87077    | Q      | CULTURE AEROBIC IDENTIFY     | -             | -      | Medicare                   | \$13.47  | \$8.35       | \$8.08       | -              | -                    | 000      | 999     |         |          |
| 87081    | Q      | CULTURE SCREEN ONLY          | -             | -      | Medicare                   | \$11.05  | \$6.85       | \$6.63       | -              | -                    | 000      | 999     |         |          |
| 87084    | Q      | CULTURE OF SPECIMEN BY KIT   | -             | -      | Medicare                   | \$45.12  | \$27.97      | \$27.07      | -              | -                    | 000      | 999     |         |          |
| 87086    | Q      | URINE CULTURE/COLONY COUNT   | -             | -      | Medicare                   | \$13.45  | \$8.34       | \$8.07       | -              | -                    | 000      | 999     |         |          |
| 87088    | Q      | URINE BACTERIA CULTURE       | -             | -      | Medicare                   | \$13.48  | \$8.36       | \$8.09       | -              | -                    | 000      | 999     |         |          |
| 87101    | Q      | SKIN FUNGI CULTURE           | -             | -      | Medicare                   | \$12.85  | \$7.97       | \$7.71       | -              | -                    | 000      | 999     |         |          |
| 87102    | Q      | FUNGUS ISOLATION CULTURE     | -             | -      | Medicare                   | \$14.02  | \$8.69       | \$8.41       | -              | -                    | 000      | 999     |         |          |
| 87103    | Q      | BLOOD FUNGUS CULTURE         | -             | -      | Medicare                   | \$34.10  | \$21.14      | \$20.46      | -              | -                    | 000      | 999     |         |          |
| 87106    | Q      | FUNGI IDENTIFICATION YEAST   | -             | -      | Medicare                   | \$17.20  | \$10.66      | \$10.32      | -              | -                    | 000      | 999     |         |          |
| 87107    | Q      | FUNGI IDENTIFICATION MOLD    | -             | -      | Medicare                   | \$17.20  | \$10.66      | \$10.32      | -              | -                    | 000      | 999     |         |          |
| 87109    | Q      | MYCOPLASMA                   | -             | -      | Medicare                   | \$25.65  | \$15.90      | \$15.39      | -              | -                    | 000      | 999     |         |          |
| 87110    | Q      | CHLAMYDIA CULTURE            | -             | -      | Medicare                   | \$32.67  | \$20.26      | \$19.60      | -              | -                    | 000      | 999     |         |          |
| 87116    | Q      | MYCOBACTERIA CULTURE         | -             | -      | Medicare                   | \$18.00  | \$11.16      | \$10.80      | -              | -                    | 000      | 999     |         |          |
| 87118    | Q      | MYCOBACTERIC IDENTIFICATION  | -             | -      | Medicare                   | \$24.35  | \$15.10      | \$14.61      | -              | -                    | 000      | 999     |         |          |
| 87140    | Q      | CULTURE TYPE IMMUNOFLUORESC  | -             | -      | Medicare                   | \$9.28   | \$5.75       | \$5.57       | -              | -                    | 000      | 999     |         |          |
| 87143    | Q      | CULTURE TYPING GLC/HPLC      | -             | -      | Medicare                   | \$20.87  | \$12.94      | \$12.52      | -              | -                    | 000      | 999     |         |          |
| 87147    | Q      | CULTURE TYPE IMMUNOLOGIC     | -             | -      | Medicare                   | \$8.63   | \$5.35       | \$5.18       | -              | -                    | 000      | 999     |         |          |
| 87149    | Q      | DNA/RNA DIRECT PROBE         | -             | -      | Medicare                   | \$33.42  | \$20.72      | \$20.05      | -              | -                    | 000      | 999     |         |          |
| 87150    | Q      | DNA/RNA AMPLIFIED PROBE      | -             | -      | Medicare                   | \$58.48  | \$36.26      | \$35.09      | -              | -                    | 000      | 999     |         |          |
| 87152    | Q      | CULTURE TYPE PULSE FIELD GEL | -             | -      | Medicare                   | \$12.90  | \$8.00       | \$7.74       | -              | -                    | 000      | 999     |         |          |
| 87153    | Q      | DNA/RNA SEQUENCING           | -             | -      | Medicare                   | \$192.27 | \$119.21     | \$115.36     | -              | -                    | 000      | 999     |         |          |
| 87154    | Q      | CUL TYP ID BLD PTHGN 6+ TRGT | -             | -      | Medicare                   | \$363.43 | \$225.33     | \$218.06     | -              | -                    | 000      | 999     |         |          |
| 87158    | Q      | CULTURE TYPING ADDED METHOD  | -             | -      | Medicare                   | \$12.90  | \$8.00       | \$7.74       | -              | -                    | 000      | 999     |         |          |
| 87164    | Q      | DARK FIELD EXAM SPEC COLLJ   | -             | -      | Medicare                   | \$17.90  | \$11.10      | \$10.74      | -              | -                    | 000      | 999     |         |          |
| 87166    | Q      | DARK FIELD EXAM W/O COLLJ    | -             | -      | Medicare                   | \$18.83  | \$11.67      | \$11.30      | -              | -                    | 000      | 999     |         |          |
| 87168    | Q      | MACROSCOPIC EXAM ARTHROPOD   | -             | -      | Medicare                   | \$7.12   | \$4.41       | \$4.27       | -              | -                    | 000      | 999     |         |          |
| 87169    | Q      | MACROSCOPIC EXAM PARASITE    | -             | -      | Medicare                   | \$7.18   | \$4.45       | \$4.31       | -              | -                    | 000      | 999     |         |          |
| 87172    | Q      | PINWORM EXAM                 | -             | -      | Medicare                   | \$7.12   | \$4.41       | \$4.27       | -              | -                    | 000      | 999     |         |          |
| 87176    | Q      | TISSUE HOMOGENIZATION CULTR  | -             | -      | Medicare                   | \$9.80   | \$6.08       | \$5.88       | -              | -                    | 000      | 999     |         |          |
| 87177    | Q      | OVA AND PARASITES SMEARS     | -             | -      | Medicare                   | \$14.83  | \$9.19       | \$8.90       | -              | -                    | 000      | 999     |         |          |



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| Proc<br>Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method   | Outpatient               | Sole Comm.           | Non-sole             | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|------------------------------|------------------------------|------------------|-----|---------------|----------|--------------------------|----------------------|----------------------|-------------------------|----------|------------|------------|----------|
|            |                              |                              |                  |     |               |          | Hospital Fee<br>Schedule | Hospital Lab<br>Fees | Hospital Lab<br>Fees |                         |          |            |            |          |
| 87181      | Q                            | MICROBE SUSCEPTIBLE DIFFUSE  |                  | -   | -             | Medicare | \$7.92                   | \$4.91               | \$4.75               | -                       | -        | 000        | 999        |          |
| 87184      | Q                            | MICROBE SUSCEPTIBLE DISK     |                  | -   | -             | Medicare | \$12.47                  | \$7.73               | \$7.48               | -                       | -        | 000        | 999        |          |
| 87185      | Q                            | MICROBE SUSCEPTIBLE ENZYME   |                  | -   | -             | Medicare | \$7.92                   | \$4.91               | \$4.75               | -                       | -        | 000        | 999        |          |
| 87186      | Q                            | MICROBE SUSCEPTIBLE MIC      |                  | -   | -             | Medicare | \$14.42                  | \$8.94               | \$8.65               | -                       | -        | 000        | 999        |          |
| 87187      | Q                            | MICROBE SUSCEPTIBLE MLC      |                  | -   | -             | Medicare | \$66.95                  | \$41.51              | \$40.17              | -                       | -        | 000        | 999        |          |
| 87188      | Q                            | MICROBE SUSCEPT MACROBROTH   |                  | -   | -             | Medicare | \$11.07                  | \$6.86               | \$6.64               | -                       | -        | 000        | 999        |          |
| 87190      | Q                            | MICROBE SUSCEPT MYCOBACTERI  |                  | -   | -             | Medicare | \$12.18                  | \$7.55               | \$7.31               | -                       | -        | 000        | 999        |          |
| 87197      | Q                            | BACTERICIDAL LEVEL SERUM     |                  | -   | -             | Medicare | \$25.03                  | \$15.52              | \$15.02              | -                       | -        | 000        | 999        |          |
| 87205      | Q                            | SMEAR GRAM STAIN             |                  | -   | -             | Medicare | \$7.12                   | \$4.41               | \$4.27               | -                       | -        | 000        | 999        |          |
| 87206      | Q                            | SMEAR FLUORESCENT/ACID STAI  |                  | -   | -             | Medicare | \$8.98                   | \$5.57               | \$5.39               | -                       | -        | 000        | 999        |          |
| 87207      | Q                            | SMEAR SPECIAL STAIN          |                  | -   | -             | Medicare | \$9.98                   | \$6.19               | \$5.99               | -                       | -        | 000        | 999        |          |
| 87209      | Q                            | SMEAR COMPLEX STAIN          |                  | -   | -             | Medicare | \$29.97                  | \$18.58              | \$17.98              | -                       | -        | 000        | 999        |          |
| 87210      | Q                            | SMEAR WET MOUNT SALINE/INK   |                  | -   | -             | Medicare | \$9.70                   | \$6.01               | \$5.82               | -                       | -        | 000        | 999        |          |
| 87220      | Q                            | TISSUE EXAM FOR FUNGI        |                  | -   | -             | Medicare | \$7.12                   | \$4.41               | \$4.27               | -                       | -        | 000        | 999        |          |
| 87230      | Q                            | ASSAY TOXIN OR ANTITOXIN     |                  | -   | -             | Medicare | \$32.90                  | \$20.40              | \$19.74              | -                       | -        | 000        | 999        |          |
| 87250      | Q                            | VIRUS INOCULATE EGGS/ANIMAL  |                  | -   | -             | Medicare | \$32.60                  | \$20.21              | \$19.56              | -                       | -        | 000        | 999        |          |
| 87252      | Q                            | VIRUS INOCULATION TISSUE     |                  | -   | -             | Medicare | \$43.45                  | \$26.94              | \$26.07              | -                       | -        | 000        | 999        |          |
| 87253      | Q                            | VIRUS INOCULATE TISSUE ADDL  |                  | -   | -             | Medicare | \$33.67                  | \$20.88              | \$20.20              | -                       | -        | 000        | 999        |          |
| 87254      | Q                            | VIRUS INOCULATION SHELL VIA  |                  | -   | -             | Medicare | \$32.60                  | \$20.21              | \$19.56              | -                       | -        | 000        | 999        |          |
| 87255      | Q                            | GENET VIRUS ISOLATE HSV      |                  | -   | -             | Medicare | \$56.43                  | \$34.99              | \$33.86              | -                       | -        | 000        | 999        |          |
| 87260      | Q                            | ADENOVIRUS AG IF             |                  | -   | -             | Medicare | \$24.05                  | \$14.91              | \$14.43              | -                       | -        | 000        | 999        |          |
| 87265      | Q                            | PERTUSSIS AG IF              |                  | -   | -             | Medicare | \$19.97                  | \$12.38              | \$11.98              | -                       | -        | 000        | 999        |          |
| 87267      | Q                            | ENTEROVIRUS ANTIBODY DFA     |                  | -   | -             | Medicare | \$22.37                  | \$13.87              | \$13.42              | -                       | -        | 000        | 999        |          |
| 87269      | Q                            | GIARDIA AG IF                |                  | -   | -             | Medicare | \$22.68                  | \$14.06              | \$13.61              | -                       | -        | 000        | 999        |          |
| 87270      | Q                            | CHLAMYDIA TRACHOMATIS AG IF  |                  | -   | -             | Medicare | \$19.97                  | \$12.38              | \$11.98              | -                       | -        | 000        | 999        |          |
| 87271      | Q                            | CYTOMEGALOVIRUS DFA          |                  | -   | -             | Medicare | \$22.37                  | \$13.87              | \$13.42              | -                       | -        | 000        | 999        |          |
| 87272      | Q                            | CRYPTOSPORIDIUM AG IF        |                  | -   | -             | Medicare | \$19.97                  | \$12.38              | \$11.98              | -                       | -        | 000        | 999        |          |
| 87273      | Q                            | HERPES SIMPLEX 2 AG IF       |                  | -   | -             | Medicare | \$19.97                  | \$12.38              | \$11.98              | -                       | -        | 000        | 999        |          |
| 87274      | Q                            | HERPES SIMPLEX 1 AG IF       |                  | -   | -             | Medicare | \$19.97                  | \$12.38              | \$11.98              | -                       | -        | 000        | 999        |          |
| 87275      | Q                            | INFLUENZA B AG IF            |                  | -   | -             | Medicare | \$20.42                  | \$12.66              | \$12.25              | -                       | -        | 000        | 999        |          |
| 87276      | Q                            | INFLUENZA A AG IF            |                  | -   | -             | Medicare | \$26.78                  | \$16.60              | \$16.07              | -                       | -        | 000        | 999        |          |
| 87278      | Q                            | LEGION PNEUMOPHILIA AG IF    |                  | -   | -             | Medicare | \$26.00                  | \$16.12              | \$15.60              | -                       | -        | 000        | 999        |          |
| 87279      | Q                            | PARAINFLUENZA AG IF          |                  | -   | -             | Medicare | \$27.38                  | \$16.98              | \$16.43              | -                       | -        | 000        | 999        |          |
| 87280      | Q                            | RESPIRATORY SYNCYTIAL AG IF  |                  | -   | -             | Medicare | \$22.37                  | \$13.87              | \$13.42              | -                       | -        | 000        | 999        |          |
| 87281      | Q                            | PNEUMOCYSTIS CARINII AG IF   |                  | -   | -             | Medicare | \$19.97                  | \$12.38              | \$11.98              | -                       | -        | 000        | 999        |          |
| 87283      | Q                            | RUBEOLA AG IF                |                  | -   | -             | Medicare | \$101.33                 | \$62.82              | \$60.80              | -                       | -        | 000        | 999        |          |
| 87285      | Q                            | TREPONEMA PALLIDUM AG IF     |                  | -   | -             | Medicare | \$20.30                  | \$12.59              | \$12.18              | -                       | -        | 000        | 999        |          |
| 87290      | Q                            | VARICELLA ZOSTER AG IF       |                  | -   | -             | Medicare | \$22.37                  | \$13.87              | \$13.42              | -                       | -        | 000        | 999        |          |
| 87299      | Q                            | ANTIBODY DETECTION NOS IF    |                  | -   | -             | Medicare | \$26.83                  | \$16.63              | \$16.10              | -                       | -        | 000        | 999        |          |
| 87300      | Q                            | AG DETECTION POLYVAL IF      |                  | -   | -             | Medicare | \$19.97                  | \$12.38              | \$11.98              | -                       | -        | 000        | 999        |          |
| 87301      | Q                            | ADENOVIRUS AG IA             |                  | -   | -             | Medicare | \$19.97                  | \$12.38              | \$11.98              | -                       | -        | 000        | 999        |          |
| 87305      | Q                            | ASPERGILLUS AG IA            |                  | -   | -             | Medicare | \$19.97                  | \$12.38              | \$11.98              | -                       | -        | 000        | 999        |          |
| 87320      | Q                            | CHLMYD TRACH AG IA           |                  | -   | -             | Medicare | \$25.00                  | \$15.50              | \$15.00              | -                       | -        | 000        | 999        |          |
| 87324      | Q                            | CLOSTRIDIUM AG IA            |                  | -   | -             | Medicare | \$19.97                  | \$12.38              | \$11.98              | -                       | -        | 000        | 999        |          |
| 87327      | Q                            | CRYPTOCOCCUS NEOFORM AG IA   |                  | -   | -             | Medicare | \$22.37                  | \$13.87              | \$13.42              | -                       | -        | 000        | 999        |          |
| 87328      | Q                            | CRYPTOSPORIDIUM AG IA        |                  | -   | -             | Medicare | \$23.03                  | \$14.28              | \$13.82              | -                       | -        | 000        | 999        |          |
| 87329      | Q                            | GIARDIA AG IA                |                  | -   | -             | Medicare | \$19.97                  | \$12.38              | \$11.98              | -                       | -        | 000        | 999        |          |
| 87332      | Q                            | CYTOMEGALOVIRUS AG IA        |                  | -   | -             | Medicare | \$19.97                  | \$12.38              | \$11.98              | -                       | -        | 000        | 999        |          |
| 87335      | Q                            | E COLI 0157 AG IA            |                  | -   | -             | Medicare | \$21.10                  | \$13.08              | \$12.66              | -                       | -        | 000        | 999        |          |
| 87336      | Q                            | ENTAMOEB HIST DISPR AG IA    |                  | -   | -             | Medicare | \$26.67                  | \$16.54              | \$16.00              | -                       | -        | 000        | 999        |          |
| 87337      | Q                            | ENTAMOEB HIST GROUP AG IA    |                  | -   | -             | Medicare | \$19.97                  | \$12.38              | \$11.98              | -                       | -        | 000        | 999        |          |
| 87338      | Q                            | HPYLORI STOOL AG IA          |                  | -   | -             | Medicare | \$23.97                  | \$14.86              | \$14.38              | -                       | -        | 000        | 999        |          |
| 87339      | Q                            | H PYLORI AG IA               |                  | -   | -             | Medicare | \$26.67                  | \$16.54              | \$16.00              | -                       | -        | 000        | 999        |          |
| 87340      | Q                            | HEPATITIS B SURFACE AG IA    |                  | -   | -             | Medicare | \$17.22                  | \$10.68              | \$10.33              | -                       | -        | 000        | 999        |          |
| 87341      | Q                            | HEP B SURFACE AG NEUTRLZJ IA |                  | -   | -             | Medicare | \$17.22                  | \$10.68              | \$10.33              | -                       | -        | 000        | 999        |          |
| 87350      | Q                            | HEPATITIS BE AG IA           |                  | -   | -             | Medicare | \$19.22                  | \$11.92              | \$11.53              | -                       | -        | 000        | 999        |          |



Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc<br>Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method   | Outpatient               | Sole Comm.           | Non-sole             | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|------------------------------|------------------------------|------------------|-----|---------------|----------|--------------------------|----------------------|----------------------|-------------------------|----------|------------|------------|----------|
|            |                              |                              |                  |     |               |          | Hospital Fee<br>Schedule | Hospital Lab<br>Fees | Hospital Lab<br>Fees |                         |          |            |            |          |
| 87380      | Q                            | HEPATITIS DELTA AGENT AG IA  |                  | -   | -             | Medicare | \$30.60                  | \$18.97              | \$18.36              | -                       | -        | 000        | 999        |          |
| 87385      | Q                            | HISTOPLASMA CAPSUL AG IA     |                  | -   | -             | Medicare | \$22.08                  | \$13.69              | \$13.25              | -                       | -        | 000        | 999        |          |
| 87389      | Q                            | HIV-1 AG W/HIV-1&-2 AB AG IA |                  | -   | -             | Medicare | \$40.13                  | \$24.88              | \$24.08              | -                       | -        | 000        | 999        |          |
| 87390      | Q                            | HIV-1 AG IA                  |                  | -   | -             | Medicare | \$40.10                  | \$24.86              | \$24.06              | -                       | -        | 000        | 999        |          |
| 87391      | Q                            | HIV-2 AG IA                  |                  | -   | -             | Medicare | \$36.50                  | \$22.63              | \$21.90              | -                       | -        | 000        | 999        |          |
| 87400      | Q                            | INFLUENZA A/B EACH AG IA     |                  | -   | -             | Medicare | \$23.55                  | \$14.60              | \$14.13              | -                       | -        | 000        | 999        |          |
| 87420      | Q                            | RESP SYNCYTIAL VIRUS AG IA   |                  | -   | -             | Medicare | \$23.18                  | \$14.37              | \$13.91              | -                       | -        | 000        | 999        |          |
| 87425      | Q                            | ROTAVIRUS AG IA              |                  | -   | -             | Medicare | \$19.97                  | \$12.38              | \$11.98              | -                       | -        | 000        | 999        |          |
| 87426      | Q                            | SARSCOV CORONAVIRUS AG IA    |                  | -   | -             | Medicare | \$58.88                  | \$36.51              | \$35.33              | -                       | -        | 000        | 999        |          |
| 87427      | Q                            | SHIGA-LIKE TOXIN AG IA       |                  | -   | -             | Medicare | \$19.97                  | \$12.38              | \$11.98              | -                       | -        | 000        | 999        |          |
| 87428      | Q                            | SARSCOV & INF VIR A&B AG IA  |                  | -   | -             | Medicare | \$117.15                 | \$72.63              | \$70.29              | -                       | -        | 000        | 999        |          |
| 87430      | Q                            | STREP A AG IA                |                  | -   | -             | Medicare | \$28.02                  | \$17.37              | \$16.81              | -                       | -        | 000        | 999        |          |
| 87449      | Q                            | NOS EACH ORGANISM AG IA      |                  | -   | -             | Medicare | \$19.97                  | \$12.38              | \$11.98              | -                       | -        | 000        | 999        |          |
| 87451      | Q                            | POLYVALENT MULT ORG EA AG IA |                  | -   | -             | Medicare | \$17.52                  | \$10.86              | \$10.51              | -                       | -        | 000        | 999        |          |
| 87467      | Q                            | HEPATITIS B SURFACE AG QUAN  |                  | -   | -             | Medicare | \$42.20                  | \$26.16              | \$25.32              | -                       | -        | 000        | 999        |          |
| 87468      | Q                            | ANAPLSMA PHGCTOPHLM AMP PRB  |                  | -   | -             | Medicare | \$58.48                  | \$36.26              | \$35.09              | -                       | -        | 000        | 999        |          |
| 87469      | Q                            | BABESIA MICROTI AMP PRB      |                  | -   | -             | Medicare | \$58.48                  | \$36.26              | \$35.09              | -                       | -        | 000        | 999        |          |
| 87471      | Q                            | BARTONELLA DNA AMP PROBE     |                  | -   | -             | Medicare | \$58.48                  | \$36.26              | \$35.09              | -                       | -        | 000        | 999        |          |
| 87472      | Q                            | BARTONELLA DNA QUANT         |                  | -   | -             | Medicare | \$71.40                  | \$44.27              | \$42.84              | -                       | -        | 000        | 999        |          |
| 87475      | Q                            | LYME DIS DNA DIR PROBE       |                  | -   | -             | Medicare | \$33.42                  | \$20.72              | \$20.05              | -                       | -        | 000        | 999        |          |
| 87476      | Q                            | LYME DIS DNA AMP PROBE       |                  | -   | -             | Medicare | \$58.48                  | \$36.26              | \$35.09              | -                       | -        | 000        | 999        |          |
| 87478      | Q                            | BORRELIA MIYAMOTOI AMP PRB   |                  | -   | -             | Medicare | \$58.48                  | \$36.26              | \$35.09              | -                       | -        | 000        | 999        |          |
| 87480      | Q                            | CANDIDA DNA DIR PROBE        |                  | -   | -             | Medicare | \$33.42                  | \$20.72              | \$20.05              | -                       | -        | 000        | 999        |          |
| 87481      | Q                            | CANDIDA DNA AMP PROBE        |                  | -   | -             | Medicare | \$58.48                  | \$36.26              | \$35.09              | -                       | -        | 000        | 999        |          |
| 87482      | Q                            | CANDIDA DNA QUANT            |                  | -   | -             | Medicare | \$92.90                  | \$57.60              | \$55.74              | -                       | -        | 000        | 999        |          |
| 87483      | Q                            | CNS DNA AMP PROBE TYPE 12-25 |                  | -   | -             | Medicare | \$694.63                 | \$430.67             | \$416.78             | -                       | -        | 000        | 999        |          |
| 87484      | Q                            | EHRlichA CHAFFEENSIS AMP PRB |                  | -   | -             | Medicare | \$58.48                  | \$36.26              | \$35.09              | -                       | -        | 000        | 999        |          |
| 87485      | Q                            | CHLMYD PNEUM DNA DIR PROBE   |                  | -   | -             | Medicare | \$33.42                  | \$20.72              | \$20.05              | -                       | -        | 000        | 999        |          |
| 87486      | Q                            | CHLMYD PNEUM DNA AMP PROBE   |                  | -   | -             | Medicare | \$58.48                  | \$36.26              | \$35.09              | -                       | -        | 000        | 999        |          |
| 87487      | Q                            | CHLMYD PNEUM DNA QUANT       |                  | -   | -             | Medicare | \$71.40                  | \$44.27              | \$42.84              | -                       | -        | 000        | 999        |          |
| 87490      | Q                            | CHLMYD TRACH DNA DIR PROBE   |                  | -   | -             | Medicare | \$37.92                  | \$23.51              | \$22.75              | -                       | -        | 000        | 999        |          |
| 87491      | Q                            | CHLMYD TRACH DNA AMP PROBE   |                  | -   | -             | Medicare | \$58.48                  | \$36.26              | \$35.09              | -                       | -        | 000        | 999        |          |
| 87492      | Q                            | CHLMYD TRACH DNA QUANT       |                  | -   | -             | Medicare | \$89.12                  | \$55.25              | \$53.47              | -                       | -        | 000        | 999        |          |
| 87493      | Q                            | C DIFF AMPLIFIED PROBE       |                  | -   | -             | Medicare | \$62.12                  | \$38.51              | \$37.27              | -                       | -        | 000        | 999        |          |
| 87495      | Q                            | CYTOMEG DNA DIR PROBE        |                  | -   | -             | Medicare | \$50.05                  | \$31.03              | \$30.03              | -                       | -        | 000        | 999        |          |
| 87496      | Q                            | CYTOMEG DNA AMP PROBE        |                  | -   | -             | Medicare | \$58.48                  | \$36.26              | \$35.09              | -                       | -        | 000        | 999        |          |
| 87497      | Q                            | CYTOMEG DNA QUANT            |                  | -   | -             | Medicare | \$71.40                  | \$44.27              | \$42.84              | -                       | -        | 000        | 999        |          |
| 87498      | Q                            | ENTEROVIRUS PROBE&REVRS TRNS |                  | -   | -             | Medicare | \$58.48                  | \$36.26              | \$35.09              | -                       | -        | 000        | 999        |          |
| 87500      | Q                            | VANOMYCIN DNA AMP PROBE      |                  | -   | -             | Medicare | \$58.48                  | \$36.26              | \$35.09              | -                       | -        | 000        | 999        |          |
| 87501      | Q                            | INFLUENZA DNA AMP PROB 1+    |                  | -   | -             | Medicare | \$85.52                  | \$53.02              | \$51.31              | -                       | -        | 000        | 999        |          |
| 87502      | Q                            | INFLUENZA DNA AMP PROBE      |                  | -   | -             | Medicare | \$159.67                 | \$99.00              | \$95.80              | -                       | -        | 000        | 999        |          |
| 87503      | Q                            | INFLUENZA DNA AMP PROB ADDL  |                  | -   | -             | Medicare | \$48.70                  | \$30.19              | \$29.22              | -                       | -        | 000        | 999        |          |
| 87505      | Q                            | NFCT AGENT DETECTION GI      |                  | -   | -             | Medicare | \$213.82                 | \$132.57             | \$128.29             | -                       | -        | 000        | 999        |          |
| 87506      | Q                            | IADNA-DNA/RNA PROBE TQ 6-11  |                  | -   | -             | Medicare | \$438.32                 | \$271.76             | \$262.99             | -                       | -        | 000        | 999        |          |
| 87507      | Q                            | IADNA-DNA/RNA PROBE TQ 12-25 |                  | -   | -             | Medicare | \$694.63                 | \$430.67             | \$416.78             | -                       | -        | 000        | 999        |          |
| 87510      | Q                            | GARDNER VAG DNA DIR PROBE    |                  | -   | -             | Medicare | \$33.42                  | \$20.72              | \$20.05              | -                       | -        | 000        | 999        |          |
| 87511      | Q                            | GARDNER VAG DNA AMP PROBE    |                  | -   | -             | Medicare | \$58.48                  | \$36.26              | \$35.09              | -                       | -        | 000        | 999        |          |
| 87512      | Q                            | GARDNER VAG DNA QUANT        |                  | -   | -             | Medicare | \$69.60                  | \$43.15              | \$41.76              | -                       | -        | 000        | 999        |          |
| 87513      | Q                            | H PYLRI CLRTHMCN RST AMP PRB |                  | -   | -             | Medicare | \$58.48                  | \$36.26              | \$35.09              | -                       | -        | 000        | 999        |          |
| 87516      | Q                            | HEPATITIS B DNA AMP PROBE    |                  | -   | -             | Medicare | \$58.48                  | \$36.26              | \$35.09              | -                       | -        | 000        | 999        |          |
| 87517      | Q                            | HEPATITIS B DNA QUANT        |                  | -   | -             | Medicare | \$71.40                  | \$44.27              | \$42.84              | -                       | -        | 000        | 999        |          |
| 87520      | Q                            | HEPATITIS C RNA DIR PROBE    |                  | -   | -             | Medicare | \$52.03                  | \$32.26              | \$31.22              | -                       | -        | 000        | 999        |          |
| 87521      | Q                            | HEPATITIS C PROBE&RVRS TRNSC |                  | -   | -             | Medicare | \$58.48                  | \$36.26              | \$35.09              | -                       | -        | 000        | 999        |          |
| 87522      | Q                            | HEPATITIS C REVRS TRNSCRPJ   |                  | -   | -             | Medicare | \$71.40                  | \$44.27              | \$42.84              | -                       | -        | 000        | 999        |          |
| 87523      | Q                            | HEPATITIS D QUANTIFICATION   |                  | -   | -             | Medicare | \$71.40                  | \$44.27              | \$42.84              | -                       | -        | 000        | 999        |          |
| 87525      | Q                            | HEPATITIS G DNA DIR PROBE    |                  | -   | -             | Medicare | \$49.67                  | \$30.80              | \$29.80              | -                       | -        | 000        | 999        |          |

**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2025**

| Proc Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method   | Outpatient               | Sole Comm.           | Non-sole             | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|---------|------------------------------|------------------------------|------------------|-----|---------------|----------|--------------------------|----------------------|----------------------|-------------------------|----------|------------|------------|----------|
|         |                              |                              |                  |     |               |          | Hospital Fee<br>Schedule | Hospital Lab<br>Fees | Hospital Lab<br>Fees |                         |          |            |            |          |
| 87526   | Q                            | HEPATITIS G DNA AMP PROBE    |                  | -   | -             | Medicare | \$65.43                  | \$40.57              | \$39.26              | -                       | -        | 000        | 999        |          |
| 87527   | Q                            | HEPATITIS G DNA QUANT        |                  | -   | -             | Medicare | \$69.60                  | \$43.15              | \$41.76              | -                       | -        | 000        | 999        |          |
| 87528   | Q                            | HSV DNA DIR PROBE            |                  | -   | -             | Medicare | \$33.42                  | \$20.72              | \$20.05              | -                       | -        | 000        | 999        |          |
| 87529   | Q                            | HSV DNA AMP PROBE            |                  | -   | -             | Medicare | \$58.48                  | \$36.26              | \$35.09              | -                       | -        | 000        | 999        |          |
| 87530   | Q                            | HSV DNA QUANT                |                  | -   | -             | Medicare | \$71.40                  | \$44.27              | \$42.84              | -                       | -        | 000        | 999        |          |
| 87531   | Q                            | HHV-6 DNA DIR PROBE          |                  | -   | -             | Medicare | \$96.67                  | \$59.94              | \$58.00              | -                       | -        | 000        | 999        |          |
| 87532   | Q                            | HHV-6 DNA AMP PROBE          |                  | -   | -             | Medicare | \$58.48                  | \$36.26              | \$35.09              | -                       | -        | 000        | 999        |          |
| 87533   | Q                            | HHV-6 DNA QUANT              |                  | -   | -             | Medicare | \$69.60                  | \$43.15              | \$41.76              | -                       | -        | 000        | 999        |          |
| 87534   | Q                            | HIV-1 DNA DIR PROBE          |                  | -   | -             | Medicare | \$36.53                  | \$22.65              | \$21.92              | -                       | -        | 000        | 999        |          |
| 87535   | Q                            | HIV-1 PROBE&REVERSE TRNSCRPJ |                  | -   | -             | Medicare | \$58.48                  | \$36.26              | \$35.09              | -                       | -        | 000        | 999        |          |
| 87536   | Q                            | HIV-1 QUANT&REVRSE TRNSCRPJ  |                  | -   | -             | Medicare | \$141.83                 | \$87.93              | \$85.10              | -                       | -        | 000        | 999        |          |
| 87537   | Q                            | HIV-2 DNA DIR PROBE          |                  | -   | -             | Medicare | \$36.53                  | \$22.65              | \$21.92              | -                       | -        | 000        | 999        |          |
| 87538   | Q                            | HIV-2 PROBE&REVRSE TRNSCRIPJ |                  | -   | -             | Medicare | \$58.48                  | \$36.26              | \$35.09              | -                       | -        | 000        | 999        |          |
| 87539   | Q                            | HIV-2 QUANT&REVRSE TRNSCRIPJ |                  | -   | -             | Medicare | \$97.70                  | \$60.57              | \$58.62              | -                       | -        | 000        | 999        |          |
| 87540   | Q                            | LEGION PNEUMO DNA DIR PROB   |                  | -   | -             | Medicare | \$33.42                  | \$20.72              | \$20.05              | -                       | -        | 000        | 999        |          |
| 87541   | Q                            | LEGION PNEUMO DNA AMP PROB   |                  | -   | -             | Medicare | \$58.48                  | \$36.26              | \$35.09              | -                       | -        | 000        | 999        |          |
| 87542   | Q                            | LEGION PNEUMO DNA QUANT      |                  | -   | -             | Medicare | \$69.60                  | \$43.15              | \$41.76              | -                       | -        | 000        | 999        |          |
| 87550   | Q                            | MYCOBACTERIA DNA DIR PROBE   |                  | -   | -             | Medicare | \$33.42                  | \$20.72              | \$20.05              | -                       | -        | 000        | 999        |          |
| 87551   | Q                            | MYCOBACTERIA DNA AMP PROBE   |                  | -   | -             | Medicare | \$80.40                  | \$49.85              | \$48.24              | -                       | -        | 000        | 999        |          |
| 87552   | Q                            | MYCOBACTERIA DNA QUANT       |                  | -   | -             | Medicare | \$71.40                  | \$44.27              | \$42.84              | -                       | -        | 000        | 999        |          |
| 87555   | Q                            | M.TUBERCULO DNA DIR PROBE    |                  | -   | -             | Medicare | \$44.80                  | \$27.78              | \$26.88              | -                       | -        | 000        | 999        |          |
| 87556   | Q                            | M.TUBERCULO DNA AMP PROBE    |                  | -   | -             | Medicare | \$69.47                  | \$43.07              | \$41.68              | -                       | -        | 000        | 999        |          |
| 87557   | Q                            | M.TUBERCULO DNA QUANT        |                  | -   | -             | Medicare | \$71.40                  | \$44.27              | \$42.84              | -                       | -        | 000        | 999        |          |
| 87560   | Q                            | M.AVIUM-INTRA DNA DIR PROB   |                  | -   | -             | Medicare | \$45.48                  | \$28.20              | \$27.29              | -                       | -        | 000        | 999        |          |
| 87561   | Q                            | M.AVIUM-INTRA DNA AMP PROB   |                  | -   | -             | Medicare | \$58.48                  | \$36.26              | \$35.09              | -                       | -        | 000        | 999        |          |
| 87562   | Q                            | M.AVIUM-INTRA DNA QUANT      |                  | -   | -             | Medicare | \$71.40                  | \$44.27              | \$42.84              | -                       | -        | 000        | 999        |          |
| 87563   | Q                            | M. GENITALIUM AMP PROBE      |                  | -   | -             | Medicare | \$58.48                  | \$36.26              | \$35.09              | -                       | -        | 000        | 999        |          |
| 87564   | Q                            | MTB RIFAMPIN RST AMP PRB TQ  |                  | -   | -             | Medicare | \$127.95                 | \$79.33              | \$76.77              | -                       | -        | 000        | 999        |          |
| 87580   | Q                            | M.PNEUMON DNA DIR PROBE      |                  | -   | -             | Medicare | \$33.42                  | \$20.72              | \$20.05              | -                       | -        | 000        | 999        |          |
| 87581   | Q                            | M.PNEUMON DNA AMP PROBE      |                  | -   | -             | Medicare | \$58.48                  | \$36.26              | \$35.09              | -                       | -        | 000        | 999        |          |
| 87582   | Q                            | M.PNEUMON DNA QUANT          |                  | -   | -             | Medicare | \$504.37                 | \$312.71             | \$302.62             | -                       | -        | 000        | 999        |          |
| 87590   | Q                            | N.GONORRHOEAE DNA DIR PROB   |                  | -   | -             | Medicare | \$44.80                  | \$27.78              | \$26.88              | -                       | -        | 000        | 999        |          |
| 87591   | Q                            | N.GONORRHOEAE DNA AMP PROB   |                  | -   | -             | Medicare | \$58.48                  | \$36.26              | \$35.09              | -                       | -        | 000        | 999        |          |
| 87592   | Q                            | N.GONORRHOEAE DNA QUANT      |                  | -   | -             | Medicare | \$71.40                  | \$44.27              | \$42.84              | -                       | -        | 000        | 999        |          |
| 87593   | Q                            | ORTHOPOXVIRUS AMP PRB EACH   |                  | -   | -             | Medicare | \$85.52                  | \$53.02              | \$51.31              | -                       | -        | 000        | 999        |          |
| 87594   | Q                            | PNEUMCYSTS JIROVECII AMP PRB |                  | -   | -             | Medicare | \$58.48                  | \$36.26              | \$35.09              | -                       | -        | 000        | 999        |          |
| 87623   | Q                            | HPV LOW-RISK TYPES           |                  | -   | -             | Medicare | \$58.48                  | \$36.26              | \$35.09              | -                       | -        | 000        | 999        |          |
| 87624   | Q                            | HPV HI-RISK TYP POOLED RSLT  |                  | -   | -             | Medicare | \$58.48                  | \$36.26              | \$35.09              | -                       | -        | 000        | 999        |          |
| 87625   | Q                            | HPV TYPES 16 & 18 ONLY       |                  | -   | -             | Medicare | \$67.58                  | \$41.90              | \$40.55              | -                       | -        | 000        | 999        |          |
| 87626   | Q                            | HPV SEP HI-RSK TYP&POOL RSLT |                  | -   | -             | Medicare | \$117.00                 | \$72.54              | \$70.20              | -                       | -        | 000        | 999        |          |
| 87631   | Q                            | RESP VIRUS 3-5 TARGETS       |                  | -   | -             | Medicare | \$237.72                 | \$147.39             | \$142.63             | -                       | -        | 000        | 999        |          |
| 87632   | Q                            | RESP VIRUS 6-11 TARGETS      |                  | -   | -             | Medicare | \$363.43                 | \$225.33             | \$218.06             | -                       | -        | 000        | 999        |          |
| 87633   | Q                            | RESP VIRUS 12-25 TARGETS     |                  | -   | -             | Medicare | \$694.63                 | \$430.67             | \$416.78             | -                       | -        | 000        | 999        |          |
| 87634   | Q                            | RSV DNA/RNA AMP PROBE        |                  | -   | -             | Medicare | \$117.00                 | \$72.54              | \$70.20              | -                       | -        | 000        | 999        |          |
| 87635   | Q                            | SARS-COV-2 COVID-19 AMP PRB  |                  | -   | -             | Medicare | \$85.52                  | \$53.02              | \$51.31              | -                       | -        | 000        | 999        |          |
| 87636   | Q                            | SARSCOV2 & INF A&B AMP PRB   |                  | -   | -             | Medicare | \$237.72                 | \$147.39             | \$142.63             | -                       | -        | 000        | 999        |          |
| 87637   | Q                            | SARSCOV2&INF A&B&RSV AMP PRB |                  | -   | -             | Medicare | \$237.72                 | \$147.39             | \$142.63             | -                       | -        | 000        | 999        |          |
| 87640   | Q                            | STAPH A DNA AMP PROBE        |                  | -   | -             | Medicare | \$58.48                  | \$36.26              | \$35.09              | -                       | -        | 000        | 999        |          |
| 87641   | Q                            | MR-STAPH DNA AMP PROBE       |                  | -   | -             | Medicare | \$58.48                  | \$36.26              | \$35.09              | -                       | -        | 000        | 999        |          |
| 87650   | Q                            | STREP A DNA DIR PROBE        |                  | -   | -             | Medicare | \$33.42                  | \$20.72              | \$20.05              | -                       | -        | 000        | 999        |          |
| 87651   | Q                            | STREP A DNA AMP PROBE        |                  | -   | -             | Medicare | \$58.48                  | \$36.26              | \$35.09              | -                       | -        | 000        | 999        |          |
| 87652   | Q                            | STREP A DNA QUANT            |                  | -   | -             | Medicare | \$69.60                  | \$43.15              | \$41.76              | -                       | -        | 000        | 999        |          |
| 87653   | Q                            | STREP B DNA AMP PROBE        |                  | -   | -             | Medicare | \$58.48                  | \$36.26              | \$35.09              | -                       | -        | 000        | 999        |          |
| 87660   | Q                            | TRICHOMONAS VAGIN DIR PROBE  |                  | -   | -             | Medicare | \$33.42                  | \$20.72              | \$20.05              | -                       | -        | 000        | 999        |          |
| 87661   | Q                            | TRICHOMONAS VAGINALIS AMPLIF |                  | -   | -             | Medicare | \$58.48                  | \$36.26              | \$35.09              | -                       | -        | 000        | 999        |          |
| 87662   | Q                            | ZIKA VIRUS DNA/RNA AMP PROBE |                  | -   | -             | Medicare | \$85.52                  | \$53.02              | \$51.31              | -                       | -        | 000        | 999        |          |

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| Proc<br>Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC   | APC<br>Weight | Method                     | Outpatient               | Sole Comm.           | Non-sole             | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|------------------------------|------------------------------|------------------|-------|---------------|----------------------------|--------------------------|----------------------|----------------------|-------------------------|----------|------------|------------|----------|
|            |                              |                              |                  |       |               |                            | Hospital Fee<br>Schedule | Hospital Lab<br>Fees | Hospital Lab<br>Fees |                         |          |            |            |          |
| 87797      | Q                            | DETECT AGENT NOS DNA DIR     |                  | -     | -             | Medicare                   | \$50.05                  | \$31.03              | \$30.03              | -                       | -        | 000        | 999        |          |
| 87798      | Q                            | DETECT AGENT NOS DNA AMP     |                  | -     | -             | Medicare                   | \$58.48                  | \$36.26              | \$35.09              | -                       | -        | 000        | 999        |          |
| 87799      | Q                            | DETECT AGENT NOS DNA QUANT   |                  | -     | -             | Medicare                   | \$71.40                  | \$44.27              | \$42.84              | -                       | -        | 000        | 999        |          |
| 87800      | Q                            | DETECT AGNT MULT DNA DIREC   |                  | -     | -             | Medicare                   | \$72.78                  | \$45.12              | \$43.67              | -                       | -        | 000        | 999        |          |
| 87801      | Q                            | DETECT AGNT MULT DNA AMPLI   |                  | -     | -             | Medicare                   | \$117.00                 | \$72.54              | \$70.20              | -                       | -        | 000        | 999        |          |
| 87802      | Q                            | STREP B ASSAY W/OPTIC        |                  | -     | -             | Medicare                   | \$21.22                  | \$13.16              | \$12.73              | -                       | -        | 000        | 999        |          |
| 87803      | Q                            | CLOSTRIDIUM TOXIN A W/OPTIC  |                  | -     | -             | Medicare                   | \$26.67                  | \$16.54              | \$16.00              | -                       | -        | 000        | 999        |          |
| 87804      | Q                            | INFLUENZA ASSAY W/OPTIC      |                  | -     | -             | Medicare                   | \$27.58                  | \$17.10              | \$16.55              | -                       | -        | 000        | 999        |          |
| 87806      | Q                            | HIV AG W/HIV1&2 ANTB W/OPTIC |                  | -     | -             | Medicare                   | \$54.62                  | \$33.86              | \$32.77              | -                       | -        | 000        | 999        |          |
| 87807      | Q                            | RSV ASSAY W/OPTIC            |                  | -     | -             | Medicare                   | \$21.83                  | \$13.53              | \$13.10              | -                       | -        | 000        | 999        |          |
| 87808      | Q                            | TRICHOMONAS ASSAY W/OPTIC    |                  | -     | -             | Medicare                   | \$25.48                  | \$15.80              | \$15.29              | -                       | -        | 000        | 999        |          |
| 87809      | Q                            | ADENOVIRUS ASSAY W/OPTIC     |                  | -     | -             | Medicare                   | \$36.27                  | \$22.49              | \$21.76              | -                       | -        | 000        | 999        |          |
| 87810      | Q                            | CHLMYD TRACH ASSAY W/OPTIC   |                  | -     | -             | Medicare                   | \$58.82                  | \$36.47              | \$35.29              | -                       | -        | 000        | 999        |          |
| 87811      | Q                            | SARS-COV-2 COVID19 W/OPTIC   |                  | -     | -             | Medicare                   | \$68.97                  | \$42.76              | \$41.38              | -                       | -        | 000        | 999        |          |
| 87850      | Q                            | N. GONORRHOEAE ASSAY W/OPTIC |                  | -     | -             | Medicare                   | \$40.93                  | \$25.38              | \$24.56              | -                       | -        | 000        | 999        |          |
| 87880      | Q                            | STREP A ASSAY W/OPTIC        |                  | -     | -             | Medicare                   | \$27.55                  | \$17.08              | \$16.53              | -                       | -        | 000        | 999        |          |
| 87899      | Q                            | AGENT NOS ASSAY W/OPTIC      |                  | -     | -             | Medicare                   | \$26.78                  | \$16.60              | \$16.07              | -                       | -        | 000        | 999        |          |
| 87900      | Q                            | PHENOTYPE INFECT AGENT DRUG  |                  | -     | -             | Medicare                   | \$217.25                 | \$134.70             | \$130.35             | -                       | -        | 000        | 999        |          |
| 87901      | Q                            | NFCT AGT GNTYP ALYS HIV1 REV |                  | -     | -             | Medicare                   | \$429.08                 | \$266.03             | \$257.45             | -                       | -        | 000        | 999        |          |
| 87902      | Q                            | NFCT AGT GNTYP ALYS HEP C    |                  | -     | -             | Medicare                   | \$429.08                 | \$266.03             | \$257.45             | -                       | -        | 000        | 999        |          |
| 87903      | Q                            | PHENOTYPE DNA HIV W/CULTURE  |                  | -     | -             | Medicare                   | \$814.43                 | \$504.95             | \$488.66             | -                       | -        | 000        | 999        |          |
| 87904      | Q                            | PHENOTYPE DNA HIV W/CLT ADD  |                  | -     | -             | Medicare                   | \$43.45                  | \$26.94              | \$26.07              | -                       | -        | 000        | 999        |          |
| 87905      | Q                            | SIALIDASE ENZYME ASSAY       |                  | -     | -             | Medicare                   | \$20.37                  | \$12.63              | \$12.22              | -                       | -        | 000        | 999        |          |
| 87906      | Q                            | NFCT AGT GNTYP ALYS HIV1     |                  | -     | -             | Medicare                   | \$214.55                 | \$133.02             | \$128.73             | -                       | -        | 000        | 999        |          |
| 87910      | Q                            | NFCT AGT GNTYP ALYS CMV      |                  | -     | -             | Medicare                   | \$429.08                 | \$266.03             | \$257.45             | -                       | -        | 000        | 999        |          |
| 87912      | Q                            | NFCT AGT GNTYP ALYS HEP B    |                  | -     | -             | Medicare                   | \$429.08                 | \$266.03             | \$257.45             | -                       | -        | 000        | 999        |          |
| 87913      | Q                            | NFCT AGT GNTYP ALYS SARSCOV2 |                  | -     | -             | Medicare                   | \$429.08                 | \$266.03             | \$257.45             | -                       | -        | 000        | 999        |          |
| 87999      | N                            | UNLISTED MICROBIOLOGY PX     |                  | -     | -             | Bundled                    | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 88000      | E                            | AUTOPSY (NECROPSY) GROSS     |                  | -     | -             | Not Allowed                | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 88005      | E                            | AUTOPSY (NECROPSY) GROSS     |                  | -     | -             | Not Allowed                | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 88007      | E                            | AUTOPSY (NECROPSY) GROSS     |                  | -     | -             | Not Allowed                | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 88012      | E                            | AUTOPSY (NECROPSY) GROSS     |                  | -     | -             | Not Allowed                | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 88014      | E                            | AUTOPSY (NECROPSY) GROSS     |                  | -     | -             | Not Allowed                | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 88016      | E                            | AUTOPSY (NECROPSY) GROSS     |                  | -     | -             | Not Allowed                | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 88020      | E                            | AUTOPSY (NECROPSY) COMPLETE  |                  | -     | -             | Not Allowed                | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 88025      | E                            | AUTOPSY (NECROPSY) COMPLETE  |                  | -     | -             | Not Allowed                | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 88027      | E                            | AUTOPSY (NECROPSY) COMPLETE  |                  | -     | -             | Not Allowed                | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 88028      | E                            | AUTOPSY (NECROPSY) COMPLETE  |                  | -     | -             | Not Allowed                | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 88029      | E                            | AUTOPSY (NECROPSY) COMPLETE  |                  | -     | -             | Not Allowed                | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 88036      | E                            | LIMITED AUTOPSY              |                  | -     | -             | Not Allowed                | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 88037      | E                            | LIMITED AUTOPSY              |                  | -     | -             | Not Allowed                | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 88040      | E                            | FORENSIC AUTOPSY (NECROPSY)  |                  | -     | -             | Not Allowed                | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 88045      | E                            | CORONERS AUTOPSY (NECROPSY)  |                  | -     | -             | Not Allowed                | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 88099      | E                            | UNLISTED NECROPSY (AUTOPSY)  |                  | -     | -             | Not Allowed                | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 88104      | N                            | CYTOPATH FL NONGYN SMEARS    |                  | 05732 | 0.4402        | Bundled, sometimes payable | \$26.73                  |                      |                      | -                       | -        | 000        | 999        |          |
| 88106      | N                            | CYTOPATH FL NONGYN FILTER    |                  | 05731 | 0.2747        | Bundled, sometimes payable | \$16.68                  |                      |                      | -                       | -        | 000        | 999        |          |
| 88108      | N                            | CYTOPATH CONCENTRATE TECH    |                  | 05732 | 0.4402        | Bundled, sometimes payable | \$26.73                  |                      |                      | -                       | -        | 000        | 999        |          |
| 88112      | N                            | CYTOPATH CELL ENHANCE TECH   |                  | 05671 | 0.5992        | Bundled, sometimes payable | \$36.38                  |                      |                      | -                       | -        | 000        | 999        |          |
| 88120      | N                            | CYTP URNE 3-5 PROBES EA SPEC |                  | 05672 | 1.9218        | Bundled, sometimes payable | \$116.69                 |                      |                      | -                       | -        | 000        | 999        |          |
| 88121      | N                            | CYTP URINE 3-5 PROBES CMPTR  |                  | 05672 | 1.9218        | Bundled, sometimes payable | \$116.69                 |                      |                      | -                       | -        | 000        | 999        |          |
| 88125      | N                            | FORENSIC CYTOPATHOLOGY       |                  | 05671 | 0.5992        | Bundled, sometimes payable | \$36.38                  |                      |                      | -                       | -        | 000        | 999        |          |
| 88130      | Q                            | SEX CHROMATIN IDENTIFICATION |                  | -     | -             | Medicare                   | \$29.97                  | \$18.58              | \$17.98              | -                       | -        | 000        | 999        |          |
| 88140      | Q                            | SEX CHROMATIN IDENTIFICATION |                  | -     | -             | Medicare                   | \$13.32                  | \$8.26               | \$7.99               | -                       | -        | 000        | 999        |          |
| 88141      | N                            | CYTOPATH C/V INTERPRET       |                  | -     | -             | Bundled                    | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 88142      | Q                            | CYTOPATH C/V THIN LAYER      |                  | -     | -             | Medicare                   | \$33.77                  | \$20.94              | \$20.26              | -                       | -        | 000        | 999        |          |
| 88143      | Q                            | CYTOPATH C/V THIN LAYER REDO |                  | -     | -             | Medicare                   | \$38.40                  | \$23.81              | \$23.04              | -                       | -        | 000        | 999        |          |



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| 2024  | APC    |                              |          |       |        |                            |              |              |              |             |          |     |     |          |  |
|-------|--------|------------------------------|----------|-------|--------|----------------------------|--------------|--------------|--------------|-------------|----------|-----|-----|----------|--|
| Proc  | Status |                              | Proc     | APC   | APC    |                            | Outpatient   | Sole Comm.   | Comm.        | Prior Auth. |          | Min | Max |          |  |
| Cd    | Ind    | Proc Desc                    | Modifier | APC   | Weight | Method                     | Hospital Fee | Hospital Lab | Hospital Lab | Required    | Passport | Age | Age | Comments |  |
|       |        |                              |          |       |        |                            | Schedule     | Fees         | Fees         |             |          |     |     |          |  |
| 88147 | Q      | CYTOPATH C/V AUTOMATED       |          | -     | -      | Medicare                   | \$84.27      | \$52.25      | \$50.56      | -           | -        | 000 | 999 |          |  |
| 88148 | Q      | CYTOPATH C/V AUTO RESCREEN   |          | -     | -      | Medicare                   | \$30.32      | \$18.80      | \$18.19      | -           | -        | 000 | 999 |          |  |
| 88150 | Q      | CYTOPATH C/V MANUAL          |          | -     | -      | Medicare                   | \$30.32      | \$18.80      | \$18.19      | -           | -        | 000 | 999 |          |  |
| 88152 | Q      | CYTOPATH C/V AUTO REDO       |          | -     | -      | Medicare                   | \$46.07      | \$28.56      | \$27.64      | -           | -        | 000 | 999 |          |  |
| 88153 | Q      | CYTOPATH C/V REDO            |          | -     | -      | Medicare                   | \$40.05      | \$24.83      | \$24.03      | -           | -        | 000 | 999 |          |  |
| 88155 | Q      | CYTOPATH C/V INDEX ADD-ON    |          | -     | -      | Medicare                   | \$24.42      | \$15.14      | \$14.65      | -           | -        | 000 | 999 |          |  |
| 88160 | N      | CYTOPATH SMEAR OTHER SOURCE  |          | 05731 | 0.2747 | Bundled, sometimes payable | \$16.68      |              |              | -           | -        | 000 | 999 |          |  |
| 88161 | N      | CYTOPATH SMEAR OTHER SOURCE  |          | 05731 | 0.2747 | Bundled, sometimes payable | \$16.68      |              |              | -           | -        | 000 | 999 |          |  |
| 88162 | N      | CYTOPATH SMEAR OTHER SOURCE  |          | 05671 | 0.5992 | Bundled, sometimes payable | \$36.38      |              |              | -           | -        | 000 | 999 |          |  |
| 88164 | Q      | CYTOPATH TBS C/V MANUAL      |          | -     | -      | Medicare                   | \$30.32      | \$18.80      | \$18.19      | -           | -        | 000 | 999 |          |  |
| 88165 | Q      | CYTOPATH TBS C/V REDO        |          | -     | -      | Medicare                   | \$70.37      | \$43.63      | \$42.22      | -           | -        | 000 | 999 |          |  |
| 88166 | Q      | CYTOPATH TBS C/V AUTO REDO   |          | -     | -      | Medicare                   | \$30.32      | \$18.80      | \$18.19      | -           | -        | 000 | 999 |          |  |
| 88167 | Q      | CYTOPATH TBS C/V SELECT      |          | -     | -      | Medicare                   | \$30.32      | \$18.80      | \$18.19      | -           | -        | 000 | 999 |          |  |
| 88172 | N      | CYTP DX EVAL FNA 1ST EA SITE |          | 05672 | 1.9218 | Bundled, sometimes payable | \$116.69     |              |              | -           | -        | 000 | 999 |          |  |
| 88173 | N      | CYTOPATH EVAL FNA REPORT     |          | 05671 | 0.5992 | Bundled, sometimes payable | \$36.38      |              |              | -           | -        | 000 | 999 |          |  |
| 88174 | Q      | CYTOPATH C/V AUTO IN FLUID   |          | -     | -      | Medicare                   | \$42.28      | \$26.21      | \$25.37      | -           | -        | 000 | 999 |          |  |
| 88175 | Q      | CYTOPATH C/V AUTO FLUID REDO |          | -     | -      | Medicare                   | \$44.35      | \$27.50      | \$26.61      | -           | -        | 000 | 999 |          |  |
| 88177 | N      | CYTP FNA EVAL EA ADDL        |          | -     | -      | Bundled                    | \$0.00       |              |              | -           | -        | 000 | 999 |          |  |
| 88182 | N      | CELL MARKER STUDY            |          | 05671 | 0.5992 | Bundled, sometimes payable | \$36.38      |              |              | -           | -        | 000 | 999 |          |  |
| 88184 | N      | FLOWCYTOMETRY/ TC 1 MARKER   |          | 05673 | 4.0341 | Bundled, sometimes payable | \$244.95     |              |              | -           | -        | 000 | 999 |          |  |
| 88185 | N      | FLOWCYTOMETRY/TC ADD-ON      |          | -     | -      | Bundled                    | \$0.00       |              |              | -           | -        | 000 | 999 |          |  |
| 88187 | E      | FLOWCYTOMETRY/READ 2-8       |          | -     | -      | Not Allowed                | \$0.00       |              |              | -           | -        | 000 | 999 |          |  |
| 88188 | E      | FLOWCYTOMETRY/READ 9-15      |          | -     | -      | Not Allowed                | \$0.00       |              |              | -           | -        | 000 | 999 |          |  |
| 88189 | E      | FLOWCYTOMETRY/READ 16 & >    |          | -     | -      | Not Allowed                | \$0.00       |              |              | -           | -        | 000 | 999 |          |  |
| 88199 | N      | UNLISTED CYTOPATHOLOGY PX    |          | 05671 | 0.5992 | Bundled, sometimes payable | \$36.38      |              |              | -           | -        | 000 | 999 |          |  |
| 88230 | Q      | TISSUE CULTURE LYMPHOCYTE    |          | -     | -      | Medicare                   | \$194.15     | \$120.37     | \$116.49     | -           | -        | 000 | 999 |          |  |
| 88233 | Q      | TISSUE CULTURE SKIN/BIOPSY   |          | -     | -      | Medicare                   | \$234.55     | \$145.42     | \$140.73     | -           | -        | 000 | 999 |          |  |
| 88235 | Q      | TISSUE CULTURE PLACENTA      |          | -     | -      | Medicare                   | \$250.50     | \$155.31     | \$150.30     | -           | -        | 000 | 999 |          |  |
| 88237 | Q      | TISSUE CULTURE BONE MARROW   |          | -     | -      | Medicare                   | \$239.58     | \$148.54     | \$143.75     | -           | -        | 000 | 999 |          |  |
| 88239 | Q      | TISSUE CULTURE TUMOR         |          | -     | -      | Medicare                   | \$245.87     | \$152.44     | \$147.52     | -           | -        | 000 | 999 |          |  |
| 88240 | Q      | CELL CRYOPRESERVE/STORAGE    |          | -     | -      | Medicare                   | \$21.78      | \$13.50      | \$13.07      | -           | -        | 000 | 999 |          |  |
| 88241 | Q      | FROZEN CELL PREPARATION      |          | -     | -      | Medicare                   | \$20.15      | \$12.49      | \$12.09      | -           | -        | 000 | 999 |          |  |
| 88245 | Q      | CHROMOSOME ANALYSIS 20-25    |          | -     | -      | Medicare                   | \$288.62     | \$178.94     | \$173.17     | -           | -        | 000 | 999 |          |  |
| 88248 | Q      | CHROMOSOME ANALYSIS 50-100   |          | -     | -      | Medicare                   | \$288.62     | \$178.94     | \$173.17     | -           | -        | 000 | 999 |          |  |
| 88249 | Q      | CHROMOSOME ANALYSIS 100      |          | -     | -      | Medicare                   | \$288.62     | \$178.94     | \$173.17     | -           | -        | 000 | 999 |          |  |
| 88261 | Q      | CHROMOSOME ANALYSIS 5        |          | -     | -      | Medicare                   | \$440.57     | \$273.15     | \$264.34     | -           | -        | 000 | 999 |          |  |
| 88262 | Q      | CHROMOSOME ANALYSIS 15-20    |          | -     | -      | Medicare                   | \$209.15     | \$129.67     | \$125.49     | -           | -        | 000 | 999 |          |  |
| 88263 | Q      | CHROMOSOME ANALYSIS 45       |          | -     | -      | Medicare                   | \$250.48     | \$155.30     | \$150.29     | -           | -        | 000 | 999 |          |  |
| 88264 | Q      | CHROMOSOME ANALYSIS 20-25    |          | -     | -      | Medicare                   | \$241.02     | \$149.43     | \$144.61     | -           | -        | 000 | 999 |          |  |
| 88267 | Q      | CHROMOSOME ANALYS PLACENTA   |          | -     | -      | Medicare                   | \$314.28     | \$194.85     | \$188.57     | -           | -        | 000 | 999 |          |  |
| 88269 | Q      | CHROMOSOME ANALYS AMNIOTIC   |          | -     | -      | Medicare                   | \$289.43     | \$179.45     | \$173.66     | -           | -        | 000 | 999 |          |  |
| 88271 | Q      | CYTOGENETICS DNA PROBE       |          | -     | -      | Medicare                   | \$35.70      | \$22.13      | \$21.42      | -           | -        | 000 | 999 |          |  |
| 88272 | Q      | CYTOGENETICS 3-5             |          | -     | -      | Medicare                   | \$67.83      | \$42.05      | \$40.70      | -           | -        | 000 | 999 |          |  |
| 88273 | Q      | CYTOGENETICS 10-30           |          | -     | -      | Medicare                   | \$58.02      | \$35.97      | \$34.81      | -           | -        | 000 | 999 |          |  |
| 88274 | Q      | CYTOGENETICS 25-99           |          | -     | -      | Medicare                   | \$70.63      | \$43.79      | \$42.38      | -           | -        | 000 | 999 |          |  |
| 88275 | Q      | CYTOGENETICS 100-300         |          | -     | -      | Medicare                   | \$85.32      | \$52.90      | \$51.19      | -           | -        | 000 | 999 |          |  |
| 88280 | Q      | CHROMOSOME KARYOTYPE STUDY   |          | -     | -      | Medicare                   | \$55.78      | \$34.58      | \$33.47      | -           | -        | 000 | 999 |          |  |
| 88283 | Q      | CHROMOSOME BANDING STUDY     |          | -     | -      | Medicare                   | \$114.33     | \$70.88      | \$68.60      | -           | -        | 000 | 999 |          |  |
| 88285 | Q      | CHROMOSOME COUNT ADDITIONAL  |          | -     | -      | Medicare                   | \$44.85      | \$27.81      | \$26.91      | -           | -        | 000 | 999 |          |  |
| 88289 | Q      | CHROMOSOME STUDY ADDITIONAL  |          | -     | -      | Medicare                   | \$57.38      | \$35.58      | \$34.43      | -           | -        | 000 | 999 |          |  |
| 88291 | E      | CYTO/MOLECULAR REPORT        |          | -     | -      | Not Allowed                | \$0.00       |              |              | -           | -        | 000 | 999 |          |  |
| 88299 | N      | UNLISTED CYTOGENETIC STUDY   |          | 05671 | 0.5992 | Bundled, sometimes payable | \$36.38      |              |              | -           | -        | 000 | 999 |          |  |
| 88300 | N      | SURGICAL PATH GROSS          |          | 05731 | 0.2747 | Bundled, sometimes payable | \$16.68      |              |              | -           | -        | 000 | 999 |          |  |
| 88302 | N      | TISSUE EXAM BY PATHOLOGIST   |          | 05732 | 0.4402 | Bundled, sometimes payable | \$26.73      |              |              | -           | -        | 000 | 999 |          |  |
| 88304 | N      | TISSUE EXAM BY PATHOLOGIST   |          | 05671 | 0.5992 | Bundled, sometimes payable | \$36.38      |              |              | -           | -        | 000 | 999 |          |  |
| 88305 | N      | TISSUE EXAM BY PATHOLOGIST   |          | 05671 | 0.5992 | Bundled, sometimes payable | \$36.38      |              |              | -           | -        | 000 | 999 |          |  |



Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc Cd | 2024 APC<br>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 |
|---------|------------------------|------------------------------|---------------|--------------|----------------------------|----------------------------------|------------------------------|----------------------------------|----------------------|----------|---------|---------|----------|
|         |                        |                              |               |              |                            |                                  |                              |                                  |                      |          |         |         |          |
| 88307   | N                      | TISSUE EXAM BY PATHOLOGIST   |               | 05673 4.0341 | Bundled, sometimes payable | \$244.95                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 88309   | N                      | TISSUE EXAM BY PATHOLOGIST   |               | 05674 9.1613 | Bundled, sometimes payable | \$556.27                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 88311   | N                      | DECALCIFY TISSUE             |               | - -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 88312   | N                      | SPECIAL STAINS GROUP 1       |               | 05671 0.5992 | Bundled, sometimes payable | \$36.38                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 88313   | N                      | SPECIAL STAINS GROUP 2       |               | 05734 1.4456 | Bundled, sometimes payable | \$87.78                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 88314   | N                      | HISTOCHEMICAL STAINS ADD-ON  |               | - -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 88319   | N                      | ENZYME HISTOCHEMISTRY        |               | 05674 9.1613 | Bundled, sometimes payable | \$556.27                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 88321   | N                      | CONSLTJ&REPRT SLD PREP ELSWR |               | 05732 0.4402 | Bundled, sometimes payable | \$26.73                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 88323   | N                      | CONSLTJ&REPRT MATRL PREP SLD |               | 05671 0.5992 | Bundled, sometimes payable | \$36.38                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 88325   | N                      | CONSLTJ COMPRE RVW REC REPRT |               | 05672 1.9218 | Bundled, sometimes payable | \$116.69                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 88329   | N                      | PATH CONSLTJ DRG SURG        |               | 05733 0.6661 | Bundled, sometimes payable | \$40.45                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 88331   | N                      | PATH CONSLTJ SURG 1 BLK 1SPC |               | 05672 1.9218 | Bundled, sometimes payable | \$116.69                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 88332   | N                      | PATH CONSLTJ SURG EA ADD BLK |               | - -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 88333   | N                      | PATH CONSLTJ SURG CYTO XM 1  |               | 05674 9.1613 | Bundled, sometimes payable | \$556.27                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 88334   | N                      | PATH CONSLTJ SURG CYTO XM EA |               | - -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 88341   | N                      | IMHCHEM/IMCYTCHM EA ADD ANTB |               | - -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 88342   | N                      | IMHCHEM/IMCYTCHM 1ST ANTB    |               | 05672 1.9218 | Bundled, sometimes payable | \$116.69                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 88344   | N                      | IMHCHEM/IMCYTCHM EA MLT ANTB |               | 05673 4.0341 | Bundled, sometimes payable | \$244.95                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 88346   | N                      | IMFLUOR 1ST 1ANTB STAIN PX   |               | 05672 1.9218 | Bundled, sometimes payable | \$116.69                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 88348   | N                      | ELECTRON MICROSCOPY DX       |               | 05674 9.1613 | Bundled, sometimes payable | \$556.27                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 88350   | N                      | IMFLUOR EA ADDL 1ANTB STN PX |               | - -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 88355   | N                      | M/PHMTRC ALYS SKELETAL MUSC  |               | 05672 1.9218 | Bundled, sometimes payable | \$116.69                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 88356   | N                      | ANALYSIS NERVE               |               | 05671 0.5992 | Bundled, sometimes payable | \$36.38                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 88358   | N                      | ANALYSIS TUMOR               |               | 05672 1.9218 | Bundled, sometimes payable | \$116.69                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 88360   | N                      | TUMOR IMMUNOHISTOCHEM/MANUAL |               | 05672 1.9218 | Bundled, sometimes payable | \$116.69                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 88361   | N                      | TUMOR IMMUNOHISTOCHEM/COMPUT |               | 05673 4.0341 | Bundled, sometimes payable | \$244.95                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 88362   | N                      | NERVE TEASING PREPARATIONS   |               | 05674 9.1613 | Bundled, sometimes payable | \$556.27                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 88363   | N                      | XM ARCHIVE TISSUE MOLEC ANAL |               | 05731 0.2747 | Bundled, sometimes payable | \$16.68                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 88364   | N                      | INSITU HYBRIDIZATION (FISH)  |               | - -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 88365   | N                      | INSITU HYBRIDIZATION (FISH)  |               | 05672 1.9218 | Bundled, sometimes payable | \$116.69                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 88366   | N                      | INSITU HYBRIDIZATION (FISH)  |               | 05672 1.9218 | Bundled, sometimes payable | \$116.69                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 88367   | N                      | INSITU HYBRIDIZATION AUTO    |               | 05673 4.0341 | Bundled, sometimes payable | \$244.95                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 88368   | N                      | INSITU HYBRIDIZATION MANUAL  |               | 05673 4.0341 | Bundled, sometimes payable | \$244.95                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 88369   | N                      | M/PHMTRC ALYSISHQUANT/SEMIQ  |               | - -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 88371   | N                      | PROTEIN WESTERN BLOT TISSUE  |               | - -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 88372   | N                      | PROTEIN ANALYSIS W/PROBE     |               | - -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 88373   | N                      | M/PHMTRC ALYS ISHQUANT/SEMIQ |               | - -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 88374   | N                      | M/PHMTRC ALYS ISHQUANT/SEMIQ |               | 05672 1.9218 | Bundled, sometimes payable | \$116.69                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 88375   | E                      | OPTICAL ENDOMICROSCPY INTERP |               | - -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 88377   | N                      | M/PHMTRC ALYS ISHQUANT/SEMIQ |               | 05672 1.9218 | Bundled, sometimes payable | \$116.69                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 88380   | N                      | MICRODISSECTION LASER        |               | - -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 88381   | N                      | MICRODISSECTION MANUAL       |               | - -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 88387   | N                      | MACROSCOPIC XM DSJ&PREP TISS |               | - -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 88399   | N                      | UNLISTED SURGICAL PATH PX    |               | 05671 0.5992 | Bundled, sometimes payable | \$36.38                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 88720   | Q                      | BILIRUBIN TOTAL TRANSCUT     |               | - -          | Medicare                   | \$8.37                           | \$5.19                       | \$5.02                           | -                    | -        | 000     | 999     |          |
| 88738   | Q                      | HGB QUANT TRANSCUTANEOUS     |               | - -          | Medicare                   | \$8.37                           | \$5.19                       | \$5.02                           | -                    | -        | 000     | 999     |          |
| 88740   | Q                      | TRANSCUTANEOUS CARBOXYHB     |               | - -          | Medicare                   | \$15.62                          | \$9.68                       | \$9.37                           | -                    | -        | 000     | 999     |          |
| 88741   | Q                      | TRANSCUTANEOUS METHB         |               | - -          | Medicare                   | \$15.62                          | \$9.68                       | \$9.37                           | -                    | -        | 000     | 999     |          |
| 88749   | N                      | UNLISTED IN VIVO LAB SERVICE |               | - -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 89049   | N                      | CHCT FOR MAL HYPERTHERMIA    |               | 05672 1.9218 | Bundled, sometimes payable | \$116.69                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 89050   | Q                      | BODY FLUID CELL COUNT        |               | - -          | Medicare                   | \$7.87                           | \$4.88                       | \$4.72                           | -                    | -        | 000     | 999     |          |
| 89051   | Q                      | BODY FLUID CELL COUNT        |               | - -          | Medicare                   | \$9.33                           | \$5.78                       | \$5.60                           | -                    | -        | 000     | 999     |          |
| 89055   | Q                      | LEUKOCYTE ASSESSMENT FECAL   |               | - -          | Medicare                   | \$7.12                           | \$4.41                       | \$4.27                           | -                    | -        | 000     | 999     |          |
| 89060   | Q                      | EXAM SYNOVIAL FLUID CRYSTALS |               | - -          | Medicare                   | \$12.22                          | \$7.58                       | \$7.33                           | -                    | -        | 000     | 999     |          |
| 89125   | Q                      | SPECIMEN FAT STAIN           |               | - -          | Medicare                   | \$9.80                           | \$6.08                       | \$5.88                           | -                    | -        | 000     | 999     |          |
| 89160   | Q                      | EXAM FECES FOR MEAT FIBERS   |               | - -          | Medicare                   | \$8.08                           | \$5.01                       | \$4.85                           | -                    | -        | 000     | 999     |          |

Montana Healthcare Programs Fee Schedule  
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| Proc Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC   | APC<br>Weight | Method                             | Outpatient               | Sole Comm.           | Non-sole             | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|---------|------------------------------|------------------------------|------------------|-------|---------------|------------------------------------|--------------------------|----------------------|----------------------|-------------------------|----------|------------|------------|----------|
|         |                              |                              |                  |       |               |                                    | Hospital Fee<br>Schedule | Hospital Lab<br>Fees | Hospital Lab<br>Fees |                         |          |            |            |          |
| 89190   | Q                            | NASAL SMEAR FOR EOSINOPHILS  |                  | -     | -             | Medicare                           | \$9.65                   | \$5.98               | \$5.79               | -                       | -        | 000        | 999        |          |
| 89220   | N                            | SPUTUM SPECIMEN COLLECTION   |                  | 05672 | 1.9218        | Bundled, sometimes payable         | \$116.69                 |                      |                      | -                       | -        | 000        | 999        |          |
| 89230   | N                            | COLLECT SWEAT FOR TEST       |                  | 05671 | 0.5992        | Bundled, sometimes payable         | \$36.38                  |                      |                      | -                       | -        | 000        | 999        |          |
| 89240   | N                            | UNLISTED MISC PATH TEST      |                  | 05671 | 0.5992        | Bundled, sometimes payable         | \$36.38                  |                      |                      | -                       | -        | 000        | 999        |          |
| 89250   | E                            | CULTR OOCYTE/EMBRYO <4 DAYS  |                  | -     | -             | Not Allowed                        | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 89251   | E                            | CULTR OOCYTE/EMBRYO <4 DAYS  |                  | -     | -             | Not Allowed                        | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 89253   | E                            | EMBRYO HATCHING              |                  | -     | -             | Not Allowed                        | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 89254   | E                            | OOCYTE IDENTIFICATION        |                  | -     | -             | Not Allowed                        | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 89255   | E                            | PREPARE EMBRYO FOR TRANSFER  |                  | -     | -             | Not Allowed                        | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 89257   | E                            | SPERM IDENTIFICATION         |                  | -     | -             | Not Allowed                        | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 89258   | E                            | CRYOPRESERVATION EMBRYO(S)   |                  | -     | -             | Not Allowed                        | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 89259   | E                            | CRYOPRESERVATION SPERM       |                  | -     | -             | Not Allowed                        | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 89260   | E                            | SPERM ISOLATION SIMPLE       |                  | -     | -             | Not Allowed                        | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 89261   | E                            | SPERM ISOLATION COMPLEX      |                  | -     | -             | Not Allowed                        | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 89264   | E                            | IDENTIFY SPERM TISSUE        |                  | -     | -             | Not Allowed                        | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 89268   | E                            | INSEMINATION OF OOCYTES      |                  | -     | -             | Not Allowed                        | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 89272   | E                            | EXTENDED CULTURE OF OOCYTES  |                  | -     | -             | Not Allowed                        | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 89280   | E                            | ASSIST OOCYTE FERTILIZATION  |                  | -     | -             | Not Allowed                        | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 89281   | E                            | ASSIST OOCYTE FERTILIZATION  |                  | -     | -             | Not Allowed                        | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 89290   | E                            | BIOPSY OOCYTE POLAR BODY <=5 |                  | -     | -             | Not Allowed                        | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 89291   | E                            | BIOPSY OOCYTE POLAR BODY     |                  | -     | -             | Not Allowed                        | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 89300   | E                            | SEMEN ANALYSIS W/HUHNER      |                  | -     | -             | Not Allowed                        | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 89310   | E                            | SEMEN ANALYSIS W/COUNT       |                  | -     | -             | Not Allowed                        | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 89320   | E                            | SEMEN ANAL VOL/COUNT/MOT     |                  | -     | -             | Not Allowed                        | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 89321   | E                            | SEMEN ANAL SPERM DETECTION   |                  | -     | -             | Not Allowed                        | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 89322   | E                            | SEMEN ANAL STRICT CRITERIA   |                  | -     | -             | Not Allowed                        | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 89325   | E                            | SPERM ANTIBODY TEST          |                  | -     | -             | Not Allowed                        | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 89329   | E                            | SPERM EVALUATION TEST        |                  | -     | -             | Not Allowed                        | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 89330   | E                            | EVALUATION CERVICAL MUCUS    |                  | -     | -             | Not Allowed                        | \$0.00                   |                      |                      | -                       | -        | 010        | 61         |          |
| 89331   | E                            | RETROGRADE EJACULATION ANAL  |                  | -     | -             | Not Allowed                        | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 89335   | E                            | CRYOPRESERVE TESTICULAR TISS |                  | -     | -             | Not Allowed                        | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 89337   | N                            | CRYOPRESERVATION OOCYTE(S)   |                  | 05672 | 1.9218        | Bundled, sometimes payable         | \$116.69                 |                      |                      | -                       | -        | 000        | 999        |          |
| 89342   | E                            | STORAGE/YEAR EMBRYO(S)       |                  | -     | -             | Not Allowed                        | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 89343   | E                            | STORAGE/YEAR SPERM/SEMEN     |                  | -     | -             | Not Allowed                        | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 89344   | E                            | STORAGE/YEAR REPROD TISSUE   |                  | -     | -             | Not Allowed                        | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 89346   | E                            | STORAGE/YEAR OOCYTE(S)       |                  | -     | -             | Not Allowed                        | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 89352   | E                            | THAWING CRYOPRESERVED EMBRYO |                  | -     | -             | Not Allowed                        | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 89353   | E                            | THAWING CRYOPRESERVED SPERM  |                  | -     | -             | Not Allowed                        | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 89354   | E                            | THAW CRYOPRSVRD REPROD TISS  |                  | -     | -             | Not Allowed                        | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 89356   | E                            | THAWING CRYOPRESERVED OOCYTE |                  | -     | -             | Not Allowed                        | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 89398   | E                            | UNLISTED REPROD MED LAB PROC |                  | -     | -             | Not Allowed                        | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 9001F   | E                            | AORTIC ANEURYSM<5CM DIAM CT  |                  | -     | -             | Not Allowed                        | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 9002F   | E                            | AORTIC ANEURYSM 5-5.4CM DIAM |                  | -     | -             | Not Allowed                        | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 9003F   | E                            | AORTIC ANRYSM5.5-5.9CM DIAM  |                  | -     | -             | Not Allowed                        | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 9004F   | E                            | AORTIC ANRYSM 6/> CM DIAM    |                  | -     | -             | Not Allowed                        | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 9005F   | E                            | ASYMPT CAROT/VRTBRBAS STEN   |                  | -     | -             | Not Allowed                        | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 9006F   | E                            | SYMPT STEN-TIA/STRK<120DAYS  |                  | -     | -             | Not Allowed                        | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 9007F   | E                            | OTHER CAROT STEN 120 DAYS/>  |                  | -     | -             | Not Allowed                        | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 90281   | E                            | HUMAN IG IM                  |                  | -     | -             | Not Allowed                        | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 90283   | E                            | HUMAN IG IV                  |                  | -     | -             | Not Allowed                        | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 90284   | E                            | HUMAN IG SC                  |                  | -     | -             | Not Allowed                        | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 90287   | E                            | BOTULINUM ANTITOXIN          |                  | -     | -             | Not Allowed                        | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 90288   | E                            | BOTULISM IG IV               |                  | -     | -             | Not Allowed                        | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 90291   | E                            | CMV IG IV                    |                  | -     | -             | Not Allowed                        | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 90296   | E                            | DIPHThERIA ANTITOXIN         |                  | -     | -             | Not Allowed                        | \$0.00                   |                      |                      | -                       | -        | 000        | 999        |          |
| 90371   | K                            | HEP B IG IM                  |                  | 01630 | 2.4168        | APC (blood and non-blood products) | \$143.22                 |                      |                      | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC   | APC<br>Weight | Method                             | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|---------|------------------------------|------------------------------|------------------|-------|---------------|------------------------------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|         |                              |                              |                  |       |               |                                    |                                        |                                    |                                           |                         |          |            |            |          |
| 90375   | K                            | RABIES IG IM/SC              |                  | 09133 | 4.8921        | APC (blood and non-blood products) | \$289.91                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 90376   | K                            | RABIES IG HEAT TREATED       |                  | 09134 | 5.7200        | APC (blood and non-blood products) | \$347.32                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 90377   | K                            | RABIES IG HT&SOL HUMAN IM/SC |                  | 09201 | 4.2983        | APC (blood and non-blood products) | \$241.15                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 90378   | K                            | RSV MAB IM 50MG              |                  | 09003 | 11.8556       | APC (blood and non-blood products) | \$719.87                               |                                    |                                           | -                       | -        | 000        | 3          |          |
| 90380   | M                            | RSV MONOC ANTB SEASN .5ML IM |                  | -     | -             | Fee Schedule                       | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 90381   | M                            | RSV MONOC ANTB SEASN 1 ML IM |                  | -     | -             | Fee Schedule                       | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 90384   | E                            | RH IG FULL-DOSE IM           |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 90385   | N                            | RH IG MINIDOSE IM            |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 90386   | E                            | RH IG IV                     |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 90389   | E                            | TETANUS IG IM                |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 90393   | E                            | VACCINA IG IM                |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 90396   | K                            | VARICELLA-ZOSTER IG IM       |                  | 09135 | 38.6165       | APC (blood and non-blood products) | \$2,254.25                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 90399   | E                            | UNLISTED IMMUNE GLOBULIN     |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 90460   | E                            | IM ADMIN 1ST/ONLY COMPONENT  |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 18         |          |
| 90461   | E                            | IM ADMIN EACH ADDL COMPONENT |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 18         |          |
| 90471   | E                            | IMMUNIZATION ADMIN           |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 90472   | E                            | IMMUNIZATION ADMIN EACH ADD  |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 90473   | E                            | IMMUNE ADMIN ORAL/NASAL      |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 90474   | E                            | IMMUNE ADMIN ORAL/NASAL ADDL |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 90476   | N                            | ADENOVIRUS VACCINE TYPE 4    |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 90477   | E                            | ADENOVIRUS VACCINE TYPE 7    |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 90480   | S                            | ADMN SARSCOV2 VACC 1 DOSE    |                  | 09398 | 0.4656        | APC                                | \$28.27                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 90581   | E                            | ANTHRAX VACCINE SC OR IM     |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 90584   | E                            | DENGUE VACC QUAD 2 DOSE SUBQ |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 90585   | E                            | BCG VACCINE PERCUT           |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 90586   | M                            | BCG VACCINE INTRAVESICAL     |                  | -     | -             | Fee Schedule                       | \$149.95                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 90587   | E                            | DENGUE VACC QUAD 3 DOSE SUBQ |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 90589   | M                            | CHIKUNGUNYA VACCINE LIVE IM  |                  | -     | -             | Fee Schedule                       | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 90593   | E                            | CHIKUNGUNYA VACC RECOMB IM   |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 90611   | K                            | SMALLPOX&MONKEYPOX VAC 0.5ML |                  | 09068 | 0.0002        | APC (blood and non-blood products) | \$0.01                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 90619   | M                            | MENACWY-TT VACCINE IM        |                  | -     | -             | Fee Schedule                       | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 90620   | M                            | MENB-4C VACC 2 DOSE IM       |                  | -     | -             | Fee Schedule                       | \$0.00                                 |                                    |                                           | -                       | -        | 019        | 999        |          |
| 90621   | M                            | MENB-FHBP VACC 2/3 DOSE IM   |                  | -     | -             | Fee Schedule                       | \$190.26                               |                                    |                                           | -                       | -        | 019        | 999        |          |
| 90622   | K                            | VACCINIA VRS VAC 0.3 ML PERQ |                  | 09101 | 0.0002        | APC (blood and non-blood products) | \$0.01                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 90623   | E                            | MENACWY-TT MENB-FHBP VACC IM |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 90624   | E                            | MENB-4C&MENACWY VACC IM      |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 90625   | E                            | CHOLERA VACCINE LIVE ORAL    |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 90626   | E                            | TIC-BRN ENCEPH VAC 0.25ML IM |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 90627   | E                            | TIC-BRN ENCEPH VAC 0.5ML IM  |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 90632   | N                            | HEPA VACCINE ADULT IM        |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 019        | 999        |          |
| 90633   | N                            | HEPA VACC PED/ADOL 2 DOSE IM |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 998        | 999        |          |
| 90634   | E                            | HEPA VACC PED/ADOL 3 DOSE    |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 17         |          |
| 90636   | N                            | HEP A/HEP B VACC ADULT IM    |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 018        | 999        |          |
| 90637   | E                            | VACC QIRV MRNA 30MCG/.5ML IM |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 90638   | E                            | VACC QIRV MRNA 60MCG/.5ML IM |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 90644   | E                            | HIB-MENCY VACC 6WK-18M0 IM   |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 1          |          |
| 90647   | N                            | HIB PRP-OMP VACC 3 DOSE IM   |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 998        | 999        |          |
| 90648   | N                            | HIB PRP-T VACCINE 4 DOSE IM  |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 998        | 999        |          |
| 90649   | E                            | 4VHPV VACCINE 3 DOSE IM      |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 019        | 26         |          |
| 90650   | E                            | 2VHPV VACCINE 3 DOSE IM      |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 019        | 26         |          |
| 90651   | M                            | 9VHPV VACCINE 2/3 DOSE IM    |                  | -     | -             | Fee Schedule                       | \$307.61                               |                                    |                                           | -                       | -        | 019        | 45         |          |
| 90653   | E                            | IIV ADJUVANT VACCINE IM      |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 90655   | E                            | IIV3 VACC NO PRSV 0.25 ML IM |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 998        | 999        |          |
| 90656   | M                            | IIV3 VACC NO PRSV 0.5 ML IM  |                  | -     | -             | Fee Schedule                       | \$22.35                                |                                    |                                           | -                       | Y        | 019        | 999        |          |
| 90657   | E                            | IIV3 VACCINE SPLT 0.25 ML IM |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 998        | 999        |          |
| 90658   | E                            | IIV3 VACCINE SPLT 0.5 ML IM  |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 019        | 999        |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc Cd | 2024 APC<br>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 |
|---------|------------------------|------------------------------|---------------|-------|------------|------------------------------------|----------------------------------|------------------------------|----------------------------------|----------------------|----------|---------|---------|----------|
|         |                        |                              |               |       |            |                                    |                                  |                              |                                  |                      |          |         |         |          |
| 90660   | M                      | LAIV3 VACCINE INTRANASAL     |               | -     | -          | Fee Schedule                       | \$28.87                          |                              |                                  | -                    | -        | 019     | 49      |          |
| 90661   | M                      | CCIIV3 VAC ABX FR 0.5 ML IM  |               | -     | -          | Fee Schedule                       | \$36.85                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 90662   | M                      | IIV NO PRSV INCREASED AG IM  |               | -     | -          | Fee Schedule                       | \$83.49                          |                              |                                  | -                    | -        | 065     | 999     |          |
| 90664   | E                      | LAIV VACC PANDEMIC INTRANASL |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 90666   | E                      | FLU VAC PANDEM PRSRV FREE IM |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 90667   | E                      | IIV VACC PANDEMIC ADJUVT IM  |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 90668   | E                      | IIV VACCINE PANDEMIC IM      |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 90670   | M                      | PCV13 VACCINE IM             |               | -     | -          | Fee Schedule                       | \$257.99                         |                              |                                  | -                    | -        | 019     | 999     |          |
| 90671   | M                      | PCV15 VACCINE IM             |               | -     | -          | Fee Schedule                       | \$261.15                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 90672   | M                      | LAIV4 VACCINE INTRANASAL     |               | -     | -          | Fee Schedule                       | \$27.79                          |                              |                                  | -                    | -        | 019     | 999     |          |
| 90673   | M                      | RIV3 VACCINE NO PRESERV IM   |               | -     | -          | Fee Schedule                       | \$83.49                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 90674   | M                      | CCIIV4 VAC NO PRSV 0.5 ML IM |               | -     | -          | Fee Schedule                       | \$34.17                          |                              |                                  | -                    | -        | 019     | 999     |          |
| 90675   | K                      | RABIES VACCINE IM            |               | 09139 | 5.5277     | APC (blood and non-blood products) | \$317.67                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 90676   | K                      | RABIES VACCINE ID            |               | 09140 | 4.3556     | APC (blood and non-blood products) | \$264.47                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 90677   | M                      | PCV20 VACCINE IM             |               | -     | -          | Fee Schedule                       | \$312.90                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 90678   | E                      | RSV VACC PREF BIVALENT IM    |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 90679   | E                      | RSV VACC PREF RECOMB ADJT IM |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 90680   | M                      | RV5 VACC 3 DOSE LIVE ORAL    |               | -     | -          | Fee Schedule                       | \$0.00                           |                              |                                  | -                    | -        | 998     | 999     |          |
| 90681   | E                      | RV1 VACC 2 DOSE LIVE ORAL    |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 998     | 999     |          |
| 90682   | M                      | RIV4 VACC RECOMBINANT DNA IM |               | -     | -          | Fee Schedule                       | \$73.40                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 90683   | M                      | RSV VACC MRNA LIPID NANO IM  |               | -     | -          | Fee Schedule                       | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 90684   | E                      | PCV21 VACCINE IM             |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 90685   | M                      | IIV4 VACC NO PRSV 0.25 ML IM |               | -     | -          | Fee Schedule                       | \$0.00                           |                              |                                  | -                    | -        | 998     | 999     |          |
| 90686   | M                      | IIV4 VACC NO PRSV 0.5 ML IM  |               | -     | -          | Fee Schedule                       | \$22.35                          |                              |                                  | -                    | -        | 019     | 999     |          |
| 90687   | M                      | IIV4 VACCINE SPLT 0.25 ML IM |               | -     | -          | Fee Schedule                       | \$9.95                           |                              |                                  | -                    | -        | 998     | 999     |          |
| 90688   | M                      | IIV4 VACCINE SPLT 0.5 ML IM  |               | -     | -          | Fee Schedule                       | \$20.88                          |                              |                                  | -                    | -        | 019     | 999     |          |
| 90689   | E                      | VACC IIV4 NO PRSRV 0.25ML IM |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 90690   | N                      | TYPHOID VACCINE ORAL         |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 006     | 999     |          |
| 90691   | N                      | TYPHOID VACCINE IM           |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 002     | 999     |          |
| 90694   | E                      | VACC AIIV4 NO PRSRV 0.5ML IM |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 90695   | E                      | H5N8 VACC DRV CLL CUL ADJ IM |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 90696   | N                      | DTAP-IPV VACCINE 4-6 YRS IM  |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 998     | 999     |          |
| 90697   | M                      | DTAP-IPV-HIB-HEPB VACCINE IM |               | -     | -          | Fee Schedule                       | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 90698   | N                      | DTAP-IPV/HIB VACCINE IM      |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 998     | 999     |          |
| 90700   | N                      | DTAP VACCINE < 7 YRS IM      |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 998     | 999     |          |
| 90702   | N                      | DT VACCINE UNDER 7 YRS IM    |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 6       |          |
| 90707   | N                      | MMR VACCINE SC               |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 019     | 999     |          |
| 90710   | N                      | MMRV VACCINE SC              |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 998     | 999     |          |
| 90713   | N                      | POLIOVIRUS IPV SC/IM         |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 019     | 999     |          |
| 90714   | N                      | TD VACC NO PRESV 7 YRS+ IM   |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 019     | 999     |          |
| 90715   | N                      | TDAP VACCINE 7 YRS/> IM      |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 019     | 999     |          |
| 90716   | E                      | VAR VACCINE LIVE SUBQ        |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 019     | 999     |          |
| 90717   | N                      | YELLOW FEVER VACCINE SUBQ    |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 90723   | E                      | DTAP-HEP B-IPV VACCINE IM    |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 998     | 999     |          |
| 90732   | M                      | PPSV23 VACC 2 YRS+ SUBQ/IM   |               | -     | -          | Fee Schedule                       | \$133.47                         |                              |                                  | -                    | -        | 019     | 999     |          |
| 90733   | E                      | MPSV4 VACCINE SUBQ           |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 90734   | E                      | MENACWYD/MENACWYCRM VACC IM  |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 019     | 999     |          |
| 90736   | M                      | HZV VACCINE LIVE SUBQ        |               | -     | -          | Fee Schedule                       | \$223.12                         |                              |                                  | -                    | -        | 050     | 999     |          |
| 90738   | E                      | INACTIVATED JE VACC IM       |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 90739   | M                      | HEPB VACC 2/4 DOSE ADULT IM  |               | -     | -          | Fee Schedule                       | \$177.56                         |                              |                                  | -                    | -        | 018     | 999     |          |
| 90740   | M                      | HEPB VACC 3 DOSE IMMUNSUP IM |               | -     | -          | Fee Schedule                       | \$164.42                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 90743   | M                      | HEPB VACC 2 DOSE ADOLESC IM  |               | -     | -          | Fee Schedule                       | \$75.15                          |                              |                                  | -                    | -        | 998     | 999     |          |
| 90744   | M                      | HEPB VACC 3 DOSE PED/ADOL IM |               | -     | -          | Fee Schedule                       | \$31.67                          |                              |                                  | -                    | -        | 998     | 999     |          |
| 90746   | M                      | HEPB VACCINE 3 DOSE ADULT IM |               | -     | -          | Fee Schedule                       | \$70.38                          |                              |                                  | -                    | -        | 019     | 999     |          |
| 90747   | M                      | HEPB VACC 4 DOSE IMMUNSUP IM |               | -     | -          | Fee Schedule                       | \$140.75                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 90748   | E                      | HIB-HEPB VACCINE IM          |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 998     | 999     |          |



Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| 2024<br>APC |               |                              |                  |        |               | Outpatient                 |                          | Sole Comm.           | Non-sole             |                         |          | Min | Max | Comments |
|-------------|---------------|------------------------------|------------------|--------|---------------|----------------------------|--------------------------|----------------------|----------------------|-------------------------|----------|-----|-----|----------|
| Proc<br>Cd  | Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC    | APC<br>Weight | Method                     | Hospital Fee<br>Schedule | Hospital Lab<br>Fees | Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Age | Age |          |
| 90749       | N             | UNLISTED VACCINE/TOXOID      | -                | -      | -             | Bundled                    | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 90750       | M             | HZV VACC RECOMBINANT IM      | -                | -      | -             | Fee Schedule               | \$171.57                 |                      |                      | -                       | -        | 000 | 999 |          |
| 90756       | M             | CCIIV4 VACC ABX FREE IM      | -                | -      | -             | Fee Schedule               | \$32.37                  |                      |                      | -                       | -        | 019 | 999 |          |
| 90758       | E             | ZAIRE EBOLAVIRUS VAC LIVE IM | -                | -      | -             | Not Allowed                | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 90759       | M             | HEP B VAC 3AG 10MCG 3 DOS IM | -                | -      | -             | Fee Schedule               | \$73.82                  |                      |                      | -                       | -        | 000 | 999 |          |
| 90785       | N             | PSYTX COMPLEX INTERACTIVE    | -                | -      | -             | Bundled                    | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 90791       | N             | PSYCH DIAGNOSTIC EVALUATION  | 05823            | 1.8019 |               | Bundled, sometimes payable | \$109.41                 |                      |                      | -                       | -        | 000 | 999 |          |
| 90792       | N             | PSYCH DIAG EVAL W/MED SRVCS  | 05823            | 1.8019 |               | Bundled, sometimes payable | \$109.41                 |                      |                      | -                       | -        | 000 | 999 |          |
| 90832       | N             | PSYTX W PT 30 MINUTES        | 05823            | 1.8019 |               | Bundled, sometimes payable | \$109.41                 |                      |                      | -                       | -        | 000 | 999 |          |
| 90833       | N             | PSYTX W PT W E/M 30 MIN      | -                | -      | -             | Bundled                    | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 90834       | N             | PSYTX W PT 45 MINUTES        | 05823            | 1.8019 |               | Bundled, sometimes payable | \$109.41                 |                      |                      | -                       | -        | 000 | 999 |          |
| 90836       | N             | PSYTX W PT W E/M 45 MIN      | -                | -      | -             | Bundled                    | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 90837       | N             | PSYTX W PT 60 MINUTES        | 05823            | 1.8019 |               | Bundled, sometimes payable | \$109.41                 |                      |                      | -                       | -        | 000 | 999 |          |
| 90838       | N             | PSYTX W PT W E/M 60 MIN      | -                | -      | -             | Bundled                    | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 90839       | N             | PSYTX CRISIS INITIAL 60 MIN  | 05823            | 1.8019 |               | Bundled, sometimes payable | \$109.41                 |                      |                      | -                       | -        | 000 | 999 |          |
| 90840       | N             | PSYTX CRISIS EA ADDL 30 MIN  | -                | -      | -             | Bundled                    | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 90845       | N             | PSYCHOANALYSIS               | 05823            | 1.8019 |               | Bundled, sometimes payable | \$109.41                 |                      |                      | -                       | -        | 000 | 999 |          |
| 90846       | N             | FAMILY PSYTX W/O PT 50 MIN   | 05823            | 1.8019 |               | Bundled, sometimes payable | \$109.41                 |                      |                      | -                       | -        | 000 | 999 |          |
| 90847       | N             | FAMILY PSYTX W/PT 50 MIN     | 05823            | 1.8019 |               | Bundled, sometimes payable | \$109.41                 |                      |                      | -                       | -        | 000 | 999 |          |
| 90849       | N             | MULTIPLE FAMILY GROUP PSYTX  | 05823            | 1.8019 |               | Bundled, sometimes payable | \$109.41                 |                      |                      | -                       | -        | 000 | 999 |          |
| 90853       | N             | GROUP PSYCHOTHERAPY          | 05822            | 1.0374 |               | Bundled, sometimes payable | \$62.99                  |                      |                      | -                       | -        | 000 | 999 |          |
| 90863       | E             | PHARMACOLOGIC MGMT W/PSYTX   | -                | -      | -             | Not Allowed                | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 90865       | N             | NARCOSYNTHESIS               | 05823            | 1.8019 |               | Bundled, sometimes payable | \$109.41                 |                      |                      | -                       | -        | 000 | 999 |          |
| 90867       | S             | TCRANIAL MAGN STIM TX PLAN   | 05722            | 3.4922 |               | APC                        | \$212.05                 |                      |                      | -                       | -        | 000 | 999 |          |
| 90868       | S             | TCRANIAL MAGN STIM TX DELI   | 05722            | 3.4922 |               | APC                        | \$212.05                 |                      |                      | -                       | -        | 000 | 999 |          |
| 90869       | S             | TCRAN MAGN STIM REDETERMINE  | 05722            | 3.4922 |               | APC                        | \$212.05                 |                      |                      | -                       | -        | 000 | 999 |          |
| 90870       | S             | ELECTROCONVULSIVE THERAPY    | 05723            | 5.9505 |               | APC                        | \$361.31                 |                      |                      | -                       | -        | 000 | 999 |          |
| 90875       | E             | PSYCHOPHYSIOLOGICAL THERAPY  | -                | -      | -             | Not Allowed                | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 90876       | E             | PSYCHOPHYSIOLOGICAL THERAPY  | -                | -      | -             | Not Allowed                | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 90880       | N             | HYPNOTHERAPY                 | 05822            | 1.0374 |               | Bundled, sometimes payable | \$62.99                  |                      |                      | -                       | -        | 000 | 999 |          |
| 90882       | E             | ENVIRONMENTAL MANIPULATION   | -                | -      | -             | Not Allowed                | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 90885       | N             | PSY EVALUATION OF RECORDS    | -                | -      | -             | Bundled                    | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 90887       | N             | CONSULTATION WITH FAMILY     | -                | -      | -             | Bundled                    | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 90889       | N             | PREPARATION OF REPORT        | -                | -      | -             | Bundled                    | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 90899       | N             | UNLISTED PSYC SVC/THERAPY    | 05821            | 0.3341 |               | Bundled, sometimes payable | \$20.29                  |                      |                      | -                       | -        | 000 | 999 |          |
| 90901       | M             | BIOFEEDBACK TRAIN ANY METH   | -                | -      | -             | Fee Schedule               | \$25.06                  |                      |                      | -                       | -        | 000 | 999 |          |
| 90912       | E             | BFB TRAINING 1ST 15 MIN      | -                | -      | -             | Not Allowed                | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 90913       | E             | BFB TRAINING EA ADDL 15 MIN  | -                | -      | -             | Not Allowed                | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 90935       | S             | HEMODIALYSIS ONE EVALUATION  | 05401            | 7.8471 |               | APC                        | \$476.48                 |                      |                      | -                       | -        | 000 | 999 |          |
| 90937       | M             | HEMODIALYSIS REPEATED EVAL   | -                | -      | -             | Fee Schedule               | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 90940       | N             | HEMODIALYSIS ACCESS STUDY    | -                | -      | -             | Bundled                    | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 90945       | V             | DIALYSIS ONE EVALUATION      | 05024            | 4.7754 |               | APC                        | \$289.96                 |                      |                      | -                       | -        | 000 | 999 |          |
| 90947       | M             | DIALYSIS REPEATED EVAL       | -                | -      | -             | Fee Schedule               | \$0.00                   |                      |                      | -                       | -        | 000 | 999 |          |
| 90951       | E             | ESRD SERV 4 VISITS P MO <2YR | -                | -      | -             | Not Allowed                | \$0.00                   |                      |                      | -                       | -        | 000 | 1   |          |
| 90952       | E             | ESRD SERV 2-3 VSTS P MO <2YR | -                | -      | -             | Not Allowed                | \$0.00                   |                      |                      | -                       | -        | 000 | 1   |          |
| 90953       | E             | ESRD SERV 1 VISIT P MO <2YRS | -                | -      | -             | Not Allowed                | \$0.00                   |                      |                      | -                       | -        | 000 | 1   |          |
| 90954       | E             | ESRD SERV 4 VSTS P MO 2-11   | -                | -      | -             | Not Allowed                | \$0.00                   |                      |                      | -                       | -        | 002 | 11  |          |
| 90955       | E             | ESRD SRV 2-3 VSTS P MO 2-11  | -                | -      | -             | Not Allowed                | \$0.00                   |                      |                      | -                       | -        | 002 | 11  |          |
| 90956       | E             | ESRD SRV 1 VISIT P MO 2-11   | -                | -      | -             | Not Allowed                | \$0.00                   |                      |                      | -                       | -        | 002 | 11  |          |
| 90957       | E             | ESRD SRV 4 VSTS P MO 12-19   | -                | -      | -             | Not Allowed                | \$0.00                   |                      |                      | -                       | -        | 012 | 19  |          |
| 90958       | E             | ESRD SRV 2-3 VSTS P MO 12-19 | -                | -      | -             | Not Allowed                | \$0.00                   |                      |                      | -                       | -        | 012 | 19  |          |
| 90959       | E             | ESRD SERV 1 VST P MO 12-19   | -                | -      | -             | Not Allowed                | \$0.00                   |                      |                      | -                       | -        | 012 | 19  |          |
| 90960       | E             | ESRD SRV 4 VISITS P MO 20+   | -                | -      | -             | Not Allowed                | \$0.00                   |                      |                      | -                       | -        | 020 | 999 |          |
| 90961       | E             | ESRD SRV 2-3 VSTS P MO 20+   | -                | -      | -             | Not Allowed                | \$0.00                   |                      |                      | -                       | -        | 020 | 999 |          |
| 90962       | E             | ESRD SERV 1 VISIT P MO 20+   | -                | -      | -             | Not Allowed                | \$0.00                   |                      |                      | -                       | -        | 020 | 999 |          |
| 90963       | E             | ESRD HOME PT SERV P MO <2YRS | -                | -      | -             | Not Allowed                | \$0.00                   |                      |                      | -                       | -        | 000 | 1   |          |

**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
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| Proc Cd | 2024 APC |     | 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 |
|---------|----------|-----|------------------------------|---------------|-------|------------|----------------------------|----------------------------------|------------------------------|----------------------------------|----------------------|----------|---------|---------|----------|
|         | Status   | Ind |                              |               |       |            |                            |                                  |                              |                                  |                      |          |         |         |          |
| 90964   | E        |     | ESRD HOME PT SERV P MO 2-11  |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 002     | 11      |          |
| 90965   | E        |     | ESRD HOME PT SERV P MO 12-19 |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 012     | 19      |          |
| 90966   | E        |     | ESRD HOME PT SERV P MO 20+   |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 020     | 999     |          |
| 90967   | E        |     | ESRD SVC PR DAY PT <2        |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 1       |          |
| 90968   | E        |     | ESRD SVC PR DAY PT 2-11      |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 002     | 11      |          |
| 90969   | E        |     | ESRD SVC PR DAY PT 12-19     |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 012     | 19      |          |
| 90970   | E        |     | ESRD SVC PR DAY PT 20+       |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 020     | 999     |          |
| 90989   | M        |     | DIALYSIS TRAINING COMPLETE   |               | -     | -          | Fee Schedule               | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 90993   | M        |     | DIALYSIS TRAINING INCOMPL    |               | -     | -          | Fee Schedule               | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 90997   | M        |     | HEMOPERFUSION                |               | -     | -          | Fee Schedule               | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 90999   | M        |     | UNLISTED DIALYSIS PROCEDURE  |               | -     | -          | Fee Schedule               | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 91010   | S        |     | ESOPHAGUS MOTILITY STUDY     |               | 05723 | 5.9505     | APC                        | \$361.31                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 91013   | N        |     | ESOPHGL MOTIL W/STIM/PERFUS  |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 91020   | S        |     | GASTRIC MOTILITY STUDIES     |               | 05723 | 5.9505     | APC                        | \$361.31                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 91022   | S        |     | DUODENAL MOTILITY STUDY      |               | 05723 | 5.9505     | APC                        | \$361.31                         |                              |                                  | -                    | Y        | 000     | 999     |          |
| 91030   | S        |     | ACID PERFUSION OF ESOPHAGUS  |               | 05723 | 5.9505     | APC                        | \$361.31                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 91034   | S        |     | GASTROESOPHAGEAL REFLUX TEST |               | 05723 | 5.9505     | APC                        | \$361.31                         |                              |                                  | -                    | Y        | 000     | 999     |          |
| 91035   | S        |     | G-ESOPH REFLX TST W/ELECTROD |               | 05723 | 5.9505     | APC                        | \$361.31                         |                              |                                  | -                    | Y        | 000     | 999     |          |
| 91037   | S        |     | ESOPH IMPED FUNCTION TEST    |               | 05722 | 3.4922     | APC                        | \$212.05                         |                              |                                  | -                    | Y        | 000     | 999     |          |
| 91038   | S        |     | ESOPH IMPED FUNCT TEST > 1HR |               | 05723 | 5.9505     | APC                        | \$361.31                         |                              |                                  | -                    | Y        | 000     | 999     |          |
| 91040   | S        |     | ESOPH BALLOON DISTENSION TST |               | 05723 | 5.9505     | APC                        | \$361.31                         |                              |                                  | -                    | Y        | 000     | 999     |          |
| 91065   | S        |     | BREATH HYDROGEN/METHANE TEST |               | 05721 | 1.7546     | APC                        | \$106.54                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 91110   | T        |     | GI TRC IMG INTRAL ESOPH-ILE  |               | 05301 | 10.5144    | APC                        | \$638.43                         |                              |                                  | -                    | Y        | 000     | 999     |          |
| 91111   | T        |     | GI TRC IMG INTRAL ESOPHAGUS  |               | 05301 | 10.5144    | APC                        | \$638.43                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 91112   | T        |     | GI WIRELESS CAPSULE MEASURE  |               | 05301 | 10.5144    | APC                        | \$638.43                         |                              |                                  | -                    | Y        | 000     | 999     |          |
| 91113   | T        |     | GI TRC IMG INTRAL COLON I&R  |               | 05311 | 10.2245    | APC                        | \$620.83                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 91117   | T        |     | COLON MOTILITY 6 HR STUDY    |               | 05722 | 3.4922     | APC                        | \$212.05                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 91120   | S        |     | RECTAL SENSATION TEST        |               | 05722 | 3.4922     | APC                        | \$212.05                         |                              |                                  | -                    | Y        | 000     | 999     |          |
| 91122   | T        |     | ANORECTAL MANOMETRY          |               | 05722 | 3.4922     | APC                        | \$212.05                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 91132   | S        |     | ELECTROGASTROGRAPHY          |               | 05722 | 3.4922     | APC                        | \$212.05                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 91133   | N        |     | ELECTROGASTROGRAPHY W/TEST   |               | 05734 | 1.4456     | Bundled, sometimes payable | \$87.78                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 91200   | N        |     | LIVER ELASTOGRAPHY           |               | 05721 | 1.7546     | Bundled, sometimes payable | \$106.54                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 91299   | S        |     | UNLISTED DX GI PROCEDURE     |               | 05721 | 1.7546     | APC                        | \$106.54                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 91302   | M        |     | SARSCOV2 VAC 5X1010VP/.5MLIM |               | -     | -          | Fee Schedule               | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 91304   | M        |     | SARSCOV2 VAC 5MCG/0.5ML IM   |               | -     | -          | Fee Schedule               | \$161.54                         |                              |                                  | -                    | -        | 012     | 999     |          |
| 91310   | E        |     | SARSCOV2 VAC 5MCG/0.5ML AS03 |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 91318   | M        |     | SARSCOV2 VAC 3MCG TRS-SUC IM |               | -     | -          | Fee Schedule               | \$65.55                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 91319   | M        |     | SARSCV2 VAC 10MCG TRS-SUC IM |               | -     | -          | Fee Schedule               | \$87.78                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 91320   | M        |     | SARSCV2 VAC 30MCG TRS-SUC IM |               | -     | -          | Fee Schedule               | \$155.90                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 91321   | M        |     | SARSCOV2 VAC 25 MCG/.25ML IM |               | -     | -          | Fee Schedule               | \$147.06                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 91322   | M        |     | SARSCOV2 VAC 50 MCG/0.5ML IM |               | -     | -          | Fee Schedule               | \$161.65                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 92002   | V        |     | INTRM OPH EXAM NEW PATIENT   |               | 05012 | 0.0000     | APC                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 92004   | V        |     | COMPRES OPH EXAM NEW PT 1/>  |               | 05012 | 0.0000     | APC                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 92012   | V        |     | INTRM OPH EXAM EST PATIENT   |               | 05012 | 0.0000     | APC                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 92014   | V        |     | COMPRES OPH EXAM EST PT 1/>  |               | 05012 | 0.0000     | APC                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 92015   | E        |     | DETERMINE REFRACTIVE STATE   |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 92018   | N        |     | COMPL OPH EXAM GENERAL ANES  |               | 05503 | 26.1633    | Bundled, sometimes payable | \$1,588.64                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 92019   | N        |     | LMTD OPH EXAM GENERAL ANES   |               | 05503 | 26.1633    | Bundled, sometimes payable | \$1,588.64                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 92020   | N        |     | GONIOSCOPY                   |               | 05734 | 1.4456     | Bundled, sometimes payable | \$87.78                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 92025   | N        |     | CPTRIZED CORNEAL TOPOGRAPHY  |               | 05733 | 0.6661     | Bundled, sometimes payable | \$40.45                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 92060   | N        |     | SENSORIMOTOR EXAMINATION     |               | 05733 | 0.6661     | Bundled, sometimes payable | \$40.45                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 92065   | E        |     | ORTHOP TRAING PFRMD PHYS/QHP |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 92066   | N        |     | ORTHOP TRAING SUPVJ PHYS/QHP |               | 05733 | 0.6661     | Bundled, sometimes payable | \$40.45                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 92071   | N        |     | CONTACT LENS FITTING FOR TX  |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 92072   | N        |     | FITG C-LENS KERATOCONUS 1ST  |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 92081   | N        |     | LIMITED VISUAL FIELD XM      |               | 05733 | 0.6661     | Bundled, sometimes payable | \$40.45                          |                              |                                  | -                    | -        | 000     | 999     |          |

Montana Healthcare Programs Fee Schedule  
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| 2024<br>APC |               | Proc Desc                    | Proc<br>Modifier | APC<br>Weight | Method | Outpatient                 | Sole Comm.   | Non-sole | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|-------------|---------------|------------------------------|------------------|---------------|--------|----------------------------|--------------|----------|-------------------------|----------|------------|------------|----------|
| Proc<br>Cd  | Status<br>Ind |                              |                  |               |        | Hospital Fee               | Hospital Lab | Comm.    |                         |          |            |            |          |
|             |               |                              |                  |               |        | Schedule<br>Fees           | Fees         | Fees     |                         |          |            |            |          |
| 92082       | N             | INTERMEDIATE VISUAL FIELD XM |                  | 05733         | 0.6661 | Bundled, sometimes payable | \$40.45      |          | -                       | -        | 000        | 999        |          |
| 92083       | N             | EXTENDED VISUAL FIELD XM     |                  | 05734         | 1.4456 | Bundled, sometimes payable | \$87.78      |          | -                       | -        | 000        | 999        |          |
| 92100       | N             | SERIAL TONOMETRY             |                  | -             | -      | Bundled                    | \$0.00       |          | -                       | -        | 000        | 999        |          |
| 92132       | N             | CPTRZD OPH DX IMG ANT SGM    |                  | 05733         | 0.6661 | Bundled, sometimes payable | \$40.45      |          | -                       | -        | 000        | 999        |          |
| 92133       | N             | CPTRZD OPH DX IMG PST SGM ON |                  | 05733         | 0.6661 | Bundled, sometimes payable | \$40.45      |          | -                       | -        | 000        | 999        |          |
| 92134       | N             | CPTRZ OPH DX IMG PST SGM RTA |                  | 05733         | 0.6661 | Bundled, sometimes payable | \$40.45      |          | -                       | -        | 000        | 999        |          |
| 92136       | N             | OPHTHALMIC BIOMETRY          |                  | 05734         | 1.4456 | Bundled, sometimes payable | \$87.78      |          | -                       | -        | 000        | 999        |          |
| 92137       | N             | CPTRZ OPH IMG PST SG RTA OCT |                  | 05722         | 3.4922 | Bundled, sometimes payable | \$212.05     |          | -                       | -        | 000        | 999        |          |
| 92145       | N             | CORNEAL HYSTERESIS DETER     |                  | 05733         | 0.6661 | Bundled, sometimes payable | \$40.45      |          | -                       | -        | 000        | 999        |          |
| 92201       | N             | OPSCPY EXTND RTA DRAW UNI/BI |                  | 05733         | 0.6661 | Bundled, sometimes payable | \$40.45      |          | -                       | -        | 000        | 999        |          |
| 92202       | N             | OPSCPY EXTND ON/MAC DRAW     |                  | 05733         | 0.6661 | Bundled, sometimes payable | \$40.45      |          | -                       | -        | 000        | 999        |          |
| 92227       | N             | IMG RTA DETCJ/MNTR DS STAFF  |                  | 05733         | 0.6661 | Bundled, sometimes payable | \$40.45      |          | -                       | -        | 000        | 999        |          |
| 92228       | N             | IMG RTA DETC/MNTR DS PHY/QHP |                  | 05732         | 0.4402 | Bundled, sometimes payable | \$26.73      |          | -                       | -        | 000        | 999        |          |
| 92229       | S             | IMG RTA DETC/MNTR DS POC ALY |                  | 05733         | 0.6661 | APC                        | \$40.45      |          | -                       | -        | 000        | 999        |          |
| 92230       | N             | FLUORESCEIN ANGIOSCOPY I&R   |                  | 05723         | 5.9505 | Bundled, sometimes payable | \$361.31     |          | -                       | -        | 000        | 999        |          |
| 92235       | S             | FLUORESCEIN ANGRPH MLTIFRAME |                  | 05722         | 3.4922 | APC                        | \$212.05     |          | -                       | -        | 000        | 999        |          |
| 92240       | S             | ICG ANGIOGRAPHY I&R UNI/BI   |                  | 05722         | 3.4922 | APC                        | \$212.05     |          | -                       | -        | 000        | 999        |          |
| 92242       | S             | FLUORESCEIN&ICG ANGIOGRAPHY  |                  | 05722         | 3.4922 | APC                        | \$212.05     |          | -                       | -        | 000        | 999        |          |
| 92250       | N             | FUNDUS PHOTOGRAPHY W/I&R     |                  | 05734         | 1.4456 | Bundled, sometimes payable | \$87.78      |          | -                       | -        | 000        | 999        |          |
| 92260       | N             | OPHTHALMODYNAMOMETRY         |                  | 05732         | 0.4402 | Bundled, sometimes payable | \$26.73      |          | -                       | -        | 000        | 999        |          |
| 92265       | N             | NDL OCULOECTROMYOGRAPHY 1+   |                  | 05733         | 0.6661 | Bundled, sometimes payable | \$40.45      |          | -                       | -        | 000        | 999        |          |
| 92270       | N             | ELECTRO-OCULOGRAPHY W/I&R    |                  | 05734         | 1.4456 | Bundled, sometimes payable | \$87.78      |          | -                       | -        | 000        | 999        |          |
| 92273       | S             | FULL FIELD ERG W/I&R         |                  | 05722         | 3.4922 | APC                        | \$212.05     |          | -                       | -        | 000        | 999        |          |
| 92274       | S             | MULTIFOCAL ERG W/I&R         |                  | 05721         | 1.7546 | APC                        | \$106.54     |          | -                       | -        | 000        | 999        |          |
| 92283       | N             | EXTND COLOR VISION XM        |                  | 05733         | 0.6661 | Bundled, sometimes payable | \$40.45      |          | -                       | -        | 000        | 999        |          |
| 92284       | N             | DX DARK ADAPTATION EXAM I&R  |                  | 05735         | 4.4751 | Bundled, sometimes payable | \$271.73     |          | -                       | -        | 000        | 999        |          |
| 92285       | N             | EXTERNAL OCULAR PHOTOGRAPHY  |                  | 05732         | 0.4402 | Bundled, sometimes payable | \$26.73      |          | -                       | -        | 000        | 999        |          |
| 92286       | N             | ANT SGM IMG I&R SPECLR MIC   |                  | 05734         | 1.4456 | Bundled, sometimes payable | \$87.78      |          | -                       | -        | 000        | 999        |          |
| 92287       | N             | ANT SGM IMG IR FLRSCN ANGRPH |                  | 05734         | 1.4456 | Bundled, sometimes payable | \$87.78      |          | -                       | -        | 000        | 999        |          |
| 92310       | N             | CONTACT LENS FITTING OU      |                  | -             | -      | Bundled                    | \$0.00       |          | -                       | -        | 000        | 999        |          |
| 92311       | N             | CONTACT LENS FITG APHAKIA 1  |                  | 05735         | 4.4751 | Bundled, sometimes payable | \$271.73     |          | -                       | -        | 000        | 999        |          |
| 92312       | N             | CONTACT LENS FITG APHAKIA OU |                  | 05734         | 1.4456 | Bundled, sometimes payable | \$87.78      |          | -                       | -        | 000        | 999        |          |
| 92313       | E             | C-LENS FITG CORNEOSCLRL LENS |                  | -             | -      | Not Allowed                | \$0.00       |          | -                       | -        | 000        | 999        |          |
| 92314       | E             | C-LENS FITG TECH OU          |                  | -             | -      | Not Allowed                | \$0.00       |          | -                       | -        | 000        | 999        |          |
| 92315       | E             | C-LENS FITG TECH APHAKIA 1   |                  | -             | -      | Not Allowed                | \$0.00       |          | -                       | -        | 000        | 999        |          |
| 92316       | E             | C-LENS FITG TECH APHAKIA OU  |                  | -             | -      | Not Allowed                | \$0.00       |          | -                       | -        | 000        | 999        |          |
| 92317       | E             | C-LENS FITG TECH CORNEOSCLRL |                  | -             | -      | Not Allowed                | \$0.00       |          | -                       | -        | 000        | 999        |          |
| 92325       | E             | MODIFICATION OF CONTACT LENS |                  | -             | -      | Not Allowed                | \$0.00       |          | -                       | -        | 000        | 999        |          |
| 92326       | E             | REPLACEMENT OF CONTACT LENS  |                  | -             | -      | Not Allowed                | \$0.00       |          | -                       | -        | 000        | 999        |          |
| 92352       | E             | FIT APHAKIA SPECTCL MONOFOCL |                  | -             | -      | Not Allowed                | \$0.00       |          | -                       | -        | 000        | 999        |          |
| 92353       | E             | FIT APHAKIA SPECTCL MULTIFOC |                  | -             | -      | Not Allowed                | \$0.00       |          | -                       | -        | 000        | 999        |          |
| 92354       | E             | FITG SPECT LOW VIS 1SYSTEM   |                  | -             | -      | Not Allowed                | \$0.00       |          | -                       | -        | 000        | 999        |          |
| 92355       | E             | FITG SPECT LW VIS CMPND LENS |                  | -             | -      | Not Allowed                | \$0.00       |          | -                       | -        | 000        | 999        |          |
| 92358       | N             | APHAKIA PROSTH SERVICE TEMP  |                  | 05733         | 0.6661 | Bundled, sometimes payable | \$40.45      |          | -                       | -        | 000        | 999        |          |
| 92370       | E             | RPR&REFITG SPECT XCP APHAKIA |                  | -             | -      | Not Allowed                | \$0.00       |          | -                       | -        | 000        | 999        |          |
| 92371       | E             | RPR&REFIT SPCT PRSTH APHAKIA |                  | -             | -      | Not Allowed                | \$0.00       |          | -                       | -        | 000        | 999        |          |
| 92499       | N             | UNLISTED OPH SVC/PROCEDURE   |                  | 05731         | 0.2747 | Bundled, sometimes payable | \$16.68      |          | -                       | -        | 000        | 999        |          |
| 92502       | T             | EAR AND THROAT EXAMINATION   |                  | 05162         | 5.7111 | APC                        | \$346.78     |          | -                       | -        | 000        | 999        |          |
| 92504       | N             | EAR MICROSCOPY EXAMINATION   |                  | -             | -      | Bundled                    | \$0.00       |          | -                       | -        | 000        | 999        |          |
| 92507       | M             | TX SP LANG VOICE COMM INDIV  |                  | -             | -      | Fee Schedule               | \$62.35      |          | -                       | -        | 000        | 999        |          |
| 92508       | Y             | TX SP LANG VOICE COMM GROUP  |                  | -             | -      | Fee Schedule               | \$19.89      |          | -                       | -        | 000        | 999        |          |
| 92511       | T             | NASOPHARYNGOSCOPY            |                  | 05151         | 2.1772 | APC                        | \$132.20     |          | -                       | -        | 000        | 999        |          |
| 92512       | S             | NASAL FUNCTION STUDIES       |                  | 05722         | 3.4922 | APC                        | \$212.05     |          | -                       | -        | 000        | 999        |          |
| 92516       | S             | FACIAL NERVE FUNCTION TEST   |                  | 05722         | 3.4922 | APC                        | \$212.05     |          | -                       | -        | 000        | 999        |          |
| 92517       | S             | VEMP TEST I&R CERVICAL       |                  | 05721         | 1.7546 | APC                        | \$106.54     |          | -                       | -        | 000        | 999        |          |
| 92518       | S             | VEMP TEST I&R OCULAR         |                  | 05721         | 1.7546 | APC                        | \$106.54     |          | -                       | -        | 000        | 999        |          |

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| Proc Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC   | APC<br>Weight | Method                     | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|---------|------------------------------|------------------------------|------------------|-------|---------------|----------------------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|         |                              |                              |                  |       |               |                            |                                        |                                    |                                           |                         |          |            |            |          |
| 92519   | S                            | VEMP TST I&R CERVICAL&OCULAR |                  | 05722 | 3.4922        | APC                        | \$212.05                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92520   | N                            | LARYNGEAL FUNCTION STUDIES   |                  | 05734 | 1.4456        | Bundled, sometimes payable | \$87.78                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92521   | Y                            | EVALUATION OF SPEECH FLUENCY |                  | -     | -             | Fee Schedule               | \$108.66                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92522   | Y                            | EVALUATE SPEECH PRODUCTION   |                  | -     | -             | Fee Schedule               | \$90.93                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92523   | Y                            | SPEECH SOUND LANG COMPREHEN  |                  | -     | -             | Fee Schedule               | \$186.27                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92524   | Y                            | BEHAVRAL QUALIT ANALYS VOICE |                  | -     | -             | Fee Schedule               | \$89.57                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92526   | Y                            | ORAL FUNCTION THERAPY        |                  | -     | -             | Fee Schedule               | \$69.16                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92531   | N                            | SPONTANEOUS NYSTAGMUS STUDY  |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92532   | N                            | POSITIONAL NYSTAGMUS TEST    |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92533   | N                            | CALORIC VESTIBULAR TEST      |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92534   | N                            | OPTOKINETIC NYSTAGMUS TEST   |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92537   | S                            | CALORIC VSTBLR TEST W/REC    |                  | 05721 | 1.7546        | APC                        | \$106.54                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92538   | S                            | CALORIC VSTBLR TEST W/REC    |                  | 05721 | 1.7546        | APC                        | \$106.54                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92540   | S                            | BASIC VESTIBULAR EVALUATION  |                  | 05721 | 1.7546        | APC                        | \$106.54                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92541   | N                            | SPONTANEOUS NYSTAGMUS TEST   |                  | 05734 | 1.4456        | Bundled, sometimes payable | \$87.78                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92542   | N                            | POSITIONAL NYSTAGMUS TEST    |                  | 05734 | 1.4456        | Bundled, sometimes payable | \$87.78                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92544   | S                            | OPTOKINETIC NYSTAGMUS TEST   |                  | 05721 | 1.7546        | APC                        | \$106.54                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92545   | S                            | OSCILLATING TRACKING TEST    |                  | 05722 | 3.4922        | APC                        | \$212.05                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92546   | S                            | SINUSOIDAL ROTATIONAL TEST   |                  | 05721 | 1.7546        | APC                        | \$106.54                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92547   | N                            | SUPPLEMENTAL ELECTRICAL TEST |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92548   | N                            | CDP-SOT 6 COND W/I&R         |                  | 05734 | 1.4456        | Bundled, sometimes payable | \$87.78                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92549   | N                            | CDP-SOT 6 COND W/I&R MCT&ADT |                  | 05734 | 1.4456        | Bundled, sometimes payable | \$87.78                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92550   | N                            | TYMPANOMETRY & REFLEX THRESH |                  | 05721 | 1.7546        | Bundled, sometimes payable | \$106.54                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92551   | M                            | PURE TONE HEARING TEST AIR   |                  | -     | -             | Fee Schedule               | \$16.70                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92552   | N                            | PURE TONE AUDIOMETRY AIR     |                  | 05734 | 1.4456        | Bundled, sometimes payable | \$87.78                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92553   | N                            | AUDIOMETRY AIR & BONE        |                  | 05721 | 1.7546        | Bundled, sometimes payable | \$106.54                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92555   | N                            | SPEECH THRESHOLD AUDIOMETRY  |                  | 05733 | 0.6661        | Bundled, sometimes payable | \$40.45                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92556   | N                            | SPEECH AUDIOMETRY COMPLETE   |                  | 05733 | 0.6661        | Bundled, sometimes payable | \$40.45                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92557   | N                            | COMPREHENSIVE HEARING TEST   |                  | 05721 | 1.7546        | Bundled, sometimes payable | \$106.54                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92558   | E                            | EVOKED AUDITORY TEST QUAL    |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92562   | N                            | LOUDNESS BALANCE TEST        |                  | 05722 | 3.4922        | Bundled, sometimes payable | \$212.05                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92563   | N                            | TONE DECAY HEARING TEST      |                  | 05732 | 0.4402        | Bundled, sometimes payable | \$26.73                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92565   | N                            | STENGER TEST PURE TONE       |                  | 05733 | 0.6661        | Bundled, sometimes payable | \$40.45                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92567   | N                            | TYMPANOMETRY                 |                  | 05732 | 0.4402        | Bundled, sometimes payable | \$26.73                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92568   | N                            | ACOUSTIC REFL THRESHOLD TST  |                  | 05732 | 0.4402        | Bundled, sometimes payable | \$26.73                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92570   | N                            | ACOUSTIC IMMITANCE TESTING   |                  | 05721 | 1.7546        | Bundled, sometimes payable | \$106.54                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92571   | N                            | FILTERED SPEECH TEST         |                  | 05732 | 0.4402        | Bundled, sometimes payable | \$26.73                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92572   | N                            | STAGGERED SPONDAIC WORD TEST |                  | 05721 | 1.7546        | Bundled, sometimes payable | \$106.54                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92575   | N                            | SENSORINEURAL ACUITY LVL TST |                  | 05732 | 0.4402        | Bundled, sometimes payable | \$26.73                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92576   | N                            | SYNTHETIC SENTENCE ID TEST   |                  | 05732 | 0.4402        | Bundled, sometimes payable | \$26.73                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92577   | N                            | STENGER TEST SPEECH          |                  | 05723 | 5.9505        | Bundled, sometimes payable | \$361.31                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92579   | N                            | VISUAL AUDIOMETRY (VRA)      |                  | 05721 | 1.7546        | Bundled, sometimes payable | \$106.54                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92582   | N                            | CONDITIONING PLAY AUDIOMETRY |                  | 05721 | 1.7546        | Bundled, sometimes payable | \$106.54                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92583   | N                            | SELECT PICTURE AUDIOMETRY    |                  | 05733 | 0.6661        | Bundled, sometimes payable | \$40.45                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92584   | S                            | ELECTROCOCHLEOGRAPHY         |                  | 05721 | 1.7546        | APC                        | \$106.54                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92587   | S                            | EVOKED AUDITORY TEST LIMITED |                  | 05722 | 3.4922        | APC                        | \$212.05                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92588   | S                            | EVOKED AUDITORY TST COMPLETE |                  | 05722 | 3.4922        | APC                        | \$212.05                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92590   | E                            | HEARING AID XM&SLCTN MONAURL |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92591   | E                            | HEARING AID XM&SLCTN BINAURL |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92592   | M                            | HEARING AID CHECK MONAURAL   |                  | -     | -             | Fee Schedule               | \$14.62                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92593   | M                            | HEARING AID CHECK BINAURAL   |                  | -     | -             | Fee Schedule               | \$23.31                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92594   | E                            | ELECTRO HEARNG AID TEST ONE  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92595   | E                            | ELECTRO HEARNG AID TST BOTH  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92596   | N                            | EAR PROTECTOR EVALUATION     |                  | 05732 | 0.4402        | Bundled, sometimes payable | \$26.73                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92597   | Y                            | ORAL SPEECH DEVICE EVAL      |                  | -     | -             | Fee Schedule               | \$59.08                                |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 92601   | S                            | COCHLEAR IMPLT F/UP EXAM <7  |                  | 05721 | 1.7546        | APC                        | \$106.54                               |                                    |                                           | -                       | -        | 000        | 7          |          |

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  
April 1, 2025

| Proc Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC   | APC<br>Weight | Method                     | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|---------|------------------------------|------------------------------|------------------|-------|---------------|----------------------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|         |                              |                              |                  |       |               |                            |                                        |                                    |                                           |                         |          |            |            |          |
| 92602   | S                            | REPROGRAM COCHLEAR IMPLT <7  |                  | 05721 | 1.7546        | APC                        | \$106.54                               |                                    |                                           | -                       | -        | 000        | 7          |          |
| 92603   | S                            | COCHLEAR IMPLT F/UP EXAM 7/> |                  | 05721 | 1.7546        | APC                        | \$106.54                               |                                    |                                           | -                       | -        | 007        | 999        |          |
| 92604   | S                            | REPROGRAM COCHLEAR IMPLT 7/> |                  | 05721 | 1.7546        | APC                        | \$106.54                               |                                    |                                           | -                       | -        | 007        | 999        |          |
| 92605   | M                            | EX FOR NONSPEECH DEVICE RX   |                  | -     | -             | Fee Schedule               | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92606   | N                            | NON-SPEECH DEVICE SERVICE    |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92607   | Y                            | EX FOR SPEECH DEVICE RX 1HR  |                  | -     | -             | Fee Schedule               | \$101.31                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92608   | Y                            | EX FOR SPEECH DEVICE RX ADDL |                  | -     | -             | Fee Schedule               | \$39.77                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92609   | Y                            | USE OF SPEECH DEVICE SERVICE |                  | -     | -             | Fee Schedule               | \$84.42                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92610   | Y                            | EVALUATE SWALLOWING FUNCTION |                  | -     | -             | Fee Schedule               | \$57.18                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92611   | Y                            | MOTION FLUOROSCOPY/SWALLOW   |                  | -     | -             | Fee Schedule               | \$75.13                                |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 92612   | M                            | ENDOSCOPY SWALLOW (FEES) VID |                  | -     | -             | Fee Schedule               | \$53.64                                |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 92613   | E                            | ENDOSCOPY SWALLOW (FEES) I&R |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 92614   | M                            | LARYNGOSCOPIC SENSORY VID    |                  | -     | -             | Fee Schedule               | \$52.79                                |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 92615   | E                            | LARYNGOSCOPIC SENSORY I&R    |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 92616   | M                            | FEES W/LARYNGEAL SENSE TEST  |                  | -     | -             | Fee Schedule               | \$80.30                                |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 92617   | E                            | FEES W/LARYNGEAL SENSE I&R   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 92618   | E                            | EX FOR NONSPEECH DEV RX ADD  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92620   | N                            | AUDITORY FUNCTION 60 MIN     |                  | 05721 | 1.7546        | Bundled, sometimes payable | \$106.54                               |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 92621   | N                            | AUDITORY FUNCTION + 15 MIN   |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 92622   | S                            | DX ALY AUD OI SND PRCSR 1ST  |                  | 05721 | 1.7546        | APC                        | \$106.54                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92623   | N                            | DX ALY AUD OI SND PRCSR EACH |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92625   | N                            | TINNITUS ASSESSMENT          |                  | 05721 | 1.7546        | Bundled, sometimes payable | \$106.54                               |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 92626   | N                            | EVAL AUD FUNCJ 1ST HOUR      |                  | 05721 | 1.7546        | Bundled, sometimes payable | \$106.54                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92627   | N                            | EVAL AUD FUNCJ EA ADDL 15    |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92630   | E                            | AUD REHAB PRE-LING HEAR LOSS |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92633   | E                            | AUD REHAB POSTLING HEAR LOSS |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92640   | S                            | AUD BRAINSTEM IMPLT PROGRAMG |                  | 05721 | 1.7546        | APC                        | \$106.54                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92650   | E                            | AEP SCR AUDITORY POTENTIAL   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92651   | S                            | AEP HEARING STATUS DETER I&R |                  | 05722 | 3.4922        | APC                        | \$212.05                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92652   | S                            | AEP THRSHLD EST MLT FREQ I&R |                  | 05722 | 3.4922        | APC                        | \$212.05                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92653   | S                            | AEP NEURODIAGNOSTIC I&R      |                  | 05722 | 3.4922        | APC                        | \$212.05                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92700   | N                            | UNLISTED ORL SERVICE/PX      |                  | 05731 | 0.2747        | Bundled, sometimes payable | \$16.68                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92920   | N                            | PRQ CARDIAC ANGIOPLAST 1 ART |                  | 05192 | 63.9406       | Bundled, sometimes payable | \$3,882.47                             |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 92921   | N                            | PRQ CARDIAC ANGIO ADDL ART   |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 92924   | N                            | PRQ CARD ANGIO/ATHRECT 1 ART |                  | 05193 | 127.1806      | Bundled, sometimes payable | \$7,722.41                             |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 92925   | N                            | PRQ CARD ANGIO/ATHRECT ADDL  |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 92928   | N                            | PRQ CARD STENT W/ANGIO 1 VSL |                  | 05193 | 127.1806      | Bundled, sometimes payable | \$7,722.41                             |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 92929   | N                            | PRQ CARD STENT W/ANGIO ADDL  |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 92933   | N                            | PRQ CARD STENT/ATH/ANGIO     |                  | 05194 | 201.3785      | Bundled, sometimes payable | \$12,227.70                            |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 92934   | N                            | PRQ CARD STENT/ATH/ANGIO     |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 92937   | N                            | PRQ REVASC BYP GRAFT 1 VSL   |                  | 05193 | 127.1806      | Bundled, sometimes payable | \$7,722.41                             |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 92938   | N                            | PRQ REVASC BYP GRAFT ADDL    |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 92941   | C                            | PRQ CARD REVASC MI 1 VSL     |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 92943   | N                            | PRQ CARD REVASC CHRONIC 1VSL |                  | 05193 | 127.1806      | Bundled, sometimes payable | \$7,722.41                             |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 92944   | N                            | PRQ CARD REVASC CHRONIC ADDL |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 92950   | S                            | HEART/LUNG RESUSCITATION CPR |                  | 05722 | 3.4922        | APC                        | \$212.05                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92953   | N                            | TEMPORARY EXTERNAL PACING    |                  | 05781 | 7.3387        | Bundled, sometimes payable | \$445.61                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92960   | S                            | CARDIOVERSION ELECTRIC EXT   |                  | 05781 | 7.3387        | APC                        | \$445.61                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92961   | S                            | CARDIOVERSION ELECTRIC INT   |                  | 05781 | 7.3387        | APC                        | \$445.61                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92970   | C                            | CARDIOASSIST INTERNAL        |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92971   | C                            | CARDIOASSIST EXTERNAL        |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92972   | N                            | PERQ TRLUML CORONRY LITHOTRP |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92973   | N                            | PRQ CORONARY MECH THROMBECT  |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92974   | N                            | CATH PLACE CARDIO BRACHYTX   |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92975   | C                            | DISSOLVE CLOT HEART VESSEL   |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92977   | T                            | DISSOLVE CLOT HEART VESSEL   |                  | 05694 | 3.7198        | APC                        | \$225.87                               |                                    |                                           | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC   | APC<br>Weight | Method                     | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|---------|------------------------------|------------------------------|------------------|-------|---------------|----------------------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|         |                              |                              |                  |       |               |                            |                                        |                                    |                                           |                         |          |            |            |          |
| 92978   | N                            | ENDOLUMINL IVUS OCT C 1ST    |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92979   | N                            | ENDOLUMINL IVUS OCT C EA     |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92986   | N                            | REVISION OF AORTIC VALVE     |                  | 05192 | 63.9406       | Bundled, sometimes payable | \$3,882.47                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92987   | N                            | REVISION OF MITRAL VALVE     |                  | 05193 | 127.1806      | Bundled, sometimes payable | \$7,722.41                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92990   | N                            | REVISION OF PULMONARY VALVE  |                  | 05193 | 127.1806      | Bundled, sometimes payable | \$7,722.41                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92997   | N                            | PUL ART BALLOON REPR PERCUT  |                  | 05193 | 127.1806      | Bundled, sometimes payable | \$7,722.41                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 92998   | N                            | PUL ART BALLOON REPR PERCUT  |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93000   | E                            | ELECTROCARDIOGRAM COMPLETE   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93005   | N                            | ELECTROCARDIOGRAM TRACING    |                  | 05733 | 0.6661        | Bundled, sometimes payable | \$40.45                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93010   | M                            | ELECTROCARDIOGRAM REPORT     |                  | -     | -             | Fee Schedule               | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93015   | M                            | CARDIOVASCULAR STRESS TEST   |                  | -     | -             | Fee Schedule               | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93016   | M                            | CARDIOVASCULAR STRESS TEST   |                  | -     | -             | Fee Schedule               | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93017   | N                            | CARDIOVASCULAR STRESS TEST   |                  | 05722 | 3.4922        | Bundled, sometimes payable | \$212.05                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93018   | M                            | CARDIOVASCULAR STRESS TEST   |                  | -     | -             | Fee Schedule               | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93024   | N                            | ERGONOVINE PROVOCATION TEST  |                  | 05735 | 4.4751        | Bundled, sometimes payable | \$271.73                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93025   | S                            | MICROVOLT T-WAVE ASSESS      |                  | 05721 | 1.7546        | APC                        | \$106.54                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93040   | M                            | RHYTHM ECG WITH REPORT       |                  | -     | -             | Fee Schedule               | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93041   | N                            | RHYTHM ECG TRACING           |                  | 05733 | 0.6661        | Bundled, sometimes payable | \$40.45                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93042   | M                            | RHYTHM ECG REPORT            |                  | -     | -             | Fee Schedule               | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93050   | N                            | ART PRESSURE WAVEFORM ANALYS |                  | 05731 | 0.2747        | Bundled, sometimes payable | \$16.68                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93150   | S                            | THERAPY ACTIVATION IPNSS     |                  | 05742 | 1.0294        | APC                        | \$62.51                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93151   | S                            | INTERROG&PRGRMG IPNSS        |                  | 05742 | 1.0294        | APC                        | \$62.51                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93152   | S                            | INTERROG&PRGRMG IPNSS POLYSM |                  | 05743 | 3.3634        | APC                        | \$204.23                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93153   | S                            | INTERROG W/O PRGRMG IPNSS    |                  | 05742 | 1.0294        | APC                        | \$62.51                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93224   | E                            | XTRNL ECG REC UP TO 48 HRS   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93225   | N                            | XTRNL ECG REC<48 HRS REC     |                  | 05734 | 1.4456        | Bundled, sometimes payable | \$87.78                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93226   | N                            | XTRNL ECG REC<48 HR SCAN A/R |                  | 05733 | 0.6661        | Bundled, sometimes payable | \$40.45                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93227   | E                            | XTRNL ECG REC<48 HR R&I      |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93228   | E                            | REMOTE 30 DAY ECG REV/REPORT |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93229   | S                            | REMOTE 30 DAY ECG TECH SUPP  |                  | 05722 | 3.4922        | APC                        | \$212.05                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93241   | E                            | EXT ECG>48HR<7D REC SCAN A/R |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93242   | N                            | EXT ECG>48HR<7D RECORDING    |                  | 05732 | 0.4402        | Bundled, sometimes payable | \$26.73                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93243   | N                            | EXT ECG>48HR<7D SCAN A/R     |                  | 05734 | 1.4456        | Bundled, sometimes payable | \$87.78                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93244   | E                            | EXT ECG>48HR<7D REV&INTERPJ  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93245   | E                            | EXT ECG>7D<15D REC SCAN A/R  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93246   | N                            | EXT ECG>7D<15D RECORDING     |                  | 05732 | 0.4402        | Bundled, sometimes payable | \$26.73                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93247   | N                            | EXT ECG>7D<15D SCAN A/R      |                  | 05734 | 1.4456        | Bundled, sometimes payable | \$87.78                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93248   | E                            | EXT ECG>7D<15D REV&INTERPJ   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93260   | N                            | PRGRMG DEV EVAL IMPLTBL SYS  |                  | 05741 | 0.4182        | Bundled, sometimes payable | \$25.39                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93261   | N                            | INTERROGATE SUBQ DEFIB       |                  | 05741 | 0.4182        | Bundled, sometimes payable | \$25.39                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93264   | N                            | REM MNTR WRLS P-ART PRS SNR  |                  | 05741 | 0.4182        | Bundled, sometimes payable | \$25.39                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93268   | E                            | ECG RECORD/REVIEW            |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93270   | N                            | REMOTE 30 DAY ECG REV/REPORT |                  | 05741 | 0.4182        | Bundled, sometimes payable | \$25.39                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93271   | S                            | ECG/MONITORING AND ANALYSIS  |                  | 05742 | 1.0294        | APC                        | \$62.51                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93272   | E                            | ECG/REVIEW INTERPRET ONLY    |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93278   | N                            | ECG/SIGNAL-AVERAGED          |                  | 05733 | 0.6661        | Bundled, sometimes payable | \$40.45                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93279   | N                            | PRGRMG DEV EVAL PM/LDLS PM   |                  | 05741 | 0.4182        | Bundled, sometimes payable | \$25.39                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93280   | N                            | PM DEVICE PROGR EVAL DUAL    |                  | 05741 | 0.4182        | Bundled, sometimes payable | \$25.39                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93281   | N                            | PM DEVICE PROGR EVAL MULTI   |                  | 05741 | 0.4182        | Bundled, sometimes payable | \$25.39                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93282   | N                            | PRGRMG EVAL IMPLANTABLE DFB  |                  | 05741 | 0.4182        | Bundled, sometimes payable | \$25.39                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93283   | N                            | PRGRMG EVAL IMPLANTABLE DFB  |                  | 05741 | 0.4182        | Bundled, sometimes payable | \$25.39                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93284   | N                            | PRGRMG EVAL IMPLANTABLE DFB  |                  | 05741 | 0.4182        | Bundled, sometimes payable | \$25.39                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93285   | N                            | PRGRMG DEV EVAL SCRMS IP     |                  | 05741 | 0.4182        | Bundled, sometimes payable | \$25.39                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93286   | N                            | PERI-PX EVAL PM/LDLS PM IP   |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93287   | N                            | PERI-PX DEVICE EVAL & PRGR   |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93288   | N                            | INTERROG EVL PM/LDLS PM IP   |                  | 05741 | 0.4182        | Bundled, sometimes payable | \$25.39                                |                                    |                                           | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc<br>Cd | 2024<br>APC<br>Status |  | Proc Desc                    | Proc<br>Modifier | APC<br>Weight | Method  | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-----------------------|--|------------------------------|------------------|---------------|---------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|            | Ind                   |  |                              |                  |               |         |                                        |                                    |                                           |                         |          |            |            |          |
| 93289      | N                     |  | INTERROG DEVICE EVAL HEART   |                  | 05741         | 0.4182  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93290      | N                     |  | INTERROG DEV EVAL ICPMS IP   |                  | 05741         | 0.4182  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93291      | N                     |  | INTERROG DEV EVAL SCRMS IP   |                  | 05731         | 0.2747  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93292      | N                     |  | WCD DEVICE INTERROGATE       |                  | 05741         | 0.4182  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93293      | N                     |  | PM PHONE R-STRIP DEVICE EVAL |                  | 05741         | 0.4182  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93294      | E                     |  | REM INTERROG EVL PM/LDLS PM  |                  | -             | -       | Not Allowed                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93295      | E                     |  | DEV INTERROG REMOTE 1/2/MLT  |                  | -             | -       | Not Allowed                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93296      | N                     |  | REM INTERROG EVL PM/IDS      |                  | 05741         | 0.4182  | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93297      | E                     |  | REM INTERROG DEV EVAL ICPMS  |                  | -             | -       | Not Allowed                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93298      | E                     |  | REM INTERROG DEV EVAL SCRMS  |                  | -             | -       | Not Allowed                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93303      | S                     |  | ECHO TRANSTHORACIC           |                  | 05524         | 6.1490  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93304      | S                     |  | ECHO TRANSTHORACIC           |                  | 05524         | 6.1490  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93306      | S                     |  | TTE W/DOPPLER COMPLETE       |                  | 05524         | 6.1490  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93307      | S                     |  | TTE W/O DOPPLER COMPLETE     |                  | 05523         | 2.7108  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93308      | S                     |  | TTE F-UP OR LMTD             |                  | 05523         | 2.7108  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93312      | S                     |  | ECHO TRANSESOPHAGEAL         |                  | 05524         | 6.1490  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93313      | S                     |  | ECHO TRANSESOPHAGEAL         |                  | 05524         | 6.1490  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93314      | N                     |  | ECHO TRANSESOPHAGEAL         |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93315      | S                     |  | ECHO TRANSESOPHAGEAL         |                  | 05524         | 6.1490  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93316      | S                     |  | ECHO TRANSESOPHAGEAL         |                  | 05524         | 6.1490  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93317      | N                     |  | ECHO TRANSESOPHAGEAL         |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93318      | S                     |  | ECHO TRANSESOPHAGEAL INTRAOP |                  | 05524         | 6.1490  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93319      | N                     |  | 3D ECHO IMG CGEN CAR ANOMAL  |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93320      | N                     |  | DOPPLER ECHO COMPLETE        |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93321      | N                     |  | DOPPLER ECHO F-UP/LMTD STD   |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93325      | N                     |  | DOPPLER ECHO COLOR FLOW MAPG |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93350      | S                     |  | STRESS TTE ONLY              |                  | 05524         | 6.1490  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93351      | S                     |  | STRESS TTE COMPLETE          |                  | 05524         | 6.1490  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93352      | E                     |  | ADMIN ECG CONTRAST AGENT     |                  | -             | -       | Not Allowed                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93355      | N                     |  | ECHO TRANSESOPHAGEAL (TEE)   |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93356      | N                     |  | MYOCRD STRAIN IMG SPCKL TRCK |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93451      | N                     |  | RIGHT HEART CATH             |                  | 05191         | 36.0710 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93452      | N                     |  | LEFT HRT CATH W/VENTRCLGRPHY |                  | 05191         | 36.0710 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93453      | N                     |  | R&L HRT CATH W/VENTRICLGRPHY |                  | 05191         | 36.0710 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93454      | N                     |  | CORONARY ARTERY ANGIO S&I    |                  | 05191         | 36.0710 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93455      | N                     |  | CORONARY ART/GRFT ANGIO S&I  |                  | 05191         | 36.0710 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93456      | N                     |  | R HRT CORONARY ARTERY ANGIO  |                  | 05191         | 36.0710 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93457      | N                     |  | R HRT ART/GRFT ANGIO         |                  | 05191         | 36.0710 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93458      | N                     |  | L HRT ARTERY/VENTRICLE ANGIO |                  | 05191         | 36.0710 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93459      | N                     |  | L HRT ART/GRFT ANGIO         |                  | 05191         | 36.0710 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93460      | N                     |  | R&L HRT ART/VENTRICLE ANGIO  |                  | 05191         | 36.0710 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93461      | N                     |  | R&L HRT ART/VENTRICLE ANGIO  |                  | 05191         | 36.0710 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93462      | N                     |  | L HRT CATH TRNSPTL PUNCTURE  |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93463      | N                     |  | DRUG ADMIN & HEMODYNMIC MEAS |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93464      | N                     |  | EXERCISE W/HEMODYNAMIC MEAS  |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93503      | N                     |  | INSERT/PLACE HEART CATHETER  |                  | 05182         | 17.4213 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93505      | N                     |  | ENDOMYOCARDIAL BIOPSY        |                  | 05183         | 35.2981 | Bundled, sometimes payable             |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93563      | N                     |  | NJX CGEN CAR CTH SLCTV C ANG |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93564      | N                     |  | NJX CGEN CAR CATH SLCTV OPAC |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93565      | N                     |  | NJX CAR CTH SLCTV LV/LA ANG  |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93566      | N                     |  | NJX CAR CTH SLCTV RV/RA ANG  |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93567      | N                     |  | NJX CAR CTH SPRVLV AORTGRPHY |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93568      | N                     |  | NJX CAR CTH NSLC P-ART ANGRP |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93569      | N                     |  | NJX CTH SLCT P-ART ANGRP UNI |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 93571      | N                     |  | HEART FLOW RESERVE MEASURE   |                  | -             | -       | Bundled                                |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 93572      | N                     |  | HEART FLOW RESERVE MEASURE   |                  | -             | -       | Bundled                                |                                    |                                           | -                       | Y        | 000        | 999        |          |

**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2025**

| Proc Cd | 2024 APC |     | 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 |
|---------|----------|-----|------------------------------|---------------|-------|------------|----------------------------|----------------------------------|------------------------------|----------------------------------|----------------------|----------|---------|---------|----------|
|         | Status   | Ind |                              |               |       |            |                            |                                  |                              |                                  |                      |          |         |         |          |
| 93573   | N        |     | NJX CATH SLCT P-ART ANGRP BI |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 93574   | N        |     | NJX CATH SLCT PULM VN ANGRPH |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 93575   | N        |     | NJX CATH SLCT P ANGRPH MAPCA |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 93580   | N        |     | TRANSCATH CLOSURE OF ASD     |               | 05194 | 201.3785   | Bundled, sometimes payable | \$12,227.70                      |                              |                                  | -                    | -        | 000     | 999     |          |
| 93581   | N        |     | TRANSCATH CLOSURE OF VSD     |               | 05194 | 201.3785   | Bundled, sometimes payable | \$12,227.70                      |                              |                                  | -                    | -        | 000     | 999     |          |
| 93582   | N        |     | PERQ TRANSCATH CLOSURE PDA   |               | 05194 | 201.3785   | Bundled, sometimes payable | \$12,227.70                      |                              |                                  | -                    | -        | 000     | 999     |          |
| 93583   | C        |     | PERQ TRANSCATH SEPTAL REDUXN |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 93584   | N        |     | VNGRPH CHD ANOM/PERSIST SVC  |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 93585   | N        |     | VNGRPH CHD AZYGS/HEMIAZYGS   |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 93586   | N        |     | VNGRPH CHD CORONARY SINUS    |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 93587   | N        |     | VNGRPH CHD VNVN CLTRL AT/ABV |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 93588   | N        |     | VNGRPH CHD VNVN CLTRL BELOW  |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 93590   | N        |     | PERQ TRANSCATH CLS MITRAL    |               | 05194 | 201.3785   | Bundled, sometimes payable | \$12,227.70                      |                              |                                  | -                    | -        | 000     | 999     |          |
| 93591   | N        |     | PERQ TRANSCATH CLS AORTIC    |               | 05194 | 201.3785   | Bundled, sometimes payable | \$12,227.70                      |                              |                                  | -                    | -        | 000     | 999     |          |
| 93592   | N        |     | PERQ TRANSCATH CLOSURE EACH  |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 93593   | N        |     | R HRT CATH CHD NML NT CNJ    |               | 05191 | 36.0710    | Bundled, sometimes payable | \$2,190.23                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 93594   | N        |     | R HRT CATH CHD ABNL NT CNJ   |               | 05191 | 36.0710    | Bundled, sometimes payable | \$2,190.23                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 93595   | N        |     | L HRT CATH CHD NM/ABN NT CNJ |               | 05191 | 36.0710    | Bundled, sometimes payable | \$2,190.23                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 93596   | N        |     | R&L HRT CATH CHD NML NT CNJ  |               | 05191 | 36.0710    | Bundled, sometimes payable | \$2,190.23                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 93597   | N        |     | R&L HRT CATH CHD ABNL NT CNJ |               | 05191 | 36.0710    | Bundled, sometimes payable | \$2,190.23                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 93598   | N        |     | CAR OUTP MEAS DRG CATH CHD   |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 93600   | N        |     | BUNDLE OF HIS RECORDING      |               | 05212 | 85.0980    | Bundled, sometimes payable | \$5,167.15                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 93602   | N        |     | INTRA-ATRIAL RECORDING       |               | 05212 | 85.0980    | Bundled, sometimes payable | \$5,167.15                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 93603   | N        |     | RIGHT VENTRICULAR RECORDING  |               | 05211 | 13.6145    | Bundled, sometimes payable | \$826.67                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 93609   | N        |     | INTRA-VNTR MAPG TCHYCAR SITE |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 93610   | N        |     | INTRA-ATRIAL PACING          |               | 05212 | 85.0980    | Bundled, sometimes payable | \$5,167.15                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 93612   | N        |     | INTRAVENTRICULAR PACING      |               | 05212 | 85.0980    | Bundled, sometimes payable | \$5,167.15                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 93613   | N        |     | INTRACARDIAC EPHYS 3D MAPG   |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 93615   | N        |     | ESOPHAGEAL RECORDING         |               | 05211 | 13.6145    | Bundled, sometimes payable | \$826.67                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 93616   | N        |     | ESOPHAGEAL RECORDING W/PACG  |               | 05211 | 13.6145    | Bundled, sometimes payable | \$826.67                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 93618   | N        |     | INDCTJ ARRHYTHMIA ELEC PACG  |               | 05211 | 13.6145    | Bundled, sometimes payable | \$826.67                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 93619   | N        |     | COMPREHENSIVE EP EVALUATION  |               | 05212 | 85.0980    | Bundled, sometimes payable | \$5,167.15                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 93620   | N        |     | COMP EP EVL R AT VEN PAC&REC |               | 05212 | 85.0980    | Bundled, sometimes payable | \$5,167.15                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 93621   | N        |     | COMP EP EVL L PAC&REC C SINS |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 93622   | N        |     | COMP EP EVAL L VENTR PAC&REC |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 93623   | N        |     | PRGRMD STIMJ&PACG IV RX NFS  |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 93624   | N        |     | EP F-UP STUDY PACG&REC       |               | 05212 | 85.0980    | Bundled, sometimes payable | \$5,167.15                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 93631   | N        |     | NTRAOP EPICAR&ENDCAR PAC&MAP |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 93640   | N        |     | EP EVAL 1/2CHMBR PACG CVDFB  |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 93641   | N        |     | EP EVL 1/2CHMB PAC CVDFB TST |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 93642   | N        |     | EP EVL 1/2CHMB TRNSVNS CVDFB |               | 05211 | 13.6145    | Bundled, sometimes payable | \$826.67                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 93644   | N        |     | EP EVAL SUBQ IMPL DFB        |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 93650   | N        |     | ICAR CATH ABLTJ AV NODE FUNC |               | 05212 | 85.0980    | Bundled, sometimes payable | \$5,167.15                       |                              |                                  | -                    | -        | 000     | 999     |          |
| 93653   | N        |     | COMPRE EP EVAL TX SVT        |               | 05213 | 275.1214   | Bundled, sometimes payable | \$16,705.37                      |                              |                                  | -                    | Y        | 000     | 999     |          |
| 93654   | N        |     | COMPRE EP EVAL TX VT         |               | 05213 | 275.1214   | Bundled, sometimes payable | \$16,705.37                      |                              |                                  | -                    | Y        | 000     | 999     |          |
| 93655   | N        |     | ICAR CATH ABLTJ DSCRT ARRHYT |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | Y        | 000     | 999     |          |
| 93656   | N        |     | COMPRE EP EVAL ABLTJ ATR FIB |               | 05213 | 275.1214   | Bundled, sometimes payable | \$16,705.37                      |                              |                                  | -                    | Y        | 000     | 999     |          |
| 93657   | N        |     | TX L/R ATRIAL FIB ADDL       |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | Y        | 000     | 999     |          |
| 93660   | S        |     | TILT TABLE EVALUATION        |               | 05723 | 5.9505     | APC                        | \$361.31                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 93662   | N        |     | INTRACARDIAC ECG (ICE)       |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 93668   | S        |     | PERIPHERAL VASCULAR REHAB    |               | 05733 | 0.6661     | APC                        | \$40.45                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 93701   | N        |     | BIOIMPEDANCE CV ANALYSIS     |               | 05734 | 1.4456     | Bundled, sometimes payable | \$87.78                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 93702   | S        |     | BIS XTRACELL FLUID ANALYSIS  |               | 05721 | 1.7546     | APC                        | \$106.54                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 93724   | S        |     | ELEC ALYS ANTITCHYCAR PM SYS |               | 05743 | 3.3634     | APC                        | \$204.23                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 93740   | N        |     | TEMPERATURE GRADIENT STUDIES |               | 05721 | 1.7546     | Bundled, sometimes payable | \$106.54                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 93745   | S        |     | SET-UP CARDIOVERT-DEFIBRILL  |               | 05743 | 3.3634     | APC                        | \$204.23                         |                              |                                  | -                    | Y        | 000     | 999     |          |



**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2025**

| Proc Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC<br>Weight | Method | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|---------|------------------------------|------------------------------|------------------|---------------|--------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|         |                              |                              |                  |               |        |                                        |                                    |                                           |                         |          |            |            |          |
| 93750   | S                            | INTERROGATION VAD IN PERSON  |                  | 05742         | 1.0294 | APC                                    | \$62.51                            |                                           | -                       | -        | 000        | 999        |          |
| 93770   | N                            | DETERMINATION VENOUS PRESS   |                  | -             | -      | Bundled                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 93784   | M                            | AMBL BP MNTR W/SOFTWARE      |                  | -             | -      | Fee Schedule                           | \$0.00                             |                                           | -                       | Y        | 000        | 999        |          |
| 93786   | N                            | AMBL BP MNTR W/SW REC ONLY   |                  | 05734         | 1.4456 | Bundled, sometimes payable             | \$87.78                            |                                           | -                       | -        | 000        | 999        |          |
| 93788   | N                            | AMBL BP MNTR W/SW A/R        |                  | 05734         | 1.4456 | Bundled, sometimes payable             | \$87.78                            |                                           | -                       | Y        | 000        | 999        |          |
| 93790   | E                            | AMBL BP MNTR W/SW I&R        |                  | -             | -      | Not Allowed                            | \$0.00                             |                                           | -                       | Y        | 000        | 999        |          |
| 93792   | E                            | PT/CAREGIVER TRAING HOME INR |                  | -             | -      | Not Allowed                            | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 93793   | E                            | ANTICOAG MGMT PT WARFARIN    |                  | -             | -      | Not Allowed                            | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 93797   | S                            | PHYS/QHP OP CAR RHAB WO ECG  |                  | 05771         | 1.4120 | APC                                    | \$85.74                            |                                           | -                       | Y        | 000        | 999        |          |
| 93798   | S                            | PHYS/QHP OP CAR RHAB W/ECG   |                  | 05771         | 1.4120 | APC                                    | \$85.74                            |                                           | -                       | Y        | 000        | 999        |          |
| 93799   | S                            | UNLISTED CV SVC/PROCEDURE    |                  | 05721         | 1.7546 | APC                                    | \$106.54                           |                                           | -                       | -        | 000        | 999        |          |
| 93880   | S                            | EXTRACRANIAL BILAT STUDY     |                  | 05523         | 2.7108 | APC                                    | \$164.60                           |                                           | -                       | -        | 000        | 999        |          |
| 93882   | S                            | EXTRACRANIAL UNI/LTD STUDY   |                  | 05522         | 1.1926 | APC                                    | \$72.41                            |                                           | -                       | -        | 000        | 999        |          |
| 93886   | S                            | INTRACRANIAL COMPLETE STUDY  |                  | 05523         | 2.7108 | APC                                    | \$164.60                           |                                           | -                       | -        | 000        | 999        |          |
| 93888   | S                            | INTRACRANIAL LIMITED STUDY   |                  | 05522         | 1.1926 | APC                                    | \$72.41                            |                                           | -                       | -        | 000        | 999        |          |
| 93892   | N                            | TCD EMBOLI DETECT W/O INJ    |                  | 05522         | 1.1926 | Bundled, sometimes payable             | \$72.41                            |                                           | -                       | Y        | 000        | 999        |          |
| 93893   | N                            | TCD EMBOLI DETECT W/INJ      |                  | 05522         | 1.1926 | Bundled, sometimes payable             | \$72.41                            |                                           | -                       | Y        | 000        | 999        |          |
| 93895   | E                            | CAROTID INTIMA ATHEROMA EVAL |                  | -             | -      | Not Allowed                            | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 93896   | N                            | VSRCTV STD TCD ICR ART COMPL |                  | -             | -      | Bundled                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 93897   | N                            | EMBOLI DETCJ WO IV MBUBB NJX |                  | -             | -      | Bundled                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 93898   | N                            | VEN-ARTL SHUNT DET MBUBB NJX |                  | -             | -      | Bundled                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 93922   | N                            | UPR/L XTREMITY ART 2 LEVELS  |                  | 05734         | 1.4456 | Bundled, sometimes payable             | \$87.78                            |                                           | -                       | -        | 000        | 999        |          |
| 93923   | S                            | UPR/LXTR ART STDY 3+ LVLS    |                  | 05721         | 1.7546 | APC                                    | \$106.54                           |                                           | -                       | -        | 000        | 999        |          |
| 93924   | S                            | LWR XTR VASC STDY BILAT      |                  | 05721         | 1.7546 | APC                                    | \$106.54                           |                                           | -                       | -        | 000        | 999        |          |
| 93925   | S                            | LOWER EXTREMITY STUDY        |                  | 05523         | 2.7108 | APC                                    | \$164.60                           |                                           | -                       | -        | 000        | 999        |          |
| 93926   | S                            | LOWER EXTREMITY STUDY        |                  | 05522         | 1.1926 | APC                                    | \$72.41                            |                                           | -                       | -        | 000        | 999        |          |
| 93930   | S                            | UPPER EXTREMITY STUDY        |                  | 05523         | 2.7108 | APC                                    | \$164.60                           |                                           | -                       | -        | 000        | 999        |          |
| 93931   | S                            | UPPER EXTREMITY STUDY        |                  | 05522         | 1.1926 | APC                                    | \$72.41                            |                                           | -                       | -        | 000        | 999        |          |
| 93970   | S                            | EXTREMITY STUDY              |                  | 05523         | 2.7108 | APC                                    | \$164.60                           |                                           | -                       | -        | 000        | 999        |          |
| 93971   | S                            | EXTREMITY STUDY              |                  | 05522         | 1.1926 | APC                                    | \$72.41                            |                                           | -                       | -        | 000        | 999        |          |
| 93975   | S                            | VASCULAR STUDY               |                  | 05523         | 2.7108 | APC                                    | \$164.60                           |                                           | -                       | -        | 000        | 999        |          |
| 93976   | S                            | VASCULAR STUDY               |                  | 05522         | 1.1926 | APC                                    | \$72.41                            |                                           | -                       | -        | 000        | 999        |          |
| 93978   | S                            | VASCULAR STUDY               |                  | 05523         | 2.7108 | APC                                    | \$164.60                           |                                           | -                       | -        | 000        | 999        |          |
| 93979   | N                            | VASCULAR STUDY               |                  | 05522         | 1.1926 | Bundled, sometimes payable             | \$72.41                            |                                           | -                       | -        | 000        | 999        |          |
| 93980   | S                            | PENILE VASCULAR STUDY        |                  | 05522         | 1.1926 | APC                                    | \$72.41                            |                                           | -                       | -        | 000        | 999        |          |
| 93981   | S                            | PENILE VASCULAR STUDY        |                  | 05522         | 1.1926 | APC                                    | \$72.41                            |                                           | -                       | -        | 000        | 999        |          |
| 93985   | S                            | DUP-SCAN HEMO COMPL BI STD   |                  | 05523         | 2.7108 | APC                                    | \$157.43                           |                                           | -                       | -        | 000        | 999        |          |
| 93986   | S                            | DUP-SCAN HEMO COMPL UNI STD  |                  | 05522         | 1.1926 | APC                                    | \$74.54                            |                                           | -                       | -        | 000        | 999        |          |
| 93990   | N                            | DOPPLER FLOW TESTING         |                  | 05522         | 1.1926 | Bundled, sometimes payable             | \$72.41                            |                                           | -                       | -        | 000        | 999        |          |
| 93998   | N                            | UNLISTD NONINVAS VASC DX STD |                  | 05731         | 0.2747 | Bundled, sometimes payable             | \$16.68                            |                                           | -                       | -        | 000        | 999        |          |
| 94002   | N                            | VENT MGMT INPAT INIT DAY     |                  | 05801         | 7.4140 | Bundled, sometimes payable             | \$450.18                           |                                           | -                       | -        | 000        | 999        |          |
| 94003   | N                            | VENT MGMT INPAT SUBQ DAY     |                  | 05801         | 7.4140 | Bundled, sometimes payable             | \$450.18                           |                                           | -                       | -        | 000        | 999        |          |
| 94004   | E                            | VENT MGMT NF PER DAY         |                  | -             | -      | Not Allowed                            | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 94005   | E                            | HOME VENT MGMT SUPERVISION   |                  | -             | -      | Not Allowed                            | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 94010   | N                            | BREATHING CAPACITY TEST      |                  | 05721         | 1.7546 | Bundled, sometimes payable             | \$106.54                           |                                           | -                       | -        | 000        | 999        |          |
| 94011   | N                            | SPIROMETRY UP TO 2 YRS OLD   |                  | 05721         | 1.7546 | Bundled, sometimes payable             | \$106.54                           |                                           | -                       | -        | 000        | 2          |          |
| 94012   | N                            | SPIRMTRY W/BRNCHDIL INF-2 YR |                  | 05722         | 3.4922 | Bundled, sometimes payable             | \$212.05                           |                                           | -                       | -        | 000        | 2          |          |
| 94013   | S                            | MEAS LUNG VOL THRU 2 YRS     |                  | 05723         | 5.9505 | APC                                    | \$361.31                           |                                           | -                       | -        | 000        | 2          |          |
| 94014   | N                            | PATIENT RECORDED SPIROMETRY  |                  | 05735         | 4.4751 | Bundled, sometimes payable             | \$271.73                           |                                           | -                       | Y        | 000        | 999        |          |
| 94015   | N                            | PATIENT RECORDED SPIROMETRY  |                  | 05722         | 3.4922 | Bundled, sometimes payable             | \$212.05                           |                                           | -                       | Y        | 000        | 999        |          |
| 94016   | M                            | REVIEW PATIENT SPIROMETRY    |                  | -             | -      | Fee Schedule                           | \$31.65                            |                                           | -                       | Y        | 000        | 999        |          |
| 94060   | S                            | EVALUATION OF WHEEZING       |                  | 05722         | 3.4922 | APC                                    | \$212.05                           |                                           | -                       | -        | 000        | 999        |          |
| 94070   | S                            | EVALUATION OF WHEEZING       |                  | 05722         | 3.4922 | APC                                    | \$212.05                           |                                           | -                       | -        | 000        | 999        |          |
| 94150   | N                            | VITAL CAPACITY TEST          |                  | 05721         | 1.7546 | Bundled, sometimes payable             | \$106.54                           |                                           | -                       | -        | 000        | 999        |          |
| 94200   | N                            | LUNG FUNCTION TEST (MBC/MVV) |                  | 05733         | 0.6661 | Bundled, sometimes payable             | \$40.45                            |                                           | -                       | -        | 000        | 999        |          |
| 94375   | N                            | RESPIRATORY FLOW VOLUME LOOP |                  | 05722         | 3.4922 | Bundled, sometimes payable             | \$212.05                           |                                           | -                       | -        | 000        | 999        |          |

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| Proc<br>Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC<br>Weight | Method  | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|------------------------------|------------------------------|------------------|---------------|---------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|            |                              |                              |                  |               |         |                                        |                                    |                                           |                         |          |            |            |          |
| 94450      | N                            | HYPOXIA RESPONSE CURVE       |                  | 05721         | 1.7546  | Bundled, sometimes payable             | \$106.54                           |                                           | -                       | -        | 000        | 999        |          |
| 94452      | N                            | HAST W/REPORT                |                  | 05734         | 1.4456  | Bundled, sometimes payable             | \$87.78                            |                                           | -                       | Y        | 000        | 999        |          |
| 94453      | N                            | HAST W/OXYGEN TITRATE        |                  | 05734         | 1.4456  | Bundled, sometimes payable             | \$87.78                            |                                           | -                       | Y        | 000        | 999        |          |
| 94610      | N                            | SURFACTANT ADMIN THRU TUBE   |                  | 05791         | 2.2810  | Bundled, sometimes payable             | \$138.50                           |                                           | -                       | -        | 000        | 0          |          |
| 94617      | N                            | EXERCISE TST BRNCSPSM W/ECG  |                  | 05734         | 1.4456  | Bundled, sometimes payable             | \$87.78                            |                                           | -                       | -        | 000        | 999        |          |
| 94618      | N                            | PULMONARY STRESS TESTING     |                  | 05734         | 1.4456  | Bundled, sometimes payable             | \$87.78                            |                                           | -                       | -        | 000        | 999        |          |
| 94619      | N                            | EXERCISE TST BRNCSPSM WO ECG |                  | 05733         | 0.6661  | Bundled, sometimes payable             | \$40.45                            |                                           | -                       | -        | 000        | 999        |          |
| 94621      | S                            | CARDIOPULM EXERCISE TESTING  |                  | 05722         | 3.4922  | APC                                    | \$212.05                           |                                           | -                       | Y        | 000        | 999        |          |
| 94625      | S                            | PHY/QHP OP PULM RHB W/O MNTR |                  | 05733         | 0.6661  | APC                                    | \$40.45                            |                                           | -                       | -        | 000        | 999        |          |
| 94626      | S                            | PHY/QHP OP PULM RHB W/MNTR   |                  | 05733         | 0.6661  | APC                                    | \$40.45                            |                                           | -                       | -        | 000        | 999        |          |
| 94640      | N                            | AIRWAY INHALATION TREATMENT  |                  | 05791         | 2.2810  | Bundled, sometimes payable             | \$138.50                           |                                           | -                       | -        | 000        | 999        |          |
| 94642      | N                            | AEROSOL INHALATION TREATMENT |                  | 05791         | 2.2810  | Bundled, sometimes payable             | \$138.50                           |                                           | -                       | -        | 000        | 999        |          |
| 94644      | N                            | CBT 1ST HOUR                 |                  | 05734         | 1.4456  | Bundled, sometimes payable             | \$87.78                            |                                           | -                       | -        | 000        | 999        |          |
| 94645      | N                            | CBT EACH ADDL HOUR           |                  | -             | -       | Bundled                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 94660      | N                            | POS AIRWAY PRESSURE CPAP     |                  | 05791         | 2.2810  | Bundled, sometimes payable             | \$138.50                           |                                           | -                       | -        | 000        | 999        |          |
| 94662      | N                            | NEG PRESS VENTILATION CNP    |                  | 05801         | 7.4140  | Bundled, sometimes payable             | \$450.18                           |                                           | -                       | -        | 000        | 999        |          |
| 94664      | N                            | EVALUATE PT USE OF INHALER   |                  | 05791         | 2.2810  | Bundled, sometimes payable             | \$138.50                           |                                           | -                       | -        | 000        | 999        |          |
| 94667      | N                            | CHEST WALL MANIPULATION      |                  | 05734         | 1.4456  | Bundled, sometimes payable             | \$87.78                            |                                           | -                       | -        | 000        | 999        |          |
| 94668      | N                            | CHEST WALL MANIPULATION      |                  | 05734         | 1.4456  | Bundled, sometimes payable             | \$87.78                            |                                           | -                       | -        | 000        | 999        |          |
| 94669      | N                            | MECHANICAL CHEST WALL OSCILL |                  | 05791         | 2.2810  | Bundled, sometimes payable             | \$138.50                           |                                           | -                       | -        | 000        | 999        |          |
| 94680      | N                            | EXHALED AIR ANALYSIS O2      |                  | 05721         | 1.7546  | Bundled, sometimes payable             | \$106.54                           |                                           | -                       | -        | 000        | 999        |          |
| 94681      | N                            | O2 UPTK EXP GAS ALYS W/CO2   |                  | 05722         | 3.4922  | Bundled, sometimes payable             | \$212.05                           |                                           | -                       | -        | 000        | 999        |          |
| 94690      | N                            | O2 UPTK EXP GAS ALYS REST    |                  | 05733         | 0.6661  | Bundled, sometimes payable             | \$40.45                            |                                           | -                       | -        | 000        | 999        |          |
| 94726      | N                            | PULM FUNCT TST PLETHYSMOGRAP |                  | 05722         | 3.4922  | Bundled, sometimes payable             | \$212.05                           |                                           | -                       | -        | 000        | 999        |          |
| 94727      | N                            | PULM FUNCTION TEST BY GAS    |                  | 05721         | 1.7546  | Bundled, sometimes payable             | \$106.54                           |                                           | -                       | -        | 000        | 999        |          |
| 94728      | N                            | AIRWY RESIST BY OSCILLOMETRY |                  | 05721         | 1.7546  | Bundled, sometimes payable             | \$106.54                           |                                           | -                       | -        | 000        | 999        |          |
| 94729      | N                            | CO/MEMBANE DIFFUSE CAPACITY  |                  | -             | -       | Bundled                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 94760      | N                            | MEASURE BLOOD OXYGEN LEVEL   |                  | -             | -       | Bundled                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 94761      | N                            | MEASURE BLOOD OXYGEN LEVEL   |                  | -             | -       | Bundled                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 94762      | N                            | MEASURE BLOOD OXYGEN LEVEL   |                  | 05721         | 1.7546  | Bundled, sometimes payable             | \$106.54                           |                                           | -                       | -        | 000        | 999        |          |
| 94772      | S                            | BREATH RECORDING INFANT      |                  | 05723         | 5.9505  | APC                                    | \$361.31                           |                                           | -                       | -        | 000        | 1          |          |
| 94774      | E                            | PED HOME APNEA REC COMPL     |                  | -             | -       | Not Allowed                            | \$0.00                             |                                           | -                       | -        | 000        | 19         |          |
| 94775      | S                            | PED HOME APNEA REC HK-UP     |                  | 05721         | 1.7546  | APC                                    | \$106.54                           |                                           | -                       | -        | 000        | 19         |          |
| 94776      | S                            | PED HOME APNEA REC DOWNLD    |                  | 05721         | 1.7546  | APC                                    | \$106.54                           |                                           | -                       | -        | 000        | 19         |          |
| 94777      | E                            | PED HOME APNEA REC REPORT    |                  | -             | -       | Not Allowed                            | \$0.00                             |                                           | -                       | -        | 000        | 19         |          |
| 94780      | N                            | CARS/BD TST INFT-12MO 60 MIN |                  | 05732         | 0.4402  | Bundled, sometimes payable             | \$26.73                            |                                           | -                       | -        | 000        | 999        |          |
| 94781      | N                            | CARS/BD TST INFT-12MO +30MIN |                  | -             | -       | Bundled                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| 94799      | N                            | UNLISTED PULMONARY SVC/PX    |                  | 05721         | 1.7546  | Bundled, sometimes payable             | \$106.54                           |                                           | -                       | -        | 000        | 999        |          |
| 95004      | N                            | PERQ TESTS W/ALRGNC XTRCS    |                  | 05724         | 11.4097 | Bundled, sometimes payable             | \$692.80                           |                                           | -                       | -        | 000        | 999        |          |
| 95012      | N                            | NITRIC OXIDE EXP GAS DETER   |                  | 05732         | 0.4402  | Bundled, sometimes payable             | \$26.73                            |                                           | -                       | -        | 000        | 999        |          |
| 95017      | N                            | ALL TSTG PERQ&IQ W/VENOMS    |                  | 05731         | 0.2747  | Bundled, sometimes payable             | \$16.68                            |                                           | -                       | Y        | 000        | 999        |          |
| 95018      | N                            | ALL TSTG PERQ&IQ DRUGS/BIOL  |                  | 05732         | 0.4402  | Bundled, sometimes payable             | \$26.73                            |                                           | -                       | Y        | 000        | 999        |          |
| 95024      | N                            | IQ TESTS W/ALLERGENIC XTRCS  |                  | 05733         | 0.6661  | Bundled, sometimes payable             | \$40.45                            |                                           | -                       | -        | 000        | 999        |          |
| 95027      | N                            | IQ TSTS SEQL&INCRL AIRBORNE  |                  | 05731         | 0.2747  | Bundled, sometimes payable             | \$16.68                            |                                           | -                       | -        | 000        | 999        |          |
| 95028      | N                            | IQ TSTS ALLERGY DELAYED RXN  |                  | 05732         | 0.4402  | Bundled, sometimes payable             | \$26.73                            |                                           | -                       | -        | 000        | 999        |          |
| 95044      | N                            | PATCH/APPLICATION TESTS      |                  | 05724         | 11.4097 | Bundled, sometimes payable             | \$692.80                           |                                           | -                       | -        | 000        | 999        |          |
| 95052      | N                            | PHOTO PATCH TESTS            |                  | 05733         | 0.6661  | Bundled, sometimes payable             | \$40.45                            |                                           | -                       | -        | 000        | 999        |          |
| 95056      | N                            | PHOTO TESTS                  |                  | 05734         | 1.4456  | Bundled, sometimes payable             | \$87.78                            |                                           | -                       | -        | 000        | 999        |          |
| 95060      | N                            | OPH MUCOUS MEMBRANE TESTS    |                  | 05734         | 1.4456  | Bundled, sometimes payable             | \$87.78                            |                                           | -                       | -        | 000        | 999        |          |
| 95065      | N                            | DIR NSL MUCOUS MEMBRANE TEST |                  | 05732         | 0.4402  | Bundled, sometimes payable             | \$26.73                            |                                           | -                       | -        | 000        | 999        |          |
| 95070      | S                            | INHLJ BRNCL CHALLENGE TSTG   |                  | 05723         | 5.9505  | APC                                    | \$361.31                           |                                           | -                       | -        | 000        | 999        |          |
| 95076      | S                            | INGEST CHALLENGE INI 120 MIN |                  | 05723         | 5.9505  | APC                                    | \$361.31                           |                                           | -                       | Y        | 000        | 999        |          |
| 95079      | N                            | INGEST CHALLENGE ADDL 60 MIN |                  | -             | -       | Bundled                                | \$0.00                             |                                           | -                       | Y        | 000        | 999        |          |
| 95115      | N                            | IMMUNOTHERAPY ONE INJECTION  |                  | 05691         | 0.5174  | Bundled, sometimes payable             | \$31.42                            |                                           | -                       | -        | 000        | 999        |          |
| 95117      | N                            | IMMUNOTHERAPY INJECTIONS     |                  | 05691         | 0.5174  | Bundled, sometimes payable             | \$31.42                            |                                           | -                       | -        | 000        | 999        |          |
| 95120      | E                            | IMMUNOTHERAPY ONE INJECTION  |                  | -             | -       | Not Allowed                            | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |

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| Proc Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC   | APC<br>Weight | Method                     | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|---------|------------------------------|------------------------------|------------------|-------|---------------|----------------------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|         |                              |                              |                  |       |               |                            |                                        |                                    |                                           |                         |          |            |            |          |
| 95125   | E                            | IMMUNOTHERAPY 2/> INJECTIONS |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 95130   | E                            | IMMNTX 1 STING INSECT        |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 95131   | E                            | IMMNTX 2 STING INSECTS       |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 95132   | E                            | IMMNTX 3 STING INSECTS       |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 95133   | E                            | IMMNTX 4 STING INSECTS       |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 95134   | E                            | IMMNTX 5 STING INSECTS       |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 95144   | N                            | ANTIGEN THERAPY SERVICES     |                  | 05691 | 0.5174        | Bundled, sometimes payable | \$31.42                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 95145   | N                            | ANTIGEN THERAPY SERVICES     |                  | 05691 | 0.5174        | Bundled, sometimes payable | \$31.42                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 95146   | N                            | ANTIGEN THERAPY SERVICES     |                  | 05691 | 0.5174        | Bundled, sometimes payable | \$31.42                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 95147   | N                            | ANTIGEN THERAPY SERVICES     |                  | 05692 | 0.7982        | Bundled, sometimes payable | \$48.47                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 95148   | N                            | ANTIGEN THERAPY SERVICES     |                  | 05692 | 0.7982        | Bundled, sometimes payable | \$48.47                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 95149   | N                            | ANTIGEN THERAPY SERVICES     |                  | 05692 | 0.7982        | Bundled, sometimes payable | \$48.47                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 95165   | N                            | ANTIGEN THERAPY SERVICES     |                  | 05691 | 0.5174        | Bundled, sometimes payable | \$31.42                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 95170   | N                            | ANTIGEN THERAPY SERVICES     |                  | 05691 | 0.5174        | Bundled, sometimes payable | \$31.42                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 95180   | N                            | RAPID DESENSITIZATION        |                  | 05735 | 4.4751        | Bundled, sometimes payable | \$271.73                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 95199   | N                            | UNLISTED ALL/IMMLG SVC/PX    |                  | 05731 | 0.2747        | Bundled, sometimes payable | \$16.68                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 95249   | S                            | CONT GLUC MNTR PT PROV EQP   |                  | 05733 | 0.6661        | APC                        | \$40.45                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 95250   | V                            | CONT GLUC MNTR PHYS/QHP EQP  |                  | 05012 | 0.0000        | APC                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 95251   | E                            | CONT GLUC MNTR ANALYSIS I&R  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 95700   | S                            | EEG CONT REC W/VID EEG TECH  |                  | 05721 | 1.7546        | APC                        | \$180.90                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 95705   | S                            | EEG W/O VID 2-12 HR UNMNTR   |                  | 05722 | 3.4922        | APC                        | \$180.90                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 95706   | S                            | EEG WO VID 2-12HR INTMT MNTR |                  | 05722 | 3.4922        | APC                        | \$180.90                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 95707   | S                            | EEG W/O VID 2-12HR CONT MNTR |                  | 05722 | 3.4922        | APC                        | \$180.90                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 95708   | S                            | EEG WO VID EA 12-26HR UNMNTR |                  | 05723 | 5.9505        | APC                        | \$333.68                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 95709   | S                            | EEG W/O VID EA 12-26HR INTMT |                  | 05723 | 5.9505        | APC                        | \$333.68                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 95710   | S                            | EEG W/O VID EA 12-26HR CONT  |                  | 05723 | 5.9505        | APC                        | \$333.68                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 95711   | S                            | VEEG 2-12 HR UNMONITORED     |                  | 05722 | 3.4922        | APC                        | \$180.90                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 95712   | S                            | VEEG 2-12 HR INTMT MNTR      |                  | 05722 | 3.4922        | APC                        | \$180.90                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 95713   | S                            | VEEG 2-12 HR CONT MNTR       |                  | 05723 | 5.9505        | APC                        | \$333.68                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 95714   | S                            | VEEG EA 12-26 HR UNMNTR      |                  | 05723 | 5.9505        | APC                        | \$333.68                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 95715   | S                            | VEEG EA 12-26HR INTMT MNTR   |                  | 05723 | 5.9505        | APC                        | \$333.68                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 95716   | S                            | VEEG EA 12-26HR CONT MNTR    |                  | 05724 | 11.4097       | APC                        | \$629.23                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 95717   | E                            | EEG PHYS/QHP 2-12 HR W/O VID |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 95718   | E                            | EEG PHYS/QHP 2-12 HR W/VEEG  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 95719   | E                            | EEG PHYS/QHP EA INCR W/O VID |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 95720   | E                            | EEG PHY/QHP EA INCR W/VEEG   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 95721   | E                            | EEG PHY/QHP>36<60 HR W/O VID |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 95722   | E                            | EEG PHY/QHP>36<60 HR W/VEEG  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 95723   | E                            | EEG PHY/QHP>60<84 HR W/O VID |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 95724   | E                            | EEG PHY/QHP>60<84 HR W/VEEG  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 95725   | E                            | EEG PHY/QHP>84 HR W/O VID    |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 95726   | E                            | EEG PHY/QHP>84 HR W/VEEG     |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 95782   | S                            | POLYSOM <6 YRS 4/> PARAMTRS  |                  | 05724 | 11.4097       | APC                        | \$692.80                               |                                    |                                           | -                       | Y        | 000        | 6          |          |
| 95783   | S                            | POLYSOM <6 YRS CPAP/BILVL    |                  | 05724 | 11.4097       | APC                        | \$692.80                               |                                    |                                           | -                       | Y        | 000        | 6          |          |
| 95800   | S                            | SLP STDY UNATTENDED          |                  | 05721 | 1.7546        | APC                        | \$106.54                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 95801   | N                            | SLP STDY UNATND W/ANAL       |                  | 05733 | 0.6661        | Bundled, sometimes payable | \$40.45                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 95803   | N                            | ACTIGRAPHY TESTING           |                  | 05733 | 0.6661        | Bundled, sometimes payable | \$40.45                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 95805   | S                            | MULTIPLE SLEEP LATENCY TEST  |                  | 05723 | 5.9505        | APC                        | \$361.31                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 95806   | S                            | SLEEP STUDY UNATT&RESP EFFT  |                  | 05721 | 1.7546        | APC                        | \$106.54                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 95807   | S                            | SLEEP STUDY ATTENDED         |                  | 05723 | 5.9505        | APC                        | \$361.31                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 95808   | S                            | POLYSOM ANY AGE 1-3> PARAM   |                  | 05724 | 11.4097       | APC                        | \$692.80                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 95810   | S                            | POLYSOM 6/> YRS 4/> PARAM    |                  | 05724 | 11.4097       | APC                        | \$692.80                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 95811   | S                            | POLYSOM 6/>YRS CPAP 4/> PARM |                  | 05724 | 11.4097       | APC                        | \$692.80                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 95812   | S                            | EEG 41-60 MINUTES            |                  | 05722 | 3.4922        | APC                        | \$212.05                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 95813   | S                            | EEG EXTND MNTR 61-119 MIN    |                  | 05722 | 3.4922        | APC                        | \$212.05                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 95816   | S                            | EEG AWAKE AND DROWSY         |                  | 05722 | 3.4922        | APC                        | \$212.05                               |                                    |                                           | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc<br>Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC   |         | Method                     | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|------------------------------|------------------------------|------------------|-------|---------|----------------------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            |                              |                              |                  | APC   | Weight  |                            |                                        |                                    |                                           |  |                         |          |            |            |          |
| 95819      | S                            | EEG AWAKE AND ASLEEP         |                  | 05722 | 3.4922  | APC                        | \$212.05                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 95822      | S                            | EEG COMA OR SLEEP ONLY       |                  | 05722 | 3.4922  | APC                        | \$212.05                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 95824      | S                            | EEG CEREBRAL DEATH ONLY      |                  | 05723 | 5.9505  | APC                        | \$361.31                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 95829      | N                            | SURGERY ELECTROCORTICOGRAM   |                  | -     | -       | Bundled                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 95830      | M                            | INSERT ELECTRODES FOR EEG    |                  | -     | -       | Fee Schedule               | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 95836      | N                            | ECOG IMPLTD BRN NPGT <30 D   |                  | 05741 | 0.4182  | Bundled, sometimes payable | \$25.39                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 95851      | M                            | RANGE OF MOTION MEASUREMENTS |                  | -     | -       | Fee Schedule               | \$10.11                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 95852      | M                            | RANGE OF MOTION MEASUREMENTS |                  | -     | -       | Fee Schedule               | \$7.03                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 95857      | S                            | CHOLINESTERASE CHALLENGE     |                  | 05722 | 3.4922  | APC                        | \$212.05                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 95860      | M                            | NEEDLE EMG 1 EXTREMITY       | 26               | -     | -       | Fee Schedule               | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 95860      | N                            | NEEDLE EMG 1 EXTREMITY       |                  | 05734 | 1.4456  | Bundled, sometimes payable | \$87.78                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 95861      | M                            | NEEDLE EMG 2 EXTREMITIES     | 26               | -     | -       | Fee Schedule               | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 95861      | N                            | NEEDLE EMG 2 EXTREMITIES     |                  | 05734 | 1.4456  | Bundled, sometimes payable | \$87.78                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 95863      | M                            | NEEDLE EMG 3 EXTREMITIES     | 26               | -     | -       | Fee Schedule               | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 95863      | S                            | NEEDLE EMG 3 EXTREMITIES     |                  | 05721 | 1.7546  | APC                        | \$106.54                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 95864      | M                            | NEEDLE EMG 4 EXTREMITIES     | 26               | -     | -       | Fee Schedule               | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 95864      | S                            | NEEDLE EMG 4 EXTREMITIES     |                  | 05721 | 1.7546  | APC                        | \$106.54                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 95865      | N                            | NEEDLE EMG LARYNX            |                  | 05734 | 1.4456  | Bundled, sometimes payable | \$87.78                                |                                    |                                           |  | -                       | Y        | 000        | 999        |          |
| 95866      | N                            | NEEDLE EMG HEMIDIAPHRAGM     |                  | 05721 | 1.7546  | Bundled, sometimes payable | \$106.54                               |                                    |                                           |  | -                       | Y        | 000        | 999        |          |
| 95867      | S                            | NDL EMG CRANIAL NRV MUSC UNI |                  | 05722 | 3.4922  | APC                        | \$212.05                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 95868      | S                            | NDL EMG CRANIAL NRV MUSC BI  |                  | 05722 | 3.4922  | APC                        | \$212.05                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 95869      | N                            | NDL EMG THRC PARASPINAL MUSC |                  | 05722 | 3.4922  | Bundled, sometimes payable | \$212.05                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 95870      | N                            | NDL EMG LMTD STD MUSC 1 XTR  |                  | 05734 | 1.4456  | Bundled, sometimes payable | \$87.78                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 95872      | S                            | NDL EMG SINGLE FIBER ELTRD   |                  | 05721 | 1.7546  | APC                        | \$106.54                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 95873      | N                            | GUIDE NERV DESTR ELEC STIM   |                  | -     | -       | Bundled                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 95874      | N                            | GUIDE NERV DESTR NEEDLE EMG  |                  | -     | -       | Bundled                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 95875      | S                            | LIMB EXERCISE TEST           |                  | 05721 | 1.7546  | APC                        | \$106.54                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 95885      | N                            | MUSC TST DONE W/NERV TST LIM |                  | -     | -       | Bundled                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 95886      | N                            | MUSC TEST DONE W/N TEST COMP |                  | -     | -       | Bundled                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 95887      | N                            | MUSC TST DONE W/N TST NONEXT |                  | -     | -       | Bundled                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 95905      | N                            | MOTOR &/ SENS NRVE CNDJ TEST |                  | 05735 | 4.4751  | Bundled, sometimes payable | \$271.73                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 95907      | S                            | NVR CNDJ TST 1-2 STUDIES     |                  | 05721 | 1.7546  | APC                        | \$106.54                               |                                    |                                           |  | -                       | Y        | 000        | 999        |          |
| 95908      | S                            | NRV CNDJ TST 3-4 STUDIES     |                  | 05722 | 3.4922  | APC                        | \$212.05                               |                                    |                                           |  | -                       | Y        | 000        | 999        |          |
| 95909      | S                            | NRV CNDJ TST 5-6 STUDIES     |                  | 05722 | 3.4922  | APC                        | \$212.05                               |                                    |                                           |  | -                       | Y        | 000        | 999        |          |
| 95910      | S                            | NRV CNDJ TEST 7-8 STUDIES    |                  | 05722 | 3.4922  | APC                        | \$212.05                               |                                    |                                           |  | -                       | Y        | 000        | 999        |          |
| 95911      | S                            | NRV CNDJ TEST 9-10 STUDIES   |                  | 05723 | 5.9505  | APC                        | \$361.31                               |                                    |                                           |  | -                       | Y        | 000        | 999        |          |
| 95912      | S                            | NRV CNDJ TEST 11-12 STUDIES  |                  | 05723 | 5.9505  | APC                        | \$361.31                               |                                    |                                           |  | -                       | Y        | 000        | 999        |          |
| 95913      | S                            | NRV CNDJ TEST 13/> STUDIES   |                  | 05723 | 5.9505  | APC                        | \$361.31                               |                                    |                                           |  | -                       | Y        | 000        | 999        |          |
| 95919      | N                            | QUAN PUPLMTRY PHY/QHP UNI/BI |                  | 05734 | 1.4456  | Bundled, sometimes payable | \$87.78                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 95921      | S                            | AUTONOMIC NRV PARASYM INERVJ |                  | 05721 | 1.7546  | APC                        | \$106.54                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 95922      | N                            | AUTONOMIC NRV ADRENRG INERVJ |                  | 05734 | 1.4456  | Bundled, sometimes payable | \$87.78                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 95923      | N                            | AUTONOMIC NRV SYST FUNJ TEST |                  | 05734 | 1.4456  | Bundled, sometimes payable | \$87.78                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 95924      | S                            | ANS PARASYMP & SYMP W/TILT   |                  | 05722 | 3.4922  | APC                        | \$212.05                               |                                    |                                           |  | -                       | Y        | 000        | 999        |          |
| 95925      | S                            | SOMATOSENSORY TESTING        |                  | 05722 | 3.4922  | APC                        | \$212.05                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 95926      | S                            | SOMATOSENSORY TESTING        |                  | 05722 | 3.4922  | APC                        | \$212.05                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 95927      | S                            | SOMATOSENSORY TESTING        |                  | 05722 | 3.4922  | APC                        | \$212.05                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 95928      | S                            | C MOTOR EVOKED UPPR LIMBS    |                  | 05724 | 11.4097 | APC                        | \$692.80                               |                                    |                                           |  | -                       | Y        | 000        | 999        |          |
| 95929      | S                            | C MOTOR EVOKED LWR LIMBS     |                  | 05723 | 5.9505  | APC                        | \$361.31                               |                                    |                                           |  | -                       | Y        | 000        | 999        |          |
| 95930      | S                            | VISUAL EP TEST CNS W/I&R     |                  | 05722 | 3.4922  | APC                        | \$212.05                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 95933      | N                            | BLINK REFLEX TEST            |                  | 05733 | 0.6661  | Bundled, sometimes payable | \$40.45                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 95937      | S                            | NEUROMUSCULAR JUNCTION TEST  |                  | 05721 | 1.7546  | APC                        | \$106.54                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 95938      | S                            | SOMATOSENSORY TESTING        |                  | 05723 | 5.9505  | APC                        | \$361.31                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 95939      | S                            | C MOTOR EVOKED UPR&LWR LIMBS |                  | 05724 | 11.4097 | APC                        | \$692.80                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 95940      | N                            | IONM IN OPERATNG ROOM 15 MIN |                  | -     | -       | Bundled                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 95941      | N                            | IONM REMOTE/>1 PT OR PER HR  |                  | -     | -       | Bundled                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| 95954      | S                            | EEG MONITORING/GIVING DRUGS  |                  | 05723 | 5.9505  | APC                        | \$361.31                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |



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| Proc Cd | 2024 APC<br>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 |
|---------|------------------------|-------------------------------|---------------|-------|------------|----------------------------|----------------------------------|------------------------------|----------------------------------|----------------------|----------|---------|---------|----------|
|         |                        |                               |               |       |            |                            |                                  |                              |                                  |                      |          |         |         |          |
| 95955   | N                      | EEG DURING SURGERY            |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 95957   | N                      | EEG DIGITAL ANALYSIS          |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 95958   | S                      | EEG MONITORING/FUNCTION TEST  |               | 05724 | 11.4097    | APC                        | \$692.80                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 95961   | S                      | ELECTRODE STIMULATION BRAIN   |               | 05724 | 11.4097    | APC                        | \$692.80                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 95962   | N                      | ELECTRODE STIM BRAIN ADD-ON   |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 95965   | S                      | MEG SPONTANEOUS               |               | 05724 | 11.4097    | APC                        | \$692.80                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 95966   | S                      | MEG EVOKED SINGLE             |               | 05724 | 11.4097    | APC                        | \$692.80                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 95967   | N                      | MEG EVOKED EACH ADDL          |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 95970   | N                      | ALYS NPGT W/O PRGRMG          |               | 05734 | 1.4456     | Bundled, sometimes payable | \$87.78                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 95971   | S                      | ALYS SMPL SP/PN NPGT W/PRGRM  |               | 05742 | 1.0294     | APC                        | \$62.51                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 95972   | S                      | ALYS CPLX SP/PN NPGT W/PRGRM  |               | 05742 | 1.0294     | APC                        | \$62.51                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 95976   | S                      | ALYS SMPL CN NPGT PRGRMG      |               | 05741 | 0.4182     | APC                        | \$25.39                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 95977   | S                      | ALYS CPLX CN NPGT PRGRMG      |               | 05742 | 1.0294     | APC                        | \$62.51                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 95980   | N                      | IO ANAL GAST N-STIM INIT      |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 95981   | N                      | IO ANAL GAST N-STIM SUBSQ     |               | 05733 | 0.6661     | Bundled, sometimes payable | \$40.45                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 95982   | N                      | IO GA N-STIM SUBSQ W/REPROG   |               | 05741 | 0.4182     | Bundled, sometimes payable | \$25.39                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 95983   | S                      | ALYS BRN NPGT PRGRMG 15 MIN   |               | 05742 | 1.0294     | APC                        | \$62.51                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 95984   | N                      | ALYS BRN NPGT PRGRMG ADDL 15  |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 95990   | S                      | SPIN/BRAIN PUMP REFIL & MAIN  |               | 05694 | 3.7198     | APC                        | \$225.87                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 95991   | T                      | SPIN/BRAIN PUMP REFIL & MAIN  |               | 05441 | 3.3105     | APC                        | \$201.01                         |                              |                                  | -                    | Y        | 000     | 999     |          |
| 95992   | M                      | CANALITH REPOSITIONING PROC   |               | -     | -          | Fee Schedule               | \$28.85                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 95999   | N                      | UNLISTED NEUROLOGICAL DX PX   |               | 05721 | 1.7546     | Bundled, sometimes payable | \$106.54                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 96000   | S                      | MOTION ANALYSIS VIDEO/3D      |               | 05723 | 5.9505     | APC                        | \$361.31                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 96001   | S                      | MOTION TEST W/FT PRESS MEAS   |               | 05724 | 11.4097    | APC                        | \$692.80                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 96002   | S                      | DYNAMIC SURFACE EMG           |               | 05722 | 3.4922     | APC                        | \$212.05                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 96004   | M                      | PHYS REVIEW OF MOTION TESTS   |               | -     | -          | Fee Schedule               | \$0.00                           |                              |                                  | -                    | Y        | 000     | 999     |          |
| 96020   | E                      | FUNCTIONAL BRAIN MAPPING      |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 96041   | E                      | GENETIC COUNSELING SVC EA 30  |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 96105   | Y                      | ASSESSMENT OF APHASIA         |               | -     | -          | Fee Schedule               | \$78.40                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 96110   | E                      | DEVELOPMENTAL SCREEN W/SCORE  |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 96112   | N                      | DEVEL TST PHYS/QHP 1ST HR     |               | 05721 | 1.7546     | Bundled, sometimes payable | \$106.54                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 96113   | N                      | DEVEL TST PHYS/QHP EA ADDL    |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 96116   | N                      | NUBHV L XM PHYS/QHP 1ST HR    |               | 05722 | 3.4922     | Bundled, sometimes payable | \$212.05                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 96121   | N                      | NUBHV L XM PHY/QHP EA ADDL HR |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 96125   | M                      | COGNITIVE TEST BY HC PRO      |               | -     | -          | Fee Schedule               | \$83.60                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 96127   | N                      | BRIEF EMOTIONAL/BEHAV ASSMT   |               | 05732 | 0.4402     | Bundled, sometimes payable | \$26.73                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 96130   | N                      | PSYCL TST EVAL PHYS/QHP 1ST   |               | 05722 | 3.4922     | Bundled, sometimes payable | \$212.05                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 96131   | N                      | PSYCL TST EVAL PHYS/QHP EA    |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 96132   | N                      | NRPSYC TST EVAL PHYS/QHP 1ST  |               | 05723 | 5.9505     | Bundled, sometimes payable | \$361.31                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 96133   | N                      | NRPSYC TST EVAL PHYS/QHP EA   |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 96136   | N                      | PSYCL/NRPSYC TST PHY/QHP 1ST  |               | 05734 | 1.4456     | Bundled, sometimes payable | \$87.78                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 96137   | N                      | PSYCL/NRPSYC TST PHY/QHP EA   |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 96138   | N                      | PSYCL/NRPSYC TECH 1ST         |               | 05735 | 4.4751     | Bundled, sometimes payable | \$271.73                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 96139   | N                      | PSYCL/NRPSYC TST TECH EA      |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 96146   | N                      | PSYCL/NRPSYC TST AUTO RESULT  |               | 05731 | 0.2747     | Bundled, sometimes payable | \$16.68                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 96156   | N                      | HLTH BHV ASSMT/REASSESSMENT   |               | 05822 | 1.0374     | Bundled, sometimes payable | \$62.99                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 96158   | N                      | HLTH BHV IVNTJ INDIV 1ST 30   |               | 05823 | 1.8019     | Bundled, sometimes payable | \$109.41                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 96159   | N                      | HLTH BHV IVNTJ INDIV EA ADDL  |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 96160   | S                      | PT-FOCUSED HLTH RISK ASSMT    |               | 05821 | 0.3341     | APC                        | \$20.29                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 96161   | S                      | CAREGIVER HEALTH RISK ASSMT   |               | 05821 | 0.3341     | APC                        | \$20.29                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 96164   | N                      | HLTH BHV IVNTJ GRP 1ST 30     |               | 05821 | 0.3341     | Bundled, sometimes payable | \$20.29                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 96165   | N                      | HLTH BHV IVNTJ GRP EA ADDL    |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 96167   | N                      | HLTH BHV IVNTJ FAM 1ST 30     |               | 05821 | 0.3341     | Bundled, sometimes payable | \$20.29                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 96168   | N                      | HLTH BHV IVNTJ FAM EA ADDL    |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 96170   | E                      | HLTH BHV IVNTJ FAM WO PT 1ST  |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 96171   | E                      | HLTH BHV IVNTJ FAM W/O PT EA  |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC   | APC<br>Weight | Method                     | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|---------|------------------------------|------------------------------|------------------|-------|---------------|----------------------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|         |                              |                              |                  |       |               |                            |                                        |                                    |                                           |                         |          |            |            |          |
| 96202   | M                            | MLT FAM GRP BHV TRAIN 1ST 60 |                  | -     | -             | Fee Schedule               | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 96203   | N                            | MLT FAM GRP BHV TRAIN EA ADD |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 96360   | S                            | HYDRATION IV INFUSION INIT   |                  | 05693 | 2.3628        | APC                        | \$143.47                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 96361   | S                            | HYDRATE IV INFUSION ADD-ON   |                  | 05691 | 0.5174        | APC                        | \$31.42                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 96365   | S                            | THER/PROPH/DIAG IV INF INIT  |                  | 05693 | 2.3628        | APC                        | \$143.47                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 96366   | S                            | THER/PROPH/DIAG IV INF ADDON |                  | 05691 | 0.5174        | APC                        | \$31.42                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 96367   | S                            | TX/PROPH/DG ADDL SEQ IV INF  |                  | 05692 | 0.7982        | APC                        | \$48.47                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 96368   | N                            | THER/DIAG CONCURRENT INF     |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 96369   | S                            | SC THER INFUSION UP TO 1 HR  |                  | 05693 | 2.3628        | APC                        | \$143.47                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 96370   | S                            | SC THER INFUSION ADDL HR     |                  | 05691 | 0.5174        | APC                        | \$31.42                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 96371   | N                            | SC THER INFUSION RESET PUMP  |                  | 05692 | 0.7982        | Bundled, sometimes payable | \$48.47                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 96372   | N                            | THER/PROPH/DIAG INJ SC/IM    |                  | 05692 | 0.7982        | Bundled, sometimes payable | \$48.47                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 96373   | S                            | THER/PROPH/DIAG INJ IA       |                  | 05693 | 2.3628        | APC                        | \$143.47                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 96374   | S                            | THER/PROPH/DIAG INJ IV PUSH  |                  | 05693 | 2.3628        | APC                        | \$143.47                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 96375   | S                            | TX/PRO/DX INJ NEW DRUG ADDON |                  | 05691 | 0.5174        | APC                        | \$31.42                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 96376   | N                            | TX/PRO/DX INJ SAME DRUG ADON |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 96377   | N                            | APPLICATON ON-BODY INJECTOR  |                  | 05691 | 0.5174        | Bundled, sometimes payable | \$31.42                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 96379   | N                            | UNL THER/PROP/DIAG INJ/INF   |                  | 05691 | 0.5174        | Bundled, sometimes payable | \$31.42                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 96380   | E                            | ADMN RSV MONOC ANTB IM CNSL  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 96381   | E                            | ADMN RSV MONOC ANTB IM NJX   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 96401   | N                            | CHEMO ANTI-NEOPL SQ/IM       |                  | 05692 | 0.7982        | Bundled, sometimes payable | \$48.47                                |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 96402   | N                            | CHEMO HORMON ANTINEOPL SQ/IM |                  | 05692 | 0.7982        | Bundled, sometimes payable | \$48.47                                |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 96405   | N                            | CHEMO INTRALESIONAL UP TO 7  |                  | 05692 | 0.7982        | Bundled, sometimes payable | \$48.47                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 96406   | S                            | CHEMO INTRALESIONAL OVER 7   |                  | 05693 | 2.3628        | APC                        | \$143.47                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 96409   | S                            | CHEMO IV PUSH SNGL DRUG      |                  | 05694 | 3.7198        | APC                        | \$225.87                               |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 96411   | S                            | CHEMO IV PUSH ADDL DRUG      |                  | 05692 | 0.7982        | APC                        | \$48.47                                |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 96413   | S                            | CHEMO IV INFUSION 1 HR       |                  | 05694 | 3.7198        | APC                        | \$225.87                               |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 96415   | S                            | CHEMO IV INFUSION ADDL HR    |                  | 05692 | 0.7982        | APC                        | \$48.47                                |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 96416   | S                            | CHEMO PROLONG INFUSE W/PUMP  |                  | 05694 | 3.7198        | APC                        | \$225.87                               |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 96417   | S                            | CHEMO IV INFUS EACH ADDL SEQ |                  | 05692 | 0.7982        | APC                        | \$48.47                                |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 96420   | S                            | CHEMO IA PUSH TECHNIQUE      |                  | 05694 | 3.7198        | APC                        | \$225.87                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 96422   | S                            | CHEMO IA INFUSION UP TO 1 HR |                  | 05694 | 3.7198        | APC                        | \$225.87                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 96423   | S                            | CHEMO IA INFUSE EACH ADDL HR |                  | 05691 | 0.5174        | APC                        | \$31.42                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 96425   | S                            | CHEMOTHERAPY INFUSION METHOD |                  | 05694 | 3.7198        | APC                        | \$225.87                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 96440   | S                            | CHMOTX ADMN PLRL CAV THRCNTS |                  | 05694 | 3.7198        | APC                        | \$225.87                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 96446   | S                            | CHEMOTX ADMN PERTL CAV IMPL  |                  | 05694 | 3.7198        | APC                        | \$225.87                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 96450   | S                            | CHEMOTHERAPY INTO CNS        |                  | 05694 | 3.7198        | APC                        | \$225.87                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 96521   | S                            | REFILL/MAINT PORTABLE PUMP   |                  | 05693 | 2.3628        | APC                        | \$143.47                               |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 96522   | S                            | REFILL/MAINT PUMP/RESVR SYST |                  | 05693 | 2.3628        | APC                        | \$143.47                               |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 96523   | N                            | IRRIG DRUG DELIVERY DEVICE   |                  | 05733 | 0.6661        | Bundled, sometimes payable | \$40.45                                |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 96542   | S                            | CHEMOTHERAPY INJECTION       |                  | 05694 | 3.7198        | APC                        | \$225.87                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 96547   | N                            | INTRAOP HIPEC PX 1ST 60 MIN  |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 96548   | N                            | NTRAOP HIPEC PX EA ADD 30MIN |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 96549   | N                            | UNLISTED CHEMOTHERAPY PX     |                  | 05691 | 0.5174        | Bundled, sometimes payable | \$31.42                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 96567   | N                            | PDT DSTR PRMLG LES SKN       |                  | 05051 | 2.2284        | Bundled, sometimes payable | \$135.31                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 96570   | N                            | PHOTODYNMC TX 30 MIN ADD-ON  |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 96571   | N                            | PHOTODYNAMIC TX ADDL 15 MIN  |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 96573   | N                            | PDT DSTR PRMLG LES PHYS/QHP  |                  | 05051 | 2.2284        | Bundled, sometimes payable | \$135.31                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 96574   | N                            | DBRDMT PRMLG LES W/PDT       |                  | 05051 | 2.2284        | Bundled, sometimes payable | \$135.31                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 96900   | N                            | ACTINOTHERAPY UV LIGHT       |                  | 05732 | 0.4402        | Bundled, sometimes payable | \$26.73                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 96902   | N                            | MCRSCP XM HAIR PLUCK/CLIPPED |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 96904   | N                            | WHOLE BODY PHOTOGRAPHY       |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 96910   | N                            | PHOTCHMTX TAR&UVB/PTRLTM&UVB |                  | 05733 | 0.6661        | Bundled, sometimes payable | \$40.45                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 96912   | N                            | PHOTOCHEMOTHERAPY PUVA       |                  | 05733 | 0.6661        | Bundled, sometimes payable | \$40.45                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 96913   | T                            | PHOTOCHEMOTX SEV DERMATOSES  |                  | 05052 | 4.4806        | APC                        | \$272.06                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| 96920   | N                            | EXCIMER LSR PSRIASIS<250SQCM |                  | 05051 | 2.2284        | Bundled, sometimes payable | \$135.31                               |                                    |                                           | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
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| Proc Cd | 2024 APC |     | 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 |
|---------|----------|-----|-------------------------------|---------------|-------|------------|----------------------------|----------------------------------|------------------------------|----------------------------------|----------------------|----------|---------|---------|----------|
|         | Status   | Ind |                               |               |       |            |                            |                                  |                              |                                  |                      |          |         |         |          |
| 96921   | N        |     | EXCIMER LSR PSRIASIS 250-500  |               | 05051 | 2.2284     | Bundled, sometimes payable | \$135.31                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 96922   | N        |     | EXCIMER LSR PSRIASIS>500SQCM  |               | 05052 | 4.4806     | Bundled, sometimes payable | \$272.06                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 96931   | E        |     | RCM CELULR SUBCELULR IMG SKN  |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 96932   | N        |     | RCM CELULR SUBCELULR IMG SKN  |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 96933   | E        |     | RCM CELULR SUBCELULR IMG SKN  |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 96934   | N        |     | RCM CELULR SUBCELULR IMG SKN  |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 96935   | N        |     | RCM CELULR SUBCELULR IMG SKN  |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 96936   | N        |     | RCM CELULR SUBCELULR IMG SKN  |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 96999   | N        |     | UNLISTED SPEC DERM SVC/PX     |               | 05051 | 2.2284     | Bundled, sometimes payable | \$135.31                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 97010   | E        |     | HOT OR COLD PACKS THERAPY     |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 97012   | Y        |     | MECHANICAL TRACTION THERAPY   |               | -     | -          | Fee Schedule               | \$11.44                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 97014   | E        |     | ELECTRIC STIMULATION THERAPY  |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 97016   | Y        |     | VASOPNEUMATIC DEVICE THERAPY  |               | -     | -          | Fee Schedule               | \$9.53                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 97018   | Y        |     | PARAFFIN BATH THERAPY         |               | -     | -          | Fee Schedule               | \$4.63                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 97022   | Y        |     | WHIRLPOOL THERAPY             |               | -     | -          | Fee Schedule               | \$13.89                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 97024   | Y        |     | DIATHERMY EG MICROWAVE        |               | -     | -          | Fee Schedule               | \$5.99                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 97026   | Y        |     | INFRARED THERAPY              |               | -     | -          | Fee Schedule               | \$5.45                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 97028   | Y        |     | ULTRAVIOLET THERAPY           |               | -     | -          | Fee Schedule               | \$6.81                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 97032   | Y        |     | APPL MODALITY 1+ESTIM EA 15   |               | -     | -          | Fee Schedule               | \$11.71                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 97033   | Y        |     | APP MDLTY 1+IONTPHRISIS EA 15 |               | -     | -          | Fee Schedule               | \$15.80                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 97034   | Y        |     | APP MDLTY 1+CNTRST BTH EA 15  |               | -     | -          | Fee Schedule               | \$11.44                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 97035   | Y        |     | APP MDLTY 1+ULTRASOUND EA 15  |               | -     | -          | Fee Schedule               | \$11.44                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 97036   | Y        |     | APP MDLTY 1+HUBBRD TNK EA 15  |               | -     | -          | Fee Schedule               | \$28.60                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 97037   | N        |     | APPL MODALITY 1+LLLT PO PAIN  |               | 05732 | 0.4402     | Bundled, sometimes payable | \$26.73                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 97039   | E        |     | UNLISTED MODALITY             |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 97110   | Y        |     | THERAPEUTIC EXERCISES         |               | -     | -          | Fee Schedule               | \$23.97                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 97112   | Y        |     | NEUROMUSCULAR REEDUCATION     |               | -     | -          | Fee Schedule               | \$27.51                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 97113   | Y        |     | AQUATIC THERAPY/EXERCISES     |               | -     | -          | Fee Schedule               | \$29.96                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 97116   | Y        |     | GAIT TRAINING THERAPY         |               | -     | -          | Fee Schedule               | \$23.97                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 97124   | Y        |     | MASSAGE THERAPY               |               | -     | -          | Fee Schedule               | \$24.79                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 97129   | M        |     | THER IVNTJ 1ST 15 MIN         |               | -     | -          | Fee Schedule               | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 97130   | M        |     | THER IVNTJ EA ADDL 15 MIN     |               | -     | -          | Fee Schedule               | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 97139   | Y        |     | UNLISTED THERAPEUTIC PX       |               | -     | -          | Charge Ratio               | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 97140   | Y        |     | MANUAL THERAPY 1/> REGIONS    |               | -     | -          | Fee Schedule               | \$22.06                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 97150   | Y        |     | GROUP THERAPEUTIC PROCEDURES  |               | -     | -          | Fee Schedule               | \$14.71                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 97151   | N        |     | BHV ID ASSMT BY PHYS/QHP      |               | 05822 | 1.0374     | Bundled, sometimes payable | \$62.99                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 97152   | N        |     | BHV ID SUPRT ASSMT BY 1 TECH  |               | 05822 | 1.0374     | Bundled, sometimes payable | \$62.99                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 97153   | N        |     | ADAPTIVE BEHAVIOR TX BY TECH  |               | 05822 | 1.0374     | Bundled, sometimes payable | \$62.99                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 97154   | N        |     | GRP ADAPT BHV TX BY TECH      |               | 05821 | 0.3341     | Bundled, sometimes payable | \$20.29                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 97155   | N        |     | ADAPT BEHAVIOR TX PHYS/QHP    |               | 05823 | 1.8019     | Bundled, sometimes payable | \$109.41                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 97156   | N        |     | FAM ADAPT BHV TX GDN PHY/QHP  |               | 05821 | 0.3341     | Bundled, sometimes payable | \$20.29                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 97157   | N        |     | MULT FAM ADAPT BHV TX GDN     |               | 05821 | 0.3341     | Bundled, sometimes payable | \$20.29                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 97158   | N        |     | GRP ADAPT BHV TX BY PHY/QHP   |               | 05821 | 0.3341     | Bundled, sometimes payable | \$20.29                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 97161   | M        |     | PT EVAL LOW COMPLEX 20 MIN    |               | -     | -          | Fee Schedule               | \$81.97                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 97162   | M        |     | PT EVAL MOD COMPLEX 30 MIN    |               | -     | -          | Fee Schedule               | \$81.97                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 97163   | M        |     | PT EVAL HIGH COMPLEX 45 MIN   |               | -     | -          | Fee Schedule               | \$81.97                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 97164   | M        |     | PT RE-EVAL EST PLAN CARE      |               | -     | -          | Fee Schedule               | \$56.90                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 97165   | M        |     | OT EVAL LOW COMPLEX 30 MIN    |               | -     | -          | Fee Schedule               | \$82.78                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 97166   | M        |     | OT EVAL MOD COMPLEX 45 MIN    |               | -     | -          | Fee Schedule               | \$82.78                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 97167   | M        |     | OT EVAL HIGH COMPLEX 60 MIN   |               | -     | -          | Fee Schedule               | \$82.78                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 97168   | M        |     | OT RE-EVAL EST PLAN CARE      |               | -     | -          | Fee Schedule               | \$57.18                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 97169   | E        |     | ATHLETIC TRN EVAL LOW CMLPX   |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 97170   | E        |     | ATHLETIC TRN EVAL MOD CMLPX   |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 97171   | E        |     | ATHLETIC TRN EVAL HIGH CMLPX  |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 97172   | E        |     | ATHLETIC TRN RE-EVAL PLAN CR  |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 97530   | Y        |     | THERAPEUTIC ACTIVITIES        |               | -     | -          | Fee Schedule               | \$29.96                          |                              |                                  | -                    | -        | 000     | 999     |          |

Montana Healthcare Programs Fee Schedule  
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April 1, 2025

| Proc Cd | 2024 APC<br>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 |
|---------|------------------------|------------------------------|---------------|-------|------------|----------------------------|----------------------------------|------------------------------|----------------------------------|----------------------|----------|---------|---------|----------|
|         |                        |                              |               |       |            |                            |                                  |                              |                                  |                      |          |         |         |          |
| 97533   | Y                      | SENSORY INTEGRATION          |               | -     | -          | Fee Schedule               | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 97535   | Y                      | SELF CARE MNGMENT TRAINING   |               | -     | -          | Fee Schedule               | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 97537   | Y                      | COMMUNITY/WORK REINTEGRATION |               | -     | -          | Fee Schedule               | \$25.88                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 97542   | Y                      | WHEELCHAIR MNGMENT TRAINING  |               | -     | -          | Fee Schedule               | \$25.88                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 97545   | E                      | WORK HARDENING               |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 97546   | E                      | WORK HARDENING ADD-ON        |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 97550   | E                      | CAREGIVER TRAING 1ST 30 MIN  |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 97551   | E                      | CAREGIVER TRAING EA ADDL 15  |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 97552   | E                      | GROUP CAREGIVER TRAINING     |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 97597   | T                      | DBRDMT OPN WND 1ST 20 CM/<   |               | 05051 | 2.2284     | APC                        | \$135.31                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 97598   | N                      | DBRDMT OPN WND ADDL 20CM/<   |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 97602   | N                      | WOUND(S) CARE NON-SELECTIVE  |               | 05051 | 2.2284     | Bundled, sometimes payable | \$135.31                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 97605   | N                      | NEG PRS WND THER DME<=50SQCM |               | 05051 | 2.2284     | Bundled, sometimes payable | \$135.31                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 97606   | N                      | NEG PRS WND THER DME>50 SQCM |               | 05052 | 4.4806     | Bundled, sometimes payable | \$272.06                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 97607   | T                      | NEG PRS WND THR NDME<=50SQCM |               | 05052 | 4.4806     | APC                        | \$236.59                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 97608   | T                      | NEG PRS WND THER NDME>50SQCM |               | 05052 | 4.4806     | APC                        | \$236.59                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 97610   | N                      | LOW FREQUENCY NON-THERMAL US |               | 05051 | 2.2284     | Bundled, sometimes payable | \$135.31                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 97750   | Y                      | PHYSICAL PERFORMANCE TEST    |               | -     | -          | Fee Schedule               | \$27.78                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 97755   | Y                      | ASSISTIVE TECHNOLOGY ASSESS  |               | -     | -          | Fee Schedule               | \$31.33                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 97760   | Y                      | ORTHOTIC MGMT&TRAING 1ST ENC |               | -     | -          | Fee Schedule               | \$38.95                          |                              |                                  | -                    | Y        | 000     | 999     |          |
| 97761   | M                      | PROSTHETIC TRAING 1ST ENC    |               | -     | -          | Fee Schedule               | \$54.95                          |                              |                                  | -                    | Y        | 000     | 999     |          |
| 97763   | M                      | ORTHOC/PROSTC MGMT SBSQ ENC  |               | -     | -          | Fee Schedule               | \$42.77                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 97799   | E                      | UNLISTED PHYSCL MED/REHAB PX |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 97802   | M                      | MEDICAL NUTRITION INDIV IN   |               | -     | -          | Fee Schedule               | \$41.76                          |                              |                                  | -                    | -        | 000     | 20      |          |
| 97803   | M                      | MED NUTRITION INDIV SUBSEQ   |               | -     | -          | Fee Schedule               | \$35.61                          |                              |                                  | -                    | -        | 000     | 20      |          |
| 97804   | M                      | MEDICAL NUTRITION GROUP      |               | -     | -          | Fee Schedule               | \$20.22                          |                              |                                  | -                    | -        | 000     | 20      |          |
| 97810   | E                      | ACUP 1/> WO ESTIM 1ST 15 MIN |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 97811   | E                      | ACUP 1/> W/O ESTIM EA ADD 15 |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 97813   | E                      | ACUP 1/> W/ESTIM 1ST 15 MIN  |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 97814   | E                      | ACUP 1/> W/ESTIM EA ADDL 15  |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 98000   | M                      | SYNCH AUDIO-VIDEO NEW SF 15  |               | -     | -          | Fee Schedule               | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 98001   | M                      | SYNCH AUDIO-VIDEO NEW LOW 30 |               | -     | -          | Fee Schedule               | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 98002   | M                      | SYNCH AUDIO-VIDEO NEW MOD 45 |               | -     | -          | Fee Schedule               | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 98003   | M                      | SYNCH AUDIO-VIDEO NEW HI 60  |               | -     | -          | Fee Schedule               | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 98004   | M                      | SYNCH AUDIO-VIDEO EST SF 10  |               | -     | -          | Fee Schedule               | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 98005   | M                      | SYNCH AUDIO-VIDEO EST LOW 20 |               | -     | -          | Fee Schedule               | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 98006   | M                      | SYNCH AUDIO-VIDEO EST MOD 30 |               | -     | -          | Fee Schedule               | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 98007   | M                      | SYNCH AUDIO-VIDEO EST HI 40  |               | -     | -          | Fee Schedule               | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 98008   | M                      | SYNCH AUDIO-ONLY NEW SF 15   |               | -     | -          | Fee Schedule               | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 98009   | M                      | SYNCH AUDIO-ONLY NEW LOW 30  |               | -     | -          | Fee Schedule               | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 98010   | M                      | SYNCH AUDIO-ONLY NEW MOD 45  |               | -     | -          | Fee Schedule               | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 98011   | M                      | SYNCH AUDIO-ONLY NEW HIGH 60 |               | -     | -          | Fee Schedule               | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 98012   | M                      | SYNCH AUDIO-ONLY EST SF 10   |               | -     | -          | Fee Schedule               | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 98013   | M                      | SYNCH AUDIO-ONLY EST LOW 20  |               | -     | -          | Fee Schedule               | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 98014   | M                      | SYNCH AUDIO-ONLY EST MOD 30  |               | -     | -          | Fee Schedule               | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 98015   | M                      | SYNCH AUDIO-ONLY EST HIGH 40 |               | -     | -          | Fee Schedule               | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 98016   | M                      | BRIEF COMUNICAJ TECH-BSD SVC |               | -     | -          | Fee Schedule               | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 98925   | N                      | OSTEOPATH MANJ 1-2 REGIONS   |               | 05811 | 0.2837     | Bundled, sometimes payable | \$17.23                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 98926   | N                      | OSTEOPATH MANJ 3-4 REGIONS   |               | 05811 | 0.2837     | Bundled, sometimes payable | \$17.23                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 98927   | N                      | OSTEOPATH MANJ 5-6 REGIONS   |               | 05811 | 0.2837     | Bundled, sometimes payable | \$17.23                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 98928   | N                      | OSTEOPATH MANJ 7-8 REGIONS   |               | 05811 | 0.2837     | Bundled, sometimes payable | \$17.23                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 98929   | N                      | OSTEOPATH MANJ 9-10 REGIONS  |               | 05811 | 0.2837     | Bundled, sometimes payable | \$17.23                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 98940   | N                      | CHIROPRACT MANJ 1-2 REGIONS  |               | 05811 | 0.2837     | Bundled, sometimes payable | \$17.23                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 98941   | N                      | CHIROPRACT MANJ 3-4 REGIONS  |               | 05811 | 0.2837     | Bundled, sometimes payable | \$17.23                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 98942   | N                      | CHIROPRACTIC MANJ 5 REGIONS  |               | 05811 | 0.2837     | Bundled, sometimes payable | \$17.23                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 98943   | E                      | CHIROPRACT MANJ XTRSPINL 1/> |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |



Montana Healthcare Programs Fee Schedule  
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| Proc Cd | 2024 APC |     | 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 |
|---------|----------|-----|------------------------------|---------------|-------|------------|----------------------------|----------------------------------|------------------------------|----------------------------------|----------------------|----------|---------|---------|----------|
|         | Status   | Ind |                              |               |       |            |                            |                                  |                              |                                  |                      |          |         |         |          |
| 98960   | E        |     | EDU&TRN PT SELF-MGMT NQHP 1  |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | Y        | 000     | 999     |          |
| 98961   | E        |     | EDU&TRN PT SLF-MGMT NQHP 2-4 |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | Y        | 000     | 999     |          |
| 98962   | E        |     | EDU&TRN PT SLF-MGMT NQHP 5-8 |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | Y        | 000     | 999     |          |
| 98966   | M        |     | HC PRO PHONE CALL 5-10 MIN   |               | -     | -          | Fee Schedule               | \$9.26                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 98967   | M        |     | HC PRO PHONE CALL 11-20 MIN  |               | -     | -          | Fee Schedule               | \$17.98                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 98968   | M        |     | HC PRO PHONE CALL 21-30 MIN  |               | -     | -          | Fee Schedule               | \$25.06                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 98970   | N        |     | QNHP OL DIG ASSMT&MGMT 5-10  |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 98971   | N        |     | QNHP OL DIG ASSMT&MGMT 11-20 |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 98972   | N        |     | QNHP OL DIG ASSMT&MGMT 21+   |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 98975   | V        |     | REM THER MNTR 1ST SETUP&EDU  |               | 05012 | 0.0000     | APC                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 98976   | N        |     | REM THER MNTR DEV SPLY RESP  |               | 05741 | 0.4182     | Bundled, sometimes payable | \$25.39                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 98977   | N        |     | REM THER MNTR DV SPLY MSCSKL |               | 05741 | 0.4182     | Bundled, sometimes payable | \$25.39                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 98978   | N        |     | REM THER MNTR DEV SPLY CBT   |               | 05741 | 0.4182     | Bundled, sometimes payable | \$25.39                          |                              |                                  | -                    | -        | 000     | 999     |          |
| 98980   | E        |     | REM THER MNTR 1ST 20 MIN     |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 98981   | E        |     | REM THER MNTR EA ADDL 20 MIN |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 99000   | E        |     | SPECIMEN HANDLING OFFICE-LAB |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 99001   | E        |     | SPECIMEN HANDLING PT-LAB     |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 99002   | M        |     | DEVICE HANDLING PHYS/QHP     |               | -     | -          | Fee Schedule               | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 99024   | M        |     | POSTOP FOLLOW-UP VISIT       |               | -     | -          | Fee Schedule               | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 99026   | E        |     | IN-HOSPITAL ON CALL SERVICE  |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 99027   | E        |     | OUT-OF-HOSP ON CALL SERVICE  |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 99050   | E        |     | MEDICAL SERVICES AFTER HRS   |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 99051   | M        |     | MED SERV EVE/WKEND/HOLIDAY   |               | -     | -          | Fee Schedule               | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 99053   | M        |     | MED SERV 10PM-8AM 24 HR FAC  |               | -     | -          | Fee Schedule               | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 99056   | E        |     | MED SERVICE OUT OF OFFICE    |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 99058   | E        |     | OFFICE EMERGENCY CARE        |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 99060   | M        |     | OUT OF OFFICE EMERG MED SERV |               | -     | -          | Fee Schedule               | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 99070   | M        |     | SPECIAL SUPPLIES PHYS/QHP    |               | -     | -          | Fee Schedule               | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 99071   | M        |     | PATIENT EDUCATION MATERIALS  |               | -     | -          | Fee Schedule               | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 99072   | M        |     | ADDL SUPL MATRL&STAF TM PHE  |               | -     | -          | Fee Schedule               | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 99075   | E        |     | MEDICAL TESTIMONY            |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 99078   | N        |     | GROUP HEALTH EDUCATION       |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 99080   | E        |     | SPECIAL REPORTS OR FORMS     |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 99082   | E        |     | UNUSUAL PHYSICIAN TRAVEL     |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 99091   | N        |     | COLLJ & INTERPJ DATA EA 30 D |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 99100   | M        |     | ANES PT EXTEME AGE<1 YR&>70  |               | -     | -          | Fee Schedule               | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 99116   | M        |     | ANES COMP TOT BDY HYPTHRM    |               | -     | -          | Fee Schedule               | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 99135   | M        |     | ANES COMP CTRLD HYPOTENSION  |               | -     | -          | Fee Schedule               | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 99140   | M        |     | ANES COMP EMERGENCY COND     |               | -     | -          | Fee Schedule               | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 99151   | N        |     | MOD SED SAME PHYS/QHP <5 YRS |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 5       |          |
| 99152   | N        |     | MOD SED SAME PHYS/QHP 5/>YRS |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 005     | 999     |          |
| 99153   | N        |     | MOD SED SAME PHYS/QHP EA     |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 99155   | N        |     | MOD SED OTH PHYS/QHP <5 YRS  |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 4       |          |
| 99156   | N        |     | MOD SED OTH PHYS/QHP 5/>YRS  |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 005     | 999     |          |
| 99157   | N        |     | MOD SED OTHER PHYS/QHP EA    |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 99170   | T        |     | ANOGENITAL EXAM CHILD W IMAG |               | 05411 | 2.2561     | APC                        | \$136.99                         |                              |                                  | -                    | -        | 000     | 999     |          |
| 99172   | E        |     | OCULAR FUNCTION SCREEN       |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 99173   | E        |     | VISUAL ACUITY SCREEN         |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 99174   | E        |     | OCULAR INSTRUMNT SCREEN BIL  |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 99175   | N        |     | INDUCTION OF VOMITING        |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 99177   | E        |     | OCULAR INSTRUMNT SCREEN BIL  |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 99183   | E        |     | HYPERBARIC OXYGEN THERAPY    |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| 99184   | C        |     | HYPOTHERMIA ILL NEONATE      |               | -     | -          | IP Only                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc<br>Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC   | APC<br>Weight | Method                     | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments                                                                |
|------------|------------------------------|------------------------------|------------------|-------|---------------|----------------------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|-------------------------------------------------------------------------|
|            |                              |                              |                  |       |               |                            |                                        |                                    |                                           |                         |          |            |            |                                                                         |
| 99188      | M                            | APP TOPICAL FLUORIDE VARNISH |                  | -     | -             | Fee Schedule               | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        | Only allowed for<br>RHC/FQHC not<br>billable as<br>stand-alone<br>visit |
| 99190      | C                            | SPECIAL PUMP SERVICES        |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |                                                                         |
| 99191      | C                            | SPECIAL PUMP SERVICES        |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |                                                                         |
| 99192      | C                            | SPECIAL PUMP SERVICES        |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |                                                                         |
| 99195      | N                            | PHLEBOTOMY                   |                  | 05734 | 1.4456        | Bundled, sometimes payable | \$87.78                                |                                    |                                           | -                       | -        | 000        | 999        |                                                                         |
| 99199      | E                            | UNLISTED SPECIAL SVC PX/RPRT |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |                                                                         |
| 99202      | M                            | OFFICE O/P NEW SF 15 MIN     |                  | -     | -             | Fee Schedule               | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |                                                                         |
| 99203      | M                            | OFFICE O/P NEW LOW 30 MIN    |                  | -     | -             | Fee Schedule               | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |                                                                         |
| 99204      | M                            | OFFICE O/P NEW MOD 45 MIN    |                  | -     | -             | Fee Schedule               | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |                                                                         |
| 99205      | M                            | OFFICE O/P NEW HI 60 MIN     |                  | -     | -             | Fee Schedule               | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |                                                                         |
| 99211      | M                            | OFF/OP EST MAY X REQ PHY/QHP |                  | -     | -             | Fee Schedule               | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |                                                                         |
| 99212      | M                            | OFFICE O/P EST SF 10 MIN     |                  | -     | -             | Fee Schedule               | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |                                                                         |
| 99213      | M                            | OFFICE O/P EST LOW 20 MIN    |                  | -     | -             | Fee Schedule               | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |                                                                         |
| 99214      | M                            | OFFICE O/P EST MOD 30 MIN    |                  | -     | -             | Fee Schedule               | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |                                                                         |
| 99215      | M                            | OFFICE O/P EST HI 40 MIN     |                  | -     | -             | Fee Schedule               | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |                                                                         |
| 99221      | M                            | 1ST HOSP IP/OBS SF/LOW 40    |                  | -     | -             | Fee Schedule               | \$0.00                                 |                                    |                                           | -                       | Y        | 000        | 999        |                                                                         |
| 99222      | M                            | 1ST HOSP IP/OBS MODERATE 55  |                  | -     | -             | Fee Schedule               | \$0.00                                 |                                    |                                           | -                       | Y        | 000        | 999        |                                                                         |
| 99223      | M                            | 1ST HOSP IP/OBS HIGH 75      |                  | -     | -             | Fee Schedule               | \$0.00                                 |                                    |                                           | -                       | Y        | 000        | 999        |                                                                         |
| 99231      | M                            | SBSQ HOSP IP/OBS SF/LOW 25   |                  | -     | -             | Fee Schedule               | \$0.00                                 |                                    |                                           | -                       | Y        | 000        | 999        |                                                                         |
| 99232      | M                            | SBSQ HOSP IP/OBS MODERATE 35 |                  | -     | -             | Fee Schedule               | \$0.00                                 |                                    |                                           | -                       | Y        | 000        | 999        |                                                                         |
| 99233      | M                            | SBSQ HOSP IP/OBS HIGH 50     |                  | -     | -             | Fee Schedule               | \$0.00                                 |                                    |                                           | -                       | Y        | 000        | 999        |                                                                         |
| 99234      | M                            | HOSP IP/OBS SM DT SF/LOW 45  |                  | -     | -             | Fee Schedule               | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |                                                                         |
| 99235      | M                            | HOSP IP/OBS SAME DATE MOD 70 |                  | -     | -             | Fee Schedule               | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |                                                                         |
| 99236      | M                            | HOSP IP/OBS SAME DATE HI 85  |                  | -     | -             | Fee Schedule               | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |                                                                         |
| 99238      | M                            | HOSP IP/OBS DSCHRG MGMT 30/< |                  | -     | -             | Fee Schedule               | \$0.00                                 |                                    |                                           | -                       | Y        | 000        | 999        |                                                                         |
| 99239      | M                            | HOSP IP/OBS DSCHRG MGMT >30  |                  | -     | -             | Fee Schedule               | \$0.00                                 |                                    |                                           | -                       | Y        | 000        | 999        |                                                                         |
| 99242      | E                            | OFF/OP CONSLTJ NEW/EST SF 20 |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |                                                                         |
| 99243      | E                            | OFF/OP CNSLTJ NEW/EST LOW 30 |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |                                                                         |
| 99244      | E                            | OFF/OP CNSLTJ NEW/EST MOD 40 |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |                                                                         |
| 99245      | E                            | OFF/OP CONSLTJ NEW/EST HI 55 |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |                                                                         |
| 99252      | E                            | IP/OBS CONSLTJ NEW/EST SF 35 |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |                                                                         |
| 99253      | E                            | IP/OBS CNSLTJ NEW/EST LOW 45 |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |                                                                         |
| 99254      | E                            | IP/OBS CNSLTJ NEW/EST MOD 60 |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |                                                                         |
| 99255      | E                            | IP/OBS CONSLTJ NEW/EST HI 80 |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |                                                                         |
| 99281      | N                            | EMR DPT VST MAYX REQ PHY/QHP |                  | 05021 | 1.4452        | Bundled, sometimes payable | \$87.75                                |                                    |                                           | -                       | -        | 000        | 999        |                                                                         |
| 99282      | N                            | EMERGENCY DEPT VISIT SF MDM  |                  | 05022 | 1.4452        | Bundled, sometimes payable | \$87.75                                |                                    |                                           | -                       | -        | 000        | 999        |                                                                         |
| 99283      | N                            | EMERGENCY DEPT VISIT LOW MDM |                  | 05023 | 3.1052        | Bundled, sometimes payable | \$188.55                               |                                    |                                           | -                       | -        | 000        | 999        |                                                                         |
| 99284      | N                            | EMERGENCY DEPT VISIT MOD MDM |                  | 05024 | 4.7754        | Bundled, sometimes payable | \$289.96                               |                                    |                                           | -                       | -        | 000        | 999        |                                                                         |
| 99285      | N                            | EMERGENCY DEPT VISIT HI MDM  |                  | 05025 | 6.8757        | Bundled, sometimes payable | \$417.49                               |                                    |                                           | -                       | -        | 000        | 999        |                                                                         |
| 99288      | E                            | DIRECT ADVANCED LIFE SUPPORT |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |                                                                         |
| 99291      | N                            | CRITICAL CARE FIRST HOUR     |                  | 05041 | 9.4496        | Bundled, sometimes payable | \$573.78                               |                                    |                                           | -                       | -        | 000        | 999        |                                                                         |
| 99292      | N                            | CRITICAL CARE ADDL 30 MIN    |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |                                                                         |
| 99304      | M                            | 1ST NF CARE SF/LOW MDM 25    |                  | -     | -             | Fee Schedule               | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |                                                                         |
| 99305      | M                            | 1ST NF CARE MODERATE MDM 35  |                  | -     | -             | Fee Schedule               | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |                                                                         |
| 99306      | M                            | 1ST NF CARE HIGH MDM 50      |                  | -     | -             | Fee Schedule               | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |                                                                         |
| 99307      | M                            | SBSQ NF CARE SF MDM 10       |                  | -     | -             | Fee Schedule               | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |                                                                         |
| 99308      | M                            | SBSQ NF CARE LOW MDM 20      |                  | -     | -             | Fee Schedule               | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |                                                                         |
| 99309      | M                            | SBSQ NF CARE MODERATE MDM 30 |                  | -     | -             | Fee Schedule               | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |                                                                         |
| 99310      | M                            | SBSQ NF CARE HIGH MDM 45     |                  | -     | -             | Fee Schedule               | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |                                                                         |
| 99315      | M                            | NF DSCHRG MGMT 30 MIN/LESS   |                  | -     | -             | Fee Schedule               | \$0.00                                 |                                    |                                           | -                       | Y        | 000        | 999        |                                                                         |
| 99316      | M                            | NF DSCHRG MGMT 30 MIN+       |                  | -     | -             | Fee Schedule               | \$0.00                                 |                                    |                                           | -                       | Y        | 000        | 999        |                                                                         |
| 99341      | M                            | HOME/RES VST NEW SF MDM 15   |                  | -     | -             | Fee Schedule               | \$0.00                                 |                                    |                                           | -                       | Y        | 000        | 999        |                                                                         |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc<br>Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC   | APC<br>Weight | Method       | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|------------------------------|------------------------------|------------------|-------|---------------|--------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|            |                              |                              |                  |       |               |              |                                        |                                    |                                           |                         |          |            |            |          |
| 99342      | M                            | HOME/RES VST NEW LOW MDM 30  |                  | -     | -             | Fee Schedule | \$0.00                                 |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 99344      | M                            | HOME/RES VST NEW MOD MDM 60  |                  | -     | -             | Fee Schedule | \$0.00                                 |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 99345      | M                            | HOME/RES VST NEW HIGH MDM 75 |                  | -     | -             | Fee Schedule | \$0.00                                 |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 99347      | M                            | HOME/RES VST EST SF MDM 20   |                  | -     | -             | Fee Schedule | \$0.00                                 |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 99348      | M                            | HOME/RES VST EST LOW MDM 30  |                  | -     | -             | Fee Schedule | \$0.00                                 |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 99349      | M                            | HOME/RES VST EST MOD MDM 40  |                  | -     | -             | Fee Schedule | \$0.00                                 |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 99350      | M                            | HOME/RES VST EST HIGH MDM 60 |                  | -     | -             | Fee Schedule | \$0.00                                 |                                    |                                           | -                       | Y        | 000        | 999        |          |
| 99358      | N                            | PROLONG SERVICE W/O CONTACT  |                  | -     | -             | Bundled      | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 99359      | N                            | PROLONG SERV W/O CONTACT ADD |                  | -     | -             | Bundled      | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 99360      | E                            | PHYSICIAN STANDBY SERVICES   |                  | -     | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 99366      | E                            | TEAM CONF W/PAT BY HC PROF   |                  | -     | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 99367      | N                            | TEAM CONF W/O PAT BY PHYS    |                  | -     | -             | Bundled      | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 99368      | E                            | TEAM CONF W/O PAT BY HC PRO  |                  | -     | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 99374      | E                            | HOME HEALTH CARE SUPERVISION |                  | -     | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 99375      | E                            | HOME HEALTH CARE SUPERVISION |                  | -     | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 99377      | E                            | HOSPICE CARE SUPERVISION     |                  | -     | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 99378      | E                            | HOSPICE CARE SUPERVISION     |                  | -     | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 99379      | E                            | NURSING FAC CARE SUPERVISION |                  | -     | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 99380      | E                            | NURSING FAC CARE SUPERVISION |                  | -     | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 99381      | M                            | INIT PM E/M NEW PAT INFANT   |                  | -     | -             | Fee Schedule | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 0          |          |
| 99382      | M                            | INIT PM E/M NEW PAT 1-4 YRS  |                  | -     | -             | Fee Schedule | \$0.00                                 |                                    |                                           | -                       | -        | 001        | 4          |          |
| 99383      | M                            | PREV VISIT NEW AGE 5-11      |                  | -     | -             | Fee Schedule | \$0.00                                 |                                    |                                           | -                       | -        | 005        | 11         |          |
| 99384      | M                            | PREV VISIT NEW AGE 12-17     |                  | -     | -             | Fee Schedule | \$0.00                                 |                                    |                                           | -                       | -        | 012        | 17         |          |
| 99385      | M                            | PREV VISIT NEW AGE 18-39     |                  | -     | -             | Fee Schedule | \$0.00                                 |                                    |                                           | -                       | -        | 018        | 39         |          |
| 99386      | M                            | PREV VISIT NEW AGE 40-64     |                  | -     | -             | Fee Schedule | \$0.00                                 |                                    |                                           | -                       | -        | 040        | 64         |          |
| 99387      | M                            | INIT PM E/M NEW PAT 65+ YRS  |                  | -     | -             | Fee Schedule | \$0.00                                 |                                    |                                           | -                       | -        | 065        | 999        |          |
| 99391      | M                            | PER PM REEVAL EST PAT INFANT |                  | -     | -             | Fee Schedule | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 0          |          |
| 99392      | M                            | PREV VISIT EST AGE 1-4       |                  | -     | -             | Fee Schedule | \$0.00                                 |                                    |                                           | -                       | -        | 001        | 4          |          |
| 99393      | M                            | PREV VISIT EST AGE 5-11      |                  | -     | -             | Fee Schedule | \$0.00                                 |                                    |                                           | -                       | -        | 005        | 11         |          |
| 99394      | M                            | PREV VISIT EST AGE 12-17     |                  | -     | -             | Fee Schedule | \$0.00                                 |                                    |                                           | -                       | -        | 012        | 17         |          |
| 99395      | M                            | PREV VISIT EST AGE 18-39     |                  | -     | -             | Fee Schedule | \$0.00                                 |                                    |                                           | -                       | -        | 018        | 39         |          |
| 99396      | M                            | PREV VISIT EST AGE 40-64     |                  | -     | -             | Fee Schedule | \$0.00                                 |                                    |                                           | -                       | -        | 040        | 64         |          |
| 99397      | M                            | PER PM REEVAL EST PAT 65+ YR |                  | -     | -             | Fee Schedule | \$0.00                                 |                                    |                                           | -                       | -        | 065        | 999        |          |
| 99401      | M                            | PREV MED CNSL INDIV APPRX 15 |                  | -     | -             | Fee Schedule | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 99402      | M                            | PREV MED CNSL INDIV APPRX 30 |                  | -     | -             | Fee Schedule | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 99403      | M                            | PREV MED CNSL INDIV APPRX 45 |                  | -     | -             | Fee Schedule | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 99404      | M                            | PREV MED CNSL INDIV APPRX 60 |                  | -     | -             | Fee Schedule | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 99406      | S                            | BEHAV CHNG SMOKING 3-10 MIN  |                  | 05821 | 0.3341        | APC          | \$20.29                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 99407      | S                            | BEHAV CHNG SMOKING > 10 MIN  |                  | 05821 | 0.3341        | APC          | \$20.29                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 99408      | M                            | AUDIT/DAST 15-30 MIN         |                  | -     | -             | Fee Schedule | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 99409      | M                            | AUDIT/DAST OVER 30 MIN       |                  | -     | -             | Fee Schedule | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 99411      | M                            | PREVENTIVE COUNSELING GROUP  |                  | -     | -             | Fee Schedule | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 99412      | M                            | PREVENTIVE COUNSELING GROUP  |                  | -     | -             | Fee Schedule | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 99415      | M                            | PROLNG CLIN STAFF SVC 1ST HR |                  | -     | -             | Fee Schedule | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 99416      | M                            | PROLNG CLIN STAFF SVC EA ADD |                  | -     | -             | Fee Schedule | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 99417      | M                            | PROLNG OP E/M EACH 15 MIN    |                  | -     | -             | Fee Schedule | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 99418      | E                            | PROLNG IP/OBS E/M EA 15 MIN  |                  | -     | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 99421      | M                            | OL DIG E/M SVC 5-10 MIN      |                  | -     | -             | Fee Schedule | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 99422      | M                            | OL DIG E/M SVC 11-20 MIN     |                  | -     | -             | Fee Schedule | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 99423      | M                            | OL DIG E/M SVC 21+ MIN       |                  | -     | -             | Fee Schedule | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 99424      | E                            | PRIN CARE MGMT PHYS 1ST 30   |                  | -     | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 99425      | E                            | PRIN CARE MGMT PHYS EA ADDL  |                  | -     | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 99426      | S                            | PRIN CARE MGMT STAFF 1ST 30  |                  | 05822 | 1.0374        | APC          | \$62.99                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 99427      | N                            | PRIN CARE MGMT STAFF EA ADDL |                  | -     | -             | Bundled      | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 99429      | M                            | UNLISTED PREVENTIVE SERVICE  |                  | -     | -             | Fee Schedule | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 99437      | E                            | CHRNC CARE MGMT PHYS EA ADDL |                  | -     | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc<br>Cd | 2024<br>APC |     | Proc Desc                     | Proc<br>Modifier | APC   | APC<br>Weight | Method                     | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments                    |
|------------|-------------|-----|-------------------------------|------------------|-------|---------------|----------------------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|-----------------------------|
|            | Status      | Ind |                               |                  |       |               |                            |                                        |                                    |                                           |  |                         |          |            |            |                             |
| 99439      | N           |     | CHRNC CARE MGMT STAF EA ADDL  |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |                             |
| 99446      | E           |     | NTRPROF PH1/NTRNET/EHR 5-10   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |                             |
| 99447      | E           |     | NTRPROF PH1/NTRNET/EHR 11-20  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |                             |
| 99448      | E           |     | NTRPROF PH1/NTRNET/EHR 21-30  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |                             |
| 99449      | E           |     | NTRPROF PH1/NTRNET/EHR 31/>   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |                             |
| 99450      | E           |     | BASIC LIFE DISABILITY EXAM    |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |                             |
| 99451      | E           |     | NTRPROF PH1/NTRNET/EHR 5/>    |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |                             |
| 99452      | E           |     | NTRPROF PH1/NTRNET/EHR RFRL   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |                             |
| 99453      | V           |     | REM MNTR PHYSIOL PARAM SETUP  |                  | 05012 | 0.0000        | APC                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |                             |
| 99454      | N           |     | REM MNTR PHYSIOL PARAM DEV    |                  | 05741 | 0.4182        | Bundled, sometimes payable | \$25.39                                |                                    |                                           |  | -                       | -        | 000        | 999        |                             |
| 99455      | E           |     | WORK RELATED DISABILITY EXAM  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |                             |
| 99456      | E           |     | DISABILITY EXAMINATION        |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |                             |
| 99457      | E           |     | REM PHYSIOL MNTR 1ST 20 MIN   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |                             |
| 99458      | E           |     | REM PHYSIOL MNTR EA ADDL 20   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |                             |
| 99459      | N           |     | PELVIC EXAMINATION            |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |                             |
| 99460      | V           |     | INIT NB EM PER DAY HOSP       |                  | 05012 | 0.0000        | APC                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 0          |                             |
| 99461      | E           |     | INIT NB EM PER DAY NON-FAC    |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 0          |                             |
| 99462      | C           |     | SBSQ NB EM PER DAY HOSP       |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 0          |                             |
| 99463      | V           |     | SAME DAY NB DISCHARGE         |                  | 05012 | 0.0000        | APC                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 0          |                             |
| 99464      | N           |     | ATTENDANCE AT DELIVERY        |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 0          |                             |
| 99465      | S           |     | NB RESUSCITATION              |                  | 05781 | 7.3387        | APC                        | \$445.61                               |                                    |                                           |  | -                       | -        | 000        | 0          |                             |
| 99466      | N           |     | PED CRIT CARE TRANSPORT       |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 1          |                             |
| 99467      | N           |     | PED CRIT CARE TRANSPORT ADDL  |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 1          |                             |
| 99468      | C           |     | NEONATE CRIT CARE INITIAL     |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 0          |                             |
| 99469      | C           |     | NEONATE CRIT CARE SUBSQ       |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 0          |                             |
| 99471      | C           |     | PED CRITICAL CARE INITIAL     |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 1          |                             |
| 99472      | C           |     | PED CRITICAL CARE SUBSQ       |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 1          |                             |
| 99473      | E           |     | SELF-MEAS BP PT EDUCAJ/TRAIN  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |                             |
| 99474      | M           |     | SELF-MEAS BP 2 READG BID 30D  |                  | -     | -             | Fee Schedule               | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |                             |
| 99475      | C           |     | PED CRIT CARE AGE 2-5 INIT    |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 002        | 5          |                             |
| 99476      | C           |     | PED CRIT CARE AGE 2-5 SUBSQ   |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 002        | 5          |                             |
| 99477      | C           |     | INIT DAY HOSP NEONATE CARE    |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |                             |
| 99478      | C           |     | IC LBW INF < 1500 GM SUBSQ    |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 0          |                             |
| 99479      | C           |     | IC LBW INF 1500-2500 G SUBSQ  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 0          |                             |
| 99480      | C           |     | IC INF PBW 2501-5000 G SUBSQ  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 0          |                             |
| 99483      | S           |     | ASSMT & CARE PLN PT COG IMP   |                  | 05822 | 1.0374        | APC                        | \$62.99                                |                                    |                                           |  | -                       | -        | 000        | 999        |                             |
| 99484      | S           |     | CARE MGMT SVC BHVL HLTH COND  |                  | 05821 | 0.3341        | APC                        | \$20.29                                |                                    |                                           |  | -                       | -        | 000        | 999        |                             |
| 99485      | E           |     | SUPRV INTERFACILTY TRANSPORT  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 2          |                             |
| 99486      | E           |     | SUPRV INTERFAC TRNSPORT ADDL  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 2          |                             |
| 99487      | S           |     | CPLX CHRNC CARE 1ST 60 MIN    |                  | 05823 | 1.8019        | APC                        | \$109.41                               |                                    |                                           |  | -                       | -        | 000        | 999        |                             |
| 99489      | N           |     | CPLX CHRNC CARE EA ADDL 30    |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |                             |
| 99490      | S           |     | CHRNC CARE MGMT STAFF 1ST 20  |                  | 05822 | 1.0374        | APC                        | \$62.99                                |                                    |                                           |  | -                       | -        | 000        | 999        |                             |
| 99491      | E           |     | CHRNC CARE MGMT PHYS 1ST 30   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |                             |
| 99492      | S           |     | 1ST PSYC COLLAB CARE MGMT     |                  | 05822 | 1.0374        | APC                        | \$62.99                                |                                    |                                           |  | -                       | -        | 000        | 999        | Not Allowed for<br>RHC/FQHC |
| 99493      | S           |     | SBSQ PSYC COLLAB CARE MGMT    |                  | 05822 | 1.0374        | APC                        | \$62.99                                |                                    |                                           |  | -                       | -        | 000        | 999        | Not Allowed for<br>RHC/FQHC |
| 99494      | N           |     | 1ST/SBSQ PSYC COLLAB CARE     |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        | Not Allowed for<br>RHC/FQHC |
| 99495      | V           |     | TRANSJ CARE MGMT MOD F2F 14D  |                  | 05012 | 0.0000        | APC                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |                             |
| 99496      | V           |     | TRANSJ CARE MGMT HIGH F2F 7D  |                  | 05012 | 0.0000        | APC                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |                             |
| 99497      | N           |     | ADVNC D CARE PLAN 30 MIN      |                  | 05822 | 1.0374        | Bundled, sometimes payable | \$62.99                                |                                    |                                           |  | -                       | -        | 000        | 999        |                             |
| 99498      | N           |     | ADVNC D CARE PLAN ADDL 30 MIN |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |                             |
| 99499      | M           |     | UNLISTED E&M SERVICE          |                  | -     | -             | Fee Schedule               | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |                             |
| 99500      | M           |     | HOME VISIT PRENATAL           |                  | -     | -             | Fee Schedule               | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |                             |
| 99501      | M           |     | HOME VISIT POSTNATAL          |                  | -     | -             | Fee Schedule               | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |                             |



Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
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| Proc<br>Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method       | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|------------------------------|------------------------------|------------------|-----|---------------|--------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|            |                              |                              |                  |     |               |              |                                        |                                    |                                           |                         |          |            |            |          |
| 99502      | M                            | HOME VISIT NB CARE           |                  | -   | -             | Fee Schedule | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 99503      | E                            | HOME VISIT RESP THERAPY      |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 99504      | E                            | HOME VISIT MECH VENTILATOR   |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 99505      | E                            | HOME VISIT STOMA CARE        |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 99506      | E                            | HOME VISIT IM INJECTION      |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 99507      | E                            | HOME VISIT CATH MAINTAIN     |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 99509      | E                            | HOME VISIT DAY LIFE ACTIVITY |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 99510      | E                            | HOME VISIT SING/M/FAM COUNS  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 99511      | E                            | HOME VISIT FECAL/ENEMA MGMT  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 99512      | E                            | HOME VISIT FOR HEMODIALYSIS  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 99600      | E                            | UNLISTED HOME VISIT SVC/PX   |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 99601      | E                            | HOME NFS VISIT <2 HRS        |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 99602      | E                            | HOME NFS VISIT EACH ADDL HR  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| 99605      | M                            | MTMS BY PHARM NP 15 MIN      |                  | -   | -             | Fee Schedule | \$59.03                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 99606      | M                            | MTMS BY PHARM EST 15 MIN     |                  | -   | -             | Fee Schedule | \$40.15                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| 99607      | M                            | MTMS BY PHARM ADDL 15 MIN    |                  | -   | -             | Fee Schedule | \$16.20                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| A0021      | E                            | OUTSIDE STATE AMBULANCE SERV |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A0080      | E                            | NONINTEREST ESCORT IN NON ER |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A0090      | E                            | INTEREST ESCORT IN NON ER    |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A0100      | E                            | NONEMERGENCY TRANSPORT TAXI  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A0110      | E                            | NONEMERGENCY TRANSPORT BUS   |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A0120      | E                            | NONER TRANSPORT MINI-BUS     |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A0130      | E                            | NONER TRANSPORT WHEELCH VAN  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A0140      | E                            | NONEMERGENCY TRANSPORT AIR   |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A0160      | E                            | NONER TRANSPORT CASE WORKER  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A0170      | E                            | TRANSPORT PARKING FEES/TOLLS |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A0180      | E                            | NONER TRANSPORT LODGNG RECIP |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A0190      | E                            | NONER TRANSPORT MEALS RECIP  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A0200      | E                            | NONER TRANSPORT LODGNG ESCRT |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A0210      | E                            | NONER TRANSPORT MEALS ESCORT |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A0225      | E                            | NEONATAL EMERGENCY TRANSPORT |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A0380      | E                            | BASIC LIFE SUPPORT MILEAGE   |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A0382      | E                            | BASIC SUPPORT ROUTINE SUPPLS |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A0384      | E                            | BLS DEFIBRILLATION SUPPLIES  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A0390      | E                            | ADVANCED LIFE SUPPORT MILEAG |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A0392      | E                            | ALS DEFIBRILLATION SUPPLIES  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A0394      | E                            | ALS IV DRUG THERAPY SUPPLIES |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A0396      | E                            | ALS ESOPHAGEAL INTUB SUPPLS  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A0398      | E                            | ALS ROUTINE DISPOSBLE SUPPLS |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A0420      | E                            | AMBULANCE WAITING 1/2 HR     |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A0422      | E                            | AMBULANCE 02 LIFE SUSTAINING |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A0424      | E                            | EXTRA AMBULANCE ATTENDANT    |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A0425      | E                            | GROUND MILEAGE               |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A0426      | E                            | ALS 1                        |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A0427      | E                            | ALS1-EMERGENCY               |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A0428      | E                            | BLS                          |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A0429      | E                            | BLS-EMERGENCY                |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A0430      | E                            | FIXED WING AIR TRANSPORT     |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A0431      | E                            | ROTARY WING AIR TRANSPORT    |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A0432      | E                            | PI VOLUNTEER AMBULANCE CO    |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A0433      | E                            | ALS 2                        |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A0434      | E                            | SPECIALTY CARE TRANSPORT     |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A0435      | E                            | FIXED WING AIR MILEAGE       |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A0436      | E                            | ROTARY WING AIR MILEAGE      |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A0888      | E                            | NONCOVERED AMBULANCE MILEAGE |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A0998      | E                            | AMBULANCE RESPONSE/TREATMENT |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc Cd | 2024 APC |     | 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 |
|---------|----------|-----|------------------------------|---------------|-----|------------|-------------|----------------------------------|------------------------------|----------------------------------|----------------------|----------|---------|---------|----------|
|         | Status   | Ind |                              |               |     |            |             |                                  |                              |                                  |                      |          |         |         |          |
| A0999   | E        |     | UNLISTED AMBULANCE SERVICE   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A2001   | N        |     | INNOVAMATRIX AC, PER SQ CM   |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A2002   | N        |     | MIRRAGEN ADV WND MAT PER SQ  |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A2003   | E        |     | BIO-CONNEKT WOUND MATRIX     |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A2004   | N        |     | XCELLISTEM, 1 MG             |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A2005   | N        |     | MICROLYTE MATRIX, PER SQ CM  |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A2006   | N        |     | NOVOSORB SYNPATH PER SQ CM   |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A2007   | N        |     | RESTRATA, PER SQ CM          |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A2008   | N        |     | THERAGENESIS, PER SQ CM      |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A2009   | N        |     | SYMPHONY, PER SQ CM          |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A2010   | N        |     | APIS, PER SQUARE CENTIMETER  |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A2011   | N        |     | SUPRA SDRM, PER SQ CM        |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A2012   | N        |     | SUPRATHEL, PER SQ CM         |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A2013   | N        |     | INNOVAMATRIX FS, PER SQ CM   |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A2014   | E        |     | OMEZA COLLAG PER 100 MG      |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A2015   | E        |     | PHOENIX WND MTRX, PER SQ CM  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A2016   | E        |     | PERMEADERM B, PER SQ CM      |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A2017   | E        |     | PERMEADERM GLOVE, EACH       |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A2018   | E        |     | PERMEADERM C, PER SQ CM      |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A2019   | N        |     | KERECIS MARIGEN SHLD SQ CM   |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A2020   | N        |     | AC5 WOUND SYSTEM             |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A2021   | N        |     | NEOMATRIX PER SQ CM          |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A2022   | N        |     | INNOVABRN/INNOVAMATX XL SQCM |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A2023   | N        |     | INNOVAMATRIX PD, 1 MG        |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A2024   | N        |     | RESOLVE OR XENOPATCH SQ CM   |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A2025   | N        |     | MIRO3D PER CUBIC CM          |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A2026   | N        |     | RESTRATA MINIMATRIX, 5 MG    |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A2027   | N        |     | MATRIDERM PER SQ CM          |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A2028   | N        |     | MICROMATRIX FLEX PER MG      |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A2029   | N        |     | MIROTRACT MATRIX SHEET       |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4100   | N        |     | SKIN SUB FDA CLRD AS DEV NOS |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4206   | E        |     | 1 CC STERILE SYRINGE&NEEDLE  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4207   | E        |     | 2 CC STERILE SYRINGE&NEEDLE  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4208   | E        |     | 3 CC STERILE SYRINGE&NEEDLE  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4209   | E        |     | 5+ CC STERILE SYRINGE&NEEDLE |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4210   | E        |     | NONNEEDLE INJECTION DEVICE   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4211   | E        |     | SUPP FOR SELF-ADM INJECTIONS |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4212   | E        |     | NON CORING NEEDLE OR STYLET  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4213   | E        |     | 20+ CC SYRINGE ONLY          |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4215   | E        |     | STERILE NEEDLE               |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4216   | E        |     | STERILE WATER/SALINE, 10 ML  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4217   | E        |     | STERILE WATER/SALINE, 500 ML |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4218   | N        |     | STERILE SALINE OR WATER      |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4220   | N        |     | INFUSION PUMP REFILL KIT     |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4221   | E        |     | SUPP NON-INSULIN INF CATH/WK |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4222   | E        |     | INFUSION SUPPLIES WITH PUMP  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4223   | E        |     | INFUSION SUPPLIES W/O PUMP   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4224   | N        |     | SUPPLY INSULIN INF CATH/WK   |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4225   | N        |     | SUP/EXT INSULIN INF PUMP SYR |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4226   | E        |     | WEEKLY SUPPLY MAINT CGS PUMP |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4230   | N        |     | INFUS INSULIN PUMP NON NEEDL |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4231   | N        |     | INFUSION INSULIN PUMP NEEDLE |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4232   | E        |     | SYRINGE W/NEEDLE INSULIN 3CC |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4233   | E        |     | ALKALIN BATT FOR GLUCOSE MON |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4234   | E        |     | J-CELL BATT FOR GLUCOSE MON  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4235   | E        |     | LITHIUM BATT FOR GLUCOSE MON |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |

Montana Healthcare Programs Fee Schedule  
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| Proc Cd | 2024 APC |     | 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 |
|---------|----------|-----|------------------------------|---------------|-----|------------|-------------|----------------------------------|------------------------------|----------------------------------|----------------------|----------|---------|---------|----------|
|         | Status   | Ind |                              |               |     |            |             |                                  |                              |                                  |                      |          |         |         |          |
| A4236   | E        |     | SILVR OXIDE BATT GLUCOSE MON |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4238   | E        |     | ADJU CGM SUPPLY ALLOWANCE    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4239   | E        |     | NON-ADJU CGM SUPPLY ALLOW    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4244   | E        |     | ALCOHOL OR PEROXIDE PER PINT |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4245   | E        |     | ALCOHOL WIPES PER BOX        |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4246   | E        |     | BETADINE/PHISOHEX SOLUTION   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4247   | E        |     | BETADINE/IODINE SWABS/WIPES  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4248   | N        |     | CHLORHEXIDINE ANTISEPT       |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4250   | E        |     | URINE REAGENT STRIPS/TABLETS |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4252   | E        |     | BLOOD KETONE TEST OR STRIP   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4253   | E        |     | BLOOD GLUCOSE/REAGENT STRIPS |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4255   | E        |     | GLUCOSE MONITOR PLATFORMS    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4256   | E        |     | CALIBRATOR SOLUTION/CHIPS    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4257   | E        |     | REPLACE LENSshield CARTRIDGE |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4258   | E        |     | LANCET DEVICE EACH           |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4259   | E        |     | LANCETS PER BOX              |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4261   | E        |     | CERVICAL CAP CONTRACEPTIVE   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 011     | 60      |          |
| A4262   | N        |     | TEMPORARY TEAR DUCT PLUG     |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4263   | N        |     | PERMANENT TEAR DUCT PLUG     |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4264   | E        |     | INTRATUBAL OCCLUSION DEVICE  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 011     | 60      |          |
| A4265   | E        |     | PARAFFIN                     |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4266   | E        |     | DIAPHRAGM                    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4267   | E        |     | MALE CONDOM                  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4268   | E        |     | FEMALE CONDOM                |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 010     | 999     |          |
| A4269   | E        |     | SPERMICIDE                   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 010     | 999     |          |
| A4270   | N        |     | DISPOSABLE ENDOSCOPE SHEATH  |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4271   | E        |     | HOME LANCING/TEST CARTRIDGES |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4280   | N        |     | BRST PRSTHS ADHSV ATTCHMNT   |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4281   | E        |     | REPLACEMENT BREASTPUMP TUBE  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4282   | E        |     | REPLACEMENT BREASTPUMP ADPT  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4283   | E        |     | REPLACEMENT BREASTPUMP CAP   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4284   | E        |     | REPLCMNT BREAST PUMP SHIELD  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4285   | E        |     | REPLCMNT BREAST PUMP BOTTLE  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4286   | E        |     | REPLCMNT BREASTPUMP LOK RING |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4287   | E        |     | DISP COL STO BAG BREAST MILK |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4290   | E        |     | SACRAL NERVE STIM TEST LEAD  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4300   | N        |     | CATH IMPL VASC ACCESS PORTAL |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4301   | N        |     | IMPLANTABLE ACCESS SYST PERC |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4305   | N        |     | DRUG DELIVERY SYSTEM >=50 ML |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4306   | N        |     | DRUG DELIVERY SYSTEM <=50 ML |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4310   | N        |     | INSERT TRAY W/O BAG/CATH     |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4311   | N        |     | CATHETER W/O BAG 2-WAY LATEX |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4312   | N        |     | CATH W/O BAG 2-WAY SILICONE  |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4313   | N        |     | CATHETER W/BAG 3-WAY         |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4314   | N        |     | CATH W/DRAINAGE 2-WAY LATEX  |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4315   | N        |     | CATH W/DRAINAGE 2-WAY SILCNE |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4316   | N        |     | CATH W/DRAINAGE 3-WAY        |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4320   | N        |     | IRRIGATION TRAY              |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4321   | N        |     | CATH THERAPEUTIC IRRIG AGENT |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4322   | N        |     | IRRIGATION SYRINGE           |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4326   | N        |     | MALE EXTERNAL CATHETER       |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4327   | N        |     | FEM URINARY COLLECT DEV CUP  |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4328   | N        |     | FEM URINARY COLLECT POUCH    |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4330   | N        |     | STOOL COLLECTION POUCH       |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4331   | N        |     | EXTENSION DRAINAGE TUBING    |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4332   | N        |     | LUBE STERILE PACKET          |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc Cd | 2024 APC |     | 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 |
|---------|----------|-----|------------------------------|---------------|-----|------------|-------------|----------------------------------|------------------------------|----------------------------------|----------------------|----------|---------|---------|----------|
|         | Status   | Ind |                              |               |     |            |             |                                  |                              |                                  |                      |          |         |         |          |
| A4333   |          | N   | URINARY CATH ANCHOR DEVICE   |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4334   |          | N   | URINARY CATH LEG STRAP       |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4335   |          | N   | INCONTINENCE SUPPLY          |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4336   |          | N   | URETHRAL INSERT              |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4337   |          | N   | INCONTINENT RECTAL INSERT    |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4338   |          | N   | INDWELLING CATHETER LATEX    |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4340   |          | N   | INDWELLING CATHETER SPECIAL  |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4341   |          | N   | IDUC VALVE PAT INST REPL     |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4342   |          | N   | IDUC VALVE SPLY REPL         |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4344   |          | N   | CATH INDW FOLEY 2 WAY SILICN |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4346   |          | N   | CATH INDW FOLEY 3 WAY        |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4349   |          | E   | DISPOSABLE MALE EXTERNAL CAT |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4351   |          | N   | STRAIGHT TIP URINE CATHETER  |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4352   |          | N   | COUDE TIP URINARY CATHETER   |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4353   |          | N   | INTERMITTENT URINARY CATH    |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4354   |          | N   | CATH INSERTION TRAY W/BAG    |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4355   |          | N   | BLADDER IRRIGATION TUBING    |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4356   |          | N   | EXT URETH CLMP OR COMPR DVC  |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4357   |          | N   | BEDSIDE DRAINAGE BAG         |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4358   |          | N   | URINARY LEG OR ABDOMEN BAG   |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4360   |          | N   | DISPOSABLE EXT URETHRAL DEV  |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4361   |          | N   | OSTOMY FACE PLATE            |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4362   |          | N   | SOLID SKIN BARRIER           |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4363   |          | E   | OSTOMY CLAMP, REPLACEMENT    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4364   |          | N   | ADHESIVE, LIQUID OR EQUAL    |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4366   |          | E   | OSTOMY VENT                  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4367   |          | N   | OSTOMY BELT                  |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4368   |          | N   | OSTOMY FILTER                |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4369   |          | N   | SKIN BARRIER LIQUID PER OZ   |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4371   |          | N   | SKIN BARRIER POWDER PER OZ   |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4372   |          | N   | SKIN BARRIER SOLID 4X4 EQUIV |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4373   |          | N   | SKIN BARRIER WITH FLANGE     |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4375   |          | N   | DRAINABLE PLASTIC PCH W FCPL |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4376   |          | N   | DRAINABLE RUBBER PCH W FCPLT |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4377   |          | N   | DRAINABLE PLSTIC PCH W/O FP  |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4378   |          | N   | DRAINABLE RUBBER PCH W/O FP  |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4379   |          | N   | URINARY PLASTIC POUCH W FCPL |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4380   |          | N   | URINARY RUBBER POUCH W FCPLT |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4381   |          | N   | URINARY PLASTIC POUCH W/O FP |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4382   |          | N   | URINARY HVY PLSTC PCH W/O FP |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4383   |          | N   | URINARY RUBBER POUCH W/O FP  |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4384   |          | N   | OSTOMY FACEPLT/SILICONE RING |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4385   |          | N   | OST SKN BARRIER SLD EXT WEAR |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4387   |          | N   | OST CLSD POUCH W ATT ST BARR |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4388   |          | N   | DRAINABLE PCH W EX WEAR BARR |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4389   |          | N   | DRAINABLE PCH W ST WEAR BARR |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4390   |          | N   | DRAINABLE PCH EX WEAR CONVEX |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4391   |          | N   | URINARY POUCH W EX WEAR BARR |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4392   |          | N   | URINARY POUCH W ST WEAR BARR |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4393   |          | N   | URINE PCH W EX WEAR BAR CONV |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4394   |          | N   | OSTOMY POUCH LIQ DEODORANT   |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4395   |          | N   | OSTOMY POUCH SOLID DEODORANT |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4396   |          | N   | PERISTOMAL HERNIA SUPPRT BLT |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4398   |          | N   | OSTOMY IRRIGATION BAG        |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4399   |          | N   | OSTOMY IRRIG CONE/CATH W BRS |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4400   |          | N   | OSTOMY IRRIGATION SET        |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |



Montana Healthcare Programs Fee Schedule  
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| Proc<br>Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method      | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|------------------------------|------------------------------|------------------|-----|---------------|-------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            |                              |                              |                  |     |               |             |                                        |                                    |                                           |  |                         |          |            |            |          |
| A4402      | N                            | LUBRICANT PER OUNCE          |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4404      | N                            | OSTOMY RING EACH             |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4405      | N                            | NONPECTIN BASED OSTOMY PASTE |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4406      | N                            | PECTIN BASED OSTOMY PASTE    |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4407      | N                            | EXT WEAR OST SKN BARR <=4SQ" |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4408      | N                            | EXT WEAR OST SKN BARR >4SQ"  |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4409      | N                            | OST SKN BARR CONVEX <=4 SQ I |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4410      | N                            | OST SKN BARR EXTND >4 SQ     |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4411      | E                            | OST SKN BARR EXTND =4SQ      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4412      | E                            | OST POUCH DRAIN HIGH OUTPUT  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4413      | N                            | 2 PC DRAINABLE OST POUCH     |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4414      | N                            | OST SKNBAR W/O CONV<=4 SQ IN |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4415      | N                            | OST SKN BARR W/O CONV >4 SQI |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4416      | E                            | OST PCH CLSD W BARRIER/FILTR |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4417      | E                            | OST PCH W BAR/BLTINCONV/FLTR |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4418      | E                            | OST PCH CLSD W/O BAR W FILTR |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4419      | E                            | OST PCH FOR BAR W FLANGE/FLT |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4420      | E                            | OST PCH CLSD FOR BAR W LK FL |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4421      | E                            | OSTOMY SUPPLY MISC           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4422      | N                            | OST POUCH ABSORBENT MATERIAL |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4423      | E                            | OST PCH FOR BAR W LK FL/FLTR |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4424      | E                            | OST PCH DRAIN W BAR & FILTER |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4425      | E                            | OST PCH DRAIN FOR BARRIER FL |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4426      | E                            | OST PCH DRAIN 2 PIECE SYSTEM |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4427      | E                            | OST PCH DRAIN/BARR LK FLNG/F |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4428      | E                            | URINE OST POUCH W FAUCET/TAP |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4429      | E                            | URINE OST POUCH W BLTINCONV  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4430      | E                            | OST URINE PCH W B/BLTIN CONV |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4431      | E                            | OST PCH URINE W BARRIER/TAPV |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4432      | E                            | OS PCH URINE W BAR/FANGE/TAP |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4433      | E                            | URINE OST PCH BAR W LOCK FLN |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4434      | E                            | OST PCH URINE W LOCK FLNG/FT |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4435      | E                            | 1PC OST PCH DRAIN HGH OUTPUT |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | Y        | 000        | 999        |          |
| A4436      | N                            | IRR SUPPLY SLEEV REUS PER MO |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4437      | N                            | IRR SUPPLY SLEEV DISP PER MO |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4438      | E                            | ADHESIVE CLIP EXT ENS CONTR  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4450      | N                            | NON-WATERPROOF TAPE          |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4452      | N                            | WATERPROOF TAPE              |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4453      | E                            | REC CATH MAN PUMP ENEMA REPL |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4455      | N                            | ADHESIVE REMOVER PER OUNCE   |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4456      | N                            | ADHESIVE REMOVER, WIPES      |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4457      | E                            | ENEMA TUBE ANY TYPE REPL     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4458      | E                            | REUSABLE ENEMA BAG           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4459      | N                            | MANUAL PUMP ENEMA, REUSABLE  |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4461      | E                            | SURGICL DRESS HOLD NON-REUSE |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4463      | E                            | SURGICAL DRESS HOLDER REUSE  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4465      | N                            | NON-ELASTIC EXTREMITY BINDER |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4467      | E                            | BELT STRAP SLEEV GRMNT COVER |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4468      | E                            | EXSUFF BELT INCL ALL SUP ACC |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4470      | N                            | GRAVLEE JET WASHER           |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4480      | N                            | VABRA ASPIRATOR              |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4481      | N                            | TRACHEOSTOMA FILTER          |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4483      | N                            | MOISTURE EXCHANGER           |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4490      | E                            | ABOVE KNEE SURGICAL STOCKING |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4495      | E                            | THIGH LENGTH SURG STOCKING   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4500      | E                            | BELOW KNEE SURGICAL STOCKING |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc<br>Cd | 2024<br>APC |     | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method      | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-------------|-----|------------------------------|------------------|-----|---------------|-------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Status      | Ind |                              |                  |     |               |             |                                        |                                    |                                           |  |                         |          |            |            |          |
| A4510      | E           |     | FULL LENGTH SURG STOCKING    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4520      | E           |     | INCONTINENCE GARMENT ANYTYPE |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4540      | E           |     | TRANS ELEC NERV PERIPH NERV  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4541      | E           |     | MONTHLY SUPP USE WITH E0733  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4542      | E           |     | SUPP EXT UP LIMB TREMOR STIM |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4543      | E           |     | SUPPLY TRANS ELEC NERVE STIM |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4544      | E           |     | ELECTRO NERVE STIMULATOR RLS |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4545      | E           |     | SUPPL ACCESSOR TIBIAL STIM   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4550      | E           |     | SURGICAL TRAYS               |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4553      | E           |     | NONDISP UNDERPADS, ALL SIZES |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4554      | E           |     | DISPOSABLE UNDERPADS         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4555      | E           |     | CA TX E-STIM ELECTR/TRANSDUC |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4556      | E           |     | ELECTRODES, PAIR             |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4557      | E           |     | LEAD WIRES, PAIR             |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4558      | E           |     | CONDUCTIVE GEL OR PASTE      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4559      | E           |     | COUPLING GEL OR PASTE        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4560      | E           |     | NMES DISPOSABLE              |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4561      | N           |     | PESSARY REUSABLE RUB ANYTYPE |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4562      | N           |     | PESSARY REUSABLE NONRUBBER   |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4563      | E           |     | VAG INSER RECTAL CONTROL SYS |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4564      | E           |     | PESSARY, DISPOSABLE ANY TYPE |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4565      | N           |     | SLINGS                       |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4566      | E           |     | SHOULD SLING/VEST/ABRESTRAIN |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4570      | E           |     | SPLINT                       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4575      | E           |     | HYPERBARIC O2 CHAMBER DISPS  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4580      | E           |     | CAST SUPPLIES (PLASTER)      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4590      | E           |     | SPECIAL CASTING MATERIAL     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4593      | E           |     | NEUROMOD STI SYS ADJ REHAB   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4594      | E           |     | NEUROMOD ADJ REHAB MOUTHPIE  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4595      | E           |     | TENS SUPPL 2 LEAD PER MONTH  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4596      | E           |     | CES SYSTEM MONTHLY SUPP      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4600      | E           |     | SLEEVE, INTER LIMB COMP DEV  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4601      | E           |     | LITH ION NON PROSTH RECHARGE |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4602      | N           |     | REPLACE LITHIUM BATTERY 1.5V |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4604      | E           |     | TUBING WITH HEATING ELEMENT  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4605      | E           |     | TRACH SUCTION CATH CLOSE SYS |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4606      | N           |     | OXYGEN PROBE USED W OXIMETER |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4608      | E           |     | TRANSTRACHEAL OXYGEN CATH    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4611      | E           |     | HEAVY DUTY BATTERY           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4612      | E           |     | BATTERY CABLES               |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4613      | E           |     | BATTERY CHARGER              |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4614      | E           |     | HAND-HELD PEFR METER         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4615      | E           |     | CANNULA NASAL                |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4616      | E           |     | TUBING (OXYGEN) PER FOOT     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4617      | E           |     | MOUTH PIECE                  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4618      | E           |     | BREATHING CIRCUITS           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4619      | E           |     | FACE TENT                    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4620      | E           |     | VARIABLE CONCENTRATION MASK  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4623      | N           |     | TRACHEOSTOMY INNER CANNULA   |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4624      | E           |     | TRACHEAL SUCTION TUBE        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4625      | N           |     | TRACH CARE KIT FOR NEW TRACH |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4626      | N           |     | TRACHEOSTOMY CLEANING BRUSH  |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4627      | E           |     | SPACER BAG/RESERVOIR         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4628      | E           |     | OROPHARYNGEAL SUCTION CATH   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4629      | N           |     | TRACHEOSTOMY CARE KIT        |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A4630      | E           |     | REPL BAT T.E.N.S. OWN BY PT  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |

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| Proc Cd | 2024<br>APC<br>Status | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method      | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|---------|-----------------------|------------------------------|------------------|-----|---------------|-------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|         |                       |                              |                  |     |               |             |                                        |                                    |                                           |                         |          |            |            |          |
| A4633   | E                     | UVL REPLACEMENT BULB         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A4634   | N                     | REPLACEMENT BULB TH LIGHTBOX |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A4635   | E                     | UNDERARM CRUTCH PAD          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A4636   | E                     | HANDGRIP FOR CANE ETC        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A4637   | E                     | REPL TIP CANE/CRUTCH/WALKER  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A4638   | E                     | REPL BATT PULSE GEN SYS      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A4639   | E                     | INFRARED HT SYS REPLCMNT PAD |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A4640   | E                     | ALTERNATING PRESSURE PAD     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A4641   | N                     | RADIOPHARM DX AGENT NOC      |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A4642   | N                     | IN111 SATUMOMAB              |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           | Y                       | -        | 000        | 999        |          |
| A4648   | N                     | IMPLANTABLE TISSUE MARKER    |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A4649   | N                     | SURGICAL SUPPLIES            |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A4650   | N                     | IMPLANT RADIATION DOSIMETER  |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A4651   | N                     | CALIBRATED MICROCAP TUBE     |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A4652   | N                     | MICROCAPILLARY TUBE SEALANT  |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A4653   | N                     | PD CATHETER ANCHOR BELT      |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A4657   | N                     | SYRINGE W/WO NEEDLE          |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A4660   | N                     | SPHYG/BP APP W CUFF AND STET |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A4663   | N                     | DIALYSIS BLOOD PRESSURE CUFF |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A4670   | E                     | AUTOMATIC BP MONITOR, DIAL   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A4671   | E                     | DISPOSABLE CYCLER SET        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A4672   | E                     | DRAINAGE EXT LINE, DIALYSIS  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A4673   | E                     | EXT LINE W EASY LOCK CONNECT |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A4674   | E                     | CHEM/ANTISEPT SOLUTION, 8OZ  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A4680   | N                     | ACTIVATED CARBON FILTER, EA  |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A4690   | N                     | DIALYZER, EACH               |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A4706   | N                     | BICARBONATE CONC SOL PER GAL |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A4707   | N                     | BICARBONATE CONC POW PER PAC |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A4708   | N                     | ACETATE CONC SOL PER GALLON  |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A4709   | N                     | ACID CONC SOL PER GALLON     |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A4714   | N                     | TREATED WATER PER GALLON     |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A4719   | N                     | "Y SET" TUBING               |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A4720   | N                     | DIALYSAT SOL FLD VOL > 249CC |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A4721   | N                     | DIALYSAT SOL FLD VOL > 999CC |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A4722   | N                     | DIALYS SOL FLD VOL > 1999CC  |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A4723   | N                     | DIALYS SOL FLD VOL > 2999CC  |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A4724   | N                     | DIALYS SOL FLD VOL > 3999CC  |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A4725   | N                     | DIALYS SOL FLD VOL > 4999CC  |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A4726   | N                     | DIALYS SOL FLD VOL > 5999CC  |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A4728   | E                     | DIALYSATE SOLUTION, NON-DEX  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A4730   | N                     | FISTULA CANNULATION SET, EA  |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A4736   | N                     | TOPICAL ANESTHETIC, PER GRAM |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A4737   | N                     | INJ ANESTHETIC PER 10 ML     |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A4740   | N                     | SHUNT ACCESSORY              |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A4750   | N                     | ART OR VENOUS BLOOD TUBING   |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A4755   | N                     | COMB ART/VENOUS BLOOD TUBING |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A4760   | N                     | DIALYSATE SOL TEST KIT, EACH |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A4765   | N                     | DIALYSATE CONC POW PER PACK  |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A4766   | N                     | DIALYSATE CONC SOL ADD 10 ML |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A4770   | N                     | BLOOD COLLECTION TUBE/VACUUM |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A4771   | N                     | SERUM CLOTTING TIME TUBE     |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A4772   | N                     | BLOOD GLUCOSE TEST STRIPS    |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A4773   | N                     | OCCULT BLOOD TEST STRIPS     |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A4774   | N                     | AMMONIA TEST STRIPS          |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A4802   | N                     | PROTAMINE SULFATE PER 50 MG  |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| A4860   | N                     | DISPOSABLE CATHETER TIPS     |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |

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| Proc Cd | 2024 APC |     | 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 |
|---------|----------|-----|------------------------------|---------------|-----|------------|-------------|----------------------------------|------------------------------|----------------------------------|----------------------|----------|---------|---------|----------|
|         | Status   | Ind |                              |               |     |            |             |                                  |                              |                                  |                      |          |         |         |          |
| A4870   | N        |     | PLUMB/ELEC WK HM HEMO EQUIP  |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4890   | N        |     | REPAIR/MAINT CONT HEMO EQUIP |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4911   | N        |     | DRAIN BAG/BOTTLE             |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4913   | N        |     | MISC DIALYSIS SUPPLIES NOC   |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4918   | N        |     | VENOUS PRESSURE CLAMP        |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4927   | N        |     | NON-STERILE GLOVES           |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4928   | N        |     | SURGICAL MASK                |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4929   | N        |     | TOURNIQUET FOR DIALYSIS, EA  |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4930   | N        |     | STERILE, GLOVES PER PAIR     |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4931   | N        |     | REUSABLE ORAL THERMOMETER    |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A4932   | E        |     | REUSABLE RECTAL THERMOMETER  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A5051   | N        |     | POUCH CLSD W BARR ATTACHED   |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A5052   | N        |     | CLSD OSTOMY POUCH W/O BARR   |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A5053   | N        |     | CLSD OSTOMY POUCH FACEPLATE  |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A5054   | N        |     | CLSD OSTOMY POUCH W/FLANGE   |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A5055   | N        |     | STOMA CAP                    |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A5056   | E        |     | 1 PC OST POUCH W FILTER      |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A5057   | E        |     | 1 PC OST POU W BUILT-IN CONV |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A5061   | N        |     | POUCH DRAINABLE W BARRIER AT |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A5062   | N        |     | DRNBLE OSTOMY POUCH W/O BARR |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A5063   | N        |     | DRAIN OSTOMY POUCH W/FLANGE  |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A5071   | N        |     | URINARY POUCH W/BARRIER      |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A5072   | N        |     | URINARY POUCH W/O BARRIER    |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A5073   | N        |     | URINARY POUCH ON BARR W/FLNG |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A5081   | N        |     | STOMA PLUG OR SEAL, ANY TYPE |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A5082   | N        |     | CONTINENT STOMA CATHETER     |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A5083   | N        |     | STOMA ABSORPTIVE COVER       |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A5093   | N        |     | OSTOMY ACCESSORY CONVEX INSE |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A5102   | N        |     | BEDSIDE DRAIN BTL W/WO TUBE  |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A5105   | N        |     | URINARY SUSPENSORY           |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A5112   | N        |     | URINARY LEG BAG              |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A5113   | E        |     | LATEX LEG STRAP              |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A5114   | E        |     | FOAM/FABRIC LEG STRAP        |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A5120   | E        |     | SKIN BARRIER, WIPE OR SWAB   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A5121   | N        |     | SOLID SKIN BARRIER 6X6       |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A5122   | N        |     | SOLID SKIN BARRIER 8X8       |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A5126   | N        |     | DISK/FOAM PAD +OR- ADHESIVE  |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A5131   | N        |     | APPLIANCE CLEANER            |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A5200   | N        |     | PERCUTANEOUS CATHETER ANCHOR |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A5500   | E        |     | DIAB SHOE FOR DENSITY INSERT |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A5501   | E        |     | DIABETIC CUSTOM MOLDED SHOE  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A5503   | E        |     | DIABETIC SHOE W/ROLLER/ROCKR |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A5504   | E        |     | DIABETIC SHOE WITH WEDGE     |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A5505   | E        |     | DIAB SHOE W/METATARSAL BAR   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A5506   | E        |     | DIABETIC SHOE W/OFF SET HEEL |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A5507   | E        |     | MODIFICATION DIABETIC SHOE   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A5508   | E        |     | DIABETIC DELUXE SHOE         |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A5510   | E        |     | COMPRESSION FORM SHOE INSERT |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A5512   | E        |     | MULTI DEN INSERT DIRECT FORM |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A5513   | E        |     | MULTI DEN INSERT CUSTOM MOLD |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A5514   | E        |     | MULT DEN INSERT DIR CARV/CAM |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A6000   | E        |     | WOUND WARMING WOUND COVER    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A6010   | N        |     | COLLAGEN BASED WOUND FILLER  |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A6011   | N        |     | COLLAGEN GEL/PASTE WOUND FIL |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A6021   | N        |     | COLLAGEN DRESSING <=16 SQ IN |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A6022   | N        |     | COLLAGEN DRSG>16<=48 SQ IN   |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |



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| Proc<br>Cd | 2024<br>APC |     | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method      | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-------------|-----|------------------------------|------------------|-----|---------------|-------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Status      | Ind |                              |                  |     |               |             |                                        |                                    |                                           |  |                         |          |            |            |          |
| A6023      | N           |     | COLLAGEN DRESSING >48 SQ IN  |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6024      | N           |     | COLLAGEN DSG WOUND FILLER    |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6025      | E           |     | SILICONE GEL SHEET, EACH     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6154      | N           |     | WOUND POUCH EACH             |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6196      | N           |     | ALGINATE DRESSING <=16 SQ IN |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6197      | N           |     | ALGINATE DRSG >16 <=48 SQ IN |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6198      | N           |     | ALGINATE DRESSING > 48 SQ IN |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6199      | N           |     | ALGINATE DRSG WOUND FILLER   |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6203      | N           |     | COMPOSITE DRSG <= 16 SQ IN   |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6204      | N           |     | COMPOSITE DRSG >16<=48 SQ IN |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6205      | N           |     | COMPOSITE DRSG > 48 SQ IN    |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6206      | N           |     | CONTACT LAYER <= 16 SQ IN    |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6207      | N           |     | CONTACT LAYER >16<= 48 SQ IN |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6208      | N           |     | CONTACT LAYER > 48 SQ IN     |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6209      | N           |     | FOAM DRSG <=16 SQ IN W/O BDR |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6210      | N           |     | FOAM DRG >16<=48 SQ IN W/O B |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6211      | N           |     | FOAM DRG > 48 SQ IN W/O BRDR |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6212      | N           |     | FOAM DRG <=16 SQ IN W/BORDER |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6213      | N           |     | FOAM DRG >16<=48 SQ IN W/BDR |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6214      | N           |     | FOAM DRG > 48 SQ IN W/BORDER |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6215      | N           |     | FOAM DRESSING WOUND FILLER   |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6216      | N           |     | NON-STERILE GAUZE<=16 SQ IN  |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6217      | N           |     | NON-STERILE GAUZE>16<=48 SQ  |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6218      | N           |     | NON-STERILE GAUZE > 48 SQ IN |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6219      | N           |     | GAUZE <= 16 SQ IN W/BORDER   |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6220      | N           |     | GAUZE >16 <=48 SQ IN W/BORDR |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6221      | N           |     | GAUZE > 48 SQ IN W/BORDER    |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6222      | N           |     | GAUZE <=16 IN NO W/SAL W/O B |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6223      | N           |     | GAUZE >16<=48 NO W/SAL W/O B |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6224      | N           |     | GAUZE > 48 IN NO W/SAL W/O B |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6228      | N           |     | GAUZE <= 16 SQ IN WATER/SAL  |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6229      | N           |     | GAUZE >16<=48 SQ IN WATR/SAL |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6230      | N           |     | GAUZE > 48 SQ IN WATER/SALNE |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6231      | N           |     | HYDROGEL DSG<=16 SQ IN       |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6232      | N           |     | HYDROGEL DSG>16<=48 SQ IN    |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6233      | N           |     | HYDROGEL DRESSING >48 SQ IN  |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6234      | N           |     | HYDROCOLLD DRG <=16 W/O BDR  |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6235      | N           |     | HYDROCOLLD DRG >16<=48 W/O B |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6236      | N           |     | HYDROCOLLD DRG > 48 IN W/O B |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6237      | N           |     | HYDROCOLLD DRG <=16 IN W/BDR |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6238      | N           |     | HYDROCOLLD DRG >16<=48 W/BDR |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6239      | N           |     | HYDROCOLLD DRG > 48 IN W/BDR |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6240      | N           |     | HYDROCOLLD DRG FILLER PASTE  |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6241      | N           |     | HYDROCOLLOID DRG FILLER DRY  |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6242      | N           |     | HYDROGEL DRG <=16 IN W/O BDR |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6243      | N           |     | HYDROGEL DRG >16<=48 W/O BDR |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6244      | N           |     | HYDROGEL DRG >48 IN W/O BDR  |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6245      | N           |     | HYDROGEL DRG <= 16 IN W/BDR  |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6246      | N           |     | HYDROGEL DRG >16<=48 IN W/B  |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6247      | N           |     | HYDROGEL DRG > 48 SQ IN W/B  |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6248      | N           |     | HYDROGEL DRSG GEL FILLER     |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6250      | N           |     | SKIN SEAL PROTECT MOISTURIZR |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6251      | N           |     | ABSORPT DRG <=16 SQ IN W/O B |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6252      | N           |     | ABSORPT DRG >16 <=48 W/O BDR |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6253      | N           |     | ABSORPT DRG > 48 SQ IN W/O B |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6254      | N           |     | ABSORPT DRG <=16 SQ IN W/BDR |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |

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April 1, 2025

| Proc Cd | 2024 APC |     | 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 |
|---------|----------|-----|-------------------------------|---------------|-----|------------|-------------|----------------------------------|------------------------------|----------------------------------|----------------------|----------|---------|---------|----------|
|         | Status   | Ind |                               |               |     |            |             |                                  |                              |                                  |                      |          |         |         |          |
| A6255   | N        |     | ABSORPT DRG >16<=48 IN W/BDR  |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A6256   | N        |     | ABSORPT DRG > 48 SQ IN W/BDR  |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A6257   | N        |     | TRANSPARENT FILM <= 16 SQ IN  |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A6258   | N        |     | TRANSPARENT FILM >16<=48 IN   |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A6259   | N        |     | TRANSPARENT FILM > 48 SQ IN   |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A6260   | N        |     | WOUND CLEANSER ANY TYPE/SIZE  |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A6261   | N        |     | WOUND FILLER GEL/PASTE /OZ    |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A6262   | N        |     | WOUND FILLER DRY FORM / GRAM  |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A6266   | N        |     | IMPREG GAUZE NO H2O/SAL/YARD  |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A6402   | N        |     | STERILE GAUZE <= 16 SQ IN     |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A6403   | N        |     | STERILE GAUZE>16 <= 48 SQ IN  |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A6404   | N        |     | STERILE GAUZE > 48 SQ IN      |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A6407   | E        |     | PACKING STRIPS, NON-IMPREG    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A6410   | N        |     | STERILE EYE PAD               |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A6411   | N        |     | NON-STERILE EYE PAD           |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A6412   | N        |     | OCCLUSIVE EYE PATCH           |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A6413   | E        |     | ADHESIVE BANDAGE, FIRST-AID   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A6441   | E        |     | PAD BAND W>=3" <5"/YD         |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A6442   | E        |     | CONFORM BAND N/S W<3"/YD      |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A6443   | E        |     | CONFORM BAND N/S W>=3"<5"/YD  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A6444   | E        |     | CONFORM BAND N/S W>=5"/YD     |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A6445   | E        |     | CONFORM BAND S W <3"/YD       |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A6446   | E        |     | CONFORM BAND S W>=3" <5"/YD   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A6447   | E        |     | CONFORM BAND S W >=5"/YD      |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A6448   | E        |     | LT COMPRES BAND <3"/YD        |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A6449   | E        |     | LT COMPRES BAND >=3" <5"/YD   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A6450   | E        |     | LT COMPRES BAND >=5"/YD       |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A6451   | E        |     | MOD COMPRES BAND W>=3"<5"/YD  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A6452   | E        |     | HIGH COMPRES BAND W>=3"<5"/YD |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A6453   | E        |     | SELF-ADHER BAND W <3"/YD      |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A6454   | E        |     | SELF-ADHER BAND W>=3" <5"/YD  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A6455   | E        |     | SELF-ADHER BAND >=5"/YD       |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A6456   | E        |     | ZINC PASTE BAND W >=3"<5"/YD  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A6457   | E        |     | TUBULAR DRESSING              |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A6460   | N        |     | SYNTHETIC DRSG <= 16 SQ IN    |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A6461   | N        |     | SYNTHETIC DRSG >16<=48 SQ IN  |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A6501   | N        |     | COMPRES BURNGARMENT BODYSUIT  |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A6502   | N        |     | COMPRES BURNGARMENT CHINSTRP  |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A6503   | N        |     | COMPRES BURNGARMENT FACEHOOD  |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A6504   | N        |     | CMPRSBURNGARMENT GLOVE-WRIST  |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A6505   | N        |     | CMPRSBURNGARMENT GLOVE-ELBOW  |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A6506   | N        |     | CMPRSBURNGRMNT GLOVE-AXILLA   |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A6507   | N        |     | CMPRS BURNGARMENT FOOT-KNEE   |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A6508   | N        |     | CMPRS BURNGARMENT FOOT-THIGH  |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A6509   | N        |     | COMPRES BURN GARMENT JACKET   |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A6510   | N        |     | COMPRES BURN GARMENT LEOTARD  |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A6511   | N        |     | COMPRES BURN GARMENT PANTY    |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A6512   | N        |     | COMPRES BURN GARMENT, NOC     |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A6513   | E        |     | COMPRESS BURN MASK FACE/NECK  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A6520   | E        |     | G COM GARMNT GLOVE NGHTTIME   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A6521   | E        |     | G COM GARMNT GLOVE NGHT CUST  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A6522   | E        |     | G COM GARMENT ARM NIGHTTIME   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A6523   | E        |     | G COM GARMENT ARM NGHT CUSTM  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A6524   | E        |     | G COM GARMNT LWR LEG/FT NGHT  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A6525   | E        |     | G COM GARM LWRLEG/FT NGT CUS  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A6526   | E        |     | G COM GARMT FULL LEG/FT NGHT  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc<br>Cd | 2024<br>APC |     | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method      | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-------------|-----|------------------------------|------------------|-----|---------------|-------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Status      | Ind |                              |                  |     |               |             |                                        |                                    |                                           |  |                         |          |            |            |          |
| A6527      | E           |     | G GARMT FULL LEG/FT NGHT CUS |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6528      | E           |     | G COM GARMENT BRA NIGHTTIME  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6529      | E           |     | G COM GARMT BRA NIGHT CUSTM  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6530      | E           |     | COMPRESSION STOCKING BK18-30 |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6531      | E           |     | COMPRESS STKING BK30-40 SURG |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6532      | E           |     | COMPRESS STKING BK40-50 SURG |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6533      | E           |     | GC STOCKING THIGHLNGTH 18-30 |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6534      | E           |     | GC STOCKING THIGHLNGTH 30-40 |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6535      | E           |     | GC STOCKING THIGHLNGTH 40+   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6536      | E           |     | GC STOCKING FULL LNGTH 18-30 |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6537      | E           |     | GC STOCKING FULL LNGTH 30-40 |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6538      | E           |     | GC STOCKING FULL LNGTH 40+   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6539      | E           |     | GC STOCKING WAISTLNGTH 18-30 |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6540      | E           |     | GC STOCKING WAISTLNGTH 30-40 |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6541      | E           |     | GC STOCKING WAISTLNGTH 40+   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6544      | E           |     | GC STOCKING GARTER BELT      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6545      | E           |     | GRAD COM NON-ELASTIC BK SURG |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6549      | E           |     | G COMPRESSION GARMENT        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6550      | E           |     | NEG PRES WOUND THER DRSG SET |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6552      | E           |     | GRAD COM STOCKING BK 30-40   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6553      | E           |     | G COM STCKING BK 30-40 CUSTM |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6554      | E           |     | GRAD COM STOCKING BK 40+     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6555      | E           |     | G COM STCKING BK 40+ CUSTM   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6556      | E           |     | G COM STCKING THGH18-30 CUST |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6557      | E           |     | G COM STCKING THGH30-40 CUST |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6558      | E           |     | G COM STCKING THGH 40+ CUST  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6559      | E           |     | G STCKNG FULL/CHAP18-30 CUST |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6560      | E           |     | G STCKNG FULL/CHAP30-40 CUST |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6561      | E           |     | G STOCKNG FULL/CHAP 40+ CUST |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6562      | E           |     | G COM STCKNG WAIST18-30 CUST |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6563      | E           |     | G COM STCKNG WAIST30-40 CUST |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6564      | E           |     | G COM STCKNG WAIST 40+ CUST  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6565      | E           |     | GRAD COMP GAUNTLET CUSTOM    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6566      | E           |     | GRAD COM GARMENT NECK/HEAD   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6567      | E           |     | G COM GARMENT NECK/HEAD CUST |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6568      | E           |     | G COM GARMENT TORSO/SHLDR    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6569      | E           |     | G COM GARMNT TORSO/SHDR CUST |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6570      | E           |     | GRAD COM GARMENT GENITAL     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6571      | E           |     | G COM GARMENT GENITAL CUSTM  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6572      | E           |     | GRAD COM GARMENT TOE CAPS    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6573      | E           |     | GRAD COM GARMNT TOE CAP CUST |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6574      | E           |     | CUSTOM GRADIENT SLEEV/GLOV   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6575      | E           |     | GRADIENT COMP SLEEV/GLOV     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6576      | E           |     | CUSTOM GRAD COM SLEEVE MED   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6577      | E           |     | CUSTOM GRAD CM SLEEVE HEAVY  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6578      | E           |     | GRADIENT COMP SLEEVE         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6579      | E           |     | CUSTOM GRAD COM GLOVE MED    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6580      | E           |     | CUSTOM GRAD COM GLOVE HEAVY  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6581      | E           |     | GRADIENT COMP GLOVE          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6582      | E           |     | GRADIENT COMP GAUNTLET       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6583      | E           |     | GRAD COM WRAP W STRAPS BK    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6584      | E           |     | GRAD COM WRAP W STRAPS       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6585      | E           |     | GRAD COM WRAP W STRAPS AK    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6586      | E           |     | GRAD COM WRAP W STRAPS LEG   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6587      | E           |     | GRAD COM WRAP W STRAPS FOOT  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6588      | E           |     | GRAD COM WRAP W STRAPS ARM   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |

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| Proc<br>Cd | 2024<br>APC |     | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method      | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-------------|-----|------------------------------|------------------|-----|---------------|-------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Status      | Ind |                              |                  |     |               |             |                                        |                                    |                                           |  |                         |          |            |            |          |
| A6589      | E           |     | GRAD COM WRAP W STRAPS BRA   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6590      | N           |     | URINARY CATH DISP SUC PUMP   |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6591      | N           |     | URINARY CATH SUC PUMP        |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6593      | E           |     | GRAD COM ACCESSORY GMT_WRAP  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6594      | E           |     | G COMP BANDGE LINER LWR EXTR |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6595      | E           |     | G COMP BANDGE LINER UPR EXTR |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6596      | E           |     | G COMP BANDGE CONFORM GAUZE  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6597      | E           |     | G COMP BANDAGE LONG STRETCH  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6598      | E           |     | G COMP BANDAGE MED STRETCH   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6599      | E           |     | G COMP BANDAGE SHORT STRETCH |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6600      | E           |     | G COM BANDGE HGH DN FOAM SHT |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6601      | E           |     | G COM BANDGE HGH DN FOAM PAD |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6602      | E           |     | G COM BANDGE HGH DN FOAMROLL |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6603      | E           |     | G COM BANDGE LOW DN FOAMCHNL |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6604      | E           |     | G COM BANDGE LOW DN FOAM FLT |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6605      | E           |     | G COM BANDAGE PADDED FOAM    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6606      | E           |     | G COM BANDAGE PADDED TEXTILE |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6607      | E           |     | G COM BANDAGE TUB PROTCT LYR |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6608      | E           |     | G COM BANDAGE TUB PROTCT PAD |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6609      | E           |     | G COMPRESSION BANDAGING      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A6610      | E           |     | G COM STCKING BK 18-30 CUSTM |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A7000      | E           |     | DISPOSABLE CANISTER FOR PUMP |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A7001      | E           |     | NONDISPOSABLE PUMP CANISTER  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A7002      | E           |     | TUBING USED W SUCTION PUMP   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A7003      | E           |     | NEBULIZER ADMINISTRATION SET |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A7004      | E           |     | DISPOSABLE NEBULIZER SML VOL |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A7005      | E           |     | NONDISPOSABLE NEBULIZER SET  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A7006      | E           |     | FILTERED NEBULIZER ADMIN SET |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A7007      | E           |     | LG VOL NEBULIZER DISPOSABLE  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A7008      | E           |     | DISPOSABLE NEBULIZER PREFILL |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A7009      | E           |     | NEBULIZER RESERVOIR BOTTLE   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A7010      | E           |     | DISPOSABLE CORRUGATED TUBING |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A7012      | E           |     | NEBULIZER WATER COLLEC DEVIC |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A7013      | E           |     | DISPOSABLE COMPRESSOR FILTER |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A7014      | E           |     | COMPRESSOR NONDISPOS FILTER  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A7015      | E           |     | AEROSOL MASK USED W NEBULIZE |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A7016      | E           |     | NEBULIZER DOME & MOUTHPIECE  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A7017      | E           |     | NEBULIZER NOT USED W OXYGEN  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A7018      | E           |     | WATER DISTILLED W/NEBULIZER  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A7020      | E           |     | INTERFACE, COUGH STIM DEVICE |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A7021      | E           |     | SUPPL AND ACCESS LUNG EXPAN  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A7023      | E           |     | MECH ALLERGEN PARTI BARRIER  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A7025      | E           |     | REPLACE CHEST COMPRESS VEST  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A7026      | E           |     | REPLACE CHST CMPRSS SYS HOSE |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A7027      | E           |     | COMBINATION ORAL/NASAL MASK  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A7028      | E           |     | REPL ORAL CUSHION COMBO MASK |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A7029      | E           |     | REPL NASAL PILLOW COMB MASK  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A7030      | E           |     | CPAP FULL FACE MASK          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A7031      | E           |     | REPLACEMENT FACEMASK INTERFA |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A7032      | E           |     | REPLACEMENT NASAL CUSHION    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A7033      | E           |     | REPLACEMENT NASAL PILLOWS    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A7034      | E           |     | NASAL APPLICATION DEVICE     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A7035      | E           |     | POS AIRWAY PRESS HEADGEAR    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A7036      | E           |     | POS AIRWAY PRESS CHINSTRAP   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A7037      | E           |     | POS AIRWAY PRESSURE TUBING   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| A7038      | E           |     | POS AIRWAY PRESSURE FILTER   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |



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| Proc Cd | 2024 APC |     | 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 |
|---------|----------|-----|------------------------------|---------------|-----|------------|-------------|----------------------------------|------------------------------|----------------------------------|----------------------|----------|---------|---------|----------|
|         | Status   | Ind |                              |               |     |            |             |                                  |                              |                                  |                      |          |         |         |          |
| A7039   | E        |     | FILTER, NON DISPOSABLE W PAP |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A7040   | E        |     | ONE WAY CHEST DRAIN VALVE    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A7041   | E        |     | WATER SEAL DRAIN CONTAINER   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A7044   | E        |     | PAP ORAL INTERFACE           |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A7045   | E        |     | REPL EXHALATION PORT FOR PAP |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A7046   | E        |     | REPL WATER CHAMBER, PAP DEV  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A7047   | N        |     | RESP SUCTION ORAL INTERFACE  |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A7048   | N        |     | VACUUM DRAIN BOTTLE/TUBE KIT |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A7049   | E        |     | EPAP NASAL VALVE             |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A7501   | N        |     | TRACHEOSTOMA VALVE W DIAPHRA |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A7502   | N        |     | REPLACEMENT DIAPHRAGM/FPLATE |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A7503   | N        |     | HMES FILTER HOLDER OR CAP    |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A7504   | N        |     | TRACHEOSTOMA HMES FILTER     |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A7505   | N        |     | HMES OR TRACH VALVE HOUSING  |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A7506   | N        |     | HMES/TRACHVALVE ADHESIVEDISK |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A7507   | N        |     | INTEGRATED FILTER & HOLDER   |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A7508   | N        |     | HOUSING & INTEGRATED ADHESIV |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A7509   | N        |     | HEAT & MOISTURE EXCHANGE SYS |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A7520   | E        |     | TRACH/LARYN TUBE NON-CUFFED  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A7521   | E        |     | TRACH/LARYN TUBE CUFFED      |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A7522   | E        |     | TRACH/LARYN TUBE STAINLESS   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A7523   | E        |     | TRACHEOSTOMY SHOWER PROTECT  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A7524   | E        |     | TRACHEOSTOMA STENT/STUD/BTTN |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A7525   | E        |     | TRACHEOSTOMY MASK            |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A7526   | E        |     | TRACHEOSTOMY TUBE COLLAR     |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A7527   | E        |     | TRACH/LARYN TUBE PLUG/STOP   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A8000   | E        |     | SOFT PROTECT HELMET PREFAB   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A8001   | E        |     | HARD PROTECT HELMET PREFAB   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A8002   | E        |     | SOFT PROTECT HELMET CUSTOM   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A8003   | E        |     | HARD PROTECT HELMET CUSTOM   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A8004   | E        |     | REPL SOFT INTERFACE, HELMET  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A9150   | E        |     | MISC/EXPER NON-PRESCRIPT DRU |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A9152   | E        |     | SINGLE VITAMIN NOS           |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A9153   | E        |     | MULTI-VITAMIN NOS            |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A9156   | N        |     | ORAL MUCOADHESIVE PER 1 ML   |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A9180   | E        |     | LICE TREATMENT, TOPICAL      |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A9268   | E        |     | PROGRAMMER ORALLY INGEST CAP |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A9269   | E        |     | PROGRAMABLE INGEST CAPSULE   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A9270   | E        |     | NON-COVERED ITEM OR SERVICE  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A9272   | E        |     | DISP WOUND SUCT, DRSG/ACCESS |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A9273   | E        |     | HOT/COLD BOTLE/CAP/COL/WRAP  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A9274   | E        |     | EXT AMB INSULIN DELIVERY SYS |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A9275   | E        |     | DISP HOME GLUCOSE MONITOR    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A9276   | E        |     | DISPOSABLE SENSOR, CGM SYS   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A9277   | E        |     | EXTERNAL TRANSMITTER, CGM    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A9278   | E        |     | EXTERNAL RECEIVER, CGM SYS   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A9279   | E        |     | MONITORING FEATURE/DEVICENOC |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A9280   | E        |     | ALERT DEVICE, NOC            |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A9281   | E        |     | REACHING/GRABBING DEVICE     |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A9282   | E        |     | WIG ANY TYPE                 |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A9283   | E        |     | FOOT PRESS OFF LOAD SUPP DEV |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A9284   | N        |     | NON-ELECTRONIC SPIROMETER    |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A9285   | E        |     | INVERSION EVERSION COR DEVIC |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A9286   | E        |     | ANY HYGIENIC ITEM, DEVICE    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A9291   | E        |     | PRES DIG COG BEHAV THERA FDA |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A9292   | E        |     | PRES DIG VISUAL THERAPY FDA  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |

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| Proc Cd | 2024 APC |     | 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 |
|---------|----------|-----|------------------------------|---------------|-------|------------|------------------------------------|----------------------------------|------------------------------|----------------------------------|----------------------|----------|---------|---------|----------|
|         | Status   | Ind |                              |               |       |            |                                    |                                  |                              |                                  |                      |          |         |         |          |
| A9293   | E        |     | FERTILITY CYCL TRACKING SOFT |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A9300   | E        |     | EXERCISE EQUIPMENT           |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A9500   | N        |     | TC99M SESTAMIBI              |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A9501   | N        |     | TECHNETIUM TC-99M TEBOROXIME |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A9502   | N        |     | TC99M TETROFOSMIN            |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A9503   | N        |     | TC99M MEDRONATE              |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A9504   | N        |     | TC99M APCITIDE               |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A9505   | N        |     | TL201 THALLIUM               |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A9506   | G        |     | TC-99M GRAPHITE CRUCIBLE     |               | -     | -          | APC – pays by fee schedule amount  | \$328.60                         |                              |                                  | -                    | -        | 000     | 999     |          |
| A9507   | N        |     | IN111 CAPROMAB               |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A9508   | N        |     | I131 IODOBENGUATE, DX        |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A9509   | N        |     | IODINE I-123 SOD IODIDE MIL  |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A9510   | N        |     | TC99M DISOFENIN              |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A9512   | N        |     | TC99M PERTECHNETATE          |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A9513   | K        |     | LUTETIUM LU 177 DOTATAT THER |               | 09067 | 4.8789     | APC (blood and non-blood products) | \$296.25                         |                              |                                  | -                    | -        | 000     | 999     |          |
| A9515   | K        |     | CHOLINE C-11                 |               | 09461 | 33.9746    | APC (blood and non-blood products) | \$2,062.94                       |                              |                                  | -                    | -        | 000     | 999     |          |
| A9516   | N        |     | IODINE I-123 SOD IODIDE MIC  |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A9517   | K        |     | I131 IODIDE CAP, RX          |               | 01064 | 0.3809     | APC (blood and non-blood products) | \$23.13                          |                              |                                  | -                    | -        | 000     | 999     |          |
| A9520   | N        |     | TC99 TILMANOCEPT DIAG 0.5MCI |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A9521   | K        |     | TC99M EXAMETAZIME            |               | 00766 | -          | APC (blood and non-blood products) | \$802.34                         |                              |                                  | -                    | -        | 000     | 999     |          |
| A9524   | N        |     | I131 SERUM ALBUMIN, DX       |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A9526   | N        |     | NITROGEN N-13 AMMONIA        |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A9527   | U        |     | IODINE I-125 SODIUM IODIDE   |               | 02632 | 2.3391     | APC                                | \$142.03                         |                              |                                  | -                    | -        | 000     | 999     |          |
| A9528   | N        |     | IODINE I-131 IODIDE CAP, DX  |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A9529   | N        |     | I131 IODIDE SOL, DX          |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A9530   | K        |     | I131 IODIDE SOL, RX          |               | 01150 | 0.3439     | APC (blood and non-blood products) | \$20.88                          |                              |                                  | -                    | -        | 000     | 999     |          |
| A9531   | N        |     | I131 MAX 100UCI              |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A9532   | N        |     | I125 SERUM ALBUMIN, DX       |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A9536   | N        |     | TC99M DEPREOTIDE             |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A9537   | N        |     | TC99M MEBROFENIN             |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A9538   | N        |     | TC99M PYROPHOSPHATE          |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A9539   | N        |     | TC99M PENTETATE              |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A9540   | N        |     | TC99M MAA                    |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A9541   | N        |     | TC99M SULFUR COLLOID         |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A9542   | K        |     | IN111 IBRITUMOMAB, DX        |               | 00769 | 13.1426    | APC (blood and non-blood products) | \$798.02                         |                              |                                  | -                    | -        | 000     | 999     |          |
| A9543   | K        |     | Y90 IBRITUMOMAB, RX          |               | 01643 | 935.8457   | APC (blood and non-blood products) | \$56,824.55                      |                              |                                  | -                    | -        | 000     | 999     |          |
| A9546   | N        |     | CO57/58                      |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A9547   | K        |     | IN111 OXYQUINOLINE           |               | 00770 | 12.7246    | APC (blood and non-blood products) | \$772.64                         |                              |                                  | -                    | -        | 000     | 999     |          |
| A9548   | K        |     | IN111 PENTETATE              |               | 00771 | 11.7801    | APC (blood and non-blood products) | \$715.29                         |                              |                                  | -                    | -        | 000     | 999     |          |
| A9550   | N        |     | TC99M GLUCEPTATE             |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A9551   | N        |     | TC99M SUCCIMER               |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A9552   | N        |     | F18 FDG                      |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A9553   | N        |     | CR51 CHROMATE                |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A9554   | N        |     | I125 IOTHALAMATE, DX         |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A9555   | N        |     | RB82 RUBIDIUM                |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A9556   | N        |     | GA67 GALLIUM                 |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A9557   | K        |     | TC99M BICISATE               |               | 00774 | 11.2615    | APC (blood and non-blood products) | \$683.80                         |                              |                                  | -                    | -        | 000     | 999     |          |
| A9558   | N        |     | XE133 XENON 10MCI            |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A9559   | N        |     | CO57 CYANO                   |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A9560   | N        |     | TC99M LABELED RBC            |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A9561   | N        |     | TC99M OXIDRONATE             |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A9562   | N        |     | TC99M MERTIATIDE             |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A9563   | K        |     | P32 NA PHOSPHATE             |               | 01675 | 2.9499     | APC (blood and non-blood products) | \$179.12                         |                              |                                  | -                    | -        | 000     | 999     |          |
| A9564   | E        |     | P32 CHROMIC PHOSPHATE        |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A9566   | N        |     | TC99M FANOLESOMAB            |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| A9567   | N        |     | TECHNETIUM TC-99M AEROSOL    |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |

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| Proc Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC<br>Weight | Method  | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|---------|------------------------------|------------------------------|------------------|---------------|---------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|         |                              |                              |                  |               |         |                                        |                                    |                                           |                         |          |            |            |          |
| A9568   | K                            | TECHNETIUM TC99M ARCITUMOMAB |                  | 00775         | 13.3319 | APC (blood and non-blood products)     |                                    |                                           | -                       | -        | 000        | 999        |          |
| A9569   | K                            | TECHNETIUM TC-99M AUTO WBC   |                  | 00776         | 17.1331 | APC (blood and non-blood products)     |                                    |                                           | -                       | -        | 000        | 999        |          |
| A9570   | K                            | INDIUM IN-111 AUTO WBC       |                  | 00777         | 16.9860 | APC (blood and non-blood products)     |                                    |                                           | -                       | -        | 000        | 999        |          |
| A9571   | N                            | INDIUM IN-111 AUTO PLATELET  |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| A9572   | K                            | INDIUM IN-111 PENTETREOTIDE  |                  | 00779         | 31.5318 | APC (blood and non-blood products)     |                                    |                                           | -                       | -        | 000        | 999        |          |
| A9573   | N                            | INJ, GADOPICLENOL, 1 ML      |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| A9575   | N                            | INJ GADOTERATE MEGLUMI 0.1ML |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| A9576   | N                            | INJ PROHANCE MULTIPACK       |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| A9577   | N                            | INJ MULTIHANCE               |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| A9578   | N                            | INJ MULTIHANCE MULTIPACK     |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| A9579   | N                            | GAD-BASE MR CONTRAST NOS,1ML |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| A9580   | N                            | SODIUM FLUORIDE F-18         |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| A9581   | N                            | GADOXETATE DISODIUM INJ      |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| A9582   | K                            | IODINE I-123 IOBENGUANE      |                  | 00780         | 72.1474 | APC (blood and non-blood products)     |                                    |                                           | -                       | -        | 000        | 999        |          |
| A9583   | N                            | GADOFOSVESET TRISODIUM INJ   |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| A9584   | K                            | IODINE I-123 IOFLUPANE       |                  | 00781         | 31.6290 | APC (blood and non-blood products)     |                                    |                                           | -                       | -        | 018        | 999        |          |
| A9585   | N                            | GADOBUTROL INJECTION         |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 002        | 999        |          |
| A9586   | K                            | FLORBETAPIR F18              |                  | 01664         | 49.8821 | APC (blood and non-blood products)     |                                    |                                           | -                       | Y        | 000        | 999        |          |
| A9587   | K                            | GALLIUM GA-68                |                  | 09056         | 52.3715 | APC (blood and non-blood products)     |                                    |                                           | -                       | -        | 000        | 999        |          |
| A9588   | K                            | FLUCICLOVINE F-18            |                  | 09052         | 82.6379 | APC (blood and non-blood products)     |                                    |                                           | -                       | -        | 000        | 999        |          |
| A9589   | N                            | INSTI HEXAMINOLEVULINATE HCL |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| A9590   | N                            | IODINE I-131 IOBENGUANE 1MCI |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| A9591   | K                            | FLUOROESTRADIOL F 18         |                  | 09370         | 11.4251 | APC (blood and non-blood products)     |                                    |                                           | -                       | -        | 000        | 999        |          |
| A9592   | K                            | COPPER CU 64 DOTATATE DIAG   |                  | 09383         | 15.7999 | APC (blood and non-blood products)     |                                    |                                           | -                       | -        | 000        | 999        |          |
| A9593   | K                            | GALLIUM GA-68 PSMA-11 UCSF   |                  | 09409         | 15.1868 | APC (blood and non-blood products)     |                                    |                                           | -                       | -        | 000        | 999        |          |
| A9594   | K                            | GALLIUM GA-68 PSMA-11, UCLA  |                  | 09410         | 14.8695 | APC (blood and non-blood products)     |                                    |                                           | -                       | -        | 000        | 999        |          |
| A9595   | K                            | PIFLU F-18, DIA 1 MILLICURIE |                  | 09430         | 10.5346 | APC (blood and non-blood products)     |                                    |                                           | -                       | -        | 000        | 999        |          |
| A9596   | G                            | GALLIUM ILLUCCIX 1 MILLICURE |                  | -             | -       | APC – pays by fee schedule amount      |                                    |                                           | -                       | -        | 000        | 999        |          |
| A9597   | N                            | PET, DX, FOR TUMOR ID, NOC   |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| A9598   | N                            | PET DX FOR NON-TUMOR ID, NOC |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| A9600   | K                            | SR89 STRONTIUM               |                  | 00701         | 68.2861 | APC (blood and non-blood products)     |                                    |                                           | -                       | -        | 000        | 999        |          |
| A9601   | G                            | FLORTAUCIPIR INJ 1 MILLICURI |                  | -             | -       | APC – pays by fee schedule amount      |                                    |                                           | -                       | -        | 000        | 999        |          |
| A9602   | G                            | FLUORODOPA F-18 DIAG PER MCI |                  | -             | -       | APC – pays by fee schedule amount      |                                    |                                           | -                       | -        | 000        | 999        |          |
| A9603   | N                            | INJ, PAFOLACIANINE, 0.1 MG   |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| A9604   | K                            | SM 153 LEXIDRONAM            |                  | 01295         | 71.0624 | APC (blood and non-blood products)     |                                    |                                           | -                       | -        | 000        | 999        |          |
| A9606   | K                            | RADIUM RA223 DICHLORIDE THER |                  | 01745         | 2.7706  | APC (blood and non-blood products)     |                                    |                                           | -                       | -        | 000        | 999        |          |
| A9607   | G                            | LUTETIUM LU 177 VIPIVOTIDE   |                  | -             | -       | APC – pays by fee schedule amount      |                                    |                                           | -                       | -        | 000        | 999        |          |
| A9608   | G                            | FLOTUFOLASTAT F18 DIAG 1 MCI |                  | -             | -       | APC – pays by fee schedule amount      |                                    |                                           | -                       | -        | 000        | 999        |          |
| A9609   | E                            | F18 FDG, 15 MILLICURIES      |                  | -             | -       | Not Allowed                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| A9610   | N                            | XE129 XENON, DIAGNOSTIC      |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| A9615   | G                            | INJ, PEGULICIANINE, 1 MG     |                  | -             | -       | APC – pays by fee schedule amount      |                                    |                                           | -                       | -        | 000        | 999        |          |
| A9697   | G                            | INJ, MAGTRACE PER STUDY DOSE |                  | -             | -       | APC – pays by fee schedule amount      |                                    |                                           | -                       | -        | 000        | 999        |          |
| A9698   | N                            | NON-RAD CONTRAST MATERIALNOC |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| A9699   | N                            | RADIOPHARM RX AGENT NOC      |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| A9700   | N                            | ECHOCARDIOGRAPHY CONTRAST    |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| A9800   | G                            | GALLIUM LOCAMETZ 1 MILLICURI |                  | -             | -       | APC – pays by fee schedule amount      |                                    |                                           | -                       | -        | 000        | 999        |          |
| A9900   | E                            | SUPPLY/ACCESSORY/SERVICE     |                  | -             | -       | Not Allowed                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| A9901   | E                            | DELIVERY/SET UP/DISPENSING   |                  | -             | -       | Not Allowed                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| A9999   | E                            | DME SUPPLY OR ACCESSORY, NOS |                  | -             | -       | Not Allowed                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| B4034   | E                            | ENTER FEED SUPKIT SYR BY DAY |                  | -             | -       | Not Allowed                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| B4035   | E                            | ENTERAL FEED SUPP PUMP PER D |                  | -             | -       | Not Allowed                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| B4036   | E                            | ENTERAL FEED SUP KIT GRAV BY |                  | -             | -       | Not Allowed                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| B4081   | E                            | ENTERAL NG TUBING W/ STYLET  |                  | -             | -       | Not Allowed                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| B4082   | E                            | ENTERAL NG TUBING W/O STYLET |                  | -             | -       | Not Allowed                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| B4083   | E                            | ENTERAL STOMACH TUBE LEVINE  |                  | -             | -       | Not Allowed                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| B4087   | E                            | GASTRO/JEJUNO TUBE, STD      |                  | -             | -       | Not Allowed                            |                                    |                                           | -                       | -        | 000        | 999        |          |

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| Proc<br>Cd | 2024<br>APC<br>Status |  | Proc Desc                    | Proc<br>Modifier | APC   | APC<br>Weight | Method      | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-----------------------|--|------------------------------|------------------|-------|---------------|-------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Ind                   |  |                              |                  |       |               |             |                                        |                                    |                                           |  |                         |          |            |            |          |
| B4088      | E                     |  | GASTRO/JEJUNO TUBE, LOW-PRO  |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| B4100      | E                     |  | FOOD THICKENER ORAL          |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| B4102      | E                     |  | EF ADULT FLUIDS AND ELECTRO  |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| B4103      | E                     |  | EF PED FLUID AND ELECTROLYTE |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| B4104      | E                     |  | ADDITIVE FOR ENTERAL FORMULA |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| B4105      | E                     |  | ENZYME CARTRIDGE ENTERAL NUT |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| B4148      | E                     |  | ENTERAL FEED ELASTOMER DAILY |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| B4149      | E                     |  | EF BLENDERIZED FOODS         |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| B4150      | E                     |  | EF COMPLET W/INTACT NUTRIENT |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| B4152      | E                     |  | EF CALORIE DENSE>/=1.5KCAL   |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| B4153      | E                     |  | EF HYDROLYZED/AMINO ACIDS    |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| B4154      | E                     |  | EF SPEC METABOLIC NONINHERIT |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| B4155      | E                     |  | EF INCOMPLETE/MODULAR        |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| B4157      | E                     |  | EF SPECIAL METABOLIC INHERIT |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| B4158      | E                     |  | EF PED COMPLETE INTACT NUT   |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| B4159      | E                     |  | EF PED COMPLETE SOY BASED    |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| B4160      | E                     |  | EF PED CALORIC DENSE>/=0.7KC |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| B4161      | E                     |  | EF PED HYDROLYZED/AMINO ACID |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| B4162      | E                     |  | EF PED SPECMETABOLIC INHERIT |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| B4164      | E                     |  | PARENTERAL 50% DEXTROSE SOLU |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| B4168      | E                     |  | PARENTERAL SOL AMINO ACID 3. |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| B4172      | E                     |  | PARENTERAL SOL AMINO ACID 5. |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| B4176      | E                     |  | PARENTERAL SOL AMINO ACID 7- |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| B4178      | E                     |  | PARENTERAL SOL AMINO ACID >  |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| B4180      | E                     |  | PARENTERAL SOL CARB > 50%    |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| B4185      | E                     |  | PN SOLN NOS 10 GRAMS LIPIDS  |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| B4187      | E                     |  | OMEGAVEN, 10 GRAMS LIPIDS    |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| B4189      | E                     |  | PARENTERAL SOL AMINO ACID &  |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| B4193      | E                     |  | PARENTERAL SOL 52-73 GM PROT |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| B4197      | E                     |  | PARENTERAL SOL 74-100 GM PRO |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| B4199      | E                     |  | PARENTERAL SOL > 100GM PROTE |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| B4216      | E                     |  | PARENTERAL NUTRITION ADDITIV |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| B4220      | E                     |  | PARENTERAL SUPPLY KIT PREMIX |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| B4222      | E                     |  | PARENTERAL SUPPLY KIT HOMEMI |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| B4224      | E                     |  | PARENTERAL ADMINISTRATION KI |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| B5000      | E                     |  | PARENTERAL SOL RENAL-AMIROSY |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| B5100      | E                     |  | PARENTERAL SOLUTION HEPATIC  |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| B5200      | E                     |  | PARENTERAL SOL HEPATIC FREAM |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| B9002      | E                     |  | ENTER NUTR INF PUMP ANY TYPE |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| B9004      | E                     |  | PARENTERAL INFUS PUMP PORTAB |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| B9006      | E                     |  | PARENTERAL INFUS PUMP STATIO |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| B9998      | E                     |  | ENTERAL SUPP NOT OTHERWISE C |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| B9999      | E                     |  | PARENTERAL SUPP NOT OTHRWS C |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| C1052      | N                     |  | HEMOSTATIC AGENT, GI, TOPIC  |                  | -     | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| C1062      | N                     |  | INTRAVERTEBRAL FX AUG IMPL   |                  | -     | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| C1600      | H                     |  | CATH, BLADED, VASC PREP      |                  | -     | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| C1601      | H                     |  | ENDO, SINGLE, PULMONARY      |                  | -     | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| C1602      | H                     |  | ORTH/MATRX/BN FILL DRUG-ELUT |                  | -     | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| C1603      | H                     |  | RET DEV, LASER, IVC FILTER   |                  | -     | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| C1604      | H                     |  | GRFT, TRNSMURL/TRNSVENS BYPS |                  | -     | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| C1605      | H                     |  | PMKR, DUAL, LEADLESS         |                  | -     | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| C1606      | H                     |  | ADAPTER, US TO ENDOSCOPE     |                  | -     | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| C1713      | N                     |  | ANCHOR/SCREW BN/BN,TIS/BN    |                  | -     | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| C1714      | N                     |  | CATH, TRANS ATHERECTOMY, DIR |                  | -     | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| C1715      | N                     |  | BRACHYTHERAPY NEEDLE         |                  | -     | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| C1716      | U                     |  | BRACHYTX, NON-STR, GOLD-198  |                  | 02645 | 9.7380        | APC         | \$591.29                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |



Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
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| Proc<br>Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC   | APC<br>Weight | Method  | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|------------------------------|------------------------------|------------------|-------|---------------|---------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|            |                              |                              |                  |       |               |         |                                        |                                    |                                           |                         |          |            |            |          |
| C1717      | U                            | BRACHYTX, NON-STR,HDR IR-192 |                  | 02646 | 3.8398        | APC     | \$233.15                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| C1719      | U                            | BRACHYTX, NS, NON-HDRIR-192  |                  | 02647 | 6.3307        | APC     | \$384.40                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| C1721      | N                            | AICD, DUAL CHAMBER           |                  | -     | -             | Bundled | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C1722      | N                            | AICD, SINGLE CHAMBER         |                  | -     | -             | Bundled | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C1724      | N                            | CATH, TRANS ATHEREC,ROTATION |                  | -     | -             | Bundled | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C1725      | N                            | CATH, TRANSLUMIN NON-LASER   |                  | -     | -             | Bundled | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C1726      | N                            | CATH, BAL DIL, NON-VASCULAR  |                  | -     | -             | Bundled | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C1727      | N                            | CATH, BAL TIS DIS, NON-VAS   |                  | -     | -             | Bundled | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C1728      | N                            | CATH, BRACHYTX SEED ADM      |                  | -     | -             | Bundled | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C1729      | N                            | CATH, DRAINAGE               |                  | -     | -             | Bundled | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C1730      | N                            | CATH, EP, 19 OR FEW ELECT    |                  | -     | -             | Bundled | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C1731      | N                            | CATH, EP, 20 OR MORE ELEC    |                  | -     | -             | Bundled | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C1732      | N                            | CATH, EP, DIAG/ABL, 3D/VECT  |                  | -     | -             | Bundled | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C1733      | N                            | CATH, EP, OTHR THAN COOL-TIP |                  | -     | -             | Bundled | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C1734      | N                            | ORTH/DEVIC/DRUG BN/BN,TIS/BN |                  | -     | -             | Bundled | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C1735      | H                            | CATH RENAL DENERV RADIOFREQ  |                  | -     | -             | Bundled | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C1736      | H                            | CATH RENAL DENERV ULTRASND   |                  | -     | -             | Bundled | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C1737      | H                            | SI&PELVIS FUSN&FIXN DEV      |                  | -     | -             | Bundled | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C1738      | H                            | POWER ENDO US-GUID BX DEV    |                  | -     | -             | Bundled | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C1739      | H                            | TISSUE MARKER, DETECTABLE    |                  | -     | -             | Bundled | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C1747      | H                            | ENDO, SINGLE, URINARY TRACT  |                  | -     | -             | Bundled | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C1748      | N                            | ENDOSCOPE, SINGLE, UGI       |                  | -     | -             | Bundled | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C1749      | N                            | ENDO, COLON, RETRO IMAGING   |                  | -     | -             | Bundled | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C1750      | N                            | CATH, HEMODIALYSIS,LONG-TERM |                  | -     | -             | Bundled | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C1751      | N                            | CATH, INF, PER/CENT/MIDLINE  |                  | -     | -             | Bundled | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C1752      | N                            | CATH,HEMODIALYSIS,SHORT-TERM |                  | -     | -             | Bundled | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C1753      | N                            | CATH, INTRAVAS ULTRASOUND    |                  | -     | -             | Bundled | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C1754      | N                            | CATHETER, INTRADISCAL        |                  | -     | -             | Bundled | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C1755      | N                            | CATHETER, INTRASPINAL        |                  | -     | -             | Bundled | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C1756      | N                            | CATH, PACING, TRANSESOPH     |                  | -     | -             | Bundled | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C1757      | N                            | CATH, THROMBECTOMY/EMBOLECT  |                  | -     | -             | Bundled | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C1758      | N                            | CATHETER, URETERAL           |                  | -     | -             | Bundled | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C1759      | N                            | CATH, INTRA ECHOCARDIOGRAPHY |                  | -     | -             | Bundled | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C1760      | N                            | CLOSURE DEV, VASC            |                  | -     | -             | Bundled | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C1761      | N                            | CATH, TRANS INTRA LITHO/CORO |                  | -     | -             | Bundled | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C1762      | N                            | CONN TISS, HUMAN(INC FASCIA) |                  | -     | -             | Bundled | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C1763      | N                            | CONN TISS, NON-HUMAN         |                  | -     | -             | Bundled | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C1764      | N                            | EVENT RECORDER, CARDIAC      |                  | -     | -             | Bundled | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C1765      | N                            | ADHESION BARRIER             |                  | -     | -             | Bundled | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C1766      | N                            | INTRO/SHEATH,STRBLE,NON-PEEL |                  | -     | -             | Bundled | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C1767      | N                            | GENERATOR, NEURO NON-RECHARG |                  | -     | -             | Bundled | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C1768      | N                            | GRAFT, VASCULAR              |                  | -     | -             | Bundled | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C1769      | N                            | GUIDE WIRE                   |                  | -     | -             | Bundled | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C1770      | N                            | IMAGING COIL, MR, INSERTABLE |                  | -     | -             | Bundled | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C1771      | N                            | REP DEV, URINARY, W/SLING    |                  | -     | -             | Bundled | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C1772      | N                            | INFUSION PUMP, PROGRAMMABLE  |                  | -     | -             | Bundled | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C1773      | N                            | RET DEV, INSERTABLE          |                  | -     | -             | Bundled | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C1776      | N                            | JOINT DEVICE (IMPLANTABLE)   |                  | -     | -             | Bundled | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C1777      | N                            | LEAD, AICD, ENDO SINGLE COIL |                  | -     | -             | Bundled | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C1778      | N                            | LEAD, NEUROSTIMULATOR        |                  | -     | -             | Bundled | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C1779      | N                            | LEAD, PMKR, TRANSVENOUS VDD  |                  | -     | -             | Bundled | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C1780      | N                            | LENS, INTRAOCULAR (NEW TECH) |                  | -     | -             | Bundled | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C1781      | N                            | MESH (IMPLANTABLE)           |                  | -     | -             | Bundled | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C1782      | N                            | MORCELLATOR                  |                  | -     | -             | Bundled | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C1783      | N                            | OCULAR IMP, AQUEOUS DRAIN DE |                  | -     | -             | Bundled | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C1784      | N                            | OCULAR DEV, INTRAOP, DET RET |                  | -     | -             | Bundled | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |

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| Proc<br>Cd | 2024<br>APC |     | Proc Desc                      | Proc<br>Modifier | APC | APC<br>Weight | Method      | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-------------|-----|--------------------------------|------------------|-----|---------------|-------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Status      | Ind |                                |                  |     |               |             |                                        |                                    |                                           |  |                         |          |            |            |          |
| C1785      | N           |     | PMKR, DUAL, RATE-RESP          |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| C1786      | N           |     | PMKR, SINGLE, RATE-RESP        |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| C1787      | N           |     | PATIENT PROGR, NEUROSTIM       |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| C1788      | N           |     | PORT, INDWELLING, IMP          |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| C1789      | N           |     | PROSTHESIS, BREAST, IMP        |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| C1813      | E           |     | PROSTHESIS, PENILE, INFLATAB   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| C1814      | N           |     | RETINAL TAMP, SILICONE OIL     |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| C1815      | N           |     | PROS, URINARY SPH, IMP         |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| C1816      | N           |     | RECEIVER/TRANSMITTER, NEURO    |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| C1817      | N           |     | SEPTAL DEFECT IMP SYS          |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| C1818      | N           |     | INTEGRATED KERATOPROSTHESIS    |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| C1819      | N           |     | TISSUE LOCALIZATION-EXCISION   |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| C1820      | N           |     | GENERATOR NEURO RECHG BAT SY   |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | Y        | 000        | 999        |          |
| C1821      | N           |     | INTERSPINOUS IMPLANT           |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| C1822      | N           |     | GEN, NEURO, HF, RECHG BAT      |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| C1823      | N           |     | GEN, NEURO, TRANS SEN/STIM     |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| C1824      | N           |     | GENERATOR, CCM, IMPLANT        |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| C1825      | N           |     | GEN, NEURO, CAROT SINUS BARO   |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| C1826      | H           |     | GEN, NEURO, CLO LOOP, RECHG    |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| C1827      | H           |     | GEN, NEURO, IMP LED, EX CNTR   |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| C1830      | N           |     | POWER BONE MARROW BX NEEDLE    |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| C1831      | E           |     | PERSONALIZED INTERBODY CAGE    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| C1832      | N           |     | AUTO CELL PROCESS SYS          |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| C1833      | N           |     | CARDIAC MONITOR SYS            |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| C1839      | N           |     | IRIS PROSTHESIS                |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| C1840      | N           |     | TELESCOPIC INTRAOCULAR LENS    |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| C1874      | N           |     | STENT, COATED/COV W/DEL SYS    |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| C1875      | N           |     | STENT, COATED/COV W/O DEL SY   |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| C1876      | N           |     | STENT, NON-COA/NON-COV W/DEL   |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| C1877      | N           |     | STENT, NON-COAT/COV W/O DEL    |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| C1878      | N           |     | MATRL FOR VOCAL CORD           |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| C1880      | N           |     | VENA CAVA FILTER               |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| C1881      | N           |     | DIALYSIS ACCESS SYSTEM         |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| C1882      | N           |     | AICD, OTHER THAN SING/DUAL     |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| C1883      | N           |     | ADAPT/EXT, PACING/NEURO LEAD   |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| C1884      | N           |     | EMBOLIZATION PROTECT SYST      |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| C1885      | N           |     | CATH, TRANSLUMIN ANGIO LASER   |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| C1886      | N           |     | CATHETER, ABLATION             |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| C1887      | N           |     | CATHETER, GUIDING              |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| C1888      | N           |     | ENDOVAS NON-CARDIAC ABL CATH   |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| C1889      | N           |     | IMPLANT/INSERT DEVICE, NOC     |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| C1890      | E           |     | NO DEVICE W/DEV-INTENSIVE PX   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| C1891      | N           |     | INFUSION PUMP,NON-PROG, PERM   |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| C1892      | N           |     | INTRO/SHEATH, FIXED, PEEL-AWAY |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| C1893      | N           |     | INTRO/SHEATH, FIXED, NON-PEEL  |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| C1894      | N           |     | INTRO/SHEATH, NON-LASER        |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| C1895      | N           |     | LEAD, AICD, ENDO DUAL COIL     |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| C1896      | N           |     | LEAD, AICD, NON SING/DUAL      |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| C1897      | N           |     | LEAD, NEUROSTIM TEST KIT       |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| C1898      | N           |     | LEAD, PMKR, OTHER THAN TRANS   |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| C1899      | N           |     | LEAD, PMKR/AICD COMBINATION    |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| C1900      | N           |     | LEAD, CORONARY VENOUS          |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| C1982      | N           |     | CATH, PRESSURE, VALVE-OCCLU    |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| C2596      | N           |     | PROBE, ROBOTIC, WATER-JET      |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| C2613      | N           |     | LUNG BX PLUG W/DEL SYS         |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| C2614      | N           |     | PROBE, PERC LUMB DISC          |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC   | APC<br>Weight | Method      | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|---------|------------------------------|------------------------------|------------------|-------|---------------|-------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|         |                              |                              |                  |       |               |             |                                        |                                    |                                           |                         |          |            |            |          |
| C2615   | N                            | SEALANT, PULMONARY, LIQUID   |                  | -     | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C2616   | U                            | BRACHYTX, NON-STR,YTTRIUM-90 |                  | 02616 | 196.0895      | APC         | \$11,906.55                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| C2617   | N                            | STENT, NON-COR, TEM W/O DEL  |                  | -     | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C2618   | N                            | PROBE/NEEDLE, CRYO           |                  | -     | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C2619   | N                            | PMKR, DUAL, NON RATE-RESP    |                  | -     | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C2620   | N                            | PMKR, SINGLE, NON RATE-RESP  |                  | -     | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C2621   | N                            | PMKR, OTHER THAN SING/DUAL   |                  | -     | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C2622   | E                            | PROSTHESIS, PENILE, NON-INF  |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C2623   | N                            | CATH, TRANSLUMIN, DRUG-COAT  |                  | -     | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C2624   | N                            | WIRELESS PRESSURE SENSOR     |                  | -     | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C2625   | N                            | STENT, NON-COR, TEM W/DEL SY |                  | -     | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C2626   | N                            | INFUSION PUMP, NON-PROG,TEMP |                  | -     | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C2627   | N                            | CATH, SUPRAPUBIC/CYSTOSCOPIC |                  | -     | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C2628   | N                            | CATHETER, OCCLUSION          |                  | -     | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C2629   | N                            | INTRO/SHEATH, LASER          |                  | -     | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C2630   | N                            | CATH, EP, COOL-TIP           |                  | -     | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C2631   | N                            | REP DEV, URINARY, W/O SLING  |                  | -     | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C2634   | U                            | BRACHYTX, NON-STR, HA, I-125 |                  | 02634 | 1.8262        | APC         | \$110.89                               |                                    |                                           | -                       | Y        | 000        | 999        |          |
| C2635   | U                            | BRACHYTX, NON-STR, HA, P-103 |                  | 02635 | 0.7781        | APC         | \$47.25                                |                                    |                                           | -                       | Y        | 000        | 999        |          |
| C2636   | U                            | BRACHY LINEAR, NON-STR,P-103 |                  | 02636 | 0.5934        | APC         | \$36.03                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| C2637   | E                            | BRACHY,NON-STR,YTTERBIUM-169 |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C2638   | U                            | BRACHYTX, STRANDED, I-125    |                  | 02638 | 0.4154        | APC         | \$25.22                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| C2639   | U                            | BRACHYTX, NON-STRANDED,I-125 |                  | 02639 | 0.3938        | APC         | \$23.91                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| C2640   | U                            | BRACHYTX, STRANDED, P-103    |                  | 02640 | 0.7816        | APC         | \$47.46                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| C2641   | U                            | BRACHYTX, NON-STRANDED,P-103 |                  | 02641 | 0.8946        | APC         | \$54.32                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| C2642   | U                            | BRACHYTX, STRANDED, C-131    |                  | 02642 | 1.2096        | APC         | \$73.45                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| C2643   | U                            | BRACHYTX, NON-STRANDED,C-131 |                  | 02643 | 1.0829        | APC         | \$65.75                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| C2644   | E                            | BRACHYTX CESIUM-131 CHLORIDE |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C2645   | U                            | BRACHYTX PLANAR, P-103       |                  | 02648 | 0.0526        | APC         | \$3.19                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C2698   | U                            | BRACHYTX, STRANDED, NOS      |                  | 02698 | 0.4154        | APC         | \$25.22                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| C2699   | U                            | BRACHYTX, NON-STRANDED, NOS  |                  | 02699 | 0.3938        | APC         | \$23.91                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| C5271   | T                            | LOW COST SKIN SUBSTITUTE APP |                  | 05053 | 6.8648        | APC         | \$416.83                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| C5272   | N                            | LOW COST SKIN SUBSTITUTE APP |                  | -     | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C5273   | T                            | LOW COST SKIN SUBSTITUTE APP |                  | 05054 | 20.5142       | APC         | \$1,245.62                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| C5274   | N                            | LOW COST SKIN SUBSTITUTE APP |                  | -     | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C5275   | T                            | LOW COST SKIN SUBSTITUTE APP |                  | 05053 | 6.8648        | APC         | \$416.83                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| C5276   | N                            | LOW COST SKIN SUBSTITUTE APP |                  | -     | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C5277   | T                            | LOW COST SKIN SUBSTITUTE APP |                  | 05053 | 6.8648        | APC         | \$416.83                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| C5278   | N                            | LOW COST SKIN SUBSTITUTE APP |                  | -     | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C7500   | E                            | DEB BONE 20 CM2 W/DRUG DEV   |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C7501   | E                            | PERC BX BREAST LESIONS STERO |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C7502   | E                            | PERC BX BREAST LESIONS MR    |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C7503   | E                            | OPEN EXC CERV NODE(S) W/ ID  |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C7504   | E                            | PERQ CVT&LS INJ VERT BODIES  |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C7505   | E                            | PERQ LS&CVT INJ VERT BODIES  |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C7506   | E                            | FUSION OF FINGER JOINTS      |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C7507   | E                            | PERQ THOR&LUMB VERT AUG      |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C7508   | E                            | PERQ LUMB&THOR VERT AUG      |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C7509   | E                            | DX BRONCH W/ NAVIGATION      |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C7510   | E                            | BRONCH/LAVAG W/ NAVIGATION   |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C7511   | E                            | BRONCH/BPSY(S) W/ NAVIGATION |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C7512   | E                            | BRONCH/BPSY(S) W/ EBUS       |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C7513   | E                            | CATH/ANGIO DIALCIR W/APLASTY |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C7514   | E                            | CATH/ANGIO DIAL CIR W/STENTS |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C7515   | E                            | CATH/ANGIO DIAL CIR W/EMBOL  |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C7516   | E                            | COR ANGIO W/ IVUS OR OCT     |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
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| Proc Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC   | APC<br>Weight | Method                     | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|---------|------------------------------|------------------------------|------------------|-------|---------------|----------------------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|         |                              |                              |                  |       |               |                            |                                        |                                    |                                           |                         |          |            |            |          |
| C7517   | E                            | COR ANGIO W/ILIC/FEM ANGIO   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C7518   | E                            | COR/GFT ANGIO W/ IVUS OR OCT |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C7519   | E                            | COR/GFT ANGIO W/ FLOW RESRV  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C7520   | E                            | COR/GFT ANGIO W/ILIC/FEM ANG |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C7521   | E                            | R HRT ANGIO W/ IVUS OR OCT   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C7522   | E                            | R HRT ANGIO W/FLOW RESRV     |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C7523   | E                            | L HRT ANGIO W/ IVUS OR OCT   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C7524   | E                            | L HRT ANGIO W/FLOW RESRV     |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C7525   | E                            | L HRT GFT ANG W/ IVUS OR OCT |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C7526   | E                            | L HRT GFT ANG W/FLOW RESRV   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C7527   | E                            | R&L HRT ANGIO W/ IVUS OR OCT |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C7528   | E                            | R&L HRT ANGIO W/FLOW RESRV   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C7529   | E                            | R&L HRT GFT ANG W/FLOW RESRV |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C7530   | E                            | CATH/APLASTY DIAL CIR W/STNT |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C7531   | E                            | ANGIO FEM/POP W/ US          |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C7532   | E                            | ANGIO W/ US NON-CORONARY     |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C7533   | E                            | PTCA W/ PLCMT BRACHYTX DEV   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C7534   | E                            | FEM/POP REVASC W/ARTHUR & US |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C7535   | E                            | FEM/POP REVASC W/STENT & US  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C7537   | E                            | INSRT ATRIL PM W/L VENT LEAD |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C7538   | E                            | INSRT VENT PM W/L VENT LEAD  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C7539   | E                            | INSRT A & V PM W/L VENT LEAD |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C7540   | E                            | RMV&RPLC PM DUL W/L VNT LEAD |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C7541   | E                            | ERCP W/ PANCREATOSCOPY       |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C7542   | E                            | ERCP W/BX & PANCREATOSCOPY   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C7543   | E                            | ERCP W/OTOMY, PANCREATOSCOPY |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C7544   | E                            | ERCP RMV CALC PANCREATOSCOPY |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C7545   | E                            | EXCH BIL CATH W/ RMV CALCULI |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C7546   | E                            | REP NPH/URT CATH W/DIL STRIC |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C7547   | E                            | CNVRT NEPH CATH W/ DIL STRIC |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C7548   | E                            | EXCH NEPH CATH W/ DIL STRIC  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C7549   | E                            | CHGE URTR STENT W/ DIL STRIC |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C7550   | E                            | CYSTO W/ BX(S) W/ BLUE LIGHT |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C7551   | E                            | EXC NEUROMA W/ IMPLNT NV END |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C7552   | E                            | R HRT ART/GRFT ANG HRT FLOW  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C7553   | E                            | R&I HRT ART/VENT ANG DRG AD  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C7554   | E                            | CYSTURETH BLU LI CYST FL IMG |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C7555   | E                            | RMVL THYRD W/AUTOTRAN PARATH |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C7556   | E                            | BRONCH LAVAGE W/EBUS         |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C7557   | E                            | COR ANGIO/VENT W/FFR         |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C7560   | E                            | ERCP REMOVE FORGN BODY&ENDO  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C7562   | E                            | R&L HRT ANGIO W/FFR & 3D MAP |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C7563   | E                            | TRLUML BALLO ANGIOP ALL ART  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C7564   | E                            | VEIN MECH THROM W/INTRVAS US |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C7565   | E                            | RPR AA HRN < 3 RDC W/ RMVL   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C7900   | S                            | HOPD MNTL HLT, 15-29 MIN     |                  | 05821 | 0.3341        | APC                        | \$20.29                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| C7901   | S                            | HOPD MNTL HLT, 30-60 MIN     |                  | 05822 | 1.0374        | APC                        | \$62.99                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| C7902   | N                            | HOPD MNTL HLT, EA ADDL       |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C7903   | S                            | HOPD MNTL HLT, GRP           |                  | 05821 | 0.3341        | APC                        | \$20.29                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| C8000   | H                            | SUPRT DEV, A-V FISTULA, IMP  |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C8001   | S                            | 3D ANAT SEG IMAGING PREOP    |                  | 05721 | 1.7546        | APC                        | \$106.54                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| C8002   | S                            | PREP SKIN CELL SUSP, AUTOMTD |                  | 01532 | 119.4088      | APC                        | \$7,250.50                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| C8003   | N                            | IMP EXTAR KNEE SHCK ABSRB    |                  | 05116 | 206.2381      | Bundled, sometimes payable | \$12,522.78                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| C8900   | N                            | MRA W/CONT, ABD              |                  | 05572 | 4.0051        | Bundled, sometimes payable | \$243.19                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| C8901   | N                            | MRA W/O CONT, ABD            |                  | 05523 | 2.7108        | Bundled, sometimes payable | \$164.60                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| C8902   | N                            | MRA W/O FOL W/CONT, ABD      |                  | 05572 | 4.0051        | Bundled, sometimes payable | \$243.19                               |                                    |                                           | -                       | -        | 000        | 999        |          |



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| 2024<br>APC |               |                              | Non-sole         |                      |        |                                        |                                    |                               |                         |          |            |            |          |
|-------------|---------------|------------------------------|------------------|----------------------|--------|----------------------------------------|------------------------------------|-------------------------------|-------------------------|----------|------------|------------|----------|
| Proc<br>Cd  | Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC<br>APC<br>Weight | Method | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
| C8903       | N             | MRI W/CONT, BREAST, UNI      |                  | 05571                | 1.9964 | Bundled, sometimes payable             | \$121.22                           |                               | -                       | -        | 000        | 999        |          |
| C8905       | N             | MRI W/O FOL W/CONT, BRST, UN |                  | 05572                | 4.0051 | Bundled, sometimes payable             | \$243.19                           |                               | -                       | -        | 000        | 999        |          |
| C8906       | N             | MRI W/CONT, BREAST, BI       |                  | 05572                | 4.0051 | Bundled, sometimes payable             | \$243.19                           |                               | -                       | -        | 000        | 999        |          |
| C8908       | N             | MRI W/O FOL W/CONT, BREAST,  |                  | 05572                | 4.0051 | Bundled, sometimes payable             | \$243.19                           |                               | -                       | -        | 000        | 999        |          |
| C8909       | N             | MRA W/CONT, CHEST            |                  | 05572                | 4.0051 | Bundled, sometimes payable             | \$243.19                           |                               | -                       | -        | 000        | 999        |          |
| C8910       | N             | MRA W/O CONT, CHEST          |                  | 05523                | 2.7108 | Bundled, sometimes payable             | \$164.60                           |                               | -                       | -        | 000        | 999        |          |
| C8911       | N             | MRA W/O FOL W/CONT, CHEST    |                  | 05572                | 4.0051 | Bundled, sometimes payable             | \$243.19                           |                               | -                       | -        | 000        | 999        |          |
| C8912       | N             | MRA W/CONT, LWR EXT          |                  | 05572                | 4.0051 | Bundled, sometimes payable             | \$243.19                           |                               | -                       | -        | 000        | 999        |          |
| C8913       | N             | MRA W/O CONT, LWR EXT        |                  | 05523                | 2.7108 | Bundled, sometimes payable             | \$164.60                           |                               | -                       | -        | 000        | 999        |          |
| C8914       | N             | MRA W/O FOL W/CONT, LWR EXT  |                  | 05572                | 4.0051 | Bundled, sometimes payable             | \$243.19                           |                               | -                       | -        | 000        | 999        |          |
| C8918       | N             | MRA W/CONT, PELVIS           |                  | 05572                | 4.0051 | Bundled, sometimes payable             | \$243.19                           |                               | -                       | Y        | 000        | 999        |          |
| C8919       | N             | MRA W/O CONT, PELVIS         |                  | 05523                | 2.7108 | Bundled, sometimes payable             | \$164.60                           |                               | -                       | Y        | 000        | 999        |          |
| C8920       | N             | MRA W/O FOL W/CONT, PELVIS   |                  | 05572                | 4.0051 | Bundled, sometimes payable             | \$243.19                           |                               | -                       | Y        | 000        | 999        |          |
| C8921       | S             | TTE W OR W/O FOL W/CONT, COM |                  | 05573                | 8.8602 | APC                                    | \$537.99                           |                               | -                       | -        | 000        | 999        |          |
| C8922       | S             | TTE W OR W/O FOL W/CONT, F/U |                  | 05573                | 8.8602 | APC                                    | \$537.99                           |                               | -                       | -        | 000        | 999        |          |
| C8923       | S             | 2D TTE W OR W/O FOL W/CON,CO |                  | 05573                | 8.8602 | APC                                    | \$537.99                           |                               | -                       | -        | 000        | 999        |          |
| C8924       | S             | 2D TTE W OR W/O FOL W/CON,FU |                  | 05572                | 4.0051 | APC                                    | \$243.19                           |                               | -                       | -        | 000        | 999        |          |
| C8925       | S             | 2D TEE W OR W/O FOL W/CON,IN |                  | 05573                | 8.8602 | APC                                    | \$537.99                           |                               | -                       | -        | 000        | 999        |          |
| C8926       | S             | TEE W OR W/O FOL W/CONT,CONG |                  | 05573                | 8.8602 | APC                                    | \$537.99                           |                               | -                       | -        | 000        | 999        |          |
| C8927       | S             | TEE W OR W/O FOL W/CONT, MON |                  | 05573                | 8.8602 | APC                                    | \$537.99                           |                               | -                       | -        | 000        | 999        |          |
| C8928       | S             | TTE W OR W/O FOL W/CON,STRES |                  | 05573                | 8.8602 | APC                                    | \$537.99                           |                               | -                       | -        | 000        | 999        |          |
| C8929       | S             | TTE W OR WO FOL WCON,DOPPLER |                  | 05573                | 8.8602 | APC                                    | \$537.99                           |                               | -                       | -        | 000        | 999        |          |
| C8930       | S             | TTE W OR W/O CONTR, CONT ECG |                  | 05573                | 8.8602 | APC                                    | \$537.99                           |                               | -                       | -        | 000        | 999        |          |
| C8931       | N             | MRA, W/DYE, SPINAL CANAL     |                  | 05572                | 4.0051 | Bundled, sometimes payable             | \$243.19                           |                               | -                       | -        | 000        | 999        |          |
| C8932       | N             | MRA, W/O DYE, SPINAL CANAL   |                  | 05523                | 2.7108 | Bundled, sometimes payable             | \$164.60                           |                               | -                       | -        | 000        | 999        |          |
| C8933       | N             | MRA, W/O&W/DYE, SPINAL CANAL |                  | 05572                | 4.0051 | Bundled, sometimes payable             | \$243.19                           |                               | -                       | -        | 000        | 999        |          |
| C8934       | N             | MRA, W/DYE, UPPER EXTREMITY  |                  | 05572                | 4.0051 | Bundled, sometimes payable             | \$243.19                           |                               | -                       | -        | 000        | 999        |          |
| C8935       | N             | MRA, W/O DYE, UPPER EXTR     |                  | 05523                | 2.7108 | Bundled, sometimes payable             | \$164.60                           |                               | -                       | -        | 000        | 999        |          |
| C8936       | N             | MRA, W/O&W/DYE, UPPER EXTR   |                  | 05572                | 4.0051 | Bundled, sometimes payable             | \$243.19                           |                               | -                       | -        | 000        | 999        |          |
| C8937       | N             | CAD BREAST MRI               |                  | -                    | -      | Bundled                                | \$0.00                             |                               | -                       | -        | 000        | 999        |          |
| C8957       | S             | PROLONGED IV INF, REQ PUMP   |                  | 05694                | 3.7198 | APC                                    | \$225.87                           |                               | -                       | -        | 000        | 999        |          |
| C9046       | N             | COCAINE HCL NASAL (GOPRELTO) |                  | -                    | -      | Bundled                                | \$0.00                             |                               | -                       | -        | 000        | 999        |          |
| C9047       | N             | INJECTION, CAPLACIZUMAB-YHDP |                  | -                    | -      | Bundled                                | \$0.00                             |                               | -                       | -        | 000        | 999        |          |
| C9067       | K             | GALLIUM GA-68 DOTATOC        |                  | 09323                | 0.0667 | APC (blood and non-blood products)     | \$4.05                             |                               | -                       | -        | 000        | 999        |          |
| C9088       | K             | INSTILL, BUPIVAC AND MELOXIC |                  | 09440                | 0.0127 | APC (blood and non-blood products)     | \$0.77                             |                               | -                       | -        | 000        | 999        |          |
| C9089       | K             | BUPIVACAINE IMPLANT, 1 MG    |                  | 00762                | 0.0141 | APC (blood and non-blood products)     | \$0.86                             |                               | -                       | -        | 000        | 999        |          |
| C9101       | G             | INJ, OLICERIDINE 0.1 MG      |                  | -                    | -      | APC – pays by fee schedule amount      | \$1.30                             |                               | -                       | -        | 000        | 999        |          |
| C9143       | N             | COCAINE HCL NASAL (NUMBRINO) |                  | -                    | -      | Bundled                                | \$0.00                             |                               | -                       | -        | 000        | 999        |          |
| C9144       | G             | INJ, BUPIVACAINE (POSIMIR)   |                  | -                    | -      | APC – pays by fee schedule amount      | \$0.50                             |                               | -                       | -        | 000        | 999        |          |
| C9145       | G             | INJ, APONVIE, 1 MG           |                  | -                    | -      | APC – pays by fee schedule amount      | \$1.86                             |                               | -                       | -        | 000        | 999        |          |
| C9173       | E             | INJ, NYPOZI, 1 MCG           |                  | -                    | -      | Not Allowed                            | \$0.00                             |                               | -                       | -        | 000        | 999        |          |
| C9248       | K             | INJ, CLEVIDIPINE BUTYRATE    |                  | 09087                | 0.0462 | APC (blood and non-blood products)     | \$2.75                             |                               | -                       | -        | 000        | 999        |          |
| C9250       | K             | ARTISS FIBRIN SEALANT        |                  | 01848                | 2.3229 | APC (blood and non-blood products)     | \$133.14                           |                               | -                       | -        | 000        | 999        |          |
| C9254       | N             | INJECTION, LACOSAMIDE        |                  | -                    | -      | Bundled                                | \$0.00                             |                               | -                       | -        | 000        | 999        |          |
| C9257       | K             | BEVACIZUMAB INJECTION        |                  | 01281                | 0.0318 | APC (blood and non-blood products)     | \$1.82                             |                               | -                       | -        | 000        | 999        |          |
| C9285       | N             | PATCH, LIDOCAINE/TETRACAINE  |                  | -                    | -      | Bundled                                | \$0.00                             |                               | -                       | -        | 003        | 999        |          |
| C9293       | E             | INJECTION, GLUCARPIDASE      |                  | -                    | -      | Not Allowed                            | \$0.00                             |                               | -                       | -        | 000        | 999        |          |
| C9352       | N             | NEURAGEN NERVE GUIDE, PER CM |                  | -                    | -      | Bundled                                | \$0.00                             |                               | -                       | -        | 000        | 999        |          |
| C9353       | N             | NEURAWRAP NERVE PROTECTOR,CM |                  | -                    | -      | Bundled                                | \$0.00                             |                               | -                       | -        | 000        | 999        |          |
| C9354       | N             | VERITAS COLLAGEN MATRIX, CM2 |                  | -                    | -      | Bundled                                | \$0.00                             |                               | -                       | -        | 000        | 999        |          |
| C9355       | N             | NEUROMATRIX NERVE CUFF, CM   |                  | -                    | -      | Bundled                                | \$0.00                             |                               | -                       | -        | 000        | 999        |          |
| C9356       | N             | TENOGLIDE TENDON PROT, CM2   |                  | -                    | -      | Bundled                                | \$0.00                             |                               | -                       | -        | 000        | 999        |          |
| C9358       | N             | SURGIMEND, FETAL             |                  | -                    | -      | Bundled                                | \$0.00                             |                               | -                       | -        | 000        | 999        |          |
| C9359       | N             | IMPLNT,BON VOID FILLER-PUTTY |                  | -                    | -      | Bundled                                | \$0.00                             |                               | -                       | -        | 000        | 999        |          |
| C9360       | N             | SURGIMEND, NEONATAL          |                  | -                    | -      | Bundled                                | \$0.00                             |                               | -                       | -        | 000        | 999        |          |
| C9361       | N             | NEUROMEND NERVE WRAP         |                  | -                    | -      | Bundled                                | \$0.00                             |                               | -                       | -        | 000        | 999        |          |

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| Proc<br>Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC   | APC<br>Weight | Method                             | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|------------------------------|------------------------------|------------------|-------|---------------|------------------------------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|            |                              |                              |                  |       |               |                                    |                                        |                                    |                                           |                         |          |            |            |          |
| C9362      | N                            | IMPLNT,BON VOID FILLER-STRIP |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C9363      | N                            | INTEGRA MESHED BIL WOUND MAT |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C9364      | N                            | PORCINE IMPLANT, PERMACOL    |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C9399      | M                            | UNCLASSIFIED DRUGS OR BIOLOG |                  | -     | -             | Charge Ratio                       | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C9460      | K                            | INJECTION, CANGRELOR         |                  | 09460 | 0.3021        | APC (blood and non-blood products) | \$18.71                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| C9462      | E                            | INJECTION, DELAFLOXACIN      |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C9482      | K                            | SOTALOL HYDROCHLORIDE IV     |                  | 09482 | 0.3752        | APC (blood and non-blood products) | \$22.78                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| C9488      | N                            | CONIVAPTAN HCL               |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C9507      | R                            | COVID-19 CONVALESCENT PLASMA |                  | 09540 | 4.7732        | APC                                | \$289.83                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| C9600      | N                            | PERC DRUG-EL COR STENT SING  |                  | 05193 | 127.1806      | Bundled, sometimes payable         | \$7,722.41                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| C9601      | N                            | PERC DRUG-EL COR STENT BRAN  |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C9602      | N                            | PERC D-E COR STENT ATHER S   |                  | 05194 | 201.3785      | Bundled, sometimes payable         | \$12,227.70                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| C9603      | N                            | PERC D-E COR STENT ATHER BR  |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C9604      | N                            | PERC D-E COR REVASC T CABG S |                  | 05193 | 127.1806      | Bundled, sometimes payable         | \$7,722.41                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| C9605      | N                            | PERC D-E COR REVASC T CABG B |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C9606      | C                            | PERC D-E COR REVASC W AMI S  |                  | -     | -             | IP Only                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C9607      | N                            | PERC D-E COR REVASC CHRO SIN |                  | 05194 | 201.3785      | Bundled, sometimes payable         | \$12,227.70                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| C9608      | N                            | PERC D-E COR REVASC CHRO ADD |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C9610      | H                            | CATH CORONARY DRUG-DELIVERY  |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C9725      | T                            | PLACE ENDORECTAL APP         |                  | 05311 | 10.2245       | APC                                | \$620.83                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| C9726      | N                            | RXT BREAST APPL PLACE/REMOV  |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | Y        | 000        | 999        |          |
| C9727      | N                            | INSERT PALATE IMPLANTS       |                  | 05163 | 16.6121       | Bundled, sometimes payable         | \$1,008.69                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| C9728      | S                            | PLACE DEVICE/MARKER, NON PRO |                  | 05613 | 15.3446       | APC                                | \$931.72                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| C9733      | N                            | NON-OPHTHALMIC FVA           |                  | 05572 | 4.0051        | Bundled, sometimes payable         | \$243.19                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| C9734      | N                            | U/S TRTMT, NOT LEIOMYOMATA   |                  | 05115 | 144.2970      | Bundled, sometimes payable         | \$8,761.71                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| C9738      | N                            | BLUE LIGHT CYSTO IMAG AGENT  |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C9739      | N                            | CYSTOSCOPY PROSTATIC IMP 1-3 |                  | 05375 | 57.0111       | Bundled, sometimes payable         | \$3,461.71                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| C9740      | N                            | CYSTO IMPL 4 OR MORE         |                  | 05376 | 103.7036      | Bundled, sometimes payable         | \$6,296.88                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| C9751      | T                            | MICROWAVE BRONCH, 3D, EBUS   |                  | 01562 | 61.7671       | APC                                | \$3,750.50                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| C9756      | N                            | FLUORESCENCE LYMPH MAP W/ICG |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C9757      | N                            | SPINE DEVICE IMPLANT SURGERY |                  | 05115 | 144.2970      | Bundled, sometimes payable         | \$8,761.71                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| C9758      | T                            | BLIND INTERATRIAL SHUNT IDE  |                  | 01590 | 288.2164      | APC                                | \$17,500.50                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| C9759      | N                            | TRANSCATH INTRAOP MICROINF   |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C9760      | T                            | NON-BLIND INTERATRIAL SHUNT  |                  | 01592 | 452.9068      | APC                                | \$27,500.50                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| C9761      | N                            | CYSTO, LITHO, VACUUM KIDNEY  |                  | 05376 | 103.7036      | Bundled, sometimes payable         | \$6,296.88                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| C9762      | N                            | CARDIAC MRI SEG DYS STRAIN   |                  | 05524 | 6.1490        | Bundled, sometimes payable         | \$373.37                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| C9763      | N                            | CARDIAC MRI SEG DYS STRESS   |                  | 05524 | 6.1490        | Bundled, sometimes payable         | \$373.37                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| C9764      | N                            | REVASC INTRAVASC LITHOTRIPSY |                  | 05193 | 127.1806      | Bundled, sometimes payable         | \$7,722.41                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| C9765      | N                            | REVASC INTRA LITHOTRIP-STENT |                  | 05194 | 201.3785      | Bundled, sometimes payable         | \$12,227.70                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| C9766      | N                            | REVASC INTRA LITHOTRIP-ATHER |                  | 05194 | 201.3785      | Bundled, sometimes payable         | \$12,227.70                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| C9767      | N                            | REVASC LITHOTRIP-STENT-ATHER |                  | 05194 | 201.3785      | Bundled, sometimes payable         | \$12,227.70                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| C9768      | N                            | ENDO US-GUIDE HEP PORTO GRAD |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C9772      | N                            | REVASC LITHOTRIP TIBI/PERONE |                  | 05193 | 127.1806      | Bundled, sometimes payable         | \$7,722.41                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| C9773      | N                            | REVASC LITHOTR-STENT TIB/PER |                  | 05194 | 201.3785      | Bundled, sometimes payable         | \$12,227.70                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| C9774      | N                            | REVASC LITHOTR-ATHER TIB/PER |                  | 05194 | 201.3785      | Bundled, sometimes payable         | \$12,227.70                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| C9775      | N                            | REVASC LITH-STEN-ATH TIB/PER |                  | 05194 | 201.3785      | Bundled, sometimes payable         | \$12,227.70                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| C9776      | N                            | FLUO BILE DUCT IMAGING W/ICG |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C9777      | N                            | ESOPHAG MUC INTEG W/ESO EGD  |                  | 05303 | 42.6665       | Bundled, sometimes payable         | \$2,590.71                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| C9778      | N                            | COLPOPEXY, MIN/INV, EX-PERIT |                  | 05415 | 55.3606       | Bundled, sometimes payable         | \$3,361.50                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| C9779      | N                            | ESD ENDOSCOPY OR COLONOSCOPY |                  | 05303 | 42.6665       | Bundled, sometimes payable         | \$2,590.71                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| C9780      | E                            | INSERT CV CATH INF & SUP APP |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C9781      | N                            | ARTHRO/SHOUL SURG; W/SPACER  |                  | 05115 | 144.2970      | Bundled, sometimes payable         | \$8,761.71                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| C9782      | E                            | BLIND MYOCAR TRPL BON MARROW |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| C9783      | N                            | BLIND COR SINUS REDUCER IMPL |                  | 05193 | 127.1806      | Bundled, sometimes payable         | \$7,722.41                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| C9784      | N                            | ENDO SLEEVE GASTRO W/TUBE    |                  | 05362 | 116.7583      | Bundled, sometimes payable         | \$7,089.56                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| C9785      | N                            | ENDO OUTLET RESTRICT W/TUBE  |                  | 05362 | 116.7583      | Bundled, sometimes payable         | \$7,089.56                             |                                    |                                           | -                       | -        | 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  
April 1, 2025

| Proc<br>Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC<br>Weight | Method   | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|------------------------------|------------------------------|------------------|---------------|----------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|            |                              |                              |                  |               |          |                                        |                                    |                                           |                         |          |            |            |          |
| C9789      | T                            | INSTILL PHARM RENAL PELVIS   |                  | 01559         | 37.0636  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| C9791      | T                            | MRI HYPERPOLARIZED XENON129  |                  | 01551         | 20.5945  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| C9792      | S                            | BLIND/NONBLIND TRANS ATRIAL  |                  | 01537         | 160.5814 | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| C9793      | S                            | PRE-PLAN 3D MODEL W/CCTA     |                  | 05724         | 11.4097  | APC                                    |                                    |                                           | -                       | -        | 000        | 999        |          |
| C9796      | N                            | RPR INTST EXCL ANRECT FIST   |                  | 05313         | 30.7550  | Bundled, sometimes payable             | \$1,867.44                         |                                           | -                       | -        | 000        | 999        |          |
| C9797      | N                            | VASC EMB/OCC W/PRS CATH      |                  | 05194         | 201.3785 | Bundled, sometimes payable             | \$12,227.70                        |                                           | -                       | -        | 000        | 999        |          |
| C9804      | H                            | PUMP ELASTOMC NON-OPIOID DEV |                  | -             | -        | Bundled                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| C9806      | H                            | PUMP PERIST NON-OPIOID DEV   |                  | -             | -        | Bundled                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| C9807      | H                            | NERVE STIM NON-OPIOID DEV    |                  | -             | -        | Bundled                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| C9808      | H                            | CRYO PROBE NON-OPIOID DEV    |                  | -             | -        | Bundled                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| C9809      | H                            | CRYO NEEDLE NON-OPIOID DEV   |                  | -             | -        | Bundled                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| C9898      | N                            | INPNT STAY RADIOLABELED ITEM |                  | -             | -        | Bundled                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| C9899      | E                            | INPT IMPLANT PROS DEV,NO COV |                  | -             | -        | Not Allowed                            | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| C9901      | N                            | ENDO DEFECT CLOSURE GI TRACT |                  | 05362         | 116.7583 | Bundled, sometimes payable             | \$6,553.70                         |                                           | -                       | -        | 000        | 999        |          |
| D0120      | N                            | PERIODIC ORAL EVALUATION     |                  | 05012         | 0.0000   | Bundled, sometimes payable             | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| D0140      | N                            | LIMIT ORAL EVAL PROBLM FOCUS |                  | 05012         | 0.0000   | Bundled, sometimes payable             | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| D0145      | M                            | ORAL EVALUATION, PT < 3YRS   |                  | -             | -        | Fee Schedule                           | \$68.64                            |                                           | -                       | -        | 000        | 2          |          |
| D0150      | N                            | COMPREHENSVE ORAL EVALUATION |                  | 05012         | 0.0000   | Bundled, sometimes payable             | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| D0160      | E                            | EXTENSV ORAL EVAL PROB FOCUS |                  | -             | -        | Not Allowed                            | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| D0170      | N                            | RE-EVAL,EST PT,PROBLEM FOCUS |                  | 05012         | 0.0000   | Bundled, sometimes payable             | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| D0171      | N                            | RE-EVAL POST-OP VISIT        |                  | 05012         | 0.0000   | Bundled, sometimes payable             | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| D0180      | E                            | COMP PERIODONTAL EVALUATION  |                  | -             | -        | Not Allowed                            | \$0.00                             |                                           | -                       | -        | 000        | 20         |          |
| D0190      | M                            | SCREENING OF A PATIENT       |                  | -             | -        | Fee Schedule                           | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| D0191      | N                            | ASSESSMENT OF A PATIENT      |                  | 05012         | 0.0000   | Bundled, sometimes payable             | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| D0210      | N                            | INTRAOR COMPREHENSIVE SERIES |                  | 05523         | 2.7108   | Bundled, sometimes payable             | \$164.60                           |                                           | -                       | -        | 000        | 999        |          |
| D0220      | N                            | INTRAORAL PERIAPICAL FIRST   |                  | 05521         | 0.9874   | Bundled, sometimes payable             | \$59.95                            |                                           | -                       | -        | 000        | 999        |          |
| D0230      | N                            | INTRAORAL PERIAPICAL EA ADD  |                  | -             | -        | Bundled                                | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| D0240      | N                            | INTRAORAL OCCLUSAL FILM      |                  | 05521         | 0.9874   | Bundled, sometimes payable             | \$59.95                            |                                           | -                       | -        | 000        | 999        |          |
| D0250      | N                            | EXTRAORAL 2D PROJECT IMAGE   |                  | 05521         | 0.9874   | Bundled, sometimes payable             | \$59.95                            |                                           | -                       | -        | 000        | 999        |          |
| D0251      | N                            | EXTRAORAL POSTERIOR IMAGE    |                  | 05521         | 0.9874   | Bundled, sometimes payable             | \$59.95                            |                                           | -                       | -        | 000        | 999        |          |
| D0270      | N                            | DENTAL BITEWING SINGLE IMAGE |                  | 05521         | 0.9874   | Bundled, sometimes payable             | \$59.95                            |                                           | -                       | -        | 000        | 999        |          |
| D0272      | N                            | DENTAL BITEWINGS TWO IMAGES  |                  | 05521         | 0.9874   | Bundled, sometimes payable             | \$59.95                            |                                           | -                       | -        | 000        | 999        |          |
| D0273      | N                            | BITEWINGS - THREE IMAGES     |                  | 05523         | 2.7108   | Bundled, sometimes payable             | \$164.60                           |                                           | -                       | -        | 000        | 999        |          |
| D0274      | N                            | BITEWINGS FOUR IMAGES        |                  | 05523         | 2.7108   | Bundled, sometimes payable             | \$164.60                           |                                           | -                       | -        | 000        | 999        |          |
| D0277      | N                            | VERT BITEWINGS 7 TO 8 IMAGES |                  | 05523         | 2.7108   | Bundled, sometimes payable             | \$164.60                           |                                           | -                       | -        | 000        | 999        |          |
| D0310      | E                            | DENTAL SALIOGRAPHY           |                  | -             | -        | Not Allowed                            | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| D0320      | E                            | DENTAL TMJ ARTHROGRAM INCL I |                  | -             | -        | Not Allowed                            | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| D0321      | E                            | OTHER TMJ IMAGES BY REPORT   |                  | -             | -        | Not Allowed                            | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| D0322      | E                            | DENTAL TOMOGRAPHIC SURVEY    |                  | -             | -        | Not Allowed                            | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| D0330      | N                            | PANORAMIC IMAGE              |                  | 05523         | 2.7108   | Bundled, sometimes payable             | \$164.60                           |                                           | -                       | -        | 000        | 999        |          |
| D0340      | N                            | 2D CEPHALOMETRIC IMAGE       |                  | 05521         | 0.9874   | Bundled, sometimes payable             | \$59.95                            |                                           | -                       | -        | 000        | 999        |          |
| D0350      | N                            | ORAL/FACIAL PHOTO IMAGES     |                  | 05521         | 0.9874   | Bundled, sometimes payable             | \$59.95                            |                                           | -                       | -        | 000        | 20         |          |
| D0360      | E                            | CONE BEAM CT                 |                  | -             | -        | Not Allowed                            | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| D0362      | E                            | CONE BEAM, TWO DIMENSIONAL   |                  | -             | -        | Not Allowed                            | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| D0364      | E                            | CONE BEAM CT CAPT & INTERP   |                  | -             | -        | Not Allowed                            | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| D0365      | E                            | CONE BEAM CT INTERPRETE MAN  |                  | -             | -        | Not Allowed                            | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| D0366      | E                            | CONE BEAM CT INTERPRETE MAX  |                  | -             | -        | Not Allowed                            | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| D0367      | N                            | CONE BEAM CT INTERP BOTH JAW |                  | 05522         | 1.1926   | Bundled, sometimes payable             | \$72.41                            |                                           | -                       | -        | 000        | 999        |          |
| D0368      | E                            | CONE BEAM CT INTERPRETE TMJ  |                  | -             | -        | Not Allowed                            | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| D0369      | E                            | MAX MRI CAPTURE & INTERPRETE |                  | -             | -        | Not Allowed                            | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| D0370      | E                            | MAX ULTRASOUND CAPT & INTERP |                  | -             | -        | Not Allowed                            | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| D0371      | E                            | SIALOENDOSCOPY CAPT & INTERP |                  | -             | -        | Not Allowed                            | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| D0372      | E                            | TOMO COMP SERIES IMAGES      |                  | -             | -        | Not Allowed                            | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| D0373      | E                            | TOMO BITEWING IMAGE          |                  | -             | -        | Not Allowed                            | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| D0374      | E                            | TOMO PERIAPICAL IMAGE        |                  | -             | -        | Not Allowed                            | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |
| D0380      | E                            | CONE BEAM CT CAPTURE LIMITED |                  | -             | -        | Not Allowed                            | \$0.00                             |                                           | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc Cd | 2024 APC |     | 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 |
|---------|----------|-----|-------------------------------|---------------|-------|------------|--------------|----------------------------------|------------------------------|----------------------------------|----------------------|----------|---------|---------|----------|
|         | Status   | Ind |                               |               |       |            |              |                                  |                              |                                  |                      |          |         |         |          |
| D0381   | E        |     | CONE BEAM CT CAPT MANDIBLE    |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D0382   | E        |     | CONE BEAM CT CAPT MAXILLA     |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D0383   | E        |     | CONE BEAM CT BOTH JAWS        |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D0384   | E        |     | CONE BEAM CT CAPTURE TMJ      |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D0385   | E        |     | MAX MRI IMAGE CAPTURE         |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D0386   | E        |     | MAX ULTRASOUND IMAGE CAPTURE  |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D0387   | E        |     | COMP IMAGE CAPTURE ONLY       |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D0388   | E        |     | BITEWING IMAGE CAPTURE ONLY   |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D0389   | E        |     | PERIOPIC IMAGE CAPTURE ONLY   |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D0391   | E        |     | INTERPRETE DIAGNOSTIC IMAGE   |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D0393   | E        |     | TRTMNT SIMULATION 3D IMAGE    |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D0394   | E        |     | DIGITAL SUB 2 OR MORE IMAGES  |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D0395   | E        |     | FUSION 2 OR MORE 3D IMAGES    |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D0396   | E        |     | 3D PRINT OF 3D SURFACE SCAN   |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D0411   | E        |     | HBA1C IN OFFICE TESTING       |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D0412   | E        |     | BLOOD GLUCOSE LEVEL TEST      |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D0414   | E        |     | LAB PROCESS MICROBIAL SPEC    |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D0415   | E        |     | COLLECTION OF MICROORGANISMS  |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D0416   | E        |     | VIRAL CULTURE                 |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D0417   | E        |     | COLLECT & PREP SALIVA SAMPLE  |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D0418   | E        |     | ANALYSIS OF SALIVA SAMPLE     |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D0419   | E        |     | ASSESS OF SALIVARY FLOW       |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D0422   | E        |     | COLLECT & PREP GENETIC SAMP   |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D0423   | E        |     | GENETIC TEST SPEC ANALYSIS    |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D0425   | M        |     | CARIES SUSCEPTIBILITY TEST    |               | -     | -          | Fee Schedule | \$68.64                          |                              |                                  | -                    | -        | 000     | 2       |          |
| D0431   | E        |     | DIAG TST DETECT MUCOS ABNORM  |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D0460   | T        |     | PULP VITALITY TEST            |               | 05871 | 18.6458    | APC          | \$1,132.17                       |                              |                                  | -                    | -        | 000     | 20      |          |
| D0470   | M        |     | DIAGNOSTIC CASTS              |               | -     | -          | Fee Schedule | \$68.64                          |                              |                                  | -                    | -        | 000     | 20      |          |
| D0472   | E        |     | GROSS EXAM, PREP & REPORT     |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D0473   | E        |     | MICRO EXAM, PREP & REPORT     |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D0474   | E        |     | MICRO W EXAM OF SURG MARGINS  |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D0475   | E        |     | DECALCIFICATION PROCEDURE     |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D0476   | E        |     | SPEC STAINS FOR MICROORGANIS  |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D0477   | E        |     | SPEC STAINS NOT FOR MICROORG  |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D0478   | E        |     | IMMUNOHISTOCHEMICAL STAINS    |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D0479   | E        |     | TISSUE IN-SITU HYBRIDIZATION  |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D0480   | E        |     | CYTOPATH SMEAR PREP & REPORT  |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D0481   | E        |     | ELECTRON MICROSCOPY           |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D0482   | E        |     | DIRECT IMMUNOFLUORESCENCE     |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D0483   | E        |     | INDIRECT IMMUNOFLUORESCENCE   |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D0484   | E        |     | CONSULT SLIDES PREP ELSEWHERE |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D0485   | E        |     | CONSULT INC PREP OF SLIDES    |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D0486   | M        |     | ACCESS OF TRANSEP CYTOL SAMP  |               | -     | -          | Fee Schedule | \$68.64                          |                              |                                  | -                    | -        | 000     | 20      |          |
| D0502   | E        |     | OTHER ORAL PATHOLOGY PROCEDU  |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D0600   | T        |     | NON-IONIZING DIAG PROC        |               | 05871 | 18.6458    | APC          | \$1,132.17                       |                              |                                  | -                    | -        | 000     | 999     |          |
| D0601   | M        |     | CARIES RISK ASSESS LOW RISK   |               | -     | -          | Fee Schedule | \$68.64                          |                              |                                  | -                    | -        | 000     | 999     |          |
| D0602   | M        |     | CARIES RISK ASSESS MOD RISK   |               | -     | -          | Fee Schedule | \$68.64                          |                              |                                  | -                    | -        | 000     | 999     |          |
| D0603   | M        |     | CARIES RISK ASSESS HIGH RISK  |               | -     | -          | Fee Schedule | \$68.64                          |                              |                                  | -                    | -        | 000     | 999     |          |
| D0604   | E        |     | ANTIGEN TEST PUB HLTH PATHOG  |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D0605   | E        |     | ANTIBODY TEST PUB HLTH PATH   |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D0606   | E        |     | MOLECULAR TEST PUB HLTH PATH  |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D0701   | E        |     | PANO RADIO IMAGE              |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D0702   | E        |     | 2D CEPHAL RADIO IMAGE         |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D0703   | E        |     | 2D ORAL/FACIAL PHOTO IMAGE    |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D0705   | E        |     | EXTRA ORAL POST RADIO IMAGE   |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D0706   | E        |     | INTRAORAL OCCLUS RADIO IMAGE  |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |



Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc<br>Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC   | APC<br>Weight | Method                     | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|------------------------------|------------------------------|------------------|-------|---------------|----------------------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|            |                              |                              |                  |       |               |                            |                                        |                                    |                                           |                         |          |            |            |          |
| D0707      | E                            | INTRAORAL PERIAP RADIO IMAGE |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D0708      | E                            | INTRAORAL BITE RADIO IMAGE   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D0709      | E                            | INTRAORAL COMP IMAGE CAPTURE |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D0801      | E                            | 3D DENTAL SCAN DIRECT        |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D0802      | E                            | 3D DENTAL SCAN INDIRECT      |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D0803      | E                            | 3D FACIAL SCAN DIRECT        |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D0804      | E                            | 3D FACIAL SCAN INDIRECT      |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D0999      | E                            | UNSPECIFIED DIAGNOSTIC PROCE |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D1110      | N                            | DENTAL PROPHYLAXIS ADULT     |                  | 05012 | 0.0000        | Bundled, sometimes payable | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D1120      | M                            | DENTAL PROPHYLAXIS CHILD     |                  | -     | -             | Fee Schedule               | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 17         |          |
| D1206      | M                            | TOPICAL FLUORIDE VARNISH     |                  | -     | -             | Fee Schedule               | \$68.64                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| D1208      | M                            | TOPICAL APP FLUORID EX VRNSH |                  | -     | -             | Fee Schedule               | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D1301      | E                            | IMMUNIZATION COUNSELING      |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D1310      | M                            | NUTRI COUNSEL-CONTROL CARIES |                  | -     | -             | Fee Schedule               | \$68.64                                |                                    |                                           | -                       | -        | 000        | 5          |          |
| D1320      | M                            | TOBACCO COUNSELING           |                  | -     | -             | Fee Schedule               | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D1321      | E                            | COUNS FOR HIGH RISK SUB USE  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D1330      | M                            | ORAL HYGIENE INSTRUCTION     |                  | -     | -             | Fee Schedule               | \$68.64                                |                                    |                                           | -                       | -        | 000        | 5          |          |
| D1351      | M                            | DENTAL SEALANT PER TOOTH     |                  | -     | -             | Fee Schedule               | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D1352      | M                            | PREV RESIN REST, PERM TOOTH  |                  | -     | -             | Fee Schedule               | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 20         |          |
| D1353      | M                            | SEALANT REPAIR PER TOOTH     |                  | -     | -             | Fee Schedule               | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D1354      | N                            | INT CARIES MED APP PER TOOTH |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D1355      | E                            | CARIES MED APP PER TOOTH     |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D1510      | T                            | SPACE MAINTAINER FXD UNILAT  |                  | 05871 | 18.6458       | APC                        | \$1,132.17                             |                                    |                                           | -                       | -        | 000        | 20         |          |
| D1516      | T                            | FIXED BILAT SPACE MAINT, MAX |                  | 05871 | 18.6458       | APC                        | \$1,132.17                             |                                    |                                           | -                       | -        | 000        | 20         |          |
| D1517      | T                            | FIXED BILAT SPACE MAINT, MAN |                  | 05871 | 18.6458       | APC                        | \$1,132.17                             |                                    |                                           | -                       | -        | 000        | 20         |          |
| D1520      | E                            | REMOVE UNILAT SPACE MAINTAIN |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D1526      | E                            | REMOVE BILAT SPACE MAIN, MAX |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D1527      | E                            | REMOVE BILAT SPACE MAIN, MAN |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D1551      | T                            | RECEMENT SPACE MAINT - MAX   |                  | 05871 | 18.6458       | APC                        | \$1,132.17                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| D1552      | T                            | RECEMENT SPACE MAINT - MAN   |                  | 05871 | 18.6458       | APC                        | \$1,132.17                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| D1553      | T                            | RECEMENT UNILAT SPACE MAINT  |                  | 05871 | 18.6458       | APC                        | \$1,132.17                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| D1556      | E                            | REM FIXED UNILAT SPACE MAINT |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D1557      | E                            | REMOVE FIXED BILAT MAINT MAX |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D1558      | E                            | REMOVE FIXED BILAT MAN       |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D1575      | T                            | DIST SPACE MAINT, FIXED UNIL |                  | 05871 | 18.6458       | APC                        | \$1,132.17                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| D1701      | E                            | PFIZER VACC ADMIN 1ST DOSE   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D1702      | E                            | PFIZER VACC ADMIN 2ND DOSE   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D1703      | E                            | MODERNA VACC ADMIN 1ST DOSE  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D1704      | E                            | MODERNA VACC ADMIN 2ND DOSE  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D1705      | E                            | ASTRAZENECA VACC ADM 1ST DOS |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D1706      | E                            | ASTRAZENECA VACC ADM 2ND DOS |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D1707      | E                            | JANSSEN VACCINE ADMIN        |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D1708      | E                            | PFIZER VACC ADMIN 3RD DOSE   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D1709      | E                            | PFIZER VACCINE ADMIN BOOSTER |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D1710      | E                            | MODERNA VACC ADMIN 3RD DOSE  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D1711      | E                            | MODERNA VACC ADMIN BOOSTER   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D1712      | E                            | JANSSEN VACC ADMIN BOOSTER   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D1713      | E                            | PFIZER VACC ADM PED 1ST DOSE |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D1714      | E                            | PFIZER VACC ADM PED 2ND DOSE |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D1781      | E                            | VAC ADMIN HUMAN PAP DOSE 1   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D1782      | E                            | VAC ADMIN HUMAN PAP DOSE 2   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D1783      | E                            | VAC ADMIN HUMAN PAP DOSE 3   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D1999      | E                            | UNSPECIFIED PREVENTIVE PROC  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D2140      | T                            | AMALGAM ONE SURFACE PERMANEN |                  | 05871 | 18.6458       | APC                        | \$1,132.17                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| D2150      | T                            | AMALGAM TWO SURFACES PERMANE |                  | 05871 | 18.6458       | APC                        | \$1,132.17                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| D2160      | T                            | AMALGAM THREE SURFACES PERMA |                  | 05871 | 18.6458       | APC                        | \$1,132.17                             |                                    |                                           | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
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| Proc Cd | 2024 APC |     | 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 |
|---------|----------|-----|------------------------------|---------------|-------|------------|-------------|----------------------------------|------------------------------|----------------------------------|----------------------|----------|---------|---------|----------|
|         | Status   | Ind |                              |               |       |            |             |                                  |                              |                                  |                      |          |         |         |          |
| D2161   | T        |     | AMALGAM 4 OR > SURFACES PERM |               | 05871 | 18.6458    | APC         | \$1,132.17                       |                              |                                  | -                    | -        | 000     | 999     |          |
| D2330   | T        |     | RESIN ONE SURFACE-ANTERIOR   |               | 05871 | 18.6458    | APC         | \$1,132.17                       |                              |                                  | -                    | -        | 000     | 999     |          |
| D2331   | T        |     | RESIN TWO SURFACES-ANTERIOR  |               | 05871 | 18.6458    | APC         | \$1,132.17                       |                              |                                  | -                    | -        | 000     | 999     |          |
| D2332   | T        |     | RESIN THREE SURFACES-ANTERIO |               | 05871 | 18.6458    | APC         | \$1,132.17                       |                              |                                  | -                    | -        | 000     | 999     |          |
| D2335   | T        |     | RESIN 4/> SURF OR W INCIS AN |               | 05871 | 18.6458    | APC         | \$1,132.17                       |                              |                                  | -                    | -        | 000     | 999     |          |
| D2390   | T        |     | ANT RESIN-BASED CMPST CROWN  |               | 05871 | 18.6458    | APC         | \$1,132.17                       |                              |                                  | -                    | -        | 000     | 999     |          |
| D2391   | T        |     | POST 1 SRFC RESINBASED CMPST |               | 05871 | 18.6458    | APC         | \$1,132.17                       |                              |                                  | -                    | -        | 000     | 999     |          |
| D2392   | T        |     | POST 2 SRFC RESINBASED CMPST |               | 05871 | 18.6458    | APC         | \$1,132.17                       |                              |                                  | -                    | -        | 000     | 999     |          |
| D2393   | T        |     | POST 3 SRFC RESINBASED CMPST |               | 05871 | 18.6458    | APC         | \$1,132.17                       |                              |                                  | -                    | -        | 000     | 999     |          |
| D2394   | T        |     | POST >=4SRFC RESINBASE CMPST |               | 05871 | 18.6458    | APC         | \$1,132.17                       |                              |                                  | -                    | -        | 000     | 999     |          |
| D2410   | E        |     | DENTAL GOLD FOIL ONE SURFACE |               | -     | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D2420   | E        |     | DENTAL GOLD FOIL TWO SURFACE |               | -     | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D2430   | E        |     | DENTAL GOLD FOIL THREE SURFA |               | -     | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D2510   | E        |     | DENTAL INLAY METALIC 1 SURF  |               | -     | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D2520   | E        |     | DENTAL INLAY METALLIC 2 SURF |               | -     | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D2530   | E        |     | DENTAL INLAY METL 3/MORE SUR |               | -     | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D2542   | E        |     | DENTAL ONLAY METALLIC 2 SURF |               | -     | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D2543   | E        |     | DENTAL ONLAY METALLIC 3 SURF |               | -     | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D2544   | E        |     | DENTAL ONLAY METL 4/MORE SUR |               | -     | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D2610   | E        |     | INLAY PORCELAIN/CERAMIC 1 SU |               | -     | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D2620   | E        |     | INLAY PORCELAIN/CERAMIC 2 SU |               | -     | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D2630   | E        |     | DENTAL ONLAY PORC 3/MORE SUR |               | -     | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D2642   | E        |     | DENTAL ONLAY PORCELIN 2 SURF |               | -     | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D2643   | E        |     | DENTAL ONLAY PORCELIN 3 SURF |               | -     | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D2644   | E        |     | DENTAL ONLAY PORC 4/MORE SUR |               | -     | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D2650   | E        |     | INLAY COMPOSITE/RESIN ONE SU |               | -     | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D2651   | E        |     | INLAY COMPOSITE/RESIN TWO SU |               | -     | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D2652   | E        |     | DENTAL INLAY RESIN 3/MRE SUR |               | -     | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D2662   | E        |     | DENTAL ONLAY RESIN 2 SURFACE |               | -     | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D2663   | E        |     | DENTAL ONLAY RESIN 3 SURFACE |               | -     | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D2664   | E        |     | DENTAL ONLAY RESIN 4/MRE SUR |               | -     | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D2710   | T        |     | CROWN RESIN-BASED INDIRECT   |               | 05871 | 18.6458    | APC         | \$1,132.17                       |                              |                                  | -                    | -        | 000     | 20      |          |
| D2712   | T        |     | CROWN 3/4 RESIN-BASED COMPOS |               | 05871 | 18.6458    | APC         | \$1,132.17                       |                              |                                  | -                    | -        | 000     | 20      |          |
| D2720   | T        |     | CROWN RESIN W/ HIGH NOBLE ME |               | 05871 | 18.6458    | APC         | \$1,132.17                       |                              |                                  | -                    | -        | 000     | 20      |          |
| D2721   | T        |     | CROWN RESIN W/ BASE METAL    |               | 05871 | 18.6458    | APC         | \$1,132.17                       |                              |                                  | -                    | -        | 000     | 20      |          |
| D2722   | T        |     | CROWN RESIN W/ NOBLE METAL   |               | 05871 | 18.6458    | APC         | \$1,132.17                       |                              |                                  | -                    | -        | 000     | 20      |          |
| D2740   | T        |     | CROWN PORCELAIN/CERAMIC      |               | 05871 | 18.6458    | APC         | \$1,132.17                       |                              |                                  | -                    | -        | 000     | 999     |          |
| D2750   | T        |     | CROWN PORCELAIN W/ H NOBLE M |               | 05871 | 18.6458    | APC         | \$1,132.17                       |                              |                                  | -                    | -        | 000     | 20      |          |
| D2751   | T        |     | CROWN PORCELAIN FUSED BASE M |               | 05871 | 18.6458    | APC         | \$1,132.17                       |                              |                                  | -                    | -        | 000     | 999     |          |
| D2752   | T        |     | CROWN PORCELAIN W/ NOBLE MET |               | 05871 | 18.6458    | APC         | \$1,132.17                       |                              |                                  | -                    | -        | 000     | 20      |          |
| D2753   | E        |     | CROWN PORC FUSED TO TITANIUM |               | -     | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D2780   | T        |     | CROWN 3/4 CAST HI NOBLE MET  |               | 05871 | 18.6458    | APC         | \$1,132.17                       |                              |                                  | -                    | -        | 000     | 20      |          |
| D2781   | T        |     | CROWN 3/4 CAST BASE METAL    |               | 05871 | 18.6458    | APC         | \$1,132.17                       |                              |                                  | -                    | -        | 000     | 999     |          |
| D2782   | T        |     | CROWN 3/4 CAST NOBLE METAL   |               | 05871 | 18.6458    | APC         | \$1,132.17                       |                              |                                  | -                    | -        | 000     | 20      |          |
| D2783   | T        |     | CROWN 3/4 PORCELAIN/CERAMIC  |               | 05871 | 18.6458    | APC         | \$1,132.17                       |                              |                                  | -                    | -        | 000     | 20      |          |
| D2790   | T        |     | CROWN FULL CAST HIGH NOBLE M |               | 05871 | 18.6458    | APC         | \$1,132.17                       |                              |                                  | -                    | -        | 000     | 20      |          |
| D2791   | T        |     | CROWN FULL CAST BASE METAL   |               | 05871 | 18.6458    | APC         | \$1,132.17                       |                              |                                  | -                    | -        | 000     | 999     |          |
| D2792   | T        |     | CROWN FULL CAST NOBLE METAL  |               | 05871 | 18.6458    | APC         | \$1,132.17                       |                              |                                  | -                    | -        | 000     | 20      |          |
| D2794   | T        |     | CROWN-TITANIUM               |               | 05871 | 18.6458    | APC         | \$1,132.17                       |                              |                                  | -                    | -        | 000     | 20      |          |
| D2799   | T        |     | INTERIM CROWN                |               | 05871 | 18.6458    | APC         | \$1,132.17                       |                              |                                  | -                    | -        | 000     | 20      |          |
| D2910   | T        |     | RECEMENT INLAY ONLAY OR PART |               | 05871 | 18.6458    | APC         | \$1,132.17                       |                              |                                  | -                    | -        | 000     | 999     |          |
| D2915   | E        |     | RECEMENT CAST OR PREFAB POST |               | -     | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D2920   | T        |     | RE-CEMENT OR RE-BOND CROWN   |               | 05871 | 18.6458    | APC         | \$1,132.17                       |                              |                                  | -                    | -        | 000     | 999     |          |
| D2921   | T        |     | REATTACH TOOTH FRAGMENT      |               | 05871 | 18.6458    | APC         | \$1,132.17                       |                              |                                  | -                    | -        | 000     | 999     |          |
| D2928   | E        |     | PREFAB PORC/CER CROWN PERM   |               | -     | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D2929   | T        |     | PREFAB PORC/CERAM CROWN PRI  |               | 05871 | 18.6458    | APC         | \$1,132.17                       |                              |                                  | -                    | -        | 000     | 999     |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc Cd | 2024 APC |     | 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 |
|---------|----------|-----|------------------------------|---------------|-------|---------|----------------------------|----------------------------------|------------------------------|----------------------------------|----------------------|----------|---------|---------|----------|
|         | Status   | Ind |                              |               |       |         |                            |                                  |                              |                                  |                      |          |         |         |          |
| D2930   | T        |     | PREFAB STNLSS STEEL CRWN PRI |               | 05871 | 18.6458 | APC                        | \$1,132.17                       |                              |                                  | -                    | -        | 000     | 999     |          |
| D2931   | T        |     | PREFAB STNLSS STEEL CROWN PE |               | 05871 | 18.6458 | APC                        | \$1,132.17                       |                              |                                  | -                    | -        | 000     | 999     |          |
| D2932   | T        |     | PREFABRICATED RESIN CROWN    |               | 05871 | 18.6458 | APC                        | \$1,132.17                       |                              |                                  | -                    | -        | 000     | 999     |          |
| D2933   | T        |     | PREFAB STAINLESS STEEL CROWN |               | 05871 | 18.6458 | APC                        | \$1,132.17                       |                              |                                  | -                    | -        | 000     | 999     |          |
| D2934   | E        |     | PREFAB STEEL CROWN PRIMARY   |               | -     | -       | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D2940   | T        |     | PROTECTIVE RESTORATION       |               | 05871 | 18.6458 | APC                        | \$1,132.17                       |                              |                                  | -                    | -        | 000     | 999     |          |
| D2949   | E        |     | RESTORATIVE FOUNDATION       |               | -     | -       | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D2950   | T        |     | CORE BUILD-UP INCL ANY PINS  |               | 05871 | 18.6458 | APC                        | \$1,132.17                       |                              |                                  | -                    | -        | 000     | 999     |          |
| D2951   | T        |     | TOOTH PIN RETENTION          |               | 05871 | 18.6458 | APC                        | \$1,132.17                       |                              |                                  | -                    | -        | 000     | 20      |          |
| D2952   | T        |     | POST AND CORE CAST + CROWN   |               | 05871 | 18.6458 | APC                        | \$1,132.17                       |                              |                                  | -                    | -        | 000     | 999     |          |
| D2953   | N        |     | EACH ADDTNL CAST POST        |               | -     | -       | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D2954   | T        |     | PREFAB POST/CORE + CROWN     |               | 05871 | 18.6458 | APC                        | \$1,132.17                       |                              |                                  | -                    | -        | 000     | 999     |          |
| D2955   | E        |     | POST REMOVAL                 |               | -     | -       | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D2956   | E        |     | INDIRECT REST REMOV          |               | -     | -       | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D2957   | T        |     | EACH ADDTNL PREFAB POST      |               | 05871 | 18.6458 | APC                        | \$1,132.17                       |                              |                                  | -                    | -        | 000     | 999     |          |
| D2960   | T        |     | LABIAL VENEER RESIN DIRECT   |               | 05871 | 18.6458 | APC                        | \$1,132.17                       |                              |                                  | Y                    | -        | 000     | 20      |          |
| D2961   | T        |     | LABIAL VENEER RESIN INDIRECT |               | 05871 | 18.6458 | APC                        | \$1,132.17                       |                              |                                  | Y                    | -        | 000     | 20      |          |
| D2962   | T        |     | LABIAL VENEER PORC INDIRECT  |               | 05871 | 18.6458 | APC                        | \$1,132.17                       |                              |                                  | Y                    | -        | 000     | 20      |          |
| D2971   | E        |     | ADD PROC CONSTRUCT NEW CROWN |               | -     | -       | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D2975   | E        |     | COPING                       |               | -     | -       | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D2976   | E        |     | BAND STABILIZATION PER TOOTH |               | -     | -       | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D2980   | T        |     | CROWN REPAIR                 |               | 05871 | 18.6458 | APC                        | \$1,132.17                       |                              |                                  | -                    | -        | 000     | 999     |          |
| D2981   | E        |     | INLAY REPAIR                 |               | -     | -       | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D2982   | E        |     | ONLAY REPAIR                 |               | -     | -       | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D2983   | E        |     | VENEER REPAIR                |               | -     | -       | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D2989   | E        |     | EXCAVATE TOOTH NON-RESTORABL |               | -     | -       | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D2990   | E        |     | RESIN INFILTRATION OF LESION |               | -     | -       | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D2991   | E        |     | APP OF HYDROXYAPATITE        |               | -     | -       | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D2999   | E        |     | DENTAL UNSPEC RESTORATIVE PR |               | -     | -       | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D3110   | N        |     | PULP CAP DIRECT              |               | 05871 | 18.6458 | Bundled, sometimes payable | \$1,132.17                       |                              |                                  | -                    | -        | 000     | 999     |          |
| D3120   | N        |     | PULP CAP INDIRECT            |               | 05871 | 18.6458 | Bundled, sometimes payable | \$1,132.17                       |                              |                                  | -                    | -        | 000     | 999     |          |
| D3220   | T        |     | THERAPEUTIC PULPOTOMY        |               | 05871 | 18.6458 | APC                        | \$1,132.17                       |                              |                                  | -                    | -        | 000     | 20      |          |
| D3221   | T        |     | GROSS PULPAL DEBRIDEMENT     |               | 05871 | 18.6458 | APC                        | \$1,132.17                       |                              |                                  | -                    | -        | 000     | 999     |          |
| D3222   | E        |     | PART PULP FOR APEXOGENESIS   |               | -     | -       | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 20      |          |
| D3230   | T        |     | PULPAL THERAPY ANTERIOR PRIM |               | 05871 | 18.6458 | APC                        | \$1,132.17                       |                              |                                  | -                    | -        | 000     | 20      |          |
| D3240   | T        |     | PULPAL THERAPY POSTERIOR PRI |               | 05871 | 18.6458 | APC                        | \$1,132.17                       |                              |                                  | -                    | -        | 000     | 20      |          |
| D3310   | T        |     | END THXPY, ANTERIOR TOOTH    |               | 05871 | 18.6458 | APC                        | \$1,132.17                       |                              |                                  | -                    | -        | 000     | 999     |          |
| D3320   | T        |     | END THXPY, PREMOLAR TOOTH    |               | 05871 | 18.6458 | APC                        | \$1,132.17                       |                              |                                  | -                    | -        | 000     | 999     |          |
| D3330   | T        |     | END THXPY, MOLAR TOOTH       |               | 05871 | 18.6458 | APC                        | \$1,132.17                       |                              |                                  | -                    | -        | 000     | 999     |          |
| D3331   | T        |     | NON-SURG TX ROOT CANAL OBS   |               | 05871 | 18.6458 | APC                        | \$1,132.17                       |                              |                                  | -                    | -        | 000     | 999     |          |
| D3332   | E        |     | INCOMPLETE ENDODONTIC TX     |               | -     | -       | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D3333   | E        |     | INTERNAL ROOT REPAIR         |               | -     | -       | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D3346   | T        |     | RETREAT ROOT CANAL ANTERIOR  |               | 05871 | 18.6458 | APC                        | \$1,132.17                       |                              |                                  | -                    | -        | 000     | 999     |          |
| D3347   | T        |     | RETREAT ROOT CANAL PREMOLAR  |               | 05871 | 18.6458 | APC                        | \$1,132.17                       |                              |                                  | -                    | -        | 000     | 999     |          |
| D3348   | T        |     | RETREAT ROOT CANAL MOLAR     |               | 05871 | 18.6458 | APC                        | \$1,132.17                       |                              |                                  | -                    | -        | 000     | 999     |          |
| D3351   | E        |     | APEXIFICATION/RECALC INITIAL |               | -     | -       | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D3352   | E        |     | APEXIFICATION/RECALC INTERIM |               | -     | -       | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D3353   | E        |     | APEXIFICATION/RECALC FINAL   |               | -     | -       | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D3355   | E        |     | PULPAL REGENERATION INITIAL  |               | -     | -       | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D3356   | E        |     | PULPAL REGENERATION INTERIM  |               | -     | -       | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D3357   | E        |     | PULPAL REGENERATION COMPLETE |               | -     | -       | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D3410   | T        |     | APICOECTOMY - ANTERIOR       |               | 05871 | 18.6458 | APC                        | \$1,132.17                       |                              |                                  | -                    | -        | 000     | 20      |          |
| D3421   | T        |     | ROOT SURGERY PREMOLAR        |               | 05871 | 18.6458 | APC                        | \$1,132.17                       |                              |                                  | -                    | -        | 000     | 20      |          |
| D3425   | T        |     | ROOT SURGERY MOLAR           |               | 05871 | 18.6458 | APC                        | \$1,132.17                       |                              |                                  | -                    | -        | 000     | 20      |          |
| D3426   | N        |     | ROOT SURGERY EA ADD ROOT     |               | -     | -       | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 20      |          |
| D3428   | E        |     | BONE GRAFT PERI PER TOOTH    |               | -     | -       | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC   | APC<br>Weight | Method                     | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|---------|------------------------------|------------------------------|------------------|-------|---------------|----------------------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|         |                              |                              |                  |       |               |                            |                                        |                                    |                                           |                         |          |            |            |          |
| D3429   | E                            | BONE GRAFT PERI EACH ADDL    |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D3430   | T                            | RETROGRADE FILLING           |                  | 05871 | 18.6458       | APC                        | \$1,132.17                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| D3431   | E                            | BIOLOGICAL MATERIALS         |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D3432   | E                            | GUIDED TISSUE REGENERATION   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D3450   | E                            | ROOT AMPUTATION              |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D3460   | E                            | ENDODONTIC ENDOSSEOUS IMPLAN |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D3470   | E                            | INTENTIONAL REPLANTATION     |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D3471   | E                            | SURG REP ROOT RES ANTERIOR   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D3472   | E                            | SURG REP ROOT RES PREMOLAR   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D3473   | E                            | SURG REP ROOT RES MOLAR      |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D3501   | E                            | SURG EXP ROOT SURF ANTERIOR  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D3502   | E                            | SURG EXP ROOT SURF PREMOLAR  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D3503   | E                            | SURG EXP ROOT SURF MOLAR     |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D3910   | E                            | ISOLATION- TOOTH W RUBB DAM  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D3911   | E                            | INTRAORIFICE BARRIER         |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D3920   | E                            | TOOTH SPLITTING              |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D3921   | E                            | DECOR OR SUBMERG ERUPT TOOTH |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D3950   | E                            | CANAL PREP/FITTING OF DOWEL  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D3999   | E                            | ENDODONTIC PROCEDURE         |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D4210   | N                            | GINGIVECTOMY/PLASTY 4 OR MOR |                  | 05164 | 36.3699       | Bundled, sometimes payable | \$2,208.38                             |                                    |                                           | -                       | -        | 000        | 20         |          |
| D4211   | N                            | GINGIVECTOMY/PLASTY 1 TO 3   |                  | 05164 | 36.3699       | Bundled, sometimes payable | \$2,208.38                             |                                    |                                           | -                       | -        | 000        | 20         |          |
| D4212   | N                            | GINGIVECTOMY/PLASTY REST     |                  | 05164 | 36.3699       | Bundled, sometimes payable | \$2,208.38                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| D4230   | N                            | ANA CROWN EXP 4 OR> PER QUAD |                  | 05164 | 36.3699       | Bundled, sometimes payable | \$2,208.38                             |                                    |                                           | -                       | -        | 000        | 20         |          |
| D4231   | N                            | ANA CROWN EXP 1-3 PER QUAD   |                  | 05163 | 16.6121       | Bundled, sometimes payable | \$1,008.69                             |                                    |                                           | -                       | -        | 000        | 20         |          |
| D4240   | N                            | GINGIVAL FLAP PROC W/ PLANIN |                  | 05164 | 36.3699       | Bundled, sometimes payable | \$2,208.38                             |                                    |                                           | -                       | -        | 000        | 20         |          |
| D4241   | N                            | GNGVL FLAP W ROOTPLAN 1-3 TH |                  | 05163 | 16.6121       | Bundled, sometimes payable | \$1,008.69                             |                                    |                                           | -                       | -        | 000        | 20         |          |
| D4245   | E                            | APICALLY POSITIONED FLAP     |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D4249   | E                            | CROWN LENGTHEN HARD TISSUE   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D4260   | N                            | OSSEOUS SURGERY 4 OR MORE    |                  | 05165 | 66.3421       | Bundled, sometimes payable | \$4,028.29                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| D4261   | N                            | OSSEOUS SURG 1 TO 3 TEETH    |                  | 05164 | 36.3699       | Bundled, sometimes payable | \$2,208.38                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| D4263   | E                            | BONE REPLCE GRAFT FIRST SITE |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D4264   | E                            | BONE REPLCE GRAFT EACH ADD   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D4265   | E                            | BIO MTRLS TO AID SOFT/OS REG |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D4266   | E                            | GUIDED TISS REGEN RESORBLE   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D4267   | E                            | GUIDED TISS REGEN NONRESORB  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D4268   | E                            | SURGICAL REVISION PROCEDURE  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D4270   | N                            | PEDICLE SOFT TISSUE GRAFT PR |                  | 05163 | 16.6121       | Bundled, sometimes payable | \$1,008.69                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| D4273   | N                            | AUTO TISSUE GRAFT 1ST TOOTH  |                  | 05163 | 16.6121       | Bundled, sometimes payable | \$1,008.69                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| D4274   | E                            | MESIAL/DISTAL WEDGE PROC     |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D4275   | N                            | NON-AUTO GRAFT 1ST TOOTH     |                  | 05163 | 16.6121       | Bundled, sometimes payable | \$1,008.69                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| D4276   | E                            | CON TISSUE W PEDICLE GRAFT   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D4277   | N                            | SOFT TISSUE GRAFT FIRSTTOOTH |                  | 05163 | 16.6121       | Bundled, sometimes payable | \$1,008.69                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| D4278   | N                            | SOFT TISSUE GRAFT ADDL TOOTH |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D4283   | E                            | AUTO TISSUE GRAFT ADDL TOOTH |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D4285   | E                            | NON-AUTO GRAFT ADDL TOOTH    |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D4286   | E                            | REMOVE NON-RESORB BARRIER    |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D4322   | E                            | SPLINT INTRA-CORONAL         |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D4323   | E                            | SPLINT EXTRA-CORONAL         |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D4341   | T                            | PERIODONTAL SCALING & ROOT   |                  | 05871 | 18.6458       | APC                        | \$1,132.17                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| D4342   | T                            | PERIODONTAL SCALING 1-3TEETH |                  | 05871 | 18.6458       | APC                        | \$1,132.17                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| D4346   | T                            | SCALING GINGIV INFLAMMATION  |                  | 05871 | 18.6458       | APC                        | \$1,132.17                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| D4355   | T                            | FULL MOUTH DEBRIDEMENT       |                  | 05871 | 18.6458       | APC                        | \$1,132.17                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| D4381   | E                            | LOCALIZED DELIVERY ANTIMICRO |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D4910   | T                            | PERIODONTAL MAINT PROCEDURES |                  | 05871 | 18.6458       | APC                        | \$1,132.17                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| D4920   | N                            | UNSCHEDULED DRESSING CHANGE  |                  | 05871 | 18.6458       | Bundled, sometimes payable | \$1,132.17                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| D4921   | E                            | GINGIVAL IRRIGATION PER QUAD |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |



Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc<br>Cd | 2024<br>APC |     | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method       | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-------------|-----|------------------------------|------------------|-----|---------------|--------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Status      | Ind |                              |                  |     |               |              |                                        |                                    |                                           |  |                         |          |            |            |          |
| D4999      | E           |     | UNSPECIFIED PERIODONTAL PROC |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5110      | M           |     | DENTURES COMPLETE MAXILLARY  |                  | -   | -             | Fee Schedule | \$68.64                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5120      | M           |     | DENTURES COMPLETE MANDIBLE   |                  | -   | -             | Fee Schedule | \$68.64                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5130      | M           |     | DENTURES IMMEDIAT MAXILLARY  |                  | -   | -             | Fee Schedule | \$68.64                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5140      | M           |     | DENTURES IMMEDIAT MANDIBLE   |                  | -   | -             | Fee Schedule | \$68.64                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5211      | M           |     | DENTURES MAXILL PART RESIN   |                  | -   | -             | Fee Schedule | \$68.64                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5212      | M           |     | DENTURES MAND PART RESIN     |                  | -   | -             | Fee Schedule | \$68.64                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5213      | M           |     | DENTURES MAXILL PART METAL   |                  | -   | -             | Fee Schedule | \$68.64                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5214      | M           |     | DENTURES MANDIBL PART METAL  |                  | -   | -             | Fee Schedule | \$68.64                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5221      | E           |     | IMMED MAX PART DENTURE RESIN |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5222      | E           |     | IMMED MAN PART DENTURE RESIN |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5223      | E           |     | IMMED MAX PART DENT METAL    |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5224      | E           |     | IMMED MAND PART DENT METAL   |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5225      | M           |     | MAXILLARY PART DENTURE FLEX  |                  | -   | -             | Fee Schedule | \$68.64                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5226      | M           |     | MANDIBULAR PART DENTURE FLEX |                  | -   | -             | Fee Schedule | \$68.64                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5227      | E           |     | IMMED MAX PART DENTURE       |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5228      | E           |     | IMMED MAND PART DENTURE      |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5282      | E           |     | REMOVE UNIL PART DENTURE,MAX |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5283      | E           |     | REMOVE UNIL PART DENTURE,MAN |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5284      | E           |     | REM UNILAT DENT FLEX BASE    |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5286      | E           |     | REM UNILAT DENT 1 PC RESIN   |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5410      | M           |     | DENTURES ADJUST CMPLT MAXIL  |                  | -   | -             | Fee Schedule | \$68.64                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5411      | M           |     | DENTURES ADJUST CMPLT MAND   |                  | -   | -             | Fee Schedule | \$68.64                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5421      | M           |     | DENTURES ADJUST PART MAXILL  |                  | -   | -             | Fee Schedule | \$68.64                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5422      | M           |     | DENTURES ADJUST PART MANDBL  |                  | -   | -             | Fee Schedule | \$68.64                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5511      | M           |     | REP BROKE COMP DENT BASE MAN |                  | -   | -             | Fee Schedule | \$68.64                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5512      | M           |     | REP BROKE COMP DENT BASE MAX |                  | -   | -             | Fee Schedule | \$68.64                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5520      | M           |     | REPLACE DENTURE TEETH COMPLT |                  | -   | -             | Fee Schedule | \$68.64                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5611      | M           |     | REP RESIN PART DENT BASE MAN |                  | -   | -             | Fee Schedule | \$68.64                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5612      | M           |     | REP RESIN PART DENT BASE MAX |                  | -   | -             | Fee Schedule | \$68.64                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5621      | M           |     | REP CAST PART FRAME MAN      |                  | -   | -             | Fee Schedule | \$68.64                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5622      | M           |     | REP CAST PART FRAME MAX      |                  | -   | -             | Fee Schedule | \$68.64                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5630      | M           |     | REP PARTIAL DENTURE CLASP    |                  | -   | -             | Fee Schedule | \$68.64                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5640      | M           |     | REPLACE PART DENTURE TEETH   |                  | -   | -             | Fee Schedule | \$68.64                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5650      | M           |     | ADD TOOTH TO PARTIAL DENTURE |                  | -   | -             | Fee Schedule | \$68.64                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5660      | M           |     | ADD CLASP TO PARTIAL DENTURE |                  | -   | -             | Fee Schedule | \$68.64                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5670      | E           |     | REPLC TTH&ACRLC ON MTL FRMWK |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5671      | E           |     | REPLC TTH&ACRLC MANDIBULAR   |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5710      | M           |     | DENTURES REBASE CMPLT MAXIL  |                  | -   | -             | Fee Schedule | \$68.64                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5711      | M           |     | DENTURES REBASE CMPLT MAND   |                  | -   | -             | Fee Schedule | \$68.64                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5720      | M           |     | DENTURES REBASE PART MAXILL  |                  | -   | -             | Fee Schedule | \$68.64                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5721      | M           |     | DENTURES REBASE PART MANDBL  |                  | -   | -             | Fee Schedule | \$68.64                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5725      | E           |     | REBASE HYBRID PROSTHESIS     |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5730      | M           |     | DENTURE RELN CMPLT MAX DIR   |                  | -   | -             | Fee Schedule | \$68.64                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5731      | M           |     | DENTURE RELN CMPLT MAND DIR  |                  | -   | -             | Fee Schedule | \$68.64                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5740      | M           |     | DENTURE RELN PART MAX DIR    |                  | -   | -             | Fee Schedule | \$68.64                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5741      | M           |     | DENTURE RELN PART MAND DIR   |                  | -   | -             | Fee Schedule | \$68.64                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5750      | M           |     | DENTURE RELN CMPLT MAX INDIR |                  | -   | -             | Fee Schedule | \$68.64                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5751      | M           |     | DENTURE RELN CMPLT MAND IND  |                  | -   | -             | Fee Schedule | \$68.64                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5760      | M           |     | DENTURE RELN PART MAX INDIR  |                  | -   | -             | Fee Schedule | \$68.64                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5761      | M           |     | DENTURE RELN PART MAND INDIR |                  | -   | -             | Fee Schedule | \$68.64                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5765      | E           |     | LINER COMPL/PARTIAL REM DENT |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5810      | M           |     | DENTURE INTERM CMPLT MAXILL  |                  | -   | -             | Fee Schedule | \$68.64                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5811      | E           |     | DENTURE INTERM CMPLT MANDBL  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5820      | M           |     | DENTURE INTERM PART MAXILL   |                  | -   | -             | Fee Schedule | \$68.64                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5821      | M           |     | DENTURE INTERM PART MANDBL   |                  | -   | -             | Fee Schedule | \$68.64                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
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| Proc<br>Cd | 2024<br>APC |     | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method       | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-------------|-----|------------------------------|------------------|-----|---------------|--------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Status      | Ind |                              |                  |     |               |              |                                        |                                    |                                           |  |                         |          |            |            |          |
| D5850      | M           |     | DENTURE TISS CONDITN MAXILL  |                  | -   | -             | Fee Schedule | \$68.64                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5851      | M           |     | DENTURE TISS CONDTIN MANDBL  |                  | -   | -             | Fee Schedule | \$68.64                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5862      | E           |     | PRECISION ATTACHMENT         |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5863      | E           |     | OVERDENTURE COMPLETE MAX     |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5864      | E           |     | OVERDENTURE PARTIAL MAX      |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5865      | E           |     | OVERDENTURE COMPLETE MANDIB  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5866      | E           |     | OVERDENTURE PARTIAL MANDIB   |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5867      | E           |     | REPLACEMENT OF PRECISION ATT |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5875      | E           |     | PROSTHESIS MODIFICATION      |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5876      | E           |     | ADD METAL SUB TO ACRYLC DENT |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5899      | E           |     | REMOVABLE PROSTHODONTIC PROC |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5911      | E           |     | FACIAL MOULAGE SECTIONAL     |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5912      | E           |     | FACIAL MOULAGE COMPLETE      |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5913      | E           |     | NASAL PROSTHESIS             |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5914      | E           |     | AURICULAR PROSTHESIS         |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5915      | E           |     | ORBITAL PROSTHESIS           |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5916      | E           |     | OCULAR PROSTHESIS            |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5919      | E           |     | FACIAL PROSTHESIS            |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5922      | E           |     | NASAL SEPTAL PROSTHESIS      |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5923      | E           |     | OCULAR PROSTHESIS INTERIM    |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5924      | E           |     | CRANIAL PROSTHESIS           |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5925      | E           |     | FACIAL AUGMENTATION IMPLANT  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5926      | E           |     | REPLACEMENT NASAL PROSTHESIS |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5927      | E           |     | AURICULAR REPLACEMENT        |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5928      | E           |     | ORBITAL REPLACEMENT          |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5929      | E           |     | FACIAL REPLACEMENT           |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5931      | E           |     | SURGICAL OBTURATOR           |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5932      | E           |     | POSTSURGICAL OBTURATOR       |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5933      | E           |     | REFITTING OF OBTURATOR       |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5934      | E           |     | MANDIBULAR FLANGE PROSTHESIS |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5935      | E           |     | MANDIBULAR DENTURE PROSTH    |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5936      | E           |     | TEMP OBTURATOR PROSTHESIS    |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5937      | E           |     | TRISMUS APPLIANCE            |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5951      | E           |     | FEEDING AID                  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5952      | E           |     | PEDIATRIC SPEECH AID         |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5953      | E           |     | ADULT SPEECH AID             |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5954      | E           |     | SUPERIMPOSED PROSTHESIS      |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5955      | E           |     | PALATAL LIFT PROSTHESIS      |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5958      | E           |     | INTRAORAL CON DEF INTER PLT  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5959      | E           |     | INTRAORAL CON DEF MOD PALAT  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5960      | E           |     | MODIFY SPEECH AID PROSTHESIS |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5982      | E           |     | SURGICAL STENT               |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5983      | E           |     | RADIATION APPLICATOR         |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5984      | E           |     | RADIATION SHIELD             |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5985      | E           |     | RADIATION CONE LOCATOR       |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5986      | E           |     | FLUORIDE APPLICATOR          |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5987      | E           |     | COMMISSURE SPLINT            |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5988      | E           |     | SURGICAL SPLINT              |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5991      | E           |     | VESICULOBULLOUS DISEASE CARR |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5992      | E           |     | ADJUST MAX PROST APPLIANCE   |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 018        | 999        |          |
| D5993      | E           |     | MAIN/CLEAN MAX PROSTHESIS    |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 018        | 999        |          |
| D5995      | E           |     | PERI MEDICAMENT W/SEAL, MAX  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5996      | E           |     | PERI MEDICAMENT W/SEAL, MAND |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D5999      | E           |     | MAXILLOFACIAL PROSTHESIS     |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6010      | E           |     | ODONTICS ENDOSTEAL IMPLANT   |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6011      | E           |     | SECOND STAGE IMPLANT SURGERY |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc<br>Cd | 2024<br>APC |     | Proc Desc                     | Proc<br>Modifier | APC | APC<br>Weight | Method      | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-------------|-----|-------------------------------|------------------|-----|---------------|-------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Status      | Ind |                               |                  |     |               |             |                                        |                                    |                                           |  |                         |          |            |            |          |
| D6012      | E           |     | ENDOSTEAL IMPLANT             |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6013      | E           |     | SURGICAL PLACE MINI IMPLANT   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6040      | E           |     | ODONTICS EPOSTEAL IMPLANT     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6050      | E           |     | ODONTICS TRANSOSTEAL IMPLNT   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6051      | E           |     | INTERIM IMPLANT ABUTMENT      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6053      | E           |     | IMPLNT/ABTMNT SPPRT REMV DNT  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6054      | E           |     | IMPLNT/ABTMNT SPPRT REMVPRTL  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6055      | E           |     | IMPLANT CONNECTING BAR        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6056      | E           |     | PREFABRICATED ABUTMENT        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6057      | E           |     | CUSTOM ABUTMENT               |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6058      | E           |     | ABUTMENT SUPPORTED CROWN      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6059      | E           |     | ABUTMENT SUPPORTED MTL CROWN  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6060      | E           |     | ABUTMENT SUPPORTED MTL CROWN  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6061      | E           |     | ABUTMENT SUPPORTED MTL CROWN  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6062      | E           |     | ABUTMENT SUPPORTED MTL CROWN  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6063      | E           |     | ABUTMENT SUPPORTED MTL CROWN  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6064      | E           |     | ABUTMENT SUPPORTED MTL CROWN  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6065      | E           |     | IMPLANT SUPPORTED CROWN       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6066      | E           |     | IMPLANT SUPPORTED MTL CROWN   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6067      | E           |     | IMPLANT SUPPORTED MTL CROWN   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6068      | E           |     | ABUTMENT SUPPORTED RETAINER   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6069      | E           |     | ABUTMENT SUPPORTED RETAINER   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6070      | E           |     | ABUTMENT SUPPORTED RETAINER   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6071      | E           |     | ABUTMENT SUPPORTED RETAINER   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6072      | E           |     | ABUTMENT SUPPORTED RETAINER   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6073      | E           |     | ABUTMENT SUPPORTED RETAINER   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6074      | E           |     | ABUTMENT SUPPORTED RETAINER   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6075      | E           |     | IMPLANT SUPPORTED RETAINER    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6076      | E           |     | IMPLANT SUPPORTED RETAINER    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6077      | E           |     | IMPLANT SUPPORTED RETAINER    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6078      | E           |     | IMPLNT/ABUT SUPRTD FIXD DENT  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6079      | E           |     | IMPLNT/ABUT SUPRTD FIXD DENT  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6080      | E           |     | IMPLANT MAINTENANCE           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6081      | E           |     | SCALE & DEBRIDE, SINGLE IMP   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6082      | E           |     | IMP CROWN PORC TO BASE ALLOY  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6083      | E           |     | IMP CROWN PORC TO NOBLE ALLO  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6084      | E           |     | IMP CROWN PORC TO TITANIUM    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6085      | E           |     | INTERIM IMPLANT CROWN         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6086      | E           |     | IMP CROWN BASE ALLOYS         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6087      | E           |     | IMPLANT CROWN NOBLE ALLOYS    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6088      | E           |     | IMP CROWN TITANIUM ALLOYS     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6089      | E           |     | ACCESS/RETORQ IMPLANT SCREW   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6090      | E           |     | REPAIR IMPLANT                |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6091      | E           |     | REPL SEMI/PRECISION ATTACH    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6092      | E           |     | RECEMENT SUPP CROWN           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6093      | E           |     | RECEMENT SUPP PART DENTURE    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6094      | E           |     | ABUT SUPPORT CROWN TITANIUM   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6096      | E           |     | REMOVE BROKEN IMP RET SCREW   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6097      | E           |     | ABUT CROWN PORC TO TITANIUM   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6098      | E           |     | IMP RETAIN PORC TO BASE ALLO  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6099      | E           |     | IMP RETAINER FOR FPD          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6100      | E           |     | SURG REMOVAL OF IMPLANT BODY  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 018        | 999        |          |
| D6101      | E           |     | DEBRIDEMENT OF A PERIIMPLANT  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6102      | E           |     | DEBRIDEMENT & CONTOURING      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6103      | E           |     | BONE GRAFT REPAIR PERIIMPLANT |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6104      | E           |     | BONE GRAFT TIME OF IMPLANT    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
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| Proc<br>Cd | 2024<br>APC |     | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method       | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-------------|-----|------------------------------|------------------|-----|---------------|--------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Status      | Ind |                              |                  |     |               |              |                                        |                                    |                                           |  |                         |          |            |            |          |
| D6105      | E           |     | REMOVE IMPLANT BODY          |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6106      | E           |     | TISSUE REGEN RESORBABLE      |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6107      | E           |     | TISSUE REGEN NON-RESORBABLE  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6110      | E           |     | IMPLNT/ABUT REMOV DENT MAX   |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6111      | E           |     | IMPLNT/ABUT REMOV DENT MAND  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6112      | E           |     | IMP/ABUT REM DENT PART MAX   |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6113      | E           |     | IMP/ABUT REM DENT PART MAND  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6114      | E           |     | IMPLNT/ABUT FIXED DENT MAX   |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6115      | E           |     | IMPLNT/ABUT FIXED DENT MAND  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6116      | E           |     | IMP/ABUT FIXED DENT PART MAX |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6117      | E           |     | IMP/ABUT FIXED DENT PART MAN |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6118      | E           |     | IMP/ABUT INT FIXED DENT MAN  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6119      | E           |     | INT/ABUT INT FIXED DENT MAX  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6120      | E           |     | IMP RETAIN PORC TO TITANIUM  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6121      | E           |     | RETAIN METAL FPD BASE ALLOYS |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6122      | E           |     | RETAIN METAL FPD NOBLE ALLOY |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6123      | E           |     | RETAIN METAL FPD TITANIUM    |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6180      | E           |     | IMPLNT MAINT PROCED          |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6190      | E           |     | RADIO/SURGICAL IMPLANT INDEX |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6191      | E           |     | SEMI PRECISION ABUTMENT      |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6192      | E           |     | SEMI PRECISION ATTACHMENT    |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6193      | E           |     | REPLACE IMPLNT SCREW         |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6194      | E           |     | ABUT SUPPORT RETAINER TITANI |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6195      | E           |     | ABUT RETAIN PORC TO TITANIUM |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6197      | E           |     | REPLACE MATERIAL PROSTHESIS  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6198      | E           |     | REMOVE INTERIM IMPLANT       |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6199      | E           |     | IMPLANT PROCEDURE            |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6205      | M           |     | PONTIC-INDIRECT RESIN BASED  |                  | -   | -             | Fee Schedule | \$68.64                                |                                    |                                           |  | -                       | -        | 000        | 20         |          |
| D6210      | M           |     | PROSTHODONT HIGH NOBLE METAL |                  | -   | -             | Fee Schedule | \$68.64                                |                                    |                                           |  | -                       | -        | 000        | 20         |          |
| D6211      | M           |     | BRIDGE BASE METAL CAST       |                  | -   | -             | Fee Schedule | \$68.64                                |                                    |                                           |  | -                       | -        | 000        | 20         |          |
| D6212      | M           |     | BRIDGE NOBLE METAL CAST      |                  | -   | -             | Fee Schedule | \$68.64                                |                                    |                                           |  | -                       | -        | 000        | 20         |          |
| D6214      | M           |     | PONTIC TITANIUM              |                  | -   | -             | Fee Schedule | \$68.64                                |                                    |                                           |  | -                       | -        | 000        | 20         |          |
| D6240      | M           |     | BRIDGE PORCELAIN HIGH NOBLE  |                  | -   | -             | Fee Schedule | \$68.64                                |                                    |                                           |  | -                       | -        | 000        | 20         |          |
| D6241      | M           |     | BRIDGE PORCELAIN BASE METAL  |                  | -   | -             | Fee Schedule | \$68.64                                |                                    |                                           |  | -                       | -        | 000        | 20         |          |
| D6242      | M           |     | BRIDGE PORCELAIN NOBEL METAL |                  | -   | -             | Fee Schedule | \$68.64                                |                                    |                                           |  | -                       | -        | 000        | 20         |          |
| D6243      | E           |     | PONTIC PORCELAIN TO TITANIUM |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6245      | M           |     | BRIDGE PORCELAIN/CERAMIC     |                  | -   | -             | Fee Schedule | \$68.64                                |                                    |                                           |  | -                       | -        | 000        | 20         |          |
| D6250      | M           |     | BRIDGE RESIN W/HIGH NOBLE    |                  | -   | -             | Fee Schedule | \$68.64                                |                                    |                                           |  | -                       | -        | 000        | 20         |          |
| D6251      | M           |     | BRIDGE RESIN BASE METAL      |                  | -   | -             | Fee Schedule | \$68.64                                |                                    |                                           |  | -                       | -        | 000        | 20         |          |
| D6252      | M           |     | BRIDGE RESIN W/NOBLE METAL   |                  | -   | -             | Fee Schedule | \$68.64                                |                                    |                                           |  | -                       | -        | 000        | 20         |          |
| D6253      | E           |     | INTERIM PONTIC               |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6254      | E           |     | INTERIM PONTIC               |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 018        | 20         |          |
| D6545      | E           |     | DENTAL RETAINR CAST METL     |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6548      | E           |     | PORCELAIN/CERAMIC RETAINER   |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6549      | E           |     | RESIN RETAINER               |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6600      | E           |     | PORCELAIN/CERAMIC INLAY 2SRF |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6601      | E           |     | PORC/CERAM INLAY >= 3 SURFAC |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6602      | E           |     | CST HGH NBLE MTL INLAY 2 SRF |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6603      | E           |     | CST HGH NBLE MTL INLAY >=3SR |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6604      | E           |     | CST BSE MTL INLAY 2 SURFACES |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6605      | E           |     | CST BSE MTL INLAY >= 3 SURFA |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6606      | E           |     | CAST NOBLE METAL INLAY 2 SUR |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6607      | E           |     | CST NOBLE MTL INLAY >=3 SURF |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6608      | E           |     | ONLAY PORC/CRMC 2 SURFACES   |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6609      | E           |     | ONLAY PORC/CRMC >=3 SURFACES |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D6610      | E           |     | ONLAY CST HGH NBL MTL 2 SRFC |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |



Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc<br>Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC   | APC<br>Weight | Method                     | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|------------------------------|------------------------------|------------------|-------|---------------|----------------------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|            |                              |                              |                  |       |               |                            |                                        |                                    |                                           |                         |          |            |            |          |
| D6611      | E                            | ONLAY CST HGH NBL MTL >=3SRF |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D6612      | E                            | ONLAY CST BASE MTL 2 SURFACE |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D6613      | E                            | ONLAY CST BASE MTL >=3 SURFA |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D6614      | E                            | ONLAY CST NBL MTL 2 SURFACES |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D6615      | E                            | ONLAY CST NBL MTL >=3 SURFAC |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D6624      | E                            | INLAY TITANIUM               |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D6634      | E                            | ONLAY TITANIUM               |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D6710      | M                            | CROWN-INDIRECT RESIN BASED   |                  | -     | -             | Fee Schedule               | \$68.64                                |                                    |                                           | -                       | -        | 000        | 20         |          |
| D6720      | M                            | RETAIN CROWN RESIN W HI NBLE |                  | -     | -             | Fee Schedule               | \$68.64                                |                                    |                                           | -                       | -        | 000        | 20         |          |
| D6721      | M                            | CROWN RESIN W/BASE METAL     |                  | -     | -             | Fee Schedule               | \$68.64                                |                                    |                                           | -                       | -        | 000        | 20         |          |
| D6722      | M                            | CROWN RESIN W/NOBLE METAL    |                  | -     | -             | Fee Schedule               | \$68.64                                |                                    |                                           | -                       | -        | 000        | 20         |          |
| D6740      | M                            | CROWN PORCELAIN/CERAMIC      |                  | -     | -             | Fee Schedule               | \$68.64                                |                                    |                                           | -                       | -        | 000        | 20         |          |
| D6750      | M                            | CROWN PORCELAIN HIGH NOBLE   |                  | -     | -             | Fee Schedule               | \$68.64                                |                                    |                                           | -                       | -        | 000        | 20         |          |
| D6751      | M                            | CROWN PORCELAIN BASE METAL   |                  | -     | -             | Fee Schedule               | \$68.64                                |                                    |                                           | -                       | -        | 000        | 20         |          |
| D6752      | M                            | CROWN PORCELAIN NOBLE METAL  |                  | -     | -             | Fee Schedule               | \$68.64                                |                                    |                                           | -                       | -        | 000        | 20         |          |
| D6753      | E                            | RETAIN CROWN PORC TO TITANIU |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D6780      | M                            | CROWN 3/4 HIGH NOBLE METAL   |                  | -     | -             | Fee Schedule               | \$68.64                                |                                    |                                           | -                       | -        | 000        | 20         |          |
| D6781      | M                            | CROWN 3/4 CAST BASED METAL   |                  | -     | -             | Fee Schedule               | \$68.64                                |                                    |                                           | -                       | -        | 000        | 20         |          |
| D6782      | M                            | CROWN 3/4 CAST NOBLE METAL   |                  | -     | -             | Fee Schedule               | \$68.64                                |                                    |                                           | -                       | -        | 000        | 20         |          |
| D6783      | M                            | CROWN 3/4 PORCELAIN/CERAMIC  |                  | -     | -             | Fee Schedule               | \$68.64                                |                                    |                                           | -                       | -        | 000        | 20         |          |
| D6784      | E                            | RETAINER CROWN 3/4 TITANIUM  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D6790      | M                            | CROWN FULL HIGH NOBLE METAL  |                  | -     | -             | Fee Schedule               | \$68.64                                |                                    |                                           | -                       | -        | 000        | 20         |          |
| D6791      | M                            | CROWN FULL BASE METAL CAST   |                  | -     | -             | Fee Schedule               | \$68.64                                |                                    |                                           | -                       | -        | 000        | 20         |          |
| D6792      | M                            | CROWN FULL NOBLE METAL CAST  |                  | -     | -             | Fee Schedule               | \$68.64                                |                                    |                                           | -                       | -        | 000        | 20         |          |
| D6793      | E                            | INTERIM RETAINER CROWN       |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D6794      | M                            | CROWN TITANIUM               |                  | -     | -             | Fee Schedule               | \$68.64                                |                                    |                                           | -                       | -        | 000        | 20         |          |
| D6795      | E                            | INTERIM RETAINER CROWN       |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 018        | 20         |          |
| D6920      | E                            | DENTAL CONNECTOR BAR         |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D6930      | M                            | RECEMENT/BOND PART DENTURE   |                  | -     | -             | Fee Schedule               | \$68.64                                |                                    |                                           | -                       | -        | 000        | 20         |          |
| D6940      | E                            | STRESS BREAKER               |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D6950      | M                            | PRECISION ATTACHMENT         |                  | -     | -             | Fee Schedule               | \$68.64                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| D6970      | E                            | POST & CORE PLUS RETAINER    |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D6972      | E                            | PREFAB POST & CORE PLUS RETA |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D6973      | E                            | CORE BUILD UP FOR RETAINER   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D6975      | E                            | COPING                       |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D6976      | E                            | EACH ADDTNL CAST POST        |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D6977      | E                            | EACH ADDTL PREFAB POST       |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D6980      | M                            | FIXED PARTIAL REPAIR         |                  | -     | -             | Fee Schedule               | \$189.39                               |                                    |                                           | -                       | -        | 000        | 20         |          |
| D6985      | E                            | PEDIATRIC PARTIAL DENTURE FX |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D6999      | E                            | FIXED PROSTHODONTIC PROC     |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D7111      | T                            | EXTRACTION CORONAL REMNANTS  |                  | 05871 | 18.6458       | APC                        | \$1,132.17                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| D7140      | T                            | EXTRACTION ERUPTED TOOTH/EXR |                  | 05871 | 18.6458       | APC                        | \$1,132.17                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| D7210      | N                            | REM IMP TOOTH W MUCOPER FLP  |                  | 05163 | 16.6121       | Bundled, sometimes payable | \$1,008.69                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| D7220      | T                            | IMPACT TOOTH REMOV SOFT TISS |                  | 05871 | 18.6458       | APC                        | \$1,132.17                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| D7230      | T                            | IMPACT TOOTH REMOV PART BONY |                  | 05871 | 18.6458       | APC                        | \$1,132.17                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| D7240      | T                            | IMPACT TOOTH REMOV COMP BONY |                  | 05871 | 18.6458       | APC                        | \$1,132.17                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| D7241      | T                            | IMPACT TOOTH REM BONY W/COMP |                  | 05871 | 18.6458       | APC                        | \$1,132.17                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| D7250      | T                            | TOOTH ROOT REMOVAL           |                  | 05871 | 18.6458       | APC                        | \$1,132.17                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| D7251      | E                            | CORONECTOMY                  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 018        | 999        |          |
| D7252      | E                            | PART EXTRACT FOR IMPLANT     |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D7259      | E                            | NERVE DISSECTION             |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D7260      | E                            | ORAL ANTRAL FISTULA CLOSURE  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D7261      | E                            | PRIMARY CLOSURE SINUS PERF   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D7270      | T                            | TOOTH REIMPLANTATION         |                  | 05871 | 18.6458       | APC                        | \$1,132.17                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| D7272      | E                            | TOOTH TRANSPLANTATION        |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| D7280      | T                            | EXPOSURE OF UNERUPTED TOOTH  |                  | 05871 | 18.6458       | APC                        | \$1,132.17                             |                                    |                                           | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc Cd | 2024 APC |     | 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 |
|---------|----------|-----|-------------------------------|---------------|-------|------------|----------------------------|----------------------------------|------------------------------|----------------------------------|----------------------|----------|---------|---------|----------|
|         | Status   | Ind |                               |               |       |            |                            |                                  |                              |                                  |                      |          |         |         |          |
| D7282   | M        |     | MOBILIZE ERUPTED/MALPOS TOOT  |               | -     | -          | Fee Schedule               | \$68.64                          |                              |                                  | -                    | -        | 000     | 999     |          |
| D7283   | M        |     | PLACE DEVICE IMPACTED TOOTH   |               | -     | -          | Fee Schedule               | \$68.64                          |                              |                                  | -                    | -        | 000     | 20      |          |
| D7284   | E        |     | EXC BIOPSY OF SALIV GLANDS    |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D7285   | E        |     | BIOPSY OF ORAL TISSUE HARD    |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D7286   | E        |     | BIOPSY OF ORAL TISSUE SOFT    |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D7287   | E        |     | EXFOLIATIVE CYTOLOG COLLECT   |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D7288   | E        |     | BRUSH BIOPSY                  |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D7290   | E        |     | REPOSITIONING OF TEETH        |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D7291   | E        |     | TRANSSEPTAL FIBEROTOMY        |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D7292   | E        |     | SCREW RETAINED PLATE          |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D7293   | E        |     | TEMP ANCHORAGE DEV W FLAP     |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D7294   | E        |     | TEMP ANCHORAGE DEV W/O FLAP   |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D7295   | E        |     | BONE HARVEST,AUTO GRAFT PROC  |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 018     | 999     |          |
| D7296   | E        |     | CORTICOTOMY, 1-3 TEETH        |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D7297   | E        |     | CORTICOTOMY, 4 OR MORE TEETH  |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D7298   | E        |     | REMOVE SCREW RETAINED PLATE   |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D7299   | E        |     | REM ANCHORAGE DEVICE W/FLAP   |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D7300   | E        |     | REM ANCHORAGE DEV W/O FLAP    |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D7310   | N        |     | ALVEOPLASTY W/ EXTRACTION     |               | 05163 | 16.6121    | Bundled, sometimes payable | \$1,008.69                       |                              |                                  | -                    | -        | 000     | 999     |          |
| D7311   | N        |     | ALVEOLOPLASTY W/EXTRACT 1-3   |               | 05163 | 16.6121    | Bundled, sometimes payable | \$1,008.69                       |                              |                                  | -                    | -        | 000     | 999     |          |
| D7320   | E        |     | ALVEOPLASTY W/O EXTRACTION    |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D7321   | E        |     | ALVEOLOPLASTY NOT W/EXTRACTS  |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D7340   | E        |     | VESTIBULOPLASTY RIDGE EXTENS  |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 20      |          |
| D7350   | E        |     | VESTIBULOPLASTY EXTEN GRAFT   |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 20      |          |
| D7410   | E        |     | RAD EXC LESION UP TO 1.25 CM  |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D7411   | E        |     | EXCISION BENIGN LESION>1.25C  |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D7412   | E        |     | EXCISION BENIGN LESION COMPL  |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D7413   | E        |     | EXCISION MALIG LESION<=1.25C  |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D7414   | E        |     | EXCISION MALIG LESION>1.25CM  |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D7415   | E        |     | EXCISION MALIG LES COMPLICAT  |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D7440   | E        |     | MALIG TUMOR EXC TO 1.25 CM    |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D7441   | E        |     | MALIG TUMOR > 1.25 CM         |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D7450   | E        |     | REM ODONTOGEN CYST TO 1.25CM  |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D7451   | E        |     | REM ODONTOGEN CYST > 1.25 CM  |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D7460   | E        |     | REM NONODONTO CYST TO 1.25CM  |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D7461   | E        |     | REM NONODONTO CYST > 1.25 CM  |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D7465   | E        |     | LESION DESTRUCTION            |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D7471   | E        |     | REM EXOSTOSIS ANY SITE        |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D7472   | E        |     | REMOVAL OF TORUS PALATINUS    |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D7473   | E        |     | REMOVE TORUS MANDIBULARIS     |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D7485   | E        |     | SURG REDUCT OSSEOUS TUBEROSIT |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D7490   | E        |     | MAXILLA OR MANDIBLE RESECTIO  |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D7509   | E        |     | MARSUPIALIZATION ODON CYST    |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D7510   | T        |     | I&D ABSC INTRAORAL SOFT TISS  |               | 05071 | 7.8905     | APC                        | \$479.11                         |                              |                                  | -                    | -        | 000     | 999     |          |
| D7511   | T        |     | INCISION/DRAIN ABSCESS INTRA  |               | 05071 | 7.8905     | APC                        | \$479.11                         |                              |                                  | -                    | Y        | 000     | 999     |          |
| D7520   | T        |     | I&D ABSCESS EXTRAORAL         |               | 05071 | 7.8905     | APC                        | \$479.11                         |                              |                                  | -                    | -        | 000     | 999     |          |
| D7521   | T        |     | INCISION/DRAIN ABSCESS EXTRA  |               | 05071 | 7.8905     | APC                        | \$479.11                         |                              |                                  | -                    | Y        | 000     | 999     |          |
| D7530   | E        |     | REMOVAL FB SKIN/AREOLAR TISS  |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D7540   | T        |     | REMOVAL OF FB REACTION        |               | 05871 | 18.6458    | APC                        | \$1,132.17                       |                              |                                  | -                    | -        | 000     | 999     |          |
| D7550   | T        |     | REMOVAL OF SLOUGHED OFF BONE  |               | 05871 | 18.6458    | APC                        | \$1,132.17                       |                              |                                  | -                    | -        | 000     | 999     |          |
| D7560   | M        |     | MAXILLARY SINUSOTOMY          |               | -     | -          | Fee Schedule               | \$68.64                          |                              |                                  | -                    | -        | 000     | 999     |          |
| D7610   | E        |     | MAXILLA OPEN REDUCT SIMPLE    |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D7620   | E        |     | CLSD REDUCT SIMPL MAXILLA FX  |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D7630   | E        |     | OPEN RED SIMPL MANDIBLE FX    |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D7640   | E        |     | CLSD RED SIMPL MANDIBLE FX    |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D7650   | E        |     | OPEN RED SIMP MALAR/ZYGOM FX  |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc<br>Cd | 2024<br>APC |     | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method       | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-------------|-----|------------------------------|------------------|-----|---------------|--------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Status      | Ind |                              |                  |     |               |              |                                        |                                    |                                           |  |                         |          |            |            |          |
| D7660      | E           |     | CLSD RED SIMP MALAR/ZYGOM FX |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D7670      | E           |     | CLOSD RDUCTN SPLINT ALVEOLUS |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D7671      | E           |     | ALVEOLUS OPEN REDUCTION      |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D7680      | E           |     | REDUCT SIMPLE FACIAL BONE FX |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D7710      | E           |     | MAXILLA OPEN REDUCT COMPOUND |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D7720      | E           |     | CLSD REDUCT COMPD MAXILLA FX |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D7730      | E           |     | OPEN REDUCT COMPD MANDBLE FX |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D7740      | E           |     | CLSD REDUCT COMPD MANDBLE FX |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D7750      | E           |     | OPEN RED COMP MALAR/ZYGMA FX |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D7760      | E           |     | CLSD RED COMP MALAR/ZYGMA FX |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D7770      | E           |     | OPEN REDUC COMPD ALVEOLUS FX |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D7771      | E           |     | ALVEOLUS CLSD REDUC STBLZ TE |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D7780      | E           |     | REDUCT COMPND FACIAL BONE FX |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D7810      | E           |     | TMJ OPEN REDUCT-DISLOCATION  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D7820      | E           |     | CLOSED TMP MANIPULATION      |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D7830      | E           |     | TMJ MANIPULATION UNDER ANEST |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D7840      | E           |     | REMOVAL OF TMJ CONDYLE       |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D7850      | E           |     | TMJ MENISCECTOMY             |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D7852      | E           |     | TMJ REPAIR OF JOINT DISC     |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D7854      | E           |     | TMJ EXCISN OF JOINT MEMBRANE |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D7856      | E           |     | TMJ CUTTING OF A MUSCLE      |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D7858      | E           |     | TMJ RECONSTRUCTION           |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D7860      | E           |     | TMJ CUTTING INTO JOINT       |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D7865      | E           |     | TMJ RESHAPING COMPONENTS     |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D7870      | E           |     | TMJ ASPIRATION JOINT FLUID   |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D7871      | E           |     | LYSIS + LAVAGE W CATHETERS   |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D7872      | E           |     | TMJ DIAGNOSTIC ARTHROSCOPY   |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D7873      | E           |     | TMJ ARTHROSCOPY LYSIS ADHESN |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D7874      | E           |     | TMJ ARTHROSCOPY DISC REPOSIT |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D7875      | E           |     | TMJ ARTHROSCOPY SYNOVECTOMY  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D7876      | E           |     | TMJ ARTHROSCOPY DISCECTOMY   |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D7877      | E           |     | TMJ ARTHROSCOPY DEBRIDEMENT  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D7880      | E           |     | OCCLUSAL ORTHOTIC APPLIANCE  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D7881      | E           |     | OCC ORTHOTIC DEVICE ADJUST   |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D7899      | E           |     | TMJ UNSPECIFIED THERAPY      |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D7910      | M           |     | DENT SUTUR RECENT WND TO 5CM |                  | -   | -             | Fee Schedule | \$68.64                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D7911      | M           |     | DENTAL SUTURE WOUND TO 5 CM  |                  | -   | -             | Fee Schedule | \$68.64                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D7912      | M           |     | SUTURE COMPLICATE WND > 5 CM |                  | -   | -             | Fee Schedule | \$68.64                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D7920      | E           |     | DENTAL SKIN GRAFT            |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 20         |          |
| D7921      | E           |     | COLLECT & APPL BLOOD PRODUCT |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D7922      | E           |     | PLACE INTRA-SOCKET BIO DRESS |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D7939      | E           |     | INDEXING FOR OSTEOTOMY       |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D7940      | E           |     | RESHAPING BONE ORTHOGNATHIC  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D7941      | E           |     | BONE CUTTING RAMUS CLOSED    |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D7943      | E           |     | CUTTING RAMUS OPEN W/GRAFT   |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D7944      | E           |     | BONE CUTTING SEGMENTED       |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D7945      | E           |     | BONE CUTTING BODY MANDIBLE   |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D7946      | E           |     | RECONSTRUCTION MAXILLA TOTAL |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D7947      | E           |     | RECONSTRUCT MAXILLA SEGMENT  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D7948      | E           |     | RECONSTRUCT MIDFACE NO GRAFT |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D7949      | E           |     | RECONSTRUCT MIDFACE W/GRAFT  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D7950      | E           |     | MANDIBLE GRAFT               |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D7951      | M           |     | SINUS AUG W BONE OR BONE SUB |                  | -   | -             | Fee Schedule | \$68.64                                |                                    |                                           |  | -                       | -        | 000        | 20         |          |
| D7952      | E           |     | SINUS AUGMENTATION VERTICAL  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D7953      | E           |     | BONE REPLACEMENT GRAFT       |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D7955      | E           |     | REPAIR MAXILLOFACIAL DEFECTS |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
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| Proc Cd | 2024 APC |     | 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 |
|---------|----------|-----|-------------------------------|---------------|-----|------------|--------------|----------------------------------|------------------------------|----------------------------------|----------------------|----------|---------|---------|----------|
|         | Status   | Ind |                               |               |     |            |              |                                  |                              |                                  |                      |          |         |         |          |
| D7956   | E        |     | TISS REGEN EDENT RESORB       |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D7957   | E        |     | TISS REGEN EDENT NONRESORB    |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D7961   | M        |     | BUCCAL/LABIAL FRENECTOMY      |               | -   | -          | Fee Schedule | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D7962   | M        |     | LINGUAL FRENECTOMY            |               | -   | -          | Fee Schedule | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D7963   | E        |     | FRENULOPLASTY                 |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D7970   | M        |     | EXCISION HYPERPLASTIC TISSUE  |               | -   | -          | Fee Schedule | \$68.64                          |                              |                                  | -                    | -        | 000     | 20      |          |
| D7971   | E        |     | EXCISION PERICORONAL GINGIVA  |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D7972   | E        |     | SURG REDCT FIBROUS TUBEROSIT  |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D7979   | E        |     | NON-SURGICAL SIALOLITHOTOMY   |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D7980   | E        |     | SURGICAL SIALOLITHOTOMY       |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D7981   | E        |     | EXCISION OF SALIVARY GLAND    |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D7982   | E        |     | SIALODOCHOPLASTY              |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D7983   | E        |     | CLOSURE OF SALIVARY FISTULA   |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D7990   | E        |     | EMERGENCY TRACHEOTOMY         |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D7991   | E        |     | DENTAL CORONOIDECTOMY         |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D7993   | E        |     | SURG PLACE CRANIOFACIAL IMPL  |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D7994   | E        |     | SURG PLACE ZYGOMATIC IMPL     |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D7995   | E        |     | SYNTHETIC GRAFT FACIAL BONES  |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D7996   | E        |     | IMPLANT MANDIBLE FOR AUGMENT  |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D7997   | E        |     | APPLIANCE REMOVAL             |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D7998   | M        |     | INTRAORAL PLACE OF FIX DEV    |               | -   | -          | Fee Schedule | \$68.64                          |                              |                                  | -                    | -        | 000     | 20      |          |
| D7999   | E        |     | ORAL SURGERY PROCEDURE        |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 20      |          |
| D8010   | E        |     | LIMITED DENTAL TX PRIMARY     |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D8020   | E        |     | LIMITED DENTAL TX TRANSITION  |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D8030   | E        |     | LIMITED DENTAL TX ADOLESCENT  |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D8040   | E        |     | LIMITED DENTAL TX ADULT       |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D8070   | M        |     | COMPRE DENTAL TX TRANSITION   |               | -   | -          | Fee Schedule | \$68.64                          |                              |                                  | Y                    | -        | 000     | 20      |          |
| D8080   | M        |     | COMPRE DENTAL TX ADOLESCENT   |               | -   | -          | Fee Schedule | \$68.64                          |                              |                                  | Y                    | -        | 000     | 20      |          |
| D8090   | M        |     | COMPRE DENTAL TX ADULT        |               | -   | -          | Fee Schedule | \$68.64                          |                              |                                  | Y                    | -        | 000     | 20      |          |
| D8091   | E        |     | COMPRE ORTHO TREAT W SURG     |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D8210   | E        |     | ORTHODONTIC REM APPLIANCE TX  |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D8220   | M        |     | FIXED APPLIANCE THERAPY HABT  |               | -   | -          | Fee Schedule | \$68.64                          |                              |                                  | -                    | -        | 000     | 999     |          |
| D8660   | E        |     | PREORTHODONTIC TX VISIT       |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D8670   | M        |     | PERIODIC ORTHODONTIC TX VISIT |               | -   | -          | Fee Schedule | \$68.64                          |                              |                                  | Y                    | -        | 000     | 20      |          |
| D8671   | E        |     | PERIODIC ORTH TREAT W SURG    |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D8680   | M        |     | ORTHODONTIC RETENTION         |               | -   | -          | Fee Schedule | \$68.64                          |                              |                                  | Y                    | -        | 000     | 20      |          |
| D8681   | E        |     | REMOVABLE RETAINER ADJUST     |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D8695   | E        |     | REMOVE FIXED ORTHO APPLIANCE  |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D8696   | E        |     | REP OF ORTHO APPLIANCE MAX    |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D8697   | E        |     | REP OF ORTHO APPLIANCE MAN    |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D8698   | E        |     | RECEMENT FIXED RETAINER MAX   |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D8699   | E        |     | RECEMENT FIXED RETAINER MAN   |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D8701   | E        |     | REPAIR FIXED RETAINER MAX     |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D8702   | E        |     | REPAIR OF FIXED RETAINER MAN  |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D8703   | E        |     | REPLACE BROKEN RETAINER MAX   |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D8704   | E        |     | REPLACE BROKEN RETAINER MAN   |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D8999   | E        |     | ORTHODONTIC PROCEDURE         |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D9110   | N        |     | PALLIATIVE TX DENTAL PAIN     |               | -   | -          | Bundled      | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D9120   | E        |     | FIX PARTIAL DENTURE SECTION   |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D9130   | E        |     | TEMPOROMANDIBULAR JOINT DYSF  |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D9210   | E        |     | DENT ANESTHESIA W/O SURGERY   |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D9211   | E        |     | REGIONAL BLOCK ANESTHESIA     |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D9212   | E        |     | TRIGEMINAL BLOCK ANESTHESIA   |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D9215   | E        |     | LOCAL ANESTHESIA              |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D9219   | E        |     | EVAL MOD/DEEP SED/GEN ANEST   |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D9222   | M        |     | DEEP ANEST, 1ST 15 MIN        |               | -   | -          | Fee Schedule | \$68.64                          |                              |                                  | -                    | -        | 000     | 999     |          |



Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc Cd | 2024 APC |     | 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 |
|---------|----------|-----|------------------------------|---------------|-------|------------|--------------|----------------------------------|------------------------------|----------------------------------|----------------------|----------|---------|---------|----------|
|         | Status   | Ind |                              |               |       |            |              |                                  |                              |                                  |                      |          |         |         |          |
| D9223   | M        |     | GENERAL ANESTH EA ADDL 15 MI |               | -     | -          | Fee Schedule | \$68.64                          |                              |                                  | -                    | -        | 000     | 999     |          |
| D9230   | N        |     | ANALGESIA                    |               | -     | -          | Bundled      | \$0.00                           |                              |                                  | -                    | -        | 000     | 12      |          |
| D9239   | M        |     | IV MOD SEDATION, 1ST 15 MIN  |               | -     | -          | Fee Schedule | \$68.64                          |                              |                                  | -                    | -        | 000     | 999     |          |
| D9243   | M        |     | IV SEDATION EA ADDL 15M      |               | -     | -          | Fee Schedule | \$68.64                          |                              |                                  | -                    | -        | 000     | 999     |          |
| D9248   | N        |     | SEDATION (NON-IV)            |               | -     | -          | Bundled      | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D9310   | M        |     | DENTAL CONSULTATION          |               | -     | -          | Fee Schedule | \$68.64                          |                              |                                  | -                    | -        | 000     | 999     |          |
| D9311   | E        |     | CONSULT W/MED HLTH CARE PROF |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D9410   | M        |     | DENTAL HOUSE CALL            |               | -     | -          | Fee Schedule | \$68.64                          |                              |                                  | -                    | -        | 000     | 999     |          |
| D9420   | M        |     | HOSPITAL/ASC CALL            |               | -     | -          | Fee Schedule | \$68.64                          |                              |                                  | -                    | -        | 000     | 999     |          |
| D9430   | E        |     | OFFICE VISIT DURING HOURS    |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 20      |          |
| D9440   | M        |     | OFFICE VISIT AFTER HOURS     |               | -     | -          | Fee Schedule | \$68.64                          |                              |                                  | -                    | -        | 000     | 999     |          |
| D9450   | E        |     | CASE PRESENTATION TX PLAN    |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D9610   | E        |     | DENT THERAPEUTIC DRUG INJECT |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D9612   | M        |     | THERA PAR DRUGS 2 OR > ADMIN |               | -     | -          | Fee Schedule | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D9613   | E        |     | INFILTRATION THERA DRUG      |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D9630   | M        |     | DRUGS/MEDS DISP FOR HOME USE |               | -     | -          | Fee Schedule | \$68.64                          |                              |                                  | -                    | -        | 000     | 999     |          |
| D9910   | E        |     | DENT APPL DESENSITIZING MED  |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D9911   | E        |     | APPL DESENSITIZING RESIN     |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D9912   | E        |     | PRE-VISIT PATIENT SCREENING  |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D9913   | E        |     | ADMIN OF NEUROMOD            |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D9914   | E        |     | ADMIN OF DERMAL FILL         |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D9920   | M        |     | BEHAVIOR MANAGEMENT          |               | -     | -          | Fee Schedule | \$68.64                          |                              |                                  | -                    | -        | 000     | 999     |          |
| D9930   | E        |     | TREATMENT OF COMPLICATIONS   |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D9932   | E        |     | CLEAN & INSPECT REM DENT MAX |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D9933   | E        |     | CLEAN & INSPECT REM DENT MAN |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D9934   | E        |     | CLEAN REM PART DENTURE MAX   |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D9935   | E        |     | CLEAN REM PART DENTURE MAND  |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D9938   | E        |     | FAB REMOVABLE APPLIANCE      |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D9939   | E        |     | PLACEMNT REMOVABLE APPLIANCE |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D9941   | E        |     | FABRICATION ATHLETIC GUARD   |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D9942   | E        |     | REPAIR/RELIN OCCLUSAL GUARD  |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D9943   | E        |     | OCCLUSAL GUARD ADJUSTMENT    |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D9944   | T        |     | OCC GUARD, HARD, FULL ARCH   |               | 05871 | 18.6458    | APC          | \$1,132.17                       |                              |                                  | -                    | -        | 000     | 20      |          |
| D9945   | T        |     | OCC GUARD, SOFT, FULL ARCH   |               | 05871 | 18.6458    | APC          | \$1,132.17                       |                              |                                  | -                    | -        | 000     | 20      |          |
| D9946   | T        |     | OCC GUARD, HARD, PART ARCH   |               | 05871 | 18.6458    | APC          | \$1,132.17                       |                              |                                  | -                    | -        | 000     | 20      |          |
| D9947   | E        |     | SLEEP APNEA APPLIANCE        |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D9948   | E        |     | ADJUST SLEEP APNEA APPLIANCE |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D9949   | E        |     | REPAIR SLEEP APNEA APPLIANCE |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D9950   | E        |     | OCCLUSION ANALYSIS           |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D9951   | E        |     | LIMITED OCCLUSAL ADJUSTMENT  |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D9952   | E        |     | COMPLETE OCCLUSAL ADJUSTMENT |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D9953   | E        |     | RELIN SLEEP APNEA APPLIANCE  |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D9954   | E        |     | FAB/DEL ORAL APPLIANCE THXPY |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D9955   | E        |     | ORAL APP THXPY TITRATION VIS |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D9956   | E        |     | ADMIN HOME SLEEP APNEA TEST  |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D9957   | E        |     | SCREENING SLEEP DISORDERS    |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D9959   | E        |     | UNSPEC SLEEP AP PROC         |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D9961   | E        |     | DUP/COPY PATIENT'S RECORDS   |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D9970   | E        |     | ENAMEL MICROABRASION         |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D9971   | E        |     | ODONTOPLASTY PER TOOTH       |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D9972   | E        |     | EXTRNL BLEACHING PER ARCH    |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D9973   | E        |     | EXTRNL BLEACHING PER TOOTH   |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D9974   | E        |     | INTRNL BLEACHING PER TOOTH   |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D9975   | E        |     | EXTERNAL BLEACHING HOME APP  |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D9985   | E        |     | SALES TAX                    |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| D9986   | E        |     | MISSED APPOINTMENT           |               | -     | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
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| Proc<br>Cd | 2024<br>APC |     | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method       | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-------------|-----|------------------------------|------------------|-----|---------------|--------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Status      | Ind |                              |                  |     |               |              |                                        |                                    |                                           |  |                         |          |            |            |          |
| D9987      | E           |     | CANCELLED APPOINTMENT        |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D9990      | E           |     | TRANS OR SIGN LANGUAGE SVCS  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D9991      | E           |     | CASE MGMT, APPT BARRIERS     |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D9992      | M           |     | CASE MGMT, CARE COORDINATION |                  | -   | -             | Fee Schedule | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D9993      | E           |     | CASE MGMT, INTERVIEWING      |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D9994      | E           |     | CASE MGMT, PT EDUCATION      |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D9995      | M           |     | TELEDENTISTRY REAL-TIME      |                  | -   | -             | Fee Schedule | \$26.65                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D9996      | M           |     | TELEDENTISTRY DENT REVIEW    |                  | -   | -             | Fee Schedule | \$26.65                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D9997      | E           |     | DENT CASE MGMT SPECIAL NEEDS |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| D9999      | M           |     | ADJUNCTIVE PROCEDURE         |                  | -   | -             | Fee Schedule | \$68.64                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0100      | E           |     | CANE ADJUST/FIXED WITH TIP   |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0105      | E           |     | CANE ADJUST/FIXED QUAD/3 PRO |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | Y        | 000        | 999        |          |
| E0110      | E           |     | CRUTCH FOREARM PAIR          |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | Y        | 000        | 999        |          |
| E0111      | E           |     | CRUTCH FOREARM EACH          |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | Y        | 000        | 999        |          |
| E0112      | E           |     | CRUTCH UNDERARM PAIR WOOD    |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | Y        | 000        | 999        |          |
| E0113      | E           |     | CRUTCH UNDERARM EACH WOOD    |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | Y        | 000        | 999        |          |
| E0114      | E           |     | CRUTCH UNDERARM PAIR NO WOOD |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | Y        | 000        | 999        |          |
| E0116      | E           |     | CRUTCH UNDERARM EACH NO WOOD |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | Y        | 000        | 999        |          |
| E0117      | E           |     | UNDERARM SPRINGASSIST CRUTCH |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | Y        | 000        | 999        |          |
| E0118      | E           |     | CRUTCH SUBSTITUTE            |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0130      | E           |     | WALKER RIGID ADJUST/FIXED HT |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0135      | E           |     | WALKER FOLDING ADJUST/FIXED  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0140      | E           |     | WALKER W TRUNK SUPPORT       |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0141      | E           |     | RIGID WHEELED WALKER ADJ/FIX |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0143      | E           |     | WALKER FOLDING WHEELED W/O S |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0144      | E           |     | ENCLOSED WALKER W REAR SEAT  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0147      | E           |     | WALKER VARIABLE WHEEL RESIST |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0148      | E           |     | HEAVYDUTY WALKER NO WHEELS   |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0149      | E           |     | HEAVY DUTY WHEELED WALKER    |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0152      | E           |     | WALKER, BATTERY POWER WHEELS |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0153      | E           |     | FOREARM CRUTCH PLATFORM ATTA |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0154      | E           |     | WALKER PLATFORM ATTACHMENT   |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0155      | E           |     | WALKER WHEEL ATTACHMENT,PAIR |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0156      | E           |     | WALKER SEAT ATTACHMENT       |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0157      | E           |     | WALKER CRUTCH ATTACHMENT     |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0158      | E           |     | WALKER LEG EXTENDERS SET OF4 |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0159      | E           |     | BRAKE FOR WHEELED WALKER     |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0160      | E           |     | SITZ TYPE BATH OR EQUIPMENT  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0161      | E           |     | SITZ BATH/EQUIPMENT W/FAUCET |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0162      | E           |     | SITZ BATH CHAIR              |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0163      | E           |     | COMMODE CHAIR WITH FIXED ARM |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0165      | E           |     | COMMODE CHAIR WITH DETACHARM |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0167      | E           |     | COMMODE CHAIR PAIL OR PAN    |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0168      | E           |     | HEAVYDUTY/WIDE COMMODE CHAIR |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0170      | E           |     | COMMODE CHAIR ELECTRIC       |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0171      | E           |     | COMMODE CHAIR NON-ELECTRIC   |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0172      | E           |     | SEAT LIFT MECHANISM TOILET   |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0175      | E           |     | COMMODE CHAIR FOOT REST      |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0181      | E           |     | PRESS PAD ALTERNATING W/ PUM |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0182      | E           |     | REPLACE PUMP, ALT PRESS PAD  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0183      | E           |     | PRESS UNDERLAY ALTER W/PUMP  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0184      | E           |     | DRY PRESSURE MATTRESS        |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0185      | E           |     | GEL PRESSURE MATTRESS PAD    |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0186      | E           |     | AIR PRESSURE MATTRESS        |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0187      | E           |     | WATER PRESSURE MATTRESS      |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0188      | E           |     | SYNTHETIC SHEEPSKIN PAD      |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |

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| Proc<br>Cd | 2024<br>APC |     | Proc Desc                     | Proc<br>Modifier | APC | APC<br>Weight | Method      | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-------------|-----|-------------------------------|------------------|-----|---------------|-------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Status      | Ind |                               |                  |     |               |             |                                        |                                    |                                           |  |                         |          |            |            |          |
| E0189      | E           |     | LAMBSWOOL SHEEPSKIN PAD       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0190      | E           |     | POSITIONING CUSHION           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0191      | E           |     | PROTECTOR HEEL OR ELBOW       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0193      | E           |     | POWERED AIR FLOTATION BED     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0194      | E           |     | AIR FLUIDIZED BED             |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0196      | E           |     | GEL PRESSURE MATTRESS         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0197      | E           |     | AIR PRESSURE PAD FOR MATTRES  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0198      | E           |     | WATER PRESSURE PAD FOR MATTRE |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0199      | E           |     | DRY PRESSURE PAD FOR MATTRES  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0200      | E           |     | HEAT LAMP WITHOUT STAND       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0202      | E           |     | PHOTOTHERAPY LIGHT W/ PHOTOM  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0203      | E           |     | THERAPEUTIC LIGHTBOX TABLET   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0205      | E           |     | HEAT LAMP WITH STAND          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0210      | E           |     | ELECTRIC HEAT PAD STANDARD    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0215      | E           |     | ELECTRIC HEAT PAD MOIST       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0217      | E           |     | WATER CIRC HEAT PAD W PUMP    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0218      | E           |     | FLUID CIRC COLD PAD W PUMP    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0221      | E           |     | INFRARED HEATING PAD SYSTEM   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0225      | E           |     | HYDROCOLLATOR UNIT            |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0231      | E           |     | WOUND WARMING DEVICE          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0232      | E           |     | WARMING CARD FOR NWT          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0235      | E           |     | PARAFFIN BATH UNIT PORTABLE   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0236      | E           |     | PUMP FOR WATER CIRCULATING P  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0239      | E           |     | HYDROCOLLATOR UNIT PORTABLE   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0240      | E           |     | BATH/SHOWER CHAIR             |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0241      | E           |     | BATH TUB WALL RAIL            |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0242      | E           |     | BATH TUB RAIL FLOOR           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0243      | E           |     | TOILET RAIL                   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0244      | E           |     | TOILET SEAT RAISED            |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0245      | E           |     | TUB STOOL OR BENCH            |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0246      | E           |     | TRANSFER TUB RAIL ATTACHMENT  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0247      | E           |     | TRANS BENCH W/WO COMM OPEN    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0248      | E           |     | HDTRANS BENCH W/WO COMM OPEN  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0249      | E           |     | PAD WATER CIRCULATING HEAT U  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0250      | E           |     | HOSP BED FIXED HT W/ MATTRES  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0251      | E           |     | HOSP BED FIXD HT W/O MATTRES  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0255      | E           |     | HOSPITAL BED VAR HT W/ MATTRE |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0256      | E           |     | HOSPITAL BED VAR HT W/O MATT  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0260      | E           |     | HOSP BED SEMI-ELECTR W/ MATT  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0261      | E           |     | HOSP BED SEMI-ELECTR W/O MAT  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0265      | E           |     | HOSP BED TOTAL ELECTR W/ MAT  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0266      | E           |     | HOSP BED TOTAL ELEC W/O MATT  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0270      | E           |     | HOSPITAL BED INSTITUTIONAL T  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0271      | E           |     | MATTRESS INNERSPRING          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0272      | E           |     | MATTRESS FOAM RUBBER          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0273      | E           |     | BED BOARD                     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0274      | E           |     | OVER-BED TABLE                |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0275      | E           |     | BED PAN STANDARD              |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0276      | E           |     | BED PAN FRACTURE              |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0277      | E           |     | POWERED PRES-REDU AIR MATTRES |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0280      | E           |     | BED CRADLE                    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0290      | E           |     | HOSP BED FX HT W/O RAILS W/M  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0291      | E           |     | HOSP BED FX HT W/O RAIL W/O   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0292      | E           |     | HOSP BED VAR HT NO SR W/MATT  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0293      | E           |     | HOSP BED VAR HT NO SR NO MAT  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0294      | E           |     | HOSP BED SEMI-ELECT W/ MATTRE |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc<br>Cd | 2024<br>APC |     | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method      | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-------------|-----|------------------------------|------------------|-----|---------------|-------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Status      | Ind |                              |                  |     |               |             |                                        |                                    |                                           |  |                         |          |            |            |          |
| E0295      | E           |     | HOSP BED SEMI-ELECT W/O MATT |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0296      | E           |     | HOSP BED TOTAL ELECT W/ MATT |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0297      | E           |     | HOSP BED TOTAL ELECT W/O MAT |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0300      | E           |     | ENCLOSED PED CRIB HOSP GRADE |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0301      | E           |     | HD HOSP BED, 350-600 LBS     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0302      | E           |     | EX HD HOSP BED > 600 LBS     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0303      | E           |     | HOSP BED HVY DTY XTRA WIDE   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0304      | E           |     | HOSP BED XTRA HVY DTY X WIDE |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0305      | E           |     | RAILS BED SIDE HALF LENGTH   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0310      | E           |     | RAILS BED SIDE FULL LENGTH   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0315      | E           |     | BED ACCESSORY BRD/TBL/SUPPRT |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0316      | E           |     | BED SAFETY ENCLOSURE         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0325      | E           |     | URINAL MALE JUG-TYPE         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0326      | E           |     | URINAL FEMALE JUG-TYPE       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0328      | E           |     | PED HOSPITAL BED, MANUAL     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0329      | E           |     | PED HOSPITAL BED SEMI/ELECT  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0350      | E           |     | CONTROL UNIT BOWEL SYSTEM    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0352      | E           |     | DISPOSABLE PACK W/BOWEL SYST |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0370      | E           |     | AIR ELEVATOR FOR HEEL        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0371      | E           |     | NONPOWER MATTRESS OVERLAY    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0372      | E           |     | POWERED AIR MATTRESS OVERLAY |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0373      | E           |     | NONPOWERED PRESSURE MATTRESS |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0424      | E           |     | STATIONARY COMPRESSED GAS 02 |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0425      | E           |     | GAS SYSTEM STATIONARY COMPRE |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0430      | E           |     | OXYGEN SYSTEM GAS PORTABLE   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0431      | E           |     | PORTABLE GASEOUS 02          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0433      | E           |     | PORTABLE LIQUID OXYGEN SYS   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0434      | E           |     | PORTABLE LIQUID 02           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0435      | E           |     | OXYGEN SYSTEM LIQUID PORTABL |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0439      | E           |     | STATIONARY LIQUID 02         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0440      | E           |     | OXYGEN SYSTEM LIQUID STATION |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0441      | E           |     | STATIONARY O2 CONTENTS, GAS  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0442      | E           |     | STATIONARY O2 CONTENTS, LIQ  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0443      | E           |     | PORTABLE 02 CONTENTS, GAS    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0444      | E           |     | PORTABLE 02 CONTENTS, LIQUID |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0445      | E           |     | OXIMETER NON-INVASIVE        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0446      | E           |     | TOPICAL OX DELIVER SYS, NOS  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0447      | E           |     | PORT O2 CONT, LIQ OVER 4 LPM |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0455      | E           |     | OXYGEN TENT EXCL CROUP/PED T |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0457      | E           |     | CHEST SHELL                  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0459      | E           |     | CHEST WRAP                   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0462      | E           |     | ROCKING BED W/ OR W/O SIDE R |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0465      | E           |     | HOME VENT INVASIVE INTERFACE |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0466      | E           |     | HOME VENT NON-INVASIVE INTER |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0467      | E           |     | HOME VENT MULTI-FUNCTION     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0468      | E           |     | HOME VENT DUAL FNCT INCL ALL |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0469      | E           |     | LUNG EXPANS HIGH OSCIL NEB   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0470      | E           |     | RAD W/O BACKUP NON-INV INTFC |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0471      | E           |     | RAD W/BACKUP NON INV INTRFC  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0472      | E           |     | RAD W BACKUP INVASIVE INTRFC |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0480      | E           |     | PERCUSSOR ELECT/PNEUM HOME M |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0481      | E           |     | INTRPULMNRY PERCUSS VENT SYS |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0482      | E           |     | COUGH STIMULATING DEVICE     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0483      | E           |     | HI FREQ CHEST WALL OSCIL SYS |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0484      | E           |     | NON-ELEC OSCILLATORY PEP DVC |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0485      | E           |     | ORAL DEVICE/APPLIANCE PREFAB |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |



Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc Cd | 2024 APC |     | 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 |
|---------|----------|-----|------------------------------|---------------|-----|------------|-------------|----------------------------------|------------------------------|----------------------------------|--|----------------------|----------|---------|---------|----------|
|         | Status   | Ind |                              |               |     |            |             |                                  |                              |                                  |  |                      |          |         |         |          |
| E0486   | E        |     | ORAL DEVICE/APPLIANCE CUSFAB |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E0487   | N        |     | ELECTRONIC SPIROMETER        |               | -   | -          | Bundled     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E0490   | E        |     | CONTROL UNIT NM HW REMOTE    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E0491   | E        |     | ORAL DV NM MOUTHPC HW REMOTE |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E0492   | E        |     | CONTROL UNIT NM STIM W PHONE |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E0493   | E        |     | ORAL DV/APP NEUROMUS MOUTHPI |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E0500   | E        |     | IPPB ALL TYPES               |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E0530   | E        |     | ELECTRONIC POSA TREATMENT    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E0550   | E        |     | HUMIDIF EXTENS SUPPLE W IPPB |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E0555   | E        |     | HUMIDIFIER FOR USE W/ REGULA |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E0560   | E        |     | HUMIDIFIER SUPPLEMENTAL W/ I |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E0561   | E        |     | HUMIDIFIER NONHEATED W PAP   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E0562   | E        |     | HUMIDIFIER HEATED USED W PAP |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E0565   | E        |     | COMPRESSOR AIR POWER SOURCE  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E0570   | E        |     | NEBULIZER WITH COMPRESSION   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E0572   | E        |     | AEROSOL COMPRESSOR ADJUST PR |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E0574   | E        |     | ULTRASONIC GENERATOR W SVNEB |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E0575   | E        |     | NEBULIZER ULTRASONIC         |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E0580   | E        |     | NEBULIZER FOR USE W/ REGULAT |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E0585   | E        |     | NEBULIZER W/ COMPRESSOR & HE |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E0600   | E        |     | SUCTION PUMP PORTAB HOM MODL |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E0601   | E        |     | CONT AIRWAY PRESSURE DEVICE  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E0602   | E        |     | MANUAL BREAST PUMP           |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 009     | 999     |          |
| E0603   | E        |     | ELECTRIC BREAST PUMP         |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E0604   | E        |     | HOSP GRADE ELEC BREAST PUMP  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E0605   | E        |     | VAPORIZER ROOM TYPE          |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E0606   | E        |     | DRAINAGE BOARD POSTURAL      |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E0607   | E        |     | BLOOD GLUCOSE MONITOR HOME   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E0610   | E        |     | PACEMAKER MONITR AUDIBLE/VIS |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E0615   | E        |     | PACEMAKER MONITR DIGITAL/VIS |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E0616   | N        |     | CARDIAC EVENT RECORDER       |               | -   | -          | Bundled     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E0617   | E        |     | AUTOMATIC EXT DEFIBRILLATOR  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E0618   | E        |     | APNEA MONITOR                |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E0619   | E        |     | APNEA MONITOR W RECORDER     |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E0620   | E        |     | CAP BLD SKIN PIERCING LASER  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E0621   | E        |     | PATIENT LIFT SLING OR SEAT   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E0625   | E        |     | PATIENT LIFT BATHROOM OR TOI |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E0627   | E        |     | SEAT LIFT MECH, ELECTRIC ANY |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E0629   | E        |     | SEAT LIFT MECH, NON-ELECTRIC |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E0630   | E        |     | PATIENT LIFT HYDRAULIC       |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E0635   | E        |     | PATIENT LIFT ELECTRIC        |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E0636   | E        |     | PT SUPPORT & POSITIONING SYS |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E0637   | E        |     | COMBINATION SIT TO STAND SYS |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E0638   | E        |     | STANDING FRAME SYS           |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E0639   | E        |     | MOVEABLE PATIENT LIFT SYSTEM |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E0640   | E        |     | FIXED PATIENT LIFT SYSTEM    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E0641   | E        |     | MULTI-POSITION STND FRAM SYS |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E0642   | E        |     | DYNAMIC STANDING FRAME       |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E0650   | E        |     | PNEUMA COMPRESOR NON-SEGMENT |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E0651   | E        |     | PNEUM COMPRESSOR SEGMENTAL   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E0652   | E        |     | PNEUM COMPRES W/CAL PRESSURE |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E0655   | E        |     | PNEUMATIC APPLIANCE HALF ARM |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E0656   | E        |     | SEGMENTAL PNEUMATIC TRUNK    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E0657   | E        |     | SEGMENTAL PNEUMATIC CHEST    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E0660   | E        |     | PNEUMATIC APPLIANCE FULL LEG |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E0665   | E        |     | PNEUMATIC APPLIANCE FULL ARM |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc<br>Cd | 2024<br>APC |     | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method      | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |   | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-------------|-----|------------------------------|------------------|-----|---------------|-------------|----------------------------------------|------------------------------------|-------------------------------------------|---|-------------------------|----------|------------|------------|----------|
|            | Status      | Ind |                              |                  |     |               |             |                                        |                                    |                                           |   |                         |          |            |            |          |
| E0666      | E           |     | PNEUMATIC APPLIANCE HALF LEG |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| E0667      | E           |     | SEG PNEUMATIC APPL FULL LEG  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| E0668      | E           |     | SEG PNEUMATIC APPL FULL ARM  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| E0669      | E           |     | SEG PNEUMATIC APPLI HALF LEG |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| E0670      | E           |     | SEG PNEUM INT LEGS/TRUNK     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| E0671      | E           |     | PRESSURE PNEUM APPL FULL LEG |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| E0672      | E           |     | PRESSURE PNEUM APPL FULL ARM |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| E0673      | E           |     | PRESSURE PNEUM APPL HALF LEG |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| E0675      | E           |     | PNEUMATIC COMPRESSION DEVICE |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| E0676      | E           |     | INTER LIMB COMPRESS DEV NOS  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| E0677      | E           |     | NON PNEUM SEQ COMP TRUNK     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| E0678      | E           |     | NON PNEUM SEQ COMP FULL LEG  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| E0679      | E           |     | NON PNEUM SEQ COMP HALF LEG  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| E0680      | E           |     | NON PNEUM COMP CONTROL CAL   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| E0681      | E           |     | NON PNEU COMP CONTROL W/O CA |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| E0682      | E           |     | NON PNEUM COMPRESS FULL ARM  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| E0683      | E           |     | NON PNEU PERISTALIC COMP PMP |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| E0691      | E           |     | UVL PNL 2 SQ FT OR LESS      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| E0692      | E           |     | UVL SYS PANEL 4 FT           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| E0693      | E           |     | UVL SYS PANEL 6 FT           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| E0694      | E           |     | UVL MD CABINET SYS 6 FT      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| E0700      | E           |     | SAFETY EQUIPMENT             |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| E0705      | E           |     | TRANSFER DEVICE              |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| E0710      | E           |     | RESTRAINTS ANY TYPE          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| E0711      | E           |     | UE ENCLOSURE RESTR ROM       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| E0715      | E           |     | INTRAVAG PELVIC FLOOR KEGEL  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| E0716      | E           |     | SUPP AND ACCES INTRAVAG PELV |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| E0720      | E           |     | TENS TWO LEAD                |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| E0721      | E           |     | TRANS ELEC STIM AURICULAR    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| E0730      | E           |     | TENS FOUR LEAD               |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| E0731      | E           |     | CONDUCTIVE GARMENT FOR TENS/ |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| E0732      | E           |     | CES SYSTEM                   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| E0733      | E           |     | TRANS ELEC NERV FOR TRIGEMIN |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| E0734      | E           |     | EXT UP LIMB TREMOR STIM WRIS |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| E0735      | E           |     | NON-INVASIVE VAGUS NERV STIM |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| E0736      | E           |     | TRANSCUT TIBIAL NERV STIMULA |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| E0737      | E           |     | TRANSCUT TIBIAL STIM BY APP  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| E0738      | E           |     | UPPER EXTREMITY REHAB        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| E0739      | E           |     | REHAB SYS ACTIVE ASSIST RT   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| E0740      | E           |     | NON-IMPLANT PELV FLR E-STIM  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| E0743      | E           |     | EXT LOW EXT NERVE STIMU RLS  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| E0744      | E           |     | NEUROMUSCULAR STIM FOR SCOLI |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| E0745      | E           |     | NEUROMUSCULAR STIM FOR SHOCK |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| E0746      | E           |     | ELECTROMYOGRAPH BIOFEEDBACK  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| E0747      | E           |     | ELEC OSTEOGEN STIM NOT SPINE |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| E0748      | E           |     | ELEC OSTEOGEN STIM SPINAL    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| E0749      | N           |     | ELEC OSTEOGEN STIM IMPLANTED |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           | Y | -                       | -        | 000        | 999        |          |
| E0755      | E           |     | ELECTRONIC SALIVARY REFLEX S |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| E0760      | E           |     | OSTEOGEN ULTRASOUND STIMLTOR |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| E0761      | E           |     | NONTHERM ELECTROMGNTC DEVICE |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| E0762      | E           |     | TRANS ELEC JT STIM DEV SYS   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| E0764      | E           |     | FUNCTIONAL NEUROMUSCULARSTIM |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| E0765      | E           |     | NERVE STIMULATOR FOR TX N&V  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| E0766      | E           |     | ELEC STIM CANCER TREATMENT   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| E0767      | E           |     | INTRABUC AM RF EMF CANCER TX |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| E0769      | E           |     | ELECTRIC WOUND TREATMENT DEV |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |

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| Proc<br>Cd | 2024<br>APC |     | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method      | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-------------|-----|------------------------------|------------------|-----|---------------|-------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Status      | Ind |                              |                  |     |               |             |                                        |                                    |                                           |  |                         |          |            |            |          |
| E0770      | E           |     | FUNCTIONAL ELECTRIC STIM NOS |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0776      | E           |     | IV POLE                      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0779      | E           |     | AMB INFUSION PUMP MECHANICAL |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0780      | E           |     | MECH AMB INFUSION PUMP <8HRS |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0781      | E           |     | EXTERNAL AMBULATORY INFUS PU |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0782      | N           |     | NON-PROGRAMBLE INFUSION PUMP |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | Y                       | -        | 000        | 999        |          |
| E0783      | N           |     | PROGRAMMABLE INFUSION PUMP   |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0784      | E           |     | EXT AMB INFUSN PUMP INSULIN  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0785      | N           |     | REPLACEMENT IMPL PUMP CATHET |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0786      | N           |     | IMPLANTABLE PUMP REPLACEMENT |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0787      | E           |     | CGS DOSE ADJ INSULIN INF PMP |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0791      | E           |     | PARENTERAL INFUSION PUMP STA |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0830      | N           |     | AMBULATORY TRACTION DEVICE   |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0840      | E           |     | TRACT FRAME ATTACH HEADBOARD |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0849      | E           |     | CERVICAL PNEUM TRAC EQUIP    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0850      | E           |     | TRACTION STAND FREE STANDING |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0855      | E           |     | CERVICAL TRACTION EQUIPMENT  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0856      | E           |     | CERVIC COLLAR W AIR BLADDERS |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0860      | E           |     | TRACT EQUIP CERVICAL TRACT   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0870      | E           |     | TRACT FRAME ATTACH FOOTBOARD |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0880      | E           |     | TRAC STAND FREE STAND EXTREM |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0890      | E           |     | TRACTION FRAME ATTACH PELVIC |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0900      | E           |     | TRAC STAND FREE STAND PELVIC |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0910      | E           |     | TRAPEZE BAR ATTACHED TO BED  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0911      | E           |     | HD TRAPEZE BAR ATTACH TO BED |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0912      | E           |     | HD TRAPEZE BAR FREE STANDING |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0920      | E           |     | FRACTURE FRAME ATTACHED TO B |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0930      | E           |     | FRACTURE FRAME FREE STANDING |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0935      | E           |     | CONT PAS MOTION EXERCISE DEV |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0936      | E           |     | CPM DEVICE, OTHER THAN KNEE  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0940      | E           |     | TRAPEZE BAR FREE STANDING    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0941      | E           |     | GRAVITY ASSISTED TRACTION DE |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0942      | E           |     | CERVICAL HEAD HARNESS/HALTER |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0944      | E           |     | PELVIC BELT/HARNESS/BOOT     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0945      | E           |     | BELT/HARNESS EXTREMITY       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0946      | E           |     | FRACTURE FRAME DUAL W CROSS  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0947      | E           |     | FRACTURE FRAME ATTACHMNTS PE |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0948      | E           |     | FRACTURE FRAME ATTACHMNTS CE |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0950      | E           |     | TRAY                         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0951      | E           |     | LOOP HEEL                    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0952      | E           |     | TOE LOOP/HOLDER, EACH        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0953      | E           |     | W/C LATERAL THIGH/KNEE SUP   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0954      | E           |     | FOOT BOX, ANY TYPE EACH FOOT |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0955      | E           |     | CUSHIONED HEADREST           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0956      | E           |     | W/C LATERAL TRUNK/HIP SUPPOR |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0957      | E           |     | W/C MEDIAL THIGH SUPPORT     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0958      | E           |     | WHLCHR ATT- CONV 1 ARM DRIVE |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0959      | E           |     | AMPUTEE ADAPTER              |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0960      | E           |     | W/C SHOULDER HARNESS/STRAPS  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0961      | E           |     | WHEELCHAIR BRAKE EXTENSION   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0966      | E           |     | WHEELCHAIR HEAD REST EXTENSI |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0967      | E           |     | MAN WC RIM/PROJECTION REP EA |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0968      | E           |     | WHEELCHAIR COMMODE SEAT      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0969      | E           |     | WHEELCHAIR NARROWING DEVICE  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0970      | E           |     | WHEELCHAIR NO. 2 FOOTPLATES  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0971      | E           |     | WHEELCHAIR ANTI-TIPPING DEVI |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc<br>Cd | 2024<br>APC<br>Status |  | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method      | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-----------------------|--|------------------------------|------------------|-----|---------------|-------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Ind                   |  |                              |                  |     |               |             |                                        |                                    |                                           |  |                         |          |            |            |          |
| E0973      | E                     |  | W/CH ACCESS DET ADJ ARMREST  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0974      | E                     |  | W/CH ACCESS ANTI-ROLLBACK    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0978      | E                     |  | W/C ACC,SAF BELT PELV STRAP  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0980      | E                     |  | WHEELCHAIR SAFETY VEST       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0981      | E                     |  | SEAT UPHOLSTERY, REPLACEMENT |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0982      | E                     |  | BACK UPHOLSTERY, REPLACEMENT |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0983      | E                     |  | ADD PWR JOYSTICK             |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0984      | E                     |  | ADD PWR TILLER               |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0985      | E                     |  | W/C SEAT LIFT MECHANISM      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0986      | E                     |  | MAN W/C PUSH-RIM POWR SYSTEM |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0988      | E                     |  | LEVER-ACTIVATED WHEEL DRIVE  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0990      | E                     |  | WHEELCHAIR ELEVATING LEG RES |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0992      | E                     |  | WHEELCHAIR SOLID SEAT INSERT |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 100        | 999        |          |
| E0994      | E                     |  | WHEELCHAIR ARM REST          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E0995      | E                     |  | WC CALF REST, PAD REPLACEMNT |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E1002      | E                     |  | PWR SEAT TILT                |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E1003      | E                     |  | PWR SEAT RECLINE             |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E1004      | E                     |  | PWR SEAT RECLINE MECH        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E1005      | E                     |  | PWR SEAT RECLINE PWR         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E1006      | E                     |  | PWR SEAT COMBO W/O SHEAR     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E1007      | E                     |  | PWR SEAT COMBO W/SHEAR       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E1008      | E                     |  | PWR SEAT COMBO PWR SHEAR     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E1009      | E                     |  | ADD MECH LEG ELEVATION       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E1010      | E                     |  | ADD PWR LEG ELEVATION        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E1011      | E                     |  | PED WC MODIFY WIDTH ADJUSTM  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E1012      | E                     |  | CTR MOUNT PWR ELEV LEG REST  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E1014      | E                     |  | RECLINING BACK ADD PED W/C   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E1015      | E                     |  | SHOCK ABSORBER FOR MAN W/C   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E1016      | E                     |  | SHOCK ABSORBER FOR POWER W/C |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E1017      | E                     |  | HD SHCK ABSRBR FOR HD MAN WC |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E1018      | E                     |  | HD SHCK ABSRBER FOR HD POWWC |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E1020      | E                     |  | RESIDUAL LIMB SUPPORT SYSTEM |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E1028      | E                     |  | W/C MANUAL SWINGAWAY         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E1029      | E                     |  | W/C VENT TRAY FIXED          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E1030      | E                     |  | W/C VENT TRAY GIMBALED       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E1031      | E                     |  | ROLLABOUT CHAIR WITH CASTERS |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E1035      | E                     |  | PATIENT TRANSFER SYSTEM <300 |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E1036      | E                     |  | PATIENT TRANSFER SYSTEM >300 |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E1037      | E                     |  | TRANSPORT CHAIR, PED SIZE    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E1038      | E                     |  | TRANSPORT CHAIR PT WT<=300LB |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E1039      | E                     |  | TRANSPORT CHAIR PT WT >300LB |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E1050      | E                     |  | WHELCHR FXD FULL LENGTH ARMS |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E1060      | E                     |  | WHEELCHAIR DETACHABLE ARMS   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E1070      | E                     |  | WHEELCHAIR DETACHABLE FOOT R |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E1083      | E                     |  | HEMI-WHEELCHAIR FIXED ARMS   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E1084      | E                     |  | HEMI-WHEELCHAIR DETACHABLE A |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E1085      | E                     |  | HEMI-WHEELCHAIR FIXED ARMS   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E1086      | E                     |  | HEMI-WHEELCHAIR DETACHABLE A |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E1087      | E                     |  | WHEELCHAIR LIGHTWT FIXED ARM |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E1088      | E                     |  | WHEELCHAIR LIGHTWEIGHT DET A |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E1089      | E                     |  | WHEELCHAIR LIGHTWT FIXED ARM |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E1090      | E                     |  | WHEELCHAIR LIGHTWEIGHT DET A |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E1092      | E                     |  | WHEELCHAIR WIDE W/ LEG RESTS |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E1093      | E                     |  | WHEELCHAIR WIDE W/ FOOT REST |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E1100      | E                     |  | WHCHR S-RECL FXD ARM LEG RES |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| E1110      | E                     |  | WHEELCHAIR SEMI-RECL DETACH  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |



Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc Cd | 2024 APC |     | 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 |
|---------|----------|-----|------------------------------|---------------|-----|------------|-------------|----------------------------------|------------------------------|----------------------------------|----------------------|----------|---------|---------|----------|
|         | Status   | Ind |                              |               |     |            |             |                                  |                              |                                  |                      |          |         |         |          |
| E1130   | E        |     | WHLCHR STAND FXD ARM FT REST |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1140   | E        |     | WHEELCHAIR STANDARD DETACH A |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1150   | E        |     | WHEELCHAIR STANDARD W/ LEG R |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1160   | E        |     | WHEELCHAIR FIXED ARMS        |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1161   | E        |     | MANUAL ADULT WC W TILTINSPAC |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1170   | E        |     | WHLCHR AMPU FXD ARM LEG REST |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1171   | E        |     | WHEELCHAIR AMPUTEE W/O LEG R |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1172   | E        |     | WHEELCHAIR AMPUTEE DETACH AR |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1180   | E        |     | WHEELCHAIR AMPUTEE W/ FOOT R |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1190   | E        |     | WHEELCHAIR AMPUTEE W/ LEG RE |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1195   | E        |     | WHEELCHAIR AMPUTEE HEAVY DUT |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1200   | E        |     | WHEELCHAIR AMPUTEE FIXED ARM |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1220   | E        |     | WHLCHR SPECIAL SIZE/CONSTRC  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1221   | E        |     | WHEELCHAIR SPEC SIZE W FOOT  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1222   | E        |     | WHEELCHAIR SPEC SIZE W/ LEG  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1223   | E        |     | WHEELCHAIR SPEC SIZE W FOOT  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1224   | E        |     | WHEELCHAIR SPEC SIZE W/ LEG  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1225   | E        |     | MANUAL SEMI-RECLINING BACK   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1226   | E        |     | MANUAL FULLY RECLINING BACK  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1227   | E        |     | WHEELCHAIR SPEC SZ SPEC HT A |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1228   | E        |     | WHEELCHAIR SPEC SZ SPEC HT B |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1229   | E        |     | PEDIATRIC WHEELCHAIR NOS     |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1230   | E        |     | POWER OPERATED VEHICLE       |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1231   | E        |     | RIGID PED W/C TILT-IN-SPACE  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1232   | E        |     | FOLDING PED WC TILT-IN-SPACE |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1233   | E        |     | RIG PED WC TLTNSPC W/O SEAT  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1234   | E        |     | FLD PED WC TLTNSPC W/O SEAT  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1235   | E        |     | RIGID PED WC ADJUSTABLE      |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1236   | E        |     | FOLDING PED WC ADJUSTABLE    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1237   | E        |     | RGD PED WC ADJSTABL W/O SEAT |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1238   | E        |     | FLD PED WC ADJSTABL W/O SEAT |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1239   | E        |     | PED POWER WHEELCHAIR NOS     |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1240   | E        |     | WHCHR LITWT DET ARM LEG REST |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1250   | E        |     | WHEELCHAIR LIGHTWT FIXED ARM |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1260   | E        |     | WHEELCHAIR LIGHTWT FOOT REST |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1270   | E        |     | WHEELCHAIR LIGHTWEIGHT LEG R |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1280   | E        |     | WHCHR H-DUTY DET ARM LEG RES |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1285   | E        |     | WHEELCHAIR HEAVY DUTY FIXED  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1290   | E        |     | WHEELCHAIR HVY DUTY DETACH A |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1295   | E        |     | WHEELCHAIR HEAVY DUTY FIXED  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1296   | E        |     | WHEELCHAIR SPECIAL SEAT HEIG |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1297   | E        |     | WHEELCHAIR SPECIAL SEAT DEPT |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1298   | E        |     | WHEELCHAIR SPEC SEAT DEPTH/W |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1300   | E        |     | WHIRLPOOL PORTABLE           |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1301   | E        |     | WHIRLPOOL TUB WALKIN PORTABL |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1310   | E        |     | WHIRLPOOL NON-PORTABLE       |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1352   | E        |     | O2 FLOW REG POS INSPIR PRESS |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1353   | E        |     | OXYGEN SUPPLIES REGULATOR    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1354   | E        |     | WHEELED CART, PORT CYL/CONC  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1355   | E        |     | OXYGEN SUPPLIES STAND/RACK   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1356   | E        |     | BATT PACK/CART, PORT CONC    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1357   | E        |     | BATTERY CHARGER, PORT CONC   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1358   | E        |     | DC POWER ADAPTER, PORT CONC  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1372   | E        |     | OXY SUPPL HEATER FOR NEBULIZ |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1390   | E        |     | OXYGEN CONCENTRATOR          |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1391   | E        |     | OXYGEN CONCENTRATOR, DUAL    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc Cd | 2024 APC |     | 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 |
|---------|----------|-----|-------------------------------|---------------|-----|------------|-------------|----------------------------------|------------------------------|----------------------------------|----------------------|----------|---------|---------|----------|
|         | Status   | Ind |                               |               |     |            |             |                                  |                              |                                  |                      |          |         |         |          |
| E1392   | E        |     | PORTABLE OXYGEN CONCENTRATOR  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1399   | E        |     | DURABLE MEDICAL EQUIPMENT MI  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1405   | E        |     | O2/WATER VAPOR ENRICH W/HEAT  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1406   | E        |     | O2/WATER VAPOR ENRICH W/O HE  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1500   | E        |     | CENTRIFUGE                    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1510   | E        |     | KIDNEY DIALYSATE DELIVRY SYS  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1520   | E        |     | HEPARIN INFUSION PUMP         |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1530   | E        |     | REPLACEMENT AIR BUBBLE DETEC  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1540   | E        |     | REPLACEMENT PRESSURE ALARM    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1550   | E        |     | BATH CONDUCTIVITY METER       |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1560   | E        |     | REPLACE BLOOD LEAK DETECTOR   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1570   | E        |     | ADJUSTABLE CHAIR FOR ESRD PT  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1575   | E        |     | TRANSDUCER PROTECT/FLD BAR    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1580   | E        |     | UNIPUNCTURE CONTROL SYSTEM    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1590   | E        |     | HEMODIALYSIS MACHINE          |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1592   | E        |     | AUTO INTERM PERITONEAL DIALY  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1594   | E        |     | CYCLER DIALYSIS MACHINE       |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1600   | E        |     | DELI/INSTALL CHRGR HEMO EQUIP |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1610   | E        |     | REVERSE OSMOSIS H2O PURI SYS  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1615   | E        |     | DEIONIZER H2O PURI SYSTEM     |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1620   | E        |     | REPLACEMENT BLOOD PUMP        |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1625   | E        |     | WATER SOFTENING SYSTEM        |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1629   | E        |     | TABLO FOR DIALYSIS SERVICE    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1630   | E        |     | RECIPROCATING PERITONEAL DIA  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1632   | E        |     | WEARABLE ARTIFICIAL KIDNEY    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1634   | E        |     | PERITONEAL DIALYSIS CLAMP     |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1635   | E        |     | COMPACT TRAVEL HEMODIALYZER   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1636   | E        |     | SORBENT CARTRIDGES PER 10     |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1637   | E        |     | HEMOSTATS FOR DIALYSIS, EACH  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1639   | E        |     | SCALE, EACH                   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1699   | E        |     | DIALYSIS EQUIPMENT NOC        |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1700   | E        |     | JAW MOTION REHAB SYSTEM       |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1701   | E        |     | REPL CUSHIONS FOR JAW MOTION  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1702   | E        |     | REPL MEASR SCALES JAW MOTION  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1800   | E        |     | ADJUST ELBOW EXT/FLEX DEVICE  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1801   | E        |     | SPS ELBOW DEVICE              |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1802   | E        |     | ADJUST FOREARM PRO/SUP DEVICE |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1803   | E        |     | ADJUST ELBOW EXTENSION DEV    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1804   | E        |     | ADJUST ELBOW FLEXION DEV      |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1805   | E        |     | ADJUST WRIST EXT/FLEX DEVICE  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1806   | E        |     | SPS WRIST DEVICE              |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1807   | E        |     | ADJUST WRIST EXTENSION DEV    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1808   | E        |     | ADJUST WRIST FLEXION DEVICE   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1810   | E        |     | ADJUST KNEE EXT/FLEX DEVICE   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1811   | E        |     | SPS KNEE DEVICE               |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1812   | E        |     | KNEE EXT/FLEX W ACT RES CTRL  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1813   | E        |     | ADJUST KNEE EXTENSION DEVICE  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1814   | E        |     | ADJUST KNEE FLEXION DEVICE    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1815   | E        |     | ADJUST ANKLE EXT/FLEX DEVICE  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1816   | E        |     | SPS ANKLE DEVICE              |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1818   | E        |     | SPS FOREARM DEVICE            |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1820   | E        |     | SOFT INTERFACE MATERIAL       |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1821   | E        |     | REPLACEMENT INTERFACE SPSD    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1822   | E        |     | ADJUST ANKLE EXTENSION DEV    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1823   | E        |     | ADJUST ANKLE FLEXION DEVICE   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E1825   | E        |     | ADJUST FINGER EXT/FLEX DEVC   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc Cd | 2024 APC |     | 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 |
|---------|----------|-----|------------------------------|---------------|-----|------------|-------------|----------------------------------|------------------------------|----------------------------------|--|----------------------|----------|---------|---------|----------|
|         | Status   | Ind |                              |               |     |            |             |                                  |                              |                                  |  |                      |          |         |         |          |
| E1826   | E        |     | ADJUST FINGER EXTENSION DEV  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E1827   | E        |     | ADJUST FINGER FLEXION DEVICE |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E1828   | E        |     | ADJUST TOE EXTENSION DEVICE  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E1829   | E        |     | ADJUST TOE FLEXION DEVICE    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E1830   | E        |     | ADJUST TOE EXT/FLEX DEVICE   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E1831   | E        |     | STATIC STR TOE DEV EXT/FLEX  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E1840   | E        |     | ADJ SHOULDER EXT/FLEX DEVICE |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E1841   | E        |     | STATIC STR SHLDR DEV ROM ADJ |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E1902   | E        |     | AAC NON-ELECTRONIC BOARD     |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E1905   | E        |     | VR CBT THERAPY               |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E2000   | E        |     | GASTRIC SUCTION PUMP HME MDL |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E2001   | E        |     | SUCT PUM EXT MGMT SYS        |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E2100   | E        |     | BLD GLUCOSE MONITOR W VOICE  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E2101   | E        |     | BLD GLUCOSE MONITOR W LANCE  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E2102   | E        |     | ADJU CGM RECEIVER/MONITOR    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E2103   | E        |     | NON-ADJU CGM RECEIVER/MON    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E2104   | E        |     | GLUCOSE MONITOR W CARTRIDGE  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E2120   | E        |     | PULSE GEN SYS TX ENDOLYMP FL |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E2201   | E        |     | MAN W/CH ACC SEAT W>=20"<24" |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E2202   | E        |     | SEAT WIDTH 24-27 IN          |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E2203   | E        |     | FRAME DEPTH LESS THAN 22 IN  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E2204   | E        |     | FRAME DEPTH 22 TO 25 IN      |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E2205   | E        |     | MANUAL WC ACCESSORY, HANDRIM |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E2206   | E        |     | MAN WC WHL LOCK COMP REPL EA |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E2207   | E        |     | CRUTCH AND CANE HOLDER       |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E2208   | E        |     | CYLINDER TANK CARRIER        |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E2209   | E        |     | ARM TROUGH EACH              |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E2210   | E        |     | WHEELCHAIR BEARINGS          |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E2211   | E        |     | PNEUMATIC PROPULSION TIRE    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E2212   | E        |     | PNEUMATIC PROP TIRE TUBE     |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E2213   | E        |     | PNEUMATIC PROP TIRE INSERT   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E2214   | E        |     | PNEUMATIC CASTER TIRE EACH   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E2215   | E        |     | PNEUMATIC CASTER TIRE TUBE   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E2216   | E        |     | FOAM FILLED PROPULSION TIRE  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E2217   | E        |     | FOAM FILLED CASTER TIRE EACH |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E2218   | E        |     | FOAM PROPULSION TIRE EACH    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E2219   | E        |     | FOAM CASTER TIRE ANY SIZE EA |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E2220   | E        |     | SOLID PROPULS TIRE, REPL, EA |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E2221   | E        |     | SOLID CASTER TIRE REPL, EACH |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E2222   | E        |     | SOLID CASTER INTEG WHL, REPL |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E2224   | E        |     | PROPULSION WHL EXCL TIRE REP |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E2225   | E        |     | CASTER WHEEL EXCLUDES TIRE   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E2226   | E        |     | CASTER FORK REPLACEMENT ONLY |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E2227   | E        |     | GEAR REDUCTION DRIVE WHEEL   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E2228   | E        |     | MWC ACC, WHEELCHAIR BRAKE    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E2230   | E        |     | MANUAL STANDING SYSTEM       |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E2231   | E        |     | SOLID SEAT SUPPORT BASE      |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E2291   | E        |     | PLANAR BACK FOR PED SIZE WC  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E2292   | E        |     | PLANAR SEAT FOR PED SIZE WC  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E2293   | E        |     | CONTOUR BACK FOR PED SIZE WC |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E2294   | E        |     | CONTOUR SEAT FOR PED SIZE WC |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E2295   | E        |     | PED DYNAMIC SEATING FRAME    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E2298   | E        |     | PWR SEAT ELEV SYS FOR CRT    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E2301   | E        |     | PWR STANDING                 |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E2310   | E        |     | ELECTRO CONNECT BTW CONTROL  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| E2311   | E        |     | ELECTRO CONNECT BTW 2 SYS    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |

Montana Healthcare Programs Fee Schedule  
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| Proc Cd | 2024 APC |     | 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 |
|---------|----------|-----|-------------------------------|---------------|-----|------------|-------------|----------------------------------|------------------------------|----------------------------------|----------------------|----------|---------|---------|----------|
|         | Status   | Ind |                               |               |     |            |             |                                  |                              |                                  |                      |          |         |         |          |
| E2312   | E        |     | MINI-PROP REMOTE JOYSTICK     |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E2313   | E        |     | PWC HARNESS, EXPAND CONTROL   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E2321   | E        |     | HAND INTERFACE JOYSTICK       |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E2322   | E        |     | MULT MECH SWITCHES            |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E2323   | E        |     | SPECIAL JOYSTICK HANDLE       |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E2324   | E        |     | CHIN CUP INTERFACE            |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E2325   | E        |     | SIP AND PUFF INTERFACE        |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E2326   | E        |     | BREATH TUBE KIT               |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E2327   | E        |     | HEAD CONTROL INTERFACE MECH   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E2328   | E        |     | HEAD/EXTREMITY CONTROL INTER  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E2329   | E        |     | HEAD CONTROL NONPROPORTIONAL  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E2330   | E        |     | HEAD CONTROL PROXIMITY SWITC  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E2331   | E        |     | ATTENDANT CONTROL             |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E2340   | E        |     | W/C WIDTH 20-23 IN SEAT FRAME |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E2341   | E        |     | W/C WIDTH 24-27 IN SEAT FRAME |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E2342   | E        |     | W/C DPTH 20-21 IN SEAT FRAME  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E2343   | E        |     | W/C DPTH 22-25 IN SEAT FRAME  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E2351   | E        |     | ELECTRONIC SGD INTERFACE      |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E2358   | E        |     | GR 34 NONSEALED LEADACID      |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E2359   | E        |     | GR34 SEALED LEADACID BATTERY  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E2360   | E        |     | 22NF NONSEALED LEADACID       |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E2361   | E        |     | 22NF SEALED LEADACID BATTERY  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E2362   | E        |     | GR24 NONSEALED LEADACID       |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E2363   | E        |     | GR24 SEALED LEADACID BATTERY  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E2364   | E        |     | U1NONSEALED LEADACID BATTERY  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E2365   | E        |     | U1 SEALED LEADACID BATTERY    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E2366   | E        |     | BATTERY CHARGER, SINGLE MODE  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E2367   | E        |     | BATTERY CHARGER, DUAL MODE    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E2368   | E        |     | PWR WC DRIVEWHEEL MOTOR REPL  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E2369   | E        |     | PWR WC DRIVEWHEEL GEAR REPL   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E2370   | E        |     | PWR WC DR WH MOTOR/GEAR COMB  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E2371   | E        |     | GR27 SEALED LEADACID BATTERY  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E2372   | E        |     | GR27 NON-SEALED LEADACID      |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E2373   | E        |     | HAND/CHIN CTRL SPEC JOYSTICK  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E2374   | E        |     | HAND/CHIN CTRL STD JOYSTICK   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E2375   | E        |     | NON-EXPANDABLE CONTROLLER     |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E2376   | E        |     | EXPANDABLE CONTROLLER, REPL   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E2377   | E        |     | EXPANDABLE CONTROLLER, INITL  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E2378   | E        |     | PW ACTUATOR REPLACEMENT       |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E2381   | E        |     | PNEUM DRIVE WHEEL TIRE        |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E2382   | E        |     | TUBE, PNEUM WHEEL DRIVE TIRE  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E2383   | E        |     | INSERT, PNEUM WHEEL DRIVE     |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E2384   | E        |     | PNEUMATIC CASTER TIRE         |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E2385   | E        |     | TUBE, PNEUMATIC CASTER TIRE   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E2386   | E        |     | FOAM FILLED DRIVE WHEEL TIRE  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E2387   | E        |     | FOAM FILLED CASTER TIRE       |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E2388   | E        |     | FOAM DRIVE WHEEL TIRE         |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E2389   | E        |     | FOAM CASTER TIRE              |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E2390   | E        |     | SOLID DRIVE WHEEL TIRE        |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E2391   | E        |     | SOLID CASTER TIRE             |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E2392   | E        |     | SOLID CASTER TIRE, INTEGRATE  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E2394   | E        |     | DRIVE WHEEL EXCLUDES TIRE     |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E2395   | E        |     | CASTER WHEEL EXCLUDES TIRE    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E2396   | E        |     | CASTER FORK                   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E2397   | E        |     | PWC ACC, LITH-BASED BATTERY   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| E2398   | E        |     | WC DYNAMIC POS BACK HARDWARE  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |



Montana Healthcare Programs Fee Schedule  
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| 2024<br>APC |        |                               |               |       |            | Outpatient  |                       | Non-sole                     |                         |                      |          |         |         |          |  |
|-------------|--------|-------------------------------|---------------|-------|------------|-------------|-----------------------|------------------------------|-------------------------|----------------------|----------|---------|---------|----------|--|
| Proc Cd     | Status | Proc Desc                     | Proc Modifier | APC   | APC Weight | Method      | Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Comm. Hospital Lab Fees | Prior Auth. Required | Passport | Min Age | Max Age | Comments |  |
| E2402       | E      | NEG PRESS WOUND THERAPY PUMP  |               | -     | -          | Not Allowed | \$0.00                |                              |                         | -                    | -        | 000     | 999     |          |  |
| E2500       | E      | SGD DIGITIZED PRE-REC <=8MIN  |               | -     | -          | Not Allowed | \$0.00                |                              |                         | -                    | -        | 000     | 999     |          |  |
| E2502       | E      | SGD PREREC MSG >8MIN <=20MIN  |               | -     | -          | Not Allowed | \$0.00                |                              |                         | -                    | -        | 000     | 999     |          |  |
| E2504       | E      | SGD PREREC MSG>20MIN <=40MIN  |               | -     | -          | Not Allowed | \$0.00                |                              |                         | -                    | -        | 000     | 999     |          |  |
| E2506       | E      | SGD PREREC MSG > 40 MIN       |               | -     | -          | Not Allowed | \$0.00                |                              |                         | -                    | -        | 000     | 999     |          |  |
| E2508       | E      | SGD SPELLING PHYS CONTACT     |               | -     | -          | Not Allowed | \$0.00                |                              |                         | -                    | -        | 000     | 999     |          |  |
| E2510       | E      | SGD W MULTI METHODS MSG/ACCS  |               | -     | -          | Not Allowed | \$0.00                |                              |                         | -                    | -        | 000     | 999     |          |  |
| E2511       | E      | SGD SFTWRE PRGRM FOR PC/PDA   |               | -     | -          | Not Allowed | \$0.00                |                              |                         | -                    | -        | 000     | 999     |          |  |
| E2512       | E      | SGD ACCESSORY, MOUNTING SYS   |               | -     | -          | Not Allowed | \$0.00                |                              |                         | -                    | -        | 000     | 999     |          |  |
| E2513       | E      | SGD ACCESSORY, EMG SENSOR     |               | -     | -          | Not Allowed | \$0.00                |                              |                         | -                    | -        | 000     | 999     |          |  |
| E2599       | E      | SGD ACCESSORY NOC             |               | -     | -          | Not Allowed | \$0.00                |                              |                         | -                    | -        | 000     | 999     |          |  |
| E2601       | E      | GEN W/C CUSHION WIDTH < 22 IN |               | -     | -          | Not Allowed | \$0.00                |                              |                         | -                    | -        | 000     | 999     |          |  |
| E2602       | E      | GEN W/C CUSHION WIDTH >=22 IN |               | -     | -          | Not Allowed | \$0.00                |                              |                         | -                    | -        | 000     | 999     |          |  |
| E2603       | E      | SKIN PROTECT WC CUS WD <22IN  |               | -     | -          | Not Allowed | \$0.00                |                              |                         | -                    | -        | 000     | 999     |          |  |
| E2604       | E      | SKIN PROTECT WC CUS WD>=22IN  |               | -     | -          | Not Allowed | \$0.00                |                              |                         | -                    | -        | 000     | 999     |          |  |
| E2605       | E      | POSITION WC CUSH WIDTH <22 IN |               | -     | -          | Not Allowed | \$0.00                |                              |                         | -                    | -        | 000     | 999     |          |  |
| E2606       | E      | POSITION WC CUSH WIDTH>=22 IN |               | -     | -          | Not Allowed | \$0.00                |                              |                         | -                    | -        | 000     | 999     |          |  |
| E2607       | E      | SKIN PRO/POS WC CUS WD <22IN  |               | -     | -          | Not Allowed | \$0.00                |                              |                         | -                    | -        | 000     | 999     |          |  |
| E2608       | E      | SKIN PRO/POS WC CUS WD>=22IN  |               | -     | -          | Not Allowed | \$0.00                |                              |                         | -                    | -        | 000     | 999     |          |  |
| E2609       | E      | CUSTOM FABRICATE W/C CUSHION  |               | -     | -          | Not Allowed | \$0.00                |                              |                         | -                    | -        | 000     | 999     |          |  |
| E2610       | E      | POWERED W/C CUSHION           |               | -     | -          | Not Allowed | \$0.00                |                              |                         | -                    | -        | 000     | 999     |          |  |
| E2611       | E      | GEN USE BACK CUSH WIDTH <22IN |               | -     | -          | Not Allowed | \$0.00                |                              |                         | -                    | -        | 000     | 999     |          |  |
| E2612       | E      | GEN USE BACK CUSH WIDTH>=22IN |               | -     | -          | Not Allowed | \$0.00                |                              |                         | -                    | -        | 000     | 999     |          |  |
| E2613       | E      | POSITION BACK CUSH WD <22IN   |               | -     | -          | Not Allowed | \$0.00                |                              |                         | -                    | -        | 000     | 999     |          |  |
| E2614       | E      | POSITION BACK CUSH WD>=22IN   |               | -     | -          | Not Allowed | \$0.00                |                              |                         | -                    | -        | 000     | 999     |          |  |
| E2615       | E      | POS BACK POST/LAT WIDTH <22IN |               | -     | -          | Not Allowed | \$0.00                |                              |                         | -                    | -        | 000     | 999     |          |  |
| E2616       | E      | POS BACK POST/LAT WIDTH>=22IN |               | -     | -          | Not Allowed | \$0.00                |                              |                         | -                    | -        | 000     | 999     |          |  |
| E2617       | E      | CUSTOM FAB W/C BACK CUSHION   |               | -     | -          | Not Allowed | \$0.00                |                              |                         | -                    | -        | 000     | 999     |          |  |
| E2619       | E      | REPLACE COVER W/C SEAT CUSH   |               | -     | -          | Not Allowed | \$0.00                |                              |                         | -                    | -        | 000     | 999     |          |  |
| E2620       | E      | WC PLANAR BACK CUSH WD <22IN  |               | -     | -          | Not Allowed | \$0.00                |                              |                         | -                    | -        | 000     | 999     |          |  |
| E2621       | E      | WC PLANAR BACK CUSH WD>=22IN  |               | -     | -          | Not Allowed | \$0.00                |                              |                         | -                    | -        | 000     | 999     |          |  |
| E2622       | E      | ADJ SKIN PRO W/C CUS WD<22IN  |               | -     | -          | Not Allowed | \$0.00                |                              |                         | -                    | -        | 000     | 999     |          |  |
| E2623       | E      | ADJ SKIN PRO WC CUS WD>=22IN  |               | -     | -          | Not Allowed | \$0.00                |                              |                         | -                    | -        | 000     | 999     |          |  |
| E2624       | E      | ADJ SKIN PRO/POS CUS<22IN     |               | -     | -          | Not Allowed | \$0.00                |                              |                         | -                    | -        | 000     | 999     |          |  |
| E2625       | E      | ADJ SKIN PRO/POS WC CUS>=22   |               | -     | -          | Not Allowed | \$0.00                |                              |                         | -                    | -        | 000     | 999     |          |  |
| E2626       | E      | SEO MOBILE ARM SUP ATT TO WC  |               | -     | -          | Not Allowed | \$0.00                |                              |                         | -                    | -        | 000     | 999     |          |  |
| E2627       | E      | ARM SUPP ATT TO WC RANCHO TY  |               | -     | -          | Not Allowed | \$0.00                |                              |                         | -                    | -        | 000     | 999     |          |  |
| E2628       | E      | MOBILE ARM SUPPORTS RECLININ  |               | -     | -          | Not Allowed | \$0.00                |                              |                         | -                    | -        | 000     | 999     |          |  |
| E2629       | E      | FRICTION DAMPENING ARM SUPP   |               | -     | -          | Not Allowed | \$0.00                |                              |                         | -                    | -        | 000     | 999     |          |  |
| E2630       | E      | MONOSUSPENSION ARM/HAND SUPP  |               | -     | -          | Not Allowed | \$0.00                |                              |                         | -                    | -        | 000     | 999     |          |  |
| E2631       | E      | ELEVAT PROXIMAL ARM SUPPORT   |               | -     | -          | Not Allowed | \$0.00                |                              |                         | -                    | -        | 000     | 999     |          |  |
| E2632       | E      | OFFSET/LAT ROCKER ARM W/ELA   |               | -     | -          | Not Allowed | \$0.00                |                              |                         | -                    | -        | 000     | 999     |          |  |
| E2633       | E      | MOBILE ARM SUPPORT SUPINATOR  |               | -     | -          | Not Allowed | \$0.00                |                              |                         | -                    | -        | 000     | 999     |          |  |
| E3000       | E      | SPEECH VOLUME MODULATION SYS  |               | -     | -          | Not Allowed | \$0.00                |                              |                         | -                    | -        | 000     | 999     |          |  |
| E3200       | E      | GAIT MOD SYSTM RHYM AUDITORY  |               | -     | -          | Not Allowed | \$0.00                |                              |                         | -                    | -        | 000     | 999     |          |  |
| E8000       | E      | POSTERIOR GAIT TRAINER        |               | -     | -          | Not Allowed | \$0.00                |                              |                         | -                    | -        | 000     | 999     |          |  |
| E8001       | E      | UPRIGHT GAIT TRAINER          |               | -     | -          | Not Allowed | \$0.00                |                              |                         | -                    | -        | 000     | 999     |          |  |
| E8002       | E      | ANTERIOR GAIT TRAINER         |               | -     | -          | Not Allowed | \$0.00                |                              |                         | -                    | -        | 000     | 999     |          |  |
| G0008       | E      | ADMIN INFLUENZA VIRUS VAC     |               | -     | -          | Not Allowed | \$0.00                |                              |                         | -                    | -        | 000     | 999     |          |  |
| G0009       | E      | ADMIN PNEUMOCOCCAL VACCINE    |               | -     | -          | Not Allowed | \$0.00                |                              |                         | -                    | -        | 000     | 999     |          |  |
| G0010       | E      | ADMIN HEPATITIS B VACCINE     |               | -     | -          | Not Allowed | \$0.00                |                              |                         | -                    | -        | 000     | 999     |          |  |
| G0011       | E      | HIV PREP COUNSEL, MD 15-30M   |               | -     | -          | Not Allowed | \$0.00                |                              |                         | -                    | -        | 000     | 999     |          |  |
| G0012       | S      | INJECTION OF HIV PREP DRUG    |               | 05692 | 0.7982     | APC         | \$48.47               |                              |                         | -                    | -        | 000     | 999     |          |  |
| G0013       | S      | HIV PREP COUNSEL, CLIN STAFF  |               | 05821 | 0.3341     | APC         | \$20.29               |                              |                         | -                    | -        | 000     | 999     |          |  |
| G0017       | E      | CRISIS PSYCHOTHERAPY 60M      |               | -     | -          | Not Allowed | \$0.00                |                              |                         | -                    | -        | 000     | 999     |          |  |
| G0018       | E      | CRISIS PSYCHOTHERAPY ADD 30M  |               | -     | -          | Not Allowed | \$0.00                |                              |                         | -                    | -        | 000     | 999     |          |  |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
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| Proc<br>Cd | 2024<br>APC |     | Proc Desc                    | Proc<br>Modifier | APC   | APC<br>Weight | Method      | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-------------|-----|------------------------------|------------------|-------|---------------|-------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|            | Status      | Ind |                              |                  |       |               |             |                                        |                                    |                                           |                         |          |            |            |          |
| G0019      | S           |     | COMM HLTH INTG SVS SDOH 60MN |                  | 05822 | 1.0374        | APC         | \$62.99                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| G0022      | E           |     | COMM HLTH INTG SVS ADD 30 M  |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G0023      | S           |     | PIN SERVICE 60M PER MONTH    |                  | 05822 | 1.0374        | APC         | \$62.99                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| G0024      | E           |     | PIN SRV ADD 30 MIN PR M      |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G0027      | E           |     | SEMEN ANALYSIS               |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G0029      | E           |     | NO TOB SCR/CESS INT          |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G0030      | E           |     | PT SCR TOB & CESS INT        |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G0031      | E           |     | PALL SERV DURING MEAS        |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G0032      | E           |     | 2+ ANTIPSY SCHIZ             |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G0033      | E           |     | 2+ BENZO SEIZ                |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G0034      | E           |     | PALL SERV DURING MEAS        |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G0035      | E           |     | PT ED POS 23                 |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G0036      | E           |     | PT/PTN DECLN ASSESS          |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G0037      | E           |     | PT NOT ABLE TO PARTICIPATE   |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G0038      | E           |     | CLIN PT NO REF               |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G0039      | E           |     | PT NO REF, RN SPEC           |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G0040      | E           |     | PT PHYS/OCC THERAPY          |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G0041      | E           |     | PT/PTN DECLN REFERRAL        |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G0042      | E           |     | REF TO THERAPY               |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G0043      | E           |     | PT MECH PROS HT VALV         |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G0044      | E           |     | PT MITRAL STENOSIS           |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G0045      | E           |     | MRS 90 DAYS POST STK         |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G0046      | E           |     | NO MRS 90 DAYS POST STK      |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G0047      | E           |     | PED BLUNT HD TRAUM           |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G0048      | E           |     | PALL SERV DURING MEAS        |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G0049      | E           |     | MAIN HEMO IN-CNTR            |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G0050      | E           |     | PT W/ LMTED LIFE EXPEC       |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G0051      | E           |     | PT HOSPICE MNTH              |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G0052      | E           |     | PT PERI DIALYSIS DUR MO      |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G0053      | E           |     | ADV RHEUM PT CARE MVP        |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G0054      | E           |     | STRK CR PREV POS OUTCME MVP  |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G0055      | E           |     | ADV CARE HEART DX MVP        |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G0057      | E           |     | BEST PCT PT SAFETY EM MVP    |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G0058      | E           |     | IMPRV CARE LE JNT REPR MVP   |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G0059      | E           |     | PT SFTY POS EXP W ANETH MVP  |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G0060      | E           |     | ALLERGY/IMMUNOLOGY SS        |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G0061      | E           |     | ANESTHESIOLOGY SS            |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G0062      | E           |     | AUDIOLOGY SS                 |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G0063      | E           |     | CARDIOLOGY SS                |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G0064      | E           |     | CERT NURSE MIDWIFE SS        |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G0065      | E           |     | CHIROPRACTIC SS              |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G0066      | E           |     | CLINICAL SOCIAL WORK SS      |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G0067      | E           |     | DENTISTRY SS                 |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G0068      | E           |     | ADM IV INFUSION DRUG IN HOME |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G0069      | E           |     | ADM SQ INFUSION DRUG IN HOME |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G0070      | E           |     | ADM OF CHEMO DRUG IN HOME    |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G0071      | E           |     | COMM SVCS BY RHC/FQHC 5 MIN  |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G0076      | E           |     | CARE MANAG H VST NEW PT 20 M |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G0077      | E           |     | CARE MANAG H VST NEW PT 30 M |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G0078      | E           |     | CARE MANAG H VST NEW PT 45 M |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G0079      | E           |     | CARE MANAG H VST NEW PT 60 M |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G0080      | E           |     | CARE MANAG H VST NEW PT 75 M |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G0081      | E           |     | CARE MAN H V EXT PT 20 MI    |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G0082      | E           |     | CARE MAN H V EXT PT 30 M     |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G0083      | E           |     | CARE MAN H V EXT PT 45 M     |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G0084      | E           |     | CARE MAN H V EXT PT 60 M     |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |

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| Proc<br>Cd | 2024<br>APC |     | Proc Desc                     | Proc<br>Modifier | APC   | APC<br>Weight | Method                     | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-------------|-----|-------------------------------|------------------|-------|---------------|----------------------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Status      | Ind |                               |                  |       |               |                            |                                        |                                    |                                           |  |                         |          |            |            |          |
| G0085      | E           |     | CARE MAN H V EXT PT 75 M      |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0086      | E           |     | CARE MAN HOME CARE PLAN 30 M  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0087      | E           |     | CARE MAN HOME CARE PLAN 60 M  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0088      | E           |     | ADM IV DRUG 1ST HOME VISIT    |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0089      | E           |     | ADM SUBQ DRUG 1ST HOME VISIT  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0090      | E           |     | ADM IV CHEMO 1ST HOME VISIT   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0101      | S           |     | CA SCREEN;PELVIC/BREAST EXAM  |                  | 05822 | 1.0374        | APC                        | \$62.99                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0102      | N           |     | PROSTATE CA SCREENING; DRE    |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0103      | Q           |     | PSA SCREENING                 |                  | -     | -             | Medicare                   | \$32.18                                | \$19.95                            | \$19.31                                   |  | -                       | -        | 000        | 999        |          |
| G0104      | T           |     | CA SCREEN;FLEXI SIGMOIDSCOPE  |                  | 05311 | 10.2245       | APC                        | \$620.83                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0105      | T           |     | COLORECTAL SCRNI; HI RISK IND |                  | 05311 | 10.2245       | APC                        | \$620.83                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0108      | M           |     | DIAB MANAGE TRN PER INDIV     |                  | -     | -             | Fee Schedule               | \$71.61                                |                                    |                                           |  | -                       | Y        | 000        | 999        |          |
| G0109      | M           |     | DIAB MANAGE TRN IND/GROUP     |                  | -     | -             | Fee Schedule               | \$20.66                                |                                    |                                           |  | -                       | Y        | 000        | 999        |          |
| G0117      | S           |     | GLAUCOMA SCRNI HGH RISK DIREC |                  | 05731 | 0.2747        | APC                        | \$16.68                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0118      | S           |     | GLAUCOMA SCRNI HGH RISK DIREC |                  | 05732 | 0.4402        | APC                        | \$26.73                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0121      | T           |     | COLON CA SCRNI NOT HI RSK IND |                  | 05311 | 10.2245       | APC                        | \$620.83                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0123      | Q           |     | SCREEN CERV/VAG THIN LAYER    |                  | -     | -             | Medicare                   | \$33.77                                | \$20.94                            | \$20.26                                   |  | -                       | -        | 000        | 999        |          |
| G0124      | E           |     | SCREEN C/V THIN LAYER BY MD   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0127      | N           |     | TRIM NAIL(S)                  |                  | 05733 | 0.6661        | Bundled, sometimes payable | \$40.45                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0128      | E           |     | CORF SKILLED NURSING SERVICE  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0129      | E           |     | PHP/IOP OT SERVICE            |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0130      | S           |     | SINGLE ENERGY X-RAY STUDY     |                  | 05522 | 1.1926        | APC                        | \$72.41                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0136      | S           |     | ADM OF SOC DTR ASSESS 5-15 M  |                  | 05821 | 0.3341        | APC                        | \$20.29                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0137      | E           |     | INTEN OUTPT SVS,MIN 9 PR 7 D  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0138      | S           |     | IV CIPAGLUCOSIDASE ALFA-ATGA  |                  | 01508 | 10.7131       | APC                        | \$650.50                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0140      | S           |     | NAV SRV PEER SUP 60 MIN PR M  |                  | 05822 | 1.0374        | APC                        | \$62.99                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0141      | E           |     | SCR C/V CYTO,AUTOSYS AND MD   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0143      | Q           |     | SCR C/V CYTO,THINLAYER,RESCR  |                  | -     | -             | Medicare                   | \$45.08                                | \$27.95                            | \$27.05                                   |  | -                       | -        | 000        | 999        |          |
| G0144      | Q           |     | SCR C/V CYTO,THINLAYER,RESCR  |                  | -     | -             | Medicare                   | \$73.28                                | \$45.43                            | \$43.97                                   |  | -                       | -        | 000        | 999        |          |
| G0145      | Q           |     | SCR C/V CYTO,THINLAYER,RESCR  |                  | -     | -             | Medicare                   | \$44.15                                | \$27.37                            | \$26.49                                   |  | -                       | -        | 000        | 999        |          |
| G0146      | E           |     | NAV SRV PEER SUP ADD 30 PR M  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0147      | Q           |     | SCR C/V CYTO, AUTOMATED SYS   |                  | -     | -             | Medicare                   | \$30.32                                | \$18.80                            | \$18.19                                   |  | -                       | -        | 000        | 999        |          |
| G0148      | Q           |     | SCR C/V CYTO, AUTOSYS, RESCR  |                  | -     | -             | Medicare                   | \$53.23                                | \$33.00                            | \$31.94                                   |  | -                       | -        | 000        | 999        |          |
| G0151      | M           |     | HHCP-SERV OF PT,EA 15 MIN     |                  | -     | -             | Fee Schedule               | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0152      | M           |     | HHCP-SERV OF OT,EA 15 MIN     |                  | -     | -             | Fee Schedule               | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0153      | M           |     | HHCP-SVS OF S/L PATH,EA 15MN  |                  | -     | -             | Fee Schedule               | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0155      | M           |     | HHCP-SVS OF CSW,EA 15 MIN     |                  | -     | -             | Fee Schedule               | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0156      | M           |     | HHCP-SVS OF AIDE,EA 15 MIN    |                  | -     | -             | Fee Schedule               | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0157      | E           |     | HHC PT ASSISTANT EA 15        |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0158      | E           |     | HHC OT ASSISTANT EA 15        |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0159      | E           |     | HHC PT MAINT EA 15 MIN        |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0160      | E           |     | HHC OCCUP THERAPY EA 15       |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0161      | E           |     | HHC SLP EA 15 MIN             |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0162      | E           |     | HHC RN E&M PLAN SVS, 15 MIN   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0166      | N           |     | EXTRNL COUNTERPULSE, PER TX   |                  | 05734 | 1.4456        | Bundled, sometimes payable | \$87.78                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0168      | E           |     | WOUND CLOSURE BY ADHESIVE     |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0175      | V           |     | OPPS SERVICE,SCHED TEAM CONF  |                  | 05024 | 4.7754        | APC                        | \$289.96                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0176      | E           |     | OPPS/PHP/IOP; ACTIVITY THRPY  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0177      | E           |     | OPPS/PHP/IOP; TRAIN & EDUC    |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0179      | E           |     | MD RECERTIFICATION HHA PT     |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0180      | E           |     | MD CERTIFICATION HHA PATIENT  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0181      | E           |     | HOME HEALTH CARE SUPERVISION  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0182      | E           |     | HOSPICE CARE SUPERVISION      |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0186      | T           |     | DSTRY EYE LESN,FDR VSSL TECH  |                  | 05481 | 6.1524        | APC                        | \$373.57                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0219      | E           |     | PET IMG WHOLBOD MELANO NONCO  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0235      | E           |     | PET NOT OTHERWISE SPECIFIED   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
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| Proc Cd | 2024 APC |     | 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 |
|---------|----------|-----|-------------------------------|---------------|-------|------------|----------------------------|----------------------------------|------------------------------|----------------------------------|----------------------|----------|---------|---------|----------|
|         | Status   | Ind |                               |               |       |            |                            |                                  |                              |                                  |                      |          |         |         |          |
| G0237   | S        |     | THERAPEUTIC PROCD STRG ENDUR  |               | 05731 | 0.2747     | APC                        | \$16.68                          |                              |                                  | -                    | Y        | 000     | 999     |          |
| G0238   | S        |     | OTH RESP PROC, INDIV          |               | 05731 | 0.2747     | APC                        | \$16.68                          |                              |                                  | -                    | Y        | 000     | 999     |          |
| G0239   | S        |     | OTH RESP PROC, GROUP          |               | 05732 | 0.4402     | APC                        | \$26.73                          |                              |                                  | -                    | Y        | 000     | 999     |          |
| G0245   | V        |     | INITIAL FOOT EXAM PT LOPS     |               | 05012 | 0.0000     | APC                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| G0246   | V        |     | FOLLOWUP EVAL OF FOOT PT LOP  |               | 05012 | 0.0000     | APC                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| G0247   | N        |     | ROUTINE FOOTCARE PT W LOPS    |               | 05051 | 2.2284     | Bundled, sometimes payable | \$135.31                         |                              |                                  | -                    | -        | 000     | 999     |          |
| G0248   | V        |     | DEMONSTRATE USE HOME INR MON  |               | 05012 | 0.0000     | APC                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| G0249   | V        |     | PROVIDE INR TEST MATER/EQUIP  |               | 05012 | 0.0000     | APC                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| G0250   | E        |     | MD INR TEST REVIE INTER MGMT  |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| G0252   | E        |     | PET IMAGING INITIAL DX        |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| G0255   | E        |     | CURRENT PERCEP THRESHOLD TST  |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | Y        | 000     | 999     |          |
| G0257   | S        |     | UNSCHED DIALYSIS ESRD PT HOS  |               | 05401 | 7.8471     | APC                        | \$476.48                         |                              |                                  | -                    | -        | 000     | 999     |          |
| G0259   | N        |     | INJECT FOR SACROILIAC JOINT   |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| G0260   | T        |     | INJ FOR SACROILIAC JT ANESTH  |               | 05442 | 7.7664     | APC                        | \$471.58                         |                              |                                  | -                    | -        | 000     | 999     |          |
| G0268   | N        |     | REMOVAL OF IMPACTED WAX MD    |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| G0269   | N        |     | OCCLUSIVE DEVICE IN VEIN ART  |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| G0270   | M        |     | MNT SUBS TX FOR CHANGE DX     |               | -     | -          | Fee Schedule               | \$35.61                          |                              |                                  | -                    | -        | 000     | 20      |          |
| G0271   | M        |     | GROUP MNT 2 OR MORE 30 MINS   |               | -     | -          | Fee Schedule               | \$20.22                          |                              |                                  | -                    | -        | 000     | 20      |          |
| G0276   | N        |     | PILD/PLACEBO CONTROL CLIN TR  |               | 05114 | 80.1145    | Bundled, sometimes payable | \$4,864.55                       |                              |                                  | -                    | -        | 000     | 999     |          |
| G0277   | S        |     | HBOT, FULL BODY CHAMBER, 30M  |               | 05061 | 1.5465     | APC                        | \$93.90                          |                              |                                  | -                    | -        | 000     | 999     |          |
| G0278   | N        |     | ILIAC ART ANGIO,CARDIAC CATH  |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| G0279   | M        |     | TOMOSYNTHESIS, MAMMO          |               | -     | -          | Fee Schedule               | \$62.38                          |                              |                                  | -                    | -        | 000     | 999     |          |
| G0281   | E        |     | ELEC STIM UNATTEND FOR PRESS  |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| G0282   | E        |     | ELECT STIM WOUND CARE NOT PD  |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| G0283   | Y        |     | ELEC STIM OTHER THAN WOUND    |               | -     | -          | Fee Schedule               | \$15.39                          |                              |                                  | -                    | -        | 000     | 999     |          |
| G0288   | N        |     | RECON, CTA FOR SURG PLAN      |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| G0289   | N        |     | ARTHRO, LOOSE BODY + CHONDRO  |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| G0293   | N        |     | NON-COV SURG PROC,CLIN TRIAL  |               | 05732 | 0.4402     | Bundled, sometimes payable | \$26.73                          |                              |                                  | -                    | -        | 000     | 999     |          |
| G0294   | N        |     | NON-COV PROC, CLINICAL TRIAL  |               | 05732 | 0.4402     | Bundled, sometimes payable | \$26.73                          |                              |                                  | -                    | -        | 000     | 999     |          |
| G0295   | E        |     | ELECTROMAGNETIC THERAPY ONC   |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| G0296   | S        |     | VISIT TO DETERM LDCT ELIG     |               | 05822 | 1.0374     | APC                        | \$62.99                          |                              |                                  | -                    | -        | 000     | 999     |          |
| G0299   | M        |     | HHS/HOSPICE OF RN EA 15 MIN   |               | -     | -          | Fee Schedule               | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| G0300   | M        |     | HHS/HOSPICE OF LPN EA 15 MIN  |               | -     | -          | Fee Schedule               | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| G0302   | S        |     | PRE-OP SERVICE LVRS COMPLETE  |               | 05723 | 5.9505     | APC                        | \$361.31                         |                              |                                  | -                    | Y        | 000     | 999     |          |
| G0303   | S        |     | PRE-OP SERVICE LVRS 10-15DOS  |               | 05722 | 3.4922     | APC                        | \$212.05                         |                              |                                  | -                    | Y        | 000     | 999     |          |
| G0304   | S        |     | PRE-OP SERVICE LVRS 1-9 DOS   |               | 05723 | 5.9505     | APC                        | \$361.31                         |                              |                                  | -                    | Y        | 000     | 999     |          |
| G0305   | S        |     | POST OP SERVICE LVRS MIN 6    |               | 05723 | 5.9505     | APC                        | \$361.31                         |                              |                                  | -                    | Y        | 000     | 999     |          |
| G0306   | Q        |     | CBC/DIFFWBC W/O PLATELET      |               | -     | -          | Medicare                   | \$12.95                          | \$8.03                       | \$7.77                           | -                    | -        | 000     | 999     |          |
| G0307   | Q        |     | CBC WITHOUT PLATELET          |               | -     | -          | Medicare                   | \$10.78                          | \$6.68                       | \$6.47                           | -                    | -        | 000     | 999     |          |
| G0310   | E        |     | IMMUNIZE COUNSEL 5-15 MIN     |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| G0311   | E        |     | IMMUNIZE COUNSEL 16-30 MINS   |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| G0312   | E        |     | IMMUNIZE COUNS < 21YR 5-15 M  |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| G0313   | E        |     | IMMUNIZE COUNS < 21YR 6-30 M  |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| G0314   | E        |     | COUNSEL IMMUNE <21 16-30 M    |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| G0315   | E        |     | COUNSEL IMMUNE <21 5-15 M     |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| G0316   | N        |     | PROLONG INPT EVAL ADD15 M     |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| G0317   | E        |     | PROLONG NURSIN FAC EVAL 15M   |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| G0318   | E        |     | PROLONG HOME EVAL ADD 15M     |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| G0320   | E        |     | TWO-WAY AUDIO AND VIDEO HHS   |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| G0321   | E        |     | AUDIO-ONLY HHS                |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| G0322   | E        |     | HOME H PHYSIO DATA COLLEC TR  |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| G0323   | S        |     | CARE MANAGE BEH SVS 20MINS    |               | 05821 | 0.3341     | APC                        | \$20.29                          |                              |                                  | -                    | -        | 000     | 999     |          |
| G0327   | E        |     | COLON CA SCRNB;BLD-BSD BIOMRK |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| G0328   | Q        |     | FECAL BLOOD SCRNB IMMUNOASSAY |               | -     | -          | Medicare                   | \$30.08                          | \$18.65                      | \$18.05                          | -                    | -        | 000     | 999     |          |
| G0329   | M        |     | ELECTROMAGNTIC TX FOR ULCERS  |               | -     | -          | Fee Schedule               | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| G0330   | N        |     | FACILITY SVS DENTAL REHAB     |               | 05164 | 36.3699    | Bundled, sometimes payable | \$2,208.38                       |                              |                                  | -                    | -        | 000     | 999     |          |



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| Proc<br>Cd | 2024<br>APC |     | Proc Desc                    | Proc<br>Modifier | APC   | APC<br>Weight | Method                     | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-------------|-----|------------------------------|------------------|-------|---------------|----------------------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Status      | Ind |                              |                  |       |               |                            |                                        |                                    |                                           |  |                         |          |            |            |          |
| G0333      | E           |     | DISPENSE FEE INITIAL 30 DAY  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0337      | M           |     | HOSPICE EVALUATION PREELECTI |                  | -     | -             | Fee Schedule               | \$68.57                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0339      | E           |     | ROBOT LIN-RADSURG COM, FIRST |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | Y        | 000        | 999        |          |
| G0340      | E           |     | ROBT LIN-RADSURG FRACTX 2-5  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | Y        | 000        | 999        |          |
| G0341      | C           |     | PERCUTANEOUS ISLET CELLTRANS |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | Y                       | Y        | 000        | 20         |          |
| G0342      | C           |     | LAPAROSCOPY ISLET CELL TRANS |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | Y                       | Y        | 000        | 20         |          |
| G0343      | C           |     | LAPAROTOMY ISLET CELL TRANSP |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | Y                       | Y        | 000        | 20         |          |
| G0372      | E           |     | MD SERVICE REQUIRED FOR PMD  |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0378      | N           |     | HOSPITAL OBSERVATION PER HR  |                  | -     | -             | Bundled                    | \$0.00                                 |                                    |                                           |  | -                       | Y        | 000        | 999        |          |
| G0379      | N           |     | DIRECT REFER HOSPITAL OBSERV |                  | 05025 | 6.8757        | Bundled, sometimes payable | \$417.49                               |                                    |                                           |  | -                       | Y        | 000        | 999        |          |
| G0380      | E           |     | LEV 1 HOSP TYPE B ED VISIT   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0381      | E           |     | LEV 2 HOSP TYPE B ED VISIT   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0382      | E           |     | LEV 3 HOSP TYPE B ED VISIT   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0383      | E           |     | LEV 4 HOSP TYPE B ED VISIT   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0384      | E           |     | LEV 5 HOSP TYPE B ED VISIT   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0390      | S           |     | TRAUMA RESPONS W/HOSP CRITI  |                  | 05045 | 14.8389       | APC                        | \$901.02                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0396      | S           |     | ALCOHOL/SUBS INTERV 15-30MN  |                  | 05821 | 0.3341        | APC                        | \$20.29                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0397      | S           |     | ALCOHOL/SUBS INTERV >30 MIN  |                  | 05823 | 1.8019        | APC                        | \$109.41                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0398      | S           |     | HOME SLEEP TEST/TYPE 2 PORTA |                  | 05721 | 1.7546        | APC                        | \$106.54                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0399      | S           |     | HOME SLEEP TEST/TYPE 3 PORTA |                  | 05721 | 1.7546        | APC                        | \$106.54                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0400      | S           |     | HOME SLEEP TEST/TYPE 4 PORTA |                  | 05722 | 3.4922        | APC                        | \$212.05                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0402      | V           |     | INITIAL PREVENTIVE EXAM      |                  | 05012 | 0.0000        | APC                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0403      | E           |     | EKG FOR INITIAL PREVENT EXAM |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0404      | S           |     | EKG TRACING FOR INITIAL PREV |                  | 05731 | 0.2747        | APC                        | \$16.68                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0405      | E           |     | EKG INTERPRET & REPORT PREVE |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0406      | E           |     | INPT/TELE FOLLOW UP 15       |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0407      | E           |     | INPT/TELE FOLLOW UP 25       |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0408      | E           |     | INPT/TELE FOLLOW UP 35       |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0409      | E           |     | CORF RELATED SERV 15 MINS EA |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0410      | E           |     | GRP PSYCH PHP/IOP 45-50      |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0411      | E           |     | INTERACTIVE GRP PSYC PHP/IOP |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 12         |          |
| G0412      | C           |     | OPEN TX ILIAC SPINE UNI/BIL  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0413      | N           |     | PELVIC RING FRACTURE UNI/BIL |                  | 05114 | 80.1145       | Bundled, sometimes payable | \$4,864.55                             |                                    |                                           |  | -                       | Y        | 000        | 999        |          |
| G0414      | C           |     | PELVIC RING FX TREAT INT FIX |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0415      | C           |     | OPEN TX POST PELVIC FXCTURE  |                  | -     | -             | IP Only                    | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0416      | N           |     | PROSTATE BIOPSY, ANY MTHD    |                  | 05673 | 4.0341        | Bundled, sometimes payable | \$244.95                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0420      | E           |     | ED SVC CKD IND PER SESSION   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0421      | E           |     | ED SVC CKD GRP PER SESSION   |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0422      | S           |     | INTENS CARDIAC REHAB W/EXERC |                  | 05771 | 1.4120        | APC                        | \$85.74                                |                                    |                                           |  | Y                       | Y        | 000        | 999        |          |
| G0423      | S           |     | INTENS CARDIAC REHAB NO EXER |                  | 05771 | 1.4120        | APC                        | \$85.74                                |                                    |                                           |  | Y                       | Y        | 000        | 999        |          |
| G0425      | E           |     | INPT/ED TELECONSULT30        |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0426      | E           |     | INPT/ED TELECONSULT50        |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0427      | E           |     | INPT/ED TELECONSULT70        |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0428      | E           |     | COLLAGEN MENISCUS IMPLANT    |                  | -     | -             | Not Allowed                | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0429      | T           |     | DERMAL FILLER INJECTION(S)   |                  | 05054 | 20.5142       | APC                        | \$1,245.62                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0432      | Q           |     | EIA HIV-1/HIV-2 SCREEN       |                  | -     | -             | Medicare                   | \$32.62                                | \$20.22                            | \$19.57                                   |  | -                       | -        | 000        | 999        |          |
| G0433      | Q           |     | ELISA HIV-1/HIV-2 SCREEN     |                  | -     | -             | Medicare                   | \$30.48                                | \$18.90                            | \$18.29                                   |  | -                       | -        | 000        | 999        |          |
| G0435      | Q           |     | ORAL HIV-1/HIV-2 SCREEN      |                  | -     | -             | Medicare                   | \$19.97                                | \$12.38                            | \$11.98                                   |  | -                       | -        | 000        | 999        |          |
| G0438      | M           |     | PPPS, INITIAL VISIT          |                  | -     | -             | Fee Schedule               | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0439      | M           |     | PPPS, SUBSEQ VISIT           |                  | -     | -             | Fee Schedule               | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0442      | S           |     | ANNUAL ALCOHOL SCREEN 15 MIN |                  | 05821 | 0.3341        | APC                        | \$20.29                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0443      | S           |     | BRIEF ALCOHOL MISUSE COUNSEL |                  | 05822 | 1.0374        | APC                        | \$62.99                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0444      | S           |     | DEPRESSION SCREEN ANNUAL     |                  | 05821 | 0.3341        | APC                        | \$20.29                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0445      | S           |     | HIGH INTEN BEH COUNS STD 30M |                  | 05822 | 1.0374        | APC                        | \$62.99                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0446      | S           |     | INTENS BEHAVE THER CARDIO DX |                  | 05821 | 0.3341        | APC                        | \$20.29                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0447      | S           |     | BEHAVIOR COUNSEL OBESITY 15M |                  | 05822 | 1.0374        | APC                        | \$62.99                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |

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| Proc Cd | 2024 APC |     | 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 |
|---------|----------|-----|------------------------------|---------------|-------|------------|----------------------------|----------------------------------|------------------------------|----------------------------------|----------------------|----------|---------|---------|----------|
|         | Status   | Ind |                              |               |       |            |                            |                                  |                              |                                  |                      |          |         |         |          |
| G0448   | E        |     | PLACE PERM PACING CARDIOVERT |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| G0451   | N        |     | DEVLOPMENT TEST INTERPT&REP  |               | 05822 | 1.0374     | Bundled, sometimes payable | \$62.99                          |                              |                                  | -                    | -        | 000     | 999     |          |
| G0452   | E        |     | MOLECULAR PATHOLOGY INTERPR  |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| G0453   | N        |     | CONT INTRAOP NEURO MONITOR   |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| G0454   | E        |     | MD DOCUMENT VISIT BY NPP     |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| G0455   | T        |     | FECAL MICROBIOTA PREP INSTIL |               | 05311 | 10.2245    | APC                        | \$620.83                         |                              |                                  | -                    | -        | 000     | 999     |          |
| G0458   | E        |     | LDR PROSTATE BRACHY COMP RAT |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| G0459   | E        |     | TELEHEALTH INPT PHARM MGMT   |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| G0460   | T        |     | AUTOLOG PRP NOT DIAB ULCER   |               | 05054 | 20.5142    | APC                        | \$1,245.62                       |                              |                                  | -                    | -        | 000     | 999     |          |
| G0463   | N        |     | HOSPITAL OUTPT CLINIC VISIT  |               | 05012 | 0.0000     | Bundled, sometimes payable | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| G0465   | T        |     | AUTOLOG PRP DIAB WOUND ULCER |               | 05054 | 20.5142    | APC                        | \$1,207.37                       |                              |                                  | -                    | -        | 000     | 999     |          |
| G0466   | M        |     | FQHC VISIT NEW PATIENT       |               | -     | -          | Fee Schedule               | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| G0467   | M        |     | FQHC VISIT, ESTAB PT         |               | -     | -          | Fee Schedule               | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| G0468   | M        |     | FQHC VISIT, IPPE OR AWV      |               | -     | -          | Fee Schedule               | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| G0469   | M        |     | FQHC VISIT, MH NEW PT        |               | -     | -          | Fee Schedule               | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| G0470   | M        |     | FQHC VISIT, MH ESTAB PT      |               | -     | -          | Fee Schedule               | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| G0471   | Q        |     | VEN BLOOD COLL SNF/HHA       |               | -     | -          | Medicare                   | \$18.48                          | \$11.46                      | \$11.09                          | -                    | -        | 000     | 999     |          |
| G0472   | Q        |     | HEP C SCREEN HIGH RISK/OTHER |               | -     | -          | Medicare                   | \$77.25                          | \$47.90                      | \$46.35                          | -                    | -        | 000     | 999     |          |
| G0473   | S        |     | GROUP BEHAVE COUNS 2-10      |               | 05821 | 0.3341     | APC                        | \$20.29                          |                              |                                  | -                    | -        | 000     | 999     |          |
| G0475   | E        |     | HIV COMBINATION ASSAY        |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| G0476   | E        |     | HPV COMBO ASSAY CA SCREEN    |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| G0480   | Q        |     | DRUG TEST DEF 1-7 CLASSES    |               | -     | -          | Medicare                   | \$190.72                         | \$118.25                     | \$114.43                         | -                    | -        | 000     | 999     |          |
| G0481   | Q        |     | DRUG TEST DEF 8-14 CLASSES   |               | -     | -          | Medicare                   | \$260.98                         | \$161.81                     | \$156.59                         | -                    | -        | 000     | 999     |          |
| G0482   | Q        |     | DRUG TEST DEF 15-21 CLASSES  |               | -     | -          | Medicare                   | \$331.23                         | \$205.36                     | \$198.74                         | -                    | -        | 000     | 999     |          |
| G0483   | Q        |     | DRUG TEST DEF 22+ CLASSES    |               | -     | -          | Medicare                   | \$411.53                         | \$255.15                     | \$246.92                         | -                    | -        | 000     | 999     |          |
| G0490   | M        |     | HOME VISIT RN, LPN BY RHC/FQ |               | -     | -          | Fee Schedule               | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| G0491   | E        |     | DIALYSIS ACU KIDNEY NO ESRD  |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| G0492   | E        |     | MD/OTH EVAL ACUT KID NO ESRD |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| G0493   | E        |     | RN CARE EA 15 MIN HH/HOSPICE |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| G0494   | E        |     | LPN CARE EA 15MIN HH/HOSPICE |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| G0495   | E        |     | RN CARE TRAIN/EDU IN HH      |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| G0496   | E        |     | LPN CARE TRAIN/EDU IN HH     |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| G0498   | S        |     | CHEMO EXTEND IV INFUS W/PUMP |               | 05694 | 3.7198     | APC                        | \$225.87                         |                              |                                  | -                    | -        | 000     | 999     |          |
| G0499   | E        |     | HEPB SCREEN HIGH RISK INDIV  |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| G0500   | N        |     | MOD SEDAT ENDO SERVICE >5YRS |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| G0501   | N        |     | RESOURCE-INTEN SVC DURING OV |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| G0506   | N        |     | COMP ASSES CARE PLAN CCM SVC |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| G0508   | E        |     | CRIT CARE TELEHEA CONSULT 60 |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| G0509   | E        |     | CRIT CARE TELEHEA CONSULT 50 |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| G0511   | E        |     | CCM/BHI BY RHC/FQHC 20MIN MO |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| G0512   | E        |     | COCM BY RHC/FQHC 60 MIN MO   |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| G0513   | N        |     | PROLONG PREV SVCS, FIRST 30M |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| G0514   | N        |     | PROLONG PREV SVCS, ADDL 30M  |               | -     | -          | Bundled                    | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| G0516   | N        |     | INSERT DRUG DEL IMPLANT, >=4 |               | 05735 | 4.4751     | Bundled, sometimes payable | \$271.73                         |                              |                                  | -                    | -        | 000     | 999     |          |
| G0517   | N        |     | REMOVE DRUG IMPLANT          |               | 05735 | 4.4751     | Bundled, sometimes payable | \$271.73                         |                              |                                  | -                    | -        | 000     | 999     |          |
| G0518   | N        |     | REMOVE W INSERT DRUG IMPLANT |               | 05735 | 4.4751     | Bundled, sometimes payable | \$271.73                         |                              |                                  | -                    | -        | 000     | 999     |          |
| G0519   | E        |     | NEW PT-CG DYAD DEM LOW CMLPX |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| G0520   | E        |     | NEW PT-CG DYAD DEM MOD CMLPX |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| G0521   | E        |     | NEW PT-CG DYAD DEM HIG CMLPX |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| G0522   | E        |     | MGT NW PT DEMENTIA LOW CMLPX |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| G0523   | E        |     | MGT NW PT DEM MOD-HIGH CMLPX |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| G0524   | E        |     | EST PT-CG DYAD DEM LOW CMLPX |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| G0525   | E        |     | EST PT-CG DYAD DEM MOD CMLPX |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| G0526   | E        |     | EST PT-CG DYAD DEM HIG CMLPX |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| G0527   | E        |     | MGT EST PT DMENTIA LOW CMLPX |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| G0528   | E        |     | MGT EST PT DEM MOD-HI CMLPX  |               | -     | -          | Not Allowed                | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |

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| Proc<br>Cd | 2024<br>APC |     | Proc Desc                    | Proc<br>Modifier | APC   | APC<br>Weight | Method      | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-------------|-----|------------------------------|------------------|-------|---------------|-------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Status      | Ind |                              |                  |       |               |             |                                        |                                    |                                           |  |                         |          |            |            |          |
| G0529      | E           |     | IN HOME RESPITE CARE, 4 HR U |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0530      | E           |     | ADULT DAYCARE CENTER, 8 HR U |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0531      | E           |     | FCLTY-BASED RESPITE, 24 HR U |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0532      | E           |     | TAKE HOME SUPP NASAL SPRAY   |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0533      | E           |     | BUPRENORPHONE INJ WEEKLY     |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0534      | E           |     | COORDINATED CARE/OR REFERRAL |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0535      | E           |     | PT NAVIGAT SVS DIRECT/REF    |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0536      | E           |     | PEER RECOVER SUPPORT SVS     |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0537      | S           |     | RISK ASCVD TST ONCE PR 12 MO |                  | 05821 | 0.3341        | APC         | \$20.29                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0538      | S           |     | ASCVD RSK MNG CLIN STF PR MO |                  | 05822 | 1.0374        | APC         | \$62.99                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0539      | E           |     | INITIAL CARE TRAINING 30 M   |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0540      | E           |     | TRAIN FOR CAREGIVER ADD 15   |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0541      | E           |     | NO PT PRSNT TRAIN INITIAL 30 |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0542      | E           |     | NO PT PRSNT TRAIN ADD 15     |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0543      | E           |     | GROUP TRAIN W/O PATIENT      |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0544      | S           |     | POST D/C PHONE FOLLOW UP     |                  | 05822 | 1.0374        | APC         | \$62.99                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0545      | E           |     | INHERENT VISIT TO INPT       |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0546      | E           |     | PHONE/INTERNET EHR ASSESS    |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0547      | E           |     | PHONE/INTERNET SVS 11-20 M   |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0548      | E           |     | PHONE/INTER SVS 21-30 M      |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0549      | E           |     | PHONE/INTER FOR TREAT>31M    |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0550      | E           |     | PHONE/INTER FOR DX/TREAT >5M |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0551      | E           |     | PHN/INTR SVS FR DX TREAT 30M |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0552      | V           |     | SUPPLY OF DIGITAL DEVICE     |                  | 05012 | 0.0000        | APC         | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0553      | V           |     | MONTHLY TX FOR DMHT 20MINS   |                  | 05012 | 0.0000        | APC         | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0554      | N           |     | ADD 20 M OF MONTHLY TX       |                  | -     | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0555      | S           |     | REPLACMENT PT ELECTRONIC SYS |                  | 05724 | 11.4097       | APC         | \$692.80                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0556      | S           |     | ADV PRIM CARE MGMT LVL 1     |                  | 05821 | 0.3341        | APC         | \$20.29                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0557      | S           |     | ADV PRIM CARE MGMT LVL 2     |                  | 05821 | 0.3341        | APC         | \$20.29                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0558      | S           |     | ADV PRIM CARE MGMT LVL 3     |                  | 05822 | 1.0374        | APC         | \$62.99                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0559      | E           |     | UNRELAT PRAC FOLLOW UP VISIT |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0560      | E           |     | SAFETY PLAN INTERVEN         |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0561      | N           |     | TEMP TUBE DELIVERY, UNIL     |                  | -     | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0562      | S           |     | COMPLEX SIMULATION W/PET-CT  |                  | 01521 | 32.1229       | APC         | \$1,950.50                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0563      | S           |     | SBRT W/POSITRON EMISSION DEL |                  | 01525 | 61.7671       | APC         | \$3,750.50                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0659      | Q           |     | DRUG TEST DEF SIMPLE ALL CL  |                  | -     | -             | Medicare    | \$103.57                               | \$64.21                            | \$62.14                                   |  | -                       | -        | 000        | 999        |          |
| G0911      | E           |     | ASSESS ACTIVITY SYMPTOMS     |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0912      | E           |     | NO ASSESS ACTIVITY SYMPTOMS  |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0913      | E           |     | IMPROVE VISUAL FUNCT         |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0914      | E           |     | SURVEY NOT COMPLETE          |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0915      | E           |     | NO IMPROVE VISUAL FUNCT      |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0916      | E           |     | SATISFY WITH CARE            |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0917      | E           |     | CARE SURVEY NOT COMPLETE     |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G0918      | E           |     | NO SATISFY WITH CARE         |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G1001      | E           |     | CDSM EVICORE                 |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G1002      | E           |     | CDSM MEDCURRENT              |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G1003      | E           |     | CDSM MEDICALIS               |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G1004      | E           |     | CDSM NDSC                    |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G1007      | E           |     | CDSM AIM                     |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G1008      | E           |     | CDSM CRANBERRY PK            |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G1010      | E           |     | CDSM STANSON                 |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G1011      | E           |     | CDSM QUALIFIED NOS           |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G1012      | E           |     | CDSM AGILEMD                 |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G1013      | E           |     | CDSM EVIDENCECARE            |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G1014      | E           |     | CDSM INVENIQA                |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G1015      | E           |     | CDSM RELIANT                 |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc<br>Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC   | APC<br>Weight | Method       | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|------------------------------|------------------------------|------------------|-------|---------------|--------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|            |                              |                              |                  |       |               |              |                                        |                                    |                                           |                         |          |            |            |          |
| G1016      | E                            | CDSM SPEED OF CARE           |                  | -     | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G1017      | E                            | CDSM HEALTHHELP              |                  | -     | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G1018      | E                            | CDSM INFIX                   |                  | -     | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G1019      | E                            | CDSM LOGICNETS               |                  | -     | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G1020      | E                            | CDSM CURBSIDE                |                  | -     | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G1021      | E                            | CDSM EHEALTHLINE             |                  | -     | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G1022      | E                            | CDSM INTERMOUNTAIN           |                  | -     | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G1023      | E                            | CDSM PERSIVIA                |                  | -     | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G1024      | E                            | CDSM RADRITE                 |                  | -     | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G1025      | E                            | PT MNTH 1 MCP PROV           |                  | -     | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G1026      | E                            | PT HEMO > 3MO                |                  | -     | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G1027      | E                            | PT HEMO < 3MO                |                  | -     | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G1028      | E                            | TAKE HOME SUPPLY 8MG PER 0.1 |                  | -     | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G2000      | E                            | BLINDED CONV. TX MDD CLIN TR |                  | -     | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G2001      | E                            | POST D/C H VST NEW PT 20 M   |                  | -     | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G2002      | E                            | POST-D/C H VST NEW PT 30 M   |                  | -     | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G2003      | E                            | POST-D/C H VST NEW PT 45 M   |                  | -     | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G2004      | E                            | POST-D/C H VST NEW PT 60 M   |                  | -     | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G2005      | E                            | POST-D/C H VST NEW PT 75 M   |                  | -     | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G2006      | E                            | POST-D/C H VST EXT PT 20 M   |                  | -     | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G2007      | E                            | POST-D/C H VST EXT PT 30 M   |                  | -     | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G2008      | E                            | POST-D/C H VST EXT PT 45 M   |                  | -     | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G2009      | E                            | POST-D/C H VST EXT PT 60 M   |                  | -     | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G2010      | E                            | REMOT IMAGE SUBMIT BY PT     |                  | -     | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G2011      | S                            | ALCOHOL/SUB MISUSE ASSESS    |                  | 05731 | 0.2747        | APC          | \$16.68                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| G2013      | E                            | POST-D/C H VST EXT PT 75 M   |                  | -     | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G2014      | E                            | POST-D/C CARE PLAN OVERS 30M |                  | -     | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G2015      | E                            | POST-D/C CARE PLAN OVERS 60M |                  | -     | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G2020      | E                            | HI INTEN SERV FOR SIP MODEL  |                  | -     | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G2021      | E                            | HEA CARE PRACT TX IN PLACE   |                  | -     | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G2022      | E                            | BENEF REFUSES SERVICE, MOD   |                  | -     | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G2025      | M                            | DIS SITE TELE SVCS RHC/FQHC  |                  | -     | -             | Fee Schedule | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G2061      | M                            | QUAL NONMD EST PT 5-10M      |                  | -     | -             | Fee Schedule | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G2062      | M                            | QUAL NONMD EST PT 11-20M     |                  | -     | -             | Fee Schedule | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G2063      | M                            | QUAL NONMD EST PT 21>MIN     |                  | -     | -             | Fee Schedule | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G2067      | E                            | MED ASSIST TX METH WK        |                  | -     | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G2068      | E                            | MED ASSIST TX BUPRE ORAL     |                  | -     | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G2069      | E                            | MED ASSIST TX INJECT         |                  | -     | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G2073      | E                            | MED TX NALTREXONE            |                  | -     | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G2074      | E                            | MED ASSIST TX NO DRUG        |                  | -     | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G2075      | E                            | MED TX MEDS NOS              |                  | -     | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G2076      | E                            | INTAKE ACT W/MED EXAM        |                  | -     | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G2077      | E                            | PERIODIC ASSESSMENT          |                  | -     | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G2078      | E                            | TAKE-HOME METH               |                  | -     | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G2079      | E                            | TAKE-HOM BUPRENORPHINE       |                  | -     | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G2080      | E                            | ADD 30 MINS COUNSEL          |                  | -     | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G2081      | E                            | PT 66+ SNP OR LTC POS > 90D  |                  | -     | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G2082      | S                            | VISIT ESKETAMINE 56M OR LESS |                  | 01513 | 18.9476       | APC          | \$650.50                               |                                    |                                           | Y                       | -        | 000        | 999        |          |
| G2083      | S                            | VISIT ESKETAMINE, > 56M      |                  | 01516 | 23.8883       | APC          | \$950.50                               |                                    |                                           | Y                       | -        | 000        | 999        |          |
| G2086      | S                            | OFF BASE OPIOID TX 70MIN     |                  | 05823 | 1.8019        | APC          | \$91.41                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| G2087      | S                            | OFF BASE OPIOID TX, 60 M     |                  | 05823 | 1.8019        | APC          | \$91.41                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| G2088      | N                            | OFF BASE OPIOID TX, ADD30    |                  | -     | -             | Bundled      | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G2090      | E                            | PT 66+ FRAILITY AND MED DEM  |                  | -     | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G2091      | E                            | PT 66+ FRAILITY AND ADV ILL  |                  | -     | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G2092      | E                            | ACE ARB ARNI                 |                  | -     | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| G2093      | E                            | MED DOC RSN NO ACE ARN ARNI  |                  | -     | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |



Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
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| Proc<br>Cd | 2024<br>APC |     | Proc Desc                     | Proc<br>Modifier | APC | APC<br>Weight | Method      | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-------------|-----|-------------------------------|------------------|-----|---------------|-------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Status      | Ind |                               |                  |     |               |             |                                        |                                    |                                           |  |                         |          |            |            |          |
| G2094      | E           |     | PT RSN NO ACE ARN ARNI        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2096      | E           |     | NO RSN ACE ARB ARNI           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2097      | E           |     | DX URI 3D AFTER OTHER DX      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2098      | E           |     | PT 66+ FRAILITY AND MED DEM   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2099      | E           |     | PT 66+ FRAILITY AND ADV ILL   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2100      | E           |     | PT 66+ FRAILITY AND MED DEM   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2101      | E           |     | PT 66+ FRAILITY AND ADV ILL   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2105      | E           |     | PT 66+ SNP OR LTC POS > 90D   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2106      | E           |     | PT 66+ FRAILITY AND MED DEM   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2107      | E           |     | PT 66+ FRAILITY AND ADV ILL   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2112      | E           |     | PRED<=5 MG RA GLU <6M         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2113      | E           |     | PRED>5 MG >6M, NO CHG DA      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2115      | E           |     | PT 66-80 FRAILITY AND MED DEM |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2116      | E           |     | PT 66-80 FRAILITY AND ADV ILL |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2118      | E           |     | PT 81+ FRAILITY               |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2121      | E           |     | PSY DEP ANX AP AND ICD ASSE   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2122      | E           |     | PSY/DEP/ANX/APANDICD NOASSE   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2125      | E           |     | PT 81+ FRAILITY               |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2126      | E           |     | PT 66-80 FRAILITY AND ADV ILL |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2127      | E           |     | PT 66-80 FRAILITY AND MED DEM |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2128      | E           |     | NO ASPIRIN MED RSN            |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2129      | E           |     | NO BP OUTPT                   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2136      | E           |     | BK PAIN VAS 6-20WK <= 3       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2137      | E           |     | BK PAIN VAS 6-20WK > 3        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2138      | E           |     | BK PAIN VAS 9-15MO <= 3       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2139      | E           |     | BK PAIN VAS 9-15MO > 3        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2140      | E           |     | LEG PAIN VAS 6-20WK <= 3      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2141      | E           |     | LEG PAIN VAS 6-20WK > 3       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2142      | E           |     | FS ODI 9-15MO POSTOP<= 22     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2143      | E           |     | FS ODI 9-15MO > 22            |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2144      | E           |     | FS ODI 6-20WK POSTOP <= 22    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2145      | E           |     | FSODI 6-20WK >22 OR CHG 30PT  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2146      | E           |     | LEG PAIN VAS 9-15MO <= 3      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2147      | E           |     | LEG PAIN VAS 9-15MO > 3       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2148      | E           |     | MPM USED                      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2149      | E           |     | NO MPM MED RSN                |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2150      | E           |     | NO MPM                        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2151      | E           |     | DX DEGEN NEURO                |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2152      | E           |     | RES CHANGE SC >=0             |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2167      | E           |     | RES CHANGE SC < 0             |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2168      | E           |     | SVS BY PT IN HOME HEALTH      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2169      | E           |     | SVS BY OT IN HOME HEALTH      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2172      | E           |     | TX FOR OPIOID USE DEMO PROJ   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2173      | E           |     | URI W COMORB 12M OTH DX       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2174      | E           |     | URI NEW RX ANTIBIOTIC 30D     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2175      | E           |     | PT COMORB DX 12M OF EPI       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2176      | E           |     | OUTPT ED OBS W INPT ADMIT     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2177      | E           |     | BRONCH W RX ANTIBX 30D        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2178      | E           |     | PT NOT ELIG LOW NEURO EX      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2179      | E           |     | MED DOC RSN NO LOW EX         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2180      | E           |     | INELIG FOOTWR EVAL            |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2181      | E           |     | BMI NOT DOC MEDRSN PTREF      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2182      | E           |     | PT 1ST BIOLOG ANTIRHEUM       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2183      | E           |     | DOC PT UNABLE COMM            |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2184      | E           |     | NO CAREGIVER                  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2185      | E           |     | CAREGIVER DEM TRAINED         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc<br>Cd | 2024<br>APC |     | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method      | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-------------|-----|------------------------------|------------------|-----|---------------|-------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Status      | Ind |                              |                  |     |               |             |                                        |                                    |                                           |  |                         |          |            |            |          |
| G2186      | E           |     | PT REF APP RSRCS             |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2187      | E           |     | CLIN IND IMG HD TRAUMA       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2188      | E           |     | PT 50 YRS W/CLIN IND HD      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 050        | 999        |          |
| G2189      | E           |     | IMG HD ABNML NEURO EXAM      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2190      | E           |     | IND IMG HD RAD NECK          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2191      | E           |     | IND IMG HD POS HD ACHE       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2192      | E           |     | >55 YRS TEMP HD ACHE         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 055        | 999        |          |
| G2193      | E           |     | <6YR NEW ONSET HD ACHE       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 6          |          |
| G2194      | E           |     | NEW HDACHE PED PT DIS        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2195      | E           |     | OCCIP HDACHE CHILD           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2196      | E           |     | SCREEN UNHLT HY ETOH USE     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2197      | E           |     | SCREEN HLTHY ETOH USE        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2199      | E           |     | NOT SCR N ETOH NO RSN        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2200      | E           |     | UNHLT HY ETOH RCVD COUNS     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2202      | E           |     | NO RSN NO BRIEF COUNS        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2204      | E           |     | PT 45-85 W/ SCOPE            |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 050        | 85         |          |
| G2205      | E           |     | PREG DRNG ADJV TRTMT         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2206      | E           |     | ADJV TRTMT CEMO HER2         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2207      | E           |     | RSN NO TRTMT CEMO HER2       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2208      | E           |     | NO TRTMT CEMO AND HER2       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2209      | E           |     | REFUSED TO PARTICIPATE       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2210      | E           |     | NO NECK FS PROM NO RSN       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2211      | E           |     | COMPLEX E/M VISIT ADD ON     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2212      | E           |     | PROLONG OUTPT/OFFICE VIS     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2213      | E           |     | INITIAT MED ASSIST TX IN ER  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2214      | E           |     | INIT/SUB PSYCH CARE M 1ST 30 |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2215      | E           |     | HOME SUPPLY NASAL NALOXONE   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2216      | E           |     | HOME SUPPLY INJECT NALOXON   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2250      | E           |     | REMOT IMG SUB BY PT, NON E/M |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2251      | E           |     | BRIEF CHKIN, 5-10, NON-E/M   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G2252      | E           |     | BRIEF CHKIN BY MD/QHP, 11-20 |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G3002      | E           |     | CHRONIC PAIN MGMT 30 MINS    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G3003      | E           |     | CHRONIC PAIN MGMT ADDL 15M   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G4000      | E           |     | DERMATOLOGY SS               |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G4001      | E           |     | DIAGNOSTIC RAD SS            |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G4002      | E           |     | EP CARDIO SS                 |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G4003      | E           |     | EMERGENCY MED SS             |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G4004      | E           |     | ENDOCRINOLOGY SS             |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G4005      | E           |     | FAMILY MEDICINE SS           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G4006      | E           |     | GASTROENTEROLOGY SS          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G4007      | E           |     | GENERAL SURGERY SS           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G4008      | E           |     | GERIATRICS SS                |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G4009      | E           |     | HOSPITALISTS SS              |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G4010      | E           |     | INFECTIOUS DISEASE SS        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G4011      | E           |     | INTERNAL MEDICINE SS         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G4012      | E           |     | INTERVENTIONAL RAD SS        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G4013      | E           |     | MNTAL/BEHAV/PSYCH HLTH SS    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G4014      | E           |     | NEPHROLOGY SS                |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G4015      | E           |     | NEUROLOGY SS                 |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G4016      | E           |     | NEUROSURGICAL SS             |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G4017      | E           |     | NUTRITION/DIETICIAN SS       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G4018      | E           |     | OB/GYN SS                    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G4019      | E           |     | ONCOLOGY/HEMA SS             |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G4020      | E           |     | OPHTHALMOLOGY/OPTOMETRY SS   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G4021      | E           |     | ORTHOPEDIC SURGERY SS        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G4022      | E           |     | OTOLARYNGOLOGY SS            |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc Cd | 2024 APC |     | 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 |
|---------|----------|-----|-------------------------------|---------------|-----|------------|-------------|----------------------------------|------------------------------|----------------------------------|--|----------------------|----------|---------|---------|----------|
|         | Status   | Ind |                               |               |     |            |             |                                  |                              |                                  |  |                      |          |         |         |          |
| G4023   | E        |     | PATHOLOGY SS                  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G4024   | E        |     | PEDIATRICS SS                 |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G4025   | E        |     | PHYSICAL MEDICINE SS          |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G4026   | E        |     | PHYS/OCC THERAPY SS           |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G4027   | E        |     | PLASTIC SURGERY SS            |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G4028   | E        |     | PODIATRY SS                   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G4029   | E        |     | PREVENTIVE MEDICINE SS        |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G4030   | E        |     | PULMONOLOGY SS                |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G4031   | E        |     | RADIATION ONCOLOGY SS         |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G4032   | E        |     | RHEUMATOLOGY SS               |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G4033   | E        |     | SKILLED NURSING FACILITY SS   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G4034   | E        |     | SPEECH LANGUAGE PATH SS       |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G4035   | E        |     | THORACIC SURGERY SS           |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G4036   | E        |     | URGENT CARE SS                |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G4037   | E        |     | UROLOGY SS                    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G4038   | E        |     | VASCULAR SURGERY SS           |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G6001   | E        |     | ECHO GUIDANCE RADIOTHERAPY    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G6002   | E        |     | STEREOSCOPIC X-RAY GUIDANCE   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G6003   | E        |     | RADIATION TREATMENT DELIVERY  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G6004   | E        |     | RADIATION TREATMENT DELIVERY  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G6005   | E        |     | RADIATION TREATMENT DELIVERY  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G6006   | E        |     | RADIATION TREATMENT DELIVERY  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G6007   | E        |     | RADIATION TREATMENT DELIVERY  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G6008   | E        |     | RADIATION TREATMENT DELIVERY  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G6009   | E        |     | RADIATION TREATMENT DELIVERY  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G6010   | E        |     | RADIATION TREATMENT DELIVERY  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G6011   | E        |     | RADIATION TREATMENT DELIVERY  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G6012   | E        |     | RADIATION TREATMENT DELIVERY  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G6013   | E        |     | RADIATION TREATMENT DELIVERY  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G6014   | E        |     | RADIATION TREATMENT DELIVERY  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G6015   | E        |     | RADIATION TX DELIVERY IMRT    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G6016   | E        |     | DELIVERY COMP IMRT            |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G6017   | E        |     | INTRAFACTION TRACK MOTION     |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G8126   | E        |     | PT TREAT W/ANTIDEPRESS12WKS   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G8127   | E        |     | PT NOT TREAT W/ANTIDEPRES12W  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G8128   | E        |     | PT INELIG FOR ANTIDEPRES MED  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G8395   | E        |     | LVEF>=40% DOC NORMAL OR MILD  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G8396   | E        |     | LVEF NOT PERFORMED            |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G8397   | E        |     | DIL MACULA/FUNDUS EXAM/W DOC  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G8399   | E        |     | PT W/DXA RESULTS DOCUMENT     |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G8400   | E        |     | PT W/DXA NO RESULTS DOC       |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G8404   | E        |     | LOW EXTEMITY NEUR EXAM DOCUM  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G8405   | E        |     | LOW EXTEMITY NEUR NOT PERFOR  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G8410   | E        |     | EVAL ON FOOT DOCUMENTED       |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G8415   | E        |     | EVAL ON FOOT NOT PERFORMED    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G8416   | E        |     | PT INELIG FOOTWEAR EVALUATIO  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G8417   | E        |     | CALC BMI ABV UP PARAM F/U     |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G8418   | E        |     | CALC BMI BLW LOW PARAM F/U    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G8419   | E        |     | CALC BMI OUT NRM PARAM NOF/U  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G8420   | E        |     | CALC BMI NORM PARAMETERS      |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G8421   | E        |     | BMI NOT CALCULATED            |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G8427   | E        |     | DOCREV CUR MEDS BY ELIG CLIN  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G8428   | E        |     | CUR MEDS NOT DOCUMENT         |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G8430   | E        |     | DOC MED RSN NO MEDREC         |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G8431   | E        |     | POS CLIN DEPRES SCRIN F/U DOC |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G8432   | E        |     | DEP SCR NOT DOC, RNG          |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc<br>Cd | 2024<br>APC |     | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method      | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-------------|-----|------------------------------|------------------|-----|---------------|-------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Status      | Ind |                              |                  |     |               |             |                                        |                                    |                                           |  |                         |          |            |            |          |
| G8433      | E           |     | SCR FOR DEP NOT CPT DOC RSN  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8447      | E           |     | PT VIS DOC USE EHR CER ATCB  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8448      | E           |     | PT VIS DOC W/PQRI QUAL EHR   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8450      | E           |     | BETA-BLOC RX PT W/ABN LVEF   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8451      | E           |     | PT W/ABN LVEF INELIG B-BLOC  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8452      | E           |     | PT W/ABN LVEF B-BLOC NO RX   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8465      | E           |     | HIGH RISK RECURRENCE PRO CA  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8468      | E           |     | ACE/ARB RX PT W/ABN LVEF     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8469      | E           |     | PT W/ABN LVEF INELIG ACE/ARB |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8470      | E           |     | PT W/ NORMAL LVEF            |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8471      | E           |     | LVEF NOT PERFORMED/DOC       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8472      | E           |     | ACE/ARB NO RX PT W/ABN LVEF  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8473      | E           |     | ACE/ARB THXPY RX'D           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8474      | E           |     | ACE/ARB NOT RX'D; DOC REAS   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8475      | E           |     | ACE/ARB THXPY NOT RX'D       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8476      | E           |     | BP SYS <140 AND DIAS <90     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8477      | E           |     | BP SYS>=140 AND/OR DIAS >=90 |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8478      | E           |     | BP NOT PERFORMED/DOC         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8510      | E           |     | SCR DEP NEG, NO PLAN REQD    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8511      | E           |     | SCR DEP POS, NO PLAN DOC RNG |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8524      | E           |     | PATCH CLOSURE CONV CEA       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8525      | E           |     | NO PATCH CLOSURE CEA         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8526      | E           |     | NO PATCH CLOSURE CONV CEA    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8535      | E           |     | ELD MALTREATMENT NOT DOC     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 060        | 999        |          |
| G8536      | E           |     | NO DOC ELDER MAL SCRN        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8539      | E           |     | DOC FUNCT AND CARE PLAN      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8540      | E           |     | FOA NOT DOC AS BEING PERF    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8541      | E           |     | NO DOC CUR FUNCT ASSESS      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8542      | E           |     | DOC FUNCT NO DEFICIENCIES    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8543      | E           |     | CUR FUNCT ASSES; NO CARE PLN |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8546      | E           |     | CAP MEASURES GRP             |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8550      | E           |     | CAP MG QUAL ACT PERFORM      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8559      | E           |     | PT REF DOC OTO EVAL          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8560      | E           |     | PT HX ACT DRAIN PREV 90 DAYS |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8561      | E           |     | PT INELIG FOR REF OTO EVAL   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8562      | E           |     | PT NO HX ACT DRAIN 90 D      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8563      | E           |     | PT NO REF OTO REAS NO SPEC   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8564      | E           |     | PT REF OTO EVAL              |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8565      | E           |     | VER DOC HEAR LOSS            |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8566      | E           |     | PT INELIG REF OTO EVAL       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8567      | E           |     | PT NO DOC HEAR LOSS          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8568      | E           |     | PT NO REF OTOLO NO SPEC      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8569      | E           |     | PROL INTUBATION REQ          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8570      | E           |     | NO PROL INTUB REQ            |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8575      | E           |     | POSTOP REN FAIL              |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8576      | E           |     | NO POSTOP REN FAIL           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8577      | E           |     | REOP REQ BLD GRFT OTH        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8578      | E           |     | NO REOP REQ BLD GRFT OTH     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8598      | E           |     | ASA/ANTIPLAT THER USED       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8599      | E           |     | NO ASA/ANTIPLAT THER USE RNG |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8600      | E           |     | TPA INITI W/IN 4.5 HR        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8601      | E           |     | NO ELIG TPA INIT W/IN 4.5 HR |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8602      | E           |     | NO TPA INIT W/IN 4.5 HR      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8633      | E           |     | PHARM THER OSTEO RX          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8635      | E           |     | NO PHARM THER OSTEO RX       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8647      | E           |     | RAFSCRS KI SCOR >= 0         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |



Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc<br>Cd | 2024<br>APC |     | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method      | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-------------|-----|------------------------------|------------------|-----|---------------|-------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Status      | Ind |                              |                  |     |               |             |                                        |                                    |                                           |  |                         |          |            |            |          |
| G8648      | E           |     | RAFSCRS KI SCOR < 0          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8650      | E           |     | RAFS CRS KI NO SCOR NO RSN   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8651      | E           |     | RAFSCRS HI SCOR >=0          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8652      | E           |     | RAFSCRS HI SCOR < 0          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8654      | E           |     | RAFS CRS HI NO SCOR NO SURV  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8655      | E           |     | RAFSCRS LLFAI SCOR >= 0      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8656      | E           |     | RAFSCRS LLFAI SCOR < 0       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8658      | E           |     | RAFSCRS LLFAI NO SCOR + SURV |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8659      | E           |     | RAFSCRS LBI SCOR >= 0        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8660      | E           |     | RAFSCRS LBI SCOR < 0         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8661      | E           |     | RAFSCRS LBI NO SCOR          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8662      | E           |     | RAFS CRS LBI NO SCOR NO SURV |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8663      | E           |     | RAFSCRS SI SCOR >= 0         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8664      | E           |     | RAFSCRS SI SCOR < 0          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8666      | E           |     | RAFS CRS SI NO SCOR NO SURV  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8667      | E           |     | RAFSCRS EWH SCOR >= 0        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8668      | E           |     | RAFSCRS EWH SCOR < 0         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8670      | E           |     | RAFS CRS EWH NO SCOR NO SURV |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8675      | E           |     | BP SYST >= 140 MMHG          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8676      | E           |     | BP DIAST >= 90 MMHG          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8677      | E           |     | BP SYST < 130 MMHG           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8678      | E           |     | BP SYST >=130 - 139 MMHG     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8679      | E           |     | BP DIAST < 80 MMHG           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8680      | E           |     | BP DIAST 80-89 MMHG          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8694      | E           |     | LVEF <=40%                   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8695      | E           |     | LVEF >=40%                   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8708      | E           |     | ANTIBIOTIC NOT PRES          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8709      | E           |     | URI EP COMPETE DIAG          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8710      | E           |     | PT PRES ANTIBIOTIC           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8711      | E           |     | PRES ANTIBX ON/WITHIN 3 DAY  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8712      | E           |     | NOT PRES ANTIBIOTIC          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8715      | E           |     | HEMODIALYSIS NOT 3 TIMES WK  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8716      | E           |     | PT REAS NOT GREAT 1.2KT/V    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8721      | E           |     | PT, PN, HIST GRADE DOC       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8722      | E           |     | MED REAS PT, PN, NOT DOC     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8723      | E           |     | SPEC SIT NOT PRIM TUMOR      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8724      | E           |     | PT, PN, HIST GRADE NOT DOC   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8727      | E           |     | HEMO, PERIT, OR KIDNEY TRANS |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8733      | E           |     | DOC POS ELDER MAL SCR N PLAN |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 060        | 999        |          |
| G8734      | E           |     | DOC NEG ELD REQ              |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 060        | 999        |          |
| G8735      | E           |     | ELD MAL SCR N POS NO PLAN    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 060        | 999        |          |
| G8749      | E           |     | NO SIGNS MELANOMA            |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8750      | E           |     | SIGNS OF MELANOMA PRESENT    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8752      | E           |     | SYS BP LESS 140              |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8753      | E           |     | SYS BP > OR = 140            |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8754      | E           |     | DIAS BP LESS 90              |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8755      | E           |     | DIAS BP > OR = 90            |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8756      | E           |     | NO BP MEASURE DOC            |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8760      | E           |     | EPILEPSY MG QUAL ACT PERFORM |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8783      | E           |     | BP SCR N PERF REC INTERVAL   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8785      | E           |     | BP SCR N NO PERF AT INTERVAL |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8786      | E           |     | SEVERITY OF ANGINA ASSESS    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8787      | E           |     | ANGINA PRESENT               |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8788      | E           |     | ANGINA ABSENT                |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8789      | E           |     | SEVERITY ANGINA NOT ASSESS   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8797      | E           |     | SPECIMEN SITE NOT ESOPHAGUS  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc<br>Cd | 2024<br>APC |     | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method      | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-------------|-----|------------------------------|------------------|-----|---------------|-------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Status      | Ind |                              |                  |     |               |             |                                        |                                    |                                           |  |                         |          |            |            |          |
| G8798      | E           |     | SPECIMEN SITE NOT PROSTATE   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8802      | E           |     | PREGNANCY TEST ORDER         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8803      | E           |     | DOC REAS NO PREGNANCY TEST   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8805      | E           |     | PREGNANCY TEST NOT ORDER     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8806      | E           |     | PERF ULTRSND TO LCT PREG DOC |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8807      | E           |     | NO TA TV ULTRASND            |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8808      | E           |     | ULTRASOUND NOT PERF, RNG     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8815      | E           |     | DOC REAS NO STATIN THERAPY   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8816      | E           |     | STATIN MED PRES AT DISCH     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8817      | E           |     | DOC REAS NO STATIN MED DISCH |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8819      | E           |     | ANEURYSM <= 5.5 CM           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8820      | E           |     | ANEURYSM 5.6-6.0 CM          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8821      | E           |     | ANEURYSM NOT INFARENAL       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8822      | E           |     | MALE ANEURYSMS >6CM          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8823      | E           |     | FEMALE ANEURYSM >6CM         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8824      | E           |     | FEMALE ANEURYSM 5.6-6.0 CM   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8826      | E           |     | PT DISCH HOME DAY #2 EVAR    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8828      | E           |     | ANEURYSM <= 5.5CM FOR MEN    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8829      | E           |     | ANEURYSM 5.6-6.0 CM FOR MEN  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8830      | E           |     | ANEURYSM >6CM FOR MEN        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8831      | E           |     | ANEURYSM >-6CM FOR WOMEN     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8832      | E           |     | ANEURYSM 5.6-6.0 WOMEN       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8833      | E           |     | PT NOT DISCH HOME DAY#2 EVAR |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8834      | E           |     | PT DISCH HOME DAY #2 CEA     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8836      | E           |     | STROKE OR TIA <120 DAYS CEA  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8837      | E           |     | STROKE OR TIA >120 DAYS CEA  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8838      | E           |     | NOT DISCH HOME BY DAY #2     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8839      | E           |     | SLEEP APNEA ASSESS           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8840      | E           |     | DOC REAS NO SLEEP APNEA      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8841      | E           |     | NO SLEEP APNEA ASSESS        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8842      | E           |     | AHI OR RDI INITIAL DX        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8843      | E           |     | DOC REAS NO AHI OR RDI       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8844      | E           |     | NO AHI OR RDI INITIAL DX     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8845      | E           |     | POS AIRWAY PRESS PRESCRIBED  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8846      | E           |     | MOD OR SEVERE OSA            |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8847      | E           |     | POS AIR PRESS NOT PRESCRIBED |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8849      | E           |     | DOC REAS NO POS AIR PRESS    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8850      | E           |     | NO PAP PRESCRIBED            |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8851      | E           |     | ADHERE TX ASSESS AT LST ANN  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8854      | E           |     | REAS NO ADHERE THERAPY       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8855      | E           |     | THER NOT ASSESSED ANNUALLY   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8856      | E           |     | REF FOR OTO EVAL             |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8857      | E           |     | NO ELIG REF FOR OTO EVAL     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8858      | E           |     | NOT REF FOR OTO EVAL         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8860      | E           |     | CORTICOSTEROID 10 MG 60 DAYS |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8863      | E           |     | NO ASSESS BONE LOSS          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8864      | E           |     | PNEUMOCOCCAL VACCINE ADMIN   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8865      | E           |     | DOC MED REAS NO PNEUMOCOCCAL |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8866      | E           |     | DOC PT REAS NO PNEUMOCOCCAL  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8867      | E           |     | NO PNEUMOCOCCAL ADMIN        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8869      | E           |     | DOC IMMUNE HEP B ANTITNF     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8875      | E           |     | BREAST CANCER DX MIN INVSIVE |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8876      | E           |     | DOC REAS NO MIN INV DX       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8877      | E           |     | NO BRST CNCR DX MIN INVASIVE |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8878      | E           |     | SENT LYMPH NODE BIOPSY       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8880      | E           |     | SEN LYM P NODE BIOP NOT PERF |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc<br>Cd | 2024<br>APC |     | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method      | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-------------|-----|------------------------------|------------------|-----|---------------|-------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Status      | Ind |                              |                  |     |               |             |                                        |                                    |                                           |  |                         |          |            |            |          |
| G8881      | E           |     | BRST CNCR STAGE > T1N0M0     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8882      | E           |     | NO SENT LYMPH NODE BIOPSY    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8901      | E           |     | EPILEPSY MEASURES GROUP      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8907      | E           |     | PT DOC NO EVENTS ON DISCHARG |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8908      | E           |     | PT DOC W BURN PRIOR TO D/C   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8909      | E           |     | PT DOC NO BURN PRIOR TO D/C  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8910      | E           |     | PT DOC TO HAVE FALL IN ASC   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8911      | E           |     | PT DOC NO FALL IN ASC        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8912      | E           |     | PT DOC WITH WRONG EVENT      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8913      | E           |     | PT DOC NO WRONG EVENT        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8914      | E           |     | PT TRANS TO HOSP POST D/C    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8915      | E           |     | PT NOT TRANS TO HOSP AT D/C  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8916      | E           |     | PT W IV AB GIVEN ON TIME     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8917      | E           |     | PT W IV AB NOT GIVEN ON TIME |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8918      | E           |     | PT W/O PREOP ORDER IV AB PRO |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8923      | E           |     | LVEF <= 40% OR LVSD          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8924      | E           |     | SPIR RES DOC FEV1/FVC<70%    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8934      | E           |     | LVEF <=40% OR DEP LV SYS FCN |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8935      | E           |     | RX ACE OR ARB THERAPY        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8936      | E           |     | PT NOT ELIGIBLE ACE/ARB      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8937      | E           |     | NO RX ACE/ARB THERAPY        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8942      | E           |     | DOC FCN/CARE PLAN W/30 DAYS  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8944      | E           |     | AJCC MEL CNR STG 0 - IIC     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8946      | E           |     | MIBM BUT NO DX OF BREAST CA  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8950      | E           |     | PRE-HTN OR HTN DOC, F/U INDC |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8952      | E           |     | PRE-HTN/HTN, NO F/U, NOT GVN |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8955      | E           |     | MOST RECENT ASSESS VOL MGMT  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8956      | E           |     | PT RCV HEDIA OUTPT DYLS FAC  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8958      | E           |     | ASSESS VOL MGMT NOT DOC      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8961      | E           |     | CSIT LOWRISK SURG PTS PREOP  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8962      | E           |     | CSIT ON PT ANY REAS 30 DAYS  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8967      | E           |     | WARF OR OTHER FDA DRUG PRESC |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8968      | E           |     | DOC MED NOT PRESB            |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8969      | E           |     | DOC PT RSN NO PRESC WARF/FDA |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G8970      | E           |     | NO RSK FAC OR 1 MOD RISK TE  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9001      | E           |     | MCCD, INITIAL RATE           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9002      | E           |     | MCCD,MAINTENANCE RATE        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9003      | E           |     | MCCD, RISK ADJ HI, INITIAL   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9004      | E           |     | MCCD, RISK ADJ LO, INITIAL   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9005      | E           |     | MCCD, RISK ADJ, MAINTENANCE  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9006      | E           |     | MCCD, HOME MONITORING        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9007      | E           |     | MCCD, SCH TEAM CONF          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9008      | E           |     | MCCD,PHYS COOR-CARE OVRSGHT  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9009      | E           |     | MCCD, RISK ADJ, LEVEL 3      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9010      | E           |     | MCCD, RISK ADJ, LEVEL 4      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9011      | E           |     | MCCD, RISK ADJ, LEVEL 5      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9012      | E           |     | OTHER SPECIFIED CASE MGMT    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9013      | E           |     | ESRD DEMO BUNDLE LEVEL I     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9014      | E           |     | ESRD DEMO BUNDLE-LEVEL II    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9016      | E           |     | DEMO-SMOKING CESSATION COUN  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9037      | E           |     | INTRPRO REQ FR REC PHYS/QHCP |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9038      | E           |     | CO-MANAGEMENT SERVICES       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9050      | E           |     | ONCOLOGY WORK-UP EVALUATION  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9051      | E           |     | ONCOLOGY TX DECISION-MGMT    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9052      | E           |     | ONC SURVEILLANCE FOR DISEASE |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9053      | E           |     | ONC EXPECTANT MANAGEMENT PT  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 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  
April 1, 2025

| Proc<br>Cd | 2024<br>APC |     | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method      | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-------------|-----|------------------------------|------------------|-----|---------------|-------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Status      | Ind |                              |                  |     |               |             |                                        |                                    |                                           |  |                         |          |            |            |          |
| G9054      | E           |     | ONC SUPERVISION PALLIATIVE   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9055      | E           |     | ONC VISIT UNSPECIFIED NOS    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9056      | E           |     | ONC PRAC MGMT ADHERES GUIDE  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9057      | E           |     | ONC PRACT MGMT DIFFERS TRIAL |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9058      | E           |     | ONC PRAC MGMT DISAGREE W/GUI |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9059      | E           |     | ONC PRAC MGMT PT OPT ALTERNA |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9060      | E           |     | ONC PRAC MGMT DIF PT COMORB  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9061      | E           |     | ONC PRAC COND NOADD BY GUIDE |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9062      | E           |     | ONC PRAC GUIDE DIFFERS NOS   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9063      | E           |     | ONC DX NSCLC STG1 NO PROGRES |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9064      | E           |     | ONC DX NSCLC STG2 NO PROGRES |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9065      | E           |     | ONC DX NSCLC STG3A NO PROGRE |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9066      | E           |     | ONC DX NSCLC STG3B-4 METASTA |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9067      | E           |     | ONC DX NSCLC DX UNKNOWN NOS  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9068      | E           |     | ONC DX SCLC/NSCLC LIMITED    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9069      | E           |     | ONC DX SCLC/NSCLC EXT AT DX  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9070      | E           |     | ONC DX SCLC/NSCLC EXT UNKNWN |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9071      | E           |     | ONC DX BRST STG1-2B HR,NOPRO |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9072      | E           |     | ONC DX BRST STG1-2 NOPROGRES |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9073      | E           |     | ONC DX BRST STG3-HR, NO PRO  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9074      | E           |     | ONC DX BRST STG3-NOPROGRESS  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9075      | E           |     | ONC DX BRST METASTIC/ RECUR  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9077      | E           |     | ONC DX PROSTATE T1NO PROGRES |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9078      | E           |     | ONC DX PROSTATE T2NO PROGRES |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9079      | E           |     | ONC DX PROSTATE T3B-T4NOPROG |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9080      | E           |     | ONC DX PROSTATE W/RISE PSA   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9083      | E           |     | ONC DX PROSTATE UNKNWN NOS   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9084      | E           |     | ONC DX COLON T1-3,N1-2,NO PR |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9085      | E           |     | ONC DX COLON T4, N0 W/O PROG |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9086      | E           |     | ONC DX COLON T1-4 NO DX PROG |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9087      | E           |     | ONC DX COLON METAS EVID DX   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9088      | E           |     | ONC DX COLON METAS NOEVID DX |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9089      | E           |     | ONC DX COLON EXTENT UNKNOWN  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9090      | E           |     | ONC DX RECTAL T1-2 NO PROGR  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9091      | E           |     | ONC DX RECTAL T3 N0 NO PROG  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9092      | E           |     | ONC DX RECTAL T1-3,N1-2NOPRG |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9093      | E           |     | ONC DX RECTAL T4,N,M0 NO PRG |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9094      | E           |     | ONC DX RECTAL M1 W/METS PROG |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9095      | E           |     | ONC DX RECTAL EXTENT UNKNWN  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9096      | E           |     | ONC DX ESOPHAG T1-T3 NOPROG  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9097      | E           |     | ONC DX ESOPHAGEAL T4 NO PROG |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9098      | E           |     | ONC DX ESOPHAGEAL METS RECUR |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9099      | E           |     | ONC DX ESOPHAGEAL UNKNOWN    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9100      | E           |     | ONC DX GASTRIC NO RECURRENCE |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9101      | E           |     | ONC DX GASTRIC P R1-R2NOPROG |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9102      | E           |     | ONC DX GASTRIC UNRESECTABLE  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9103      | E           |     | ONC DX GASTRIC RECURRENT     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9104      | E           |     | ONC DX GASTRIC UNKNOWN NOS   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9105      | E           |     | ONC DX PANCREATC P R0 RES NO |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9106      | E           |     | ONC DX PANCREATC P R1/R2 NO  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9107      | E           |     | ONC DX PANCREATIC UNRESECTAB |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9108      | E           |     | ONC DX PANCREATIC UNKNWN NOS |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9109      | E           |     | ONC DX HEAD/NECK T1-T2NO PRG |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9110      | E           |     | ONC DX HEAD/NECK T3-4 NOPROG |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9111      | E           |     | ONC DX HEAD/NECK M1 METS REC |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9112      | E           |     | ONC DX HEAD/NECK EXT UNKNOWN |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |



Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
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| Proc Cd | 2024 APC |     | 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 |
|---------|----------|-----|------------------------------|---------------|-----|------------|-------------|----------------------------------|------------------------------|----------------------------------|--|----------------------|----------|---------|---------|----------|
|         | Status   | Ind |                              |               |     |            |             |                                  |                              |                                  |  |                      |          |         |         |          |
| G9113   | E        |     | ONC DX OVARIAN STG1A-B NO PR |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G9114   | E        |     | ONC DX OVARIAN STG1A-B OR 2  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G9115   | E        |     | ONC DX OVARIAN STG3/4 NOPROG |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G9116   | E        |     | ONC DX OVARIAN RECURRENCE    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G9117   | E        |     | ONC DX OVARIAN UNKNOWN NOS   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G9123   | E        |     | ONC DX CML CHRONIC PHASE     |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G9124   | E        |     | ONC DX CML ACCELER PHASE     |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G9125   | E        |     | ONC DX CML BLAST PHASE       |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G9126   | E        |     | ONC DX CML REMISSION         |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G9128   | E        |     | ONC DX MULTI MYELOMA STAGE I |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G9129   | E        |     | ONC DX MULT MYELOMA STG2 HIG |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G9130   | E        |     | ONC DX MULTI MYELOMA UNKNOWN |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G9131   | E        |     | ONC DX BRST UNKNOWN NOS      |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G9132   | E        |     | ONC DX PROSTATE METS NO CAST |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G9133   | E        |     | ONC DX PROSTATE CLINICAL MET |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G9134   | E        |     | ONC NHLSTG 1-2 NO RELAP NO   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G9135   | E        |     | ONC DX NHL STG 3-4 NOT RELAP |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G9136   | E        |     | ONC DX NHL TRANS TO LG BCELL |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G9137   | E        |     | ONC DX NHL RELAPSE/REFRACTOR |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G9138   | E        |     | ONC DX NHL STG UNKNOWN       |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G9139   | E        |     | ONC DX CML DX STATUS UNKNOWN |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G9140   | E        |     | FRONTIER EXTENDED STAY DEMO  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G9141   | E        |     | INFLUENZA A H1N1,ADMIN W COU |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G9142   | E        |     | INFLUENZA A H1N1, VACCINE    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G9143   | N        |     | WARFARIN RESPON GENETIC TEST |               | -   | -          | Bundled     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G9147   | E        |     | OUTPT IV INSULIN TX ANY MEA  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G9148   | E        |     | MEDICAL HOME LEVEL 1         |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G9149   | E        |     | MEDICAL HOME LEVEL II        |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G9150   | E        |     | MEDICAL HOME LEVEL III       |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G9151   | E        |     | MAPCP DEMO STATE             |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G9152   | E        |     | MAPCP DEMO COMMUNITY         |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G9153   | E        |     | MAPCP DEMO PHYSICIAN         |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G9156   | E        |     | EVALUATION FOR WHEELCHAIR    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G9157   | E        |     | TRANSESOPH DOPPL CARDIAC MON |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G9187   | E        |     | BPCI HOME VISIT              |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G9188   | E        |     | BETA NOT GIVEN NO REASON     |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G9189   | E        |     | BETA PRES OR ALREADY TAKING  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G9190   | E        |     | MEDICAL REASON FOR NO BETA   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G9191   | E        |     | PT REASON FOR NO BETA        |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G9212   | E        |     | DOC OF DSM-IV INIT EVAL      |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G9213   | E        |     | NO DOC OF DSM-IV             |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G9223   | E        |     | PJP PROPH ORDERED CD4 LOW    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G9225   | E        |     | NORSN NO FOOT EXAM           |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G9226   | E        |     | 3 COMP FOOT EXAM COMPLETED   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G9227   | E        |     | FOA DOC, CARE PLAN NOT DOC   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G9228   | E        |     | GC CHL SYP DOCUMENTED        |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G9230   | E        |     | NORSN FOR GC CHL SYP TEST    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G9231   | E        |     | DOC ESRD DIA TRANS PREG      |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G9242   | E        |     | DOC VIRAL LOAD >=200         |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G9243   | E        |     | DOC VIRAL LOAD <200          |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G9246   | E        |     | NO MED VISIT IN 24MO         |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G9247   | E        |     | 1 MED VISIT IN 24MO          |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G9254   | E        |     | DOC PT DISCHG >2D            |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G9255   | E        |     | DOC PT DISCHG <=2D           |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G9273   | E        |     | SYS<140 AND DIA<90           |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| G9274   | E        |     | BP OUT OF NRML LIMITS        |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc<br>Cd | 2024<br>APC |     | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method      | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-------------|-----|------------------------------|------------------|-----|---------------|-------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Status      | Ind |                              |                  |     |               |             |                                        |                                    |                                           |  |                         |          |            |            |          |
| G9275      | E           |     | DOC OF NON TOBACCO USER      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9276      | E           |     | DOC OF TOBACCO USER          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9277      | E           |     | DOC DAILY ASPIRIN OR CONTRA  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9278      | E           |     | DOC NO DAILY ASPIRIN         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9279      | E           |     | PNE SCR N DONE DOC VAC DONE  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9280      | E           |     | PNE NOT GIVEN NORSN          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9281      | E           |     | PNE SCR N DONE DOC NOT IND   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9282      | E           |     | DOC MEDRSN NO HISTO TYPE     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9283      | E           |     | HIST TYPE DOC ON REPORT      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9284      | E           |     | NO HIST TYPE DOC ON REPORT   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9285      | E           |     | SITE NOT SMALL CELL LUNG CA  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9286      | E           |     | ANTIBIO RX W IN 10D OF SYMPT |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9287      | E           |     | NO ANTIBIO W IN 10D OF SYMPT |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9288      | E           |     | DOC MEDRSN NO HIST TYPE RPT  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9289      | E           |     | DOC TYPE NSM LUNG CA         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9290      | E           |     | NO DOC TYPE NSM LUNG CA      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9291      | E           |     | NOT NSM LUNG CA              |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9292      | E           |     | MEDRSN NO PT CATEGORY        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9293      | E           |     | NO PT CATEGORY ON REPORT     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9294      | E           |     | PT CAT AND THCK ON REPORT    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9295      | E           |     | NON CUTANEOUS LOC            |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9296      | E           |     | DOC SHARE DEC PRIOR PROC     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9297      | E           |     | NO DOC SHARE DEC PRIOR PROC  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9298      | E           |     | EVAL RISK VTE CARD 30D PRIOR |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9299      | E           |     | NO EVAL RISK VTE CARD PRIOR  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9305      | E           |     | NO INTERV REQ FOR LEAK       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9306      | E           |     | INTERV REQ FOR LEAK          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9307      | E           |     | NO RET FOR SURG W IN 30D     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9308      | E           |     | UNPL RET OR W/COMPL W/IN 30D |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9309      | E           |     | NO UNPLND HOSP READM IN 30D  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9310      | E           |     | UNPLND HOSP READM IN 30D     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9311      | E           |     | NO SURG SITE INFECTION       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9312      | E           |     | SURGICAL SITE INFECTION      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9313      | E           |     | AMOXIC NOT PRESC AS 1ST LINE |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9314      | E           |     | NORSN NOT FIRST LINE AMOX    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9315      | E           |     | AMOX W/WO CLAV RX            |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9316      | E           |     | DOC COMM RISK CALC           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9317      | E           |     | NO DOC COMM RISK CALC        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9318      | E           |     | IMAGE STD NOMENCLATURE       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9319      | E           |     | IMAGE NOT STD NOMENCLATURE   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9321      | E           |     | DOC COUNT OF CT IN 12MO      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9322      | E           |     | NO DOC COUNT OF CT IN 12MO   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9341      | E           |     | SRCH FOR CT W IN 12 MOS      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9342      | E           |     | NO SRCH FOR CT IN 12MO NORSN |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9344      | E           |     | SYSRSN NO DICOM SRCH         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9345      | E           |     | FOLLOW UP PULM NOD           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9347      | E           |     | NO FOLLOW UP PULM NOD NORSN  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9351      | E           |     | DOC >1 SINUS CT W 90D DX     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9352      | E           |     | NOT >1 SINUS CT W 90D DX     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9353      | E           |     | MEDRSN >1 SINUS CT W 90D DX  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9354      | E           |     | 1 OR NO CT SINUS W/IN 90D DX |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9355      | E           |     | NO EARLY IND/DELIVERY        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9356      | E           |     | EARLY IND/DELIVERY           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9357      | E           |     | PP EVAL/EDU PERF             |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9358      | E           |     | PP EVAL/EDU NOT PERF         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9361      | E           |     | DOC RSN ELECT C-SEC/INDUCT   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc<br>Cd | 2024<br>APC |     | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method      | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-------------|-----|------------------------------|------------------|-----|---------------|-------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Status      | Ind |                              |                  |     |               |             |                                        |                                    |                                           |  |                         |          |            |            |          |
| G9364      | E           |     | SINUS CAUS BAC INX           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9367      | E           |     | >= 2 SAME HI-RSK MED ORD     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9368      | E           |     | >= 2 SAME HI-RSK MED NOT ORD |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9380      | E           |     | OFF ASSIS EOL ISS            |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9382      | E           |     | NO OFF ASSIS EOL             |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9383      | E           |     | RECD SCR N HCV INFEC         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9384      | E           |     | DOC MED RSN NO HCV SCR N     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9385      | E           |     | DOC PT REAS NOT REC HCV SRN  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9386      | E           |     | SCR N HCV INFEC NOT RECD     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9393      | E           |     | INI PHQ9 >9 REMISS <5        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9394      | E           |     | DX BIPOL, DEATH, NHRES, HOSP |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9395      | E           |     | INI PHQ9 >9 NO REMISS >=5    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9396      | E           |     | INI PHQ9 >9 NOT ASSESS       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9408      | E           |     | CARD TAMP W/IN 30D           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9409      | E           |     | NO CARD TAMP E/IN 30D        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9410      | E           |     | ADMIT W/IN 180D REQ REMOV    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9411      | E           |     | NO ADMIT W/IN 180D REQ REMOV |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9412      | E           |     | ADMIT W/IN 180D REQ SURG REV |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9413      | E           |     | NO ADMIT REQ SURG REV        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9414      | E           |     | 1DOSE MENIG VAC BTWN 11 & 13 |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9415      | E           |     | NO 1DOSE MENI VAC BTWN 11&13 |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9416      | E           |     | PT 1 TDAP BETW 10-13 YRS     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9417      | E           |     | PT NOT 1 TDAP BETW 10-13 YRS |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9418      | E           |     | LUNG CX BX RPT DOCS CLASS    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9419      | E           |     | MED REAS NOT INCL HISTO TYPE |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9420      | E           |     | SPEC SITE NO LUNG            |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9421      | E           |     | LUNG CX BX RPT NO DOC CLASS  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9422      | E           |     | RPT DOC CLASS HISTO TYPE     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9423      | E           |     | MED REAS RPT NO HISTO TYPE   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9424      | E           |     | SITE NO LUNG OR LUNG CX      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9425      | E           |     | SPEC RPT NO DOC CLASS HISTO  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9426      | E           |     | IMPR MED TIME EDARR PAIN MED |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9427      | E           |     | NO IMPRO MED TIME PAIN MED   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9428      | E           |     | PATHO RPT INCL PT CTG        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9429      | E           |     | DOC MED RSN NO PT CAT        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9430      | E           |     | SPEC SITE NO CUTANEOUS       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9431      | E           |     | PATHO RPT NO PT CTG          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9432      | E           |     | ASTH CONTROLLED              |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9434      | E           |     | ASTH NOT CONTROLLED          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9452      | E           |     | DOC MED REAS NO HCV TEST     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9455      | E           |     | ABD IMAG W/US, CT OR MRI     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9456      | E           |     | DOC MED PT REAS NO HCC SCR N |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9457      | E           |     | PT NO ABD IMG NO DOC RSN     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9468      | E           |     | NO RECD CORTICO>=10MG/D >60D |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9470      | E           |     | NO REC CORTICO>60D 1RX 600MG |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9471      | E           |     | W/IN 2YR DXA NOT ORDER       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9473      | E           |     | CHAP SERVICES AT HOSPICE     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9474      | E           |     | DIET COUNSEL AT HOSPICE      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9475      | E           |     | OTHER COUNSELOR AT HOSPICE   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9476      | E           |     | VOLUN SERVICE AT HOSPICE     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9477      | E           |     | CARE COORD AT HOSPICE        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9478      | E           |     | OTHE THERAPIST AT HOSPICE    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9479      | E           |     | PHARMACIST AT HOSPICE        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9480      | E           |     | ADMISSION TO MCCM            |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9481      | E           |     | REMOTE E/M NEW PT 10MINS     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9482      | E           |     | REMOTE E/M NEW PT 20MINS     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
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| Proc<br>Cd | 2024<br>APC |     | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method      | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-------------|-----|------------------------------|------------------|-----|---------------|-------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Status      | Ind |                              |                  |     |               |             |                                        |                                    |                                           |  |                         |          |            |            |          |
| G9483      | E           |     | REMOTE E/M NEW PT 30MINS     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9484      | E           |     | REMOTE E/M NEW PT 45MINS     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9485      | E           |     | REMOTE E/M NEW PT 60MINS     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9486      | E           |     | REMOTE E/M EST. PT 10MINS    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9487      | E           |     | REMOTE E/M EST. PT 15MINS    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9488      | E           |     | REMOTE E/M EST. PT 25MINS    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9489      | E           |     | REMOTE E/M EST. PT 40MINS    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9490      | E           |     | CMMI MOD HOME VISIT          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9497      | E           |     | REC INST NO SMOKE DAY SURG   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9498      | E           |     | ABX REG PRESCRIBED           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9500      | E           |     | RAD EXPOS IND/EXP TM DOC     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9501      | E           |     | RAD EXPOS IND/EXP TM NO DOC  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9502      | E           |     | MED REAS NO PERF FOOT EXAM   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9504      | E           |     | DOC RSN HEP B STAT NOT ASSES |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9505      | E           |     | ABX PRES W/IN 10 DYS OF SYMP |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9507      | E           |     | DOC REAS ON STATIN OR CONTRA |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9508      | E           |     | DOC PT NOT ON STATIN         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9509      | E           |     | ADIT MDD DYS REM 12 MNTHS    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9510      | E           |     | REMIS12M NOT PHQ-9 SCORE <5  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9511      | E           |     | IDX EVT DTE PHQ>9 DOC 12 MO  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9512      | E           |     | INDIV PDC > 0.8              |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9513      | E           |     | INDIV PDC NOT > 0.8          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9514      | E           |     | REQ RET OR W/IN 90D OF SURG  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9515      | E           |     | NO REAS, NO RET OR W/IN 90D  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9516      | E           |     | IMPR VIS ACUIT W/IN 90D      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9517      | E           |     | NO IMPR VIS ACUIT W/IN 90D   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9518      | E           |     | DOC ACTIVE INJ DRUG USE      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9519      | E           |     | FINAL REF +/- 1.0 W/IN 90D   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9520      | E           |     | REFRACT NOT +/- 1.0 W/IN 90D |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9521      | E           |     | ER AND IP HOSP <2 IN 12 MOS  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9522      | E           |     | ER/IP HOSP =/>2 IN 12 MOS    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9529      | E           |     | MINOR BLUNT TRAUMA W/HEAD CT |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9530      | E           |     | PT MBHT HD CT ORD EC PROV    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9531      | E           |     | PT DOC                       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9533      | E           |     | INDIC FOR HEAD CT NOT VALID  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9537      | E           |     | IMG HD CLIN TRIAL            |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9539      | E           |     | INTENT POT REMV TIME PLACEMT |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9540      | E           |     | PT ALIVE 3 MOS POST PROC     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9541      | E           |     | FILTER REM 3 MON PLMT        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9542      | E           |     | DOC REASS APPR REMO FILT 3MS |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9543      | E           |     | DOC 2X RE-ASSESS FILT REMOV  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9544      | E           |     | NO FILT REMOV W/IN 3MOS PLCM |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9547      | E           |     | CYS REN LES OR ADREN         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9548      | E           |     | NO F/U REC IMAGE STUDY       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9549      | E           |     | DOC MED RSN FOR F/U IMAG     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9550      | E           |     | IMAG REC                     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9551      | E           |     | IMAG NO LES                  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9552      | E           |     | INC THYR NODE <1.0 IN RPT    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9553      | E           |     | PRIOR THYROID DISE DX        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9554      | E           |     | CT/CTA/MRI/A CHST FOLL REC   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9555      | E           |     | DOC MED RSN FOR FOLLUP IMAGE |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9556      | E           |     | CT/CTA/MRI/A NO FOLLUP IMAG  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9557      | E           |     | CT/CTA/MRI/A NO THYR <1.0CM  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9580      | E           |     | DOOR TO PUNC TIME <2HRS      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9582      | E           |     | DOOR TO PUNC TIME >2HR, NRG  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9593      | E           |     | LOW PECARN PED HEAD TRAUMA   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |



Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc<br>Cd | 2024<br>APC |     | Proc Desc                     | Proc<br>Modifier | APC | APC<br>Weight | Method      | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-------------|-----|-------------------------------|------------------|-----|---------------|-------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Status      | Ind |                               |                  |     |               |             |                                        |                                    |                                           |  |                         |          |            |            |          |
| G9594      | E           |     | PT MBHT HD CT ORD EC PROV     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9595      | E           |     | DOC SHNT/TUM/COAG             |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9597      | E           |     | NO LOW PECARN PED HEAD TRAUM  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9598      | E           |     | AOR ANE 5.5-5.9 CM MAX DIAM   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9599      | E           |     | AOR ANE >=6.0 CM MAX DIAM     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9603      | E           |     | PT SURV IMPROV BSLINE TX      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9604      | E           |     | PT SURV RESULTS NOT AVAIL     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9605      | E           |     | SURV SCORE NO IMPROV W/TX     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9606      | E           |     | INTRAOP CYST EVAL TRAC INJ    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9607      | E           |     | DOC MED RSN NOT PERF CYSTOSC  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9608      | E           |     | INTRAOP CYST EVAL NOT DONE    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9609      | E           |     | DOC ORDER ANTI-PLAT           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9610      | E           |     | DOC MD RSN NO ANTIPLA         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9611      | E           |     | NO DOC ORDER ANTI-PLAT RNG    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9621      | E           |     | SCR UNHEAL ETOH W/COUNSEL     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9622      | E           |     | NO UNHEAL ETOH USER           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9624      | E           |     | PT NOT SCRNR OR NO COUNSELING |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9625      | E           |     | PT BL SRG 30 DAY PST SRG      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9626      | E           |     | MED RSN NO RPT BLADDER INJ    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9627      | E           |     | PT NO BL SRG 30 DAY PST SRG   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9628      | E           |     | PT BWLI SRG 30 DAY PST SRG    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9629      | E           |     | MED RSN NO RPT BOWEL INJ      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9630      | E           |     | PT NO BWLI SRG 30 DAY SRG     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9637      | E           |     | DOC >1 DOSE REDUC TECH        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9638      | E           |     | NO DOC >1 DOSE REDUC TECH     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9642      | E           |     | CURRENT SMOKER                |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9643      | E           |     | ELECTIVE SURGERY              |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9644      | E           |     | NO SMOK B/4 ANES DAY OF SURG  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9645      | E           |     | HAD SMOKE B/4 ANES DAY SURG   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9646      | E           |     | PT W/90D MRS 0-2              |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9648      | E           |     | PT W/90D MRS >2               |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9649      | E           |     | PSOR AS DOC SPC BM            |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9651      | E           |     | PSOR AS DOC NO SPC BM         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9654      | E           |     | MON ANESTH CARE               |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9655      | E           |     | TOC TOOL INCL KEY ELEM        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9656      | E           |     | PT TRANS FROM ANEST TO PACU   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9658      | E           |     | TOC TOOL INCL ELEM NOT USED   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9659      | E           |     | >=86Y NO HX COLO CA/RSN SCOP  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9660      | E           |     | DOC MED RSN SCOPE PT >= 86Y   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9661      | E           |     | PT >= 86 W/ HI RISK           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9662      | E           |     | PRIOR DX/ACTIVE CLIN ASCVD    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9663      | E           |     | FAST/DIR LDL >= 190 MG/DL     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9664      | E           |     | TAKING STATIN OR REC'D ORDER  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9665      | E           |     | NO STATIN/NO ORDER STATIN     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9674      | E           |     | PT W/CLIN ASCVD DX            |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9675      | E           |     | PT W/FAST/DIR LAB LDL-C >190  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9676      | E           |     | 40-75Y W/TYPE 1/2 W/LDL-C RS  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9679      | E           |     | ACUTE CARE PNEUMONIA          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9680      | E           |     | ACUTE CARE CONGESTIVE HEART   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9681      | E           |     | ACUTE CARE CHRONIC OBSTRUCT   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9682      | E           |     | ACUTE CARE SKIN INFECTION     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9683      | E           |     | ACUTE FLUID/ELECTRO DISORDER  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9684      | E           |     | ACUTE CARE URINARY TRACT INF  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9685      | E           |     | ACUTE NURSING FACILITY CARE   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9687      | E           |     | HOSPICE ANYTIME MSMT PER      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9688      | E           |     | PT W/HOSP ANYTIME MSMT PER    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
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| Proc<br>Cd | 2024<br>APC |     | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method      | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-------------|-----|------------------------------|------------------|-----|---------------|-------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Status      | Ind |                              |                  |     |               |             |                                        |                                    |                                           |  |                         |          |            |            |          |
| G9689      | E           |     | INPT ELECT CAROTID INTERVENT |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9690      | E           |     | PT IN HOS                    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9691      | E           |     | PT HOSP DUR MSMT PERIOD      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9692      | E           |     | HOSP RECD BY PT DUR MSMT PER |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9693      | E           |     | PT USE HOSP DURING MSMT PER  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9694      | E           |     | HOSP SRV USED PT IN MSMT PER |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9695      | E           |     | LONG ACT INHAL BRONCHDIL PRE |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9696      | E           |     | MED RSN NO PRESC BRONCHDIL   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9698      | E           |     | SYS RSN NO PRESC BRONCHDIL   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9699      | E           |     | LONG INHAL BRONCHDIL NO PRES |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9700      | E           |     | PT IS W/HOSP DURING MSMT PER |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9702      | E           |     | PT USE HOSP DURING MSMT PER  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9703      | E           |     | ANBX 30 PRIOR TO EPISODE     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9704      | E           |     | AJCC BR CA STG I: T1 MIC/T1A |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9705      | E           |     | AJCC BR CA STG IB            |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9706      | E           |     | LOW RECUR PROST CA           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9708      | E           |     | BILAT MAST/HX BI /UNILAT MAS |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9709      | E           |     | HOSP SRV USED PT IN MSMT PER |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9710      | E           |     | PT PROV HOSP SRV MSMT PER    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9711      | E           |     | PT HX TOT COL OR COLON CA    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9712      | E           |     | DOC MED RSN PRESC ANBX       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9713      | E           |     | PT USE HOSP DURING MSMT PER  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9714      | E           |     | PT IS W/HOSP DURING MSMT PER |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9716      | E           |     | BMI DOC ONL FUP NOT CMPLTD   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9717      | E           |     | DOC PT DX BIPOL              |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9719      | E           |     | PT NOT AMBUL/IMMOB/WC        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9720      | E           |     | HOSPICE ANYTIME MSMT PER     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9721      | E           |     | PT NOT AMBUL/IMMOB/WC        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9722      | E           |     | DOC HX RENAL FAIL OR CR+ >=4 |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9723      | E           |     | HOSP RECD BY PT DUR MSMT PER |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9724      | E           |     | PT W/DOC USE ANTICOAG MST YR |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9726      | E           |     | REFUSED TO PARTICIPATE       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9727      | E           |     | PT UNABLE CMPLT LEPF PROM    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9728      | E           |     | REFUSED TO PARTICIPATE       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9729      | E           |     | PT UNBL CMPLT LEPF PROM      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9730      | E           |     | REFUSED TO PARTICIPATE       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9731      | E           |     | PT UNBL CMPLT LEPF PROM      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9732      | E           |     | REFUSED TO PARTICIPATE       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9733      | E           |     | PT UNBL CMPLT LB FS PROM     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9734      | E           |     | REFUSED TO PARTICIPATE       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9735      | E           |     | PT UNBL CMPLT SHLD FS PROM   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9736      | E           |     | REFUSED TO PARTICIPATE       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9737      | E           |     | PT UNBL CMPLT EWH FS PROM    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9740      | E           |     | HOSP SRV TO PT DUR MSMT PER  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9741      | E           |     | PT W/HOSP ANYTIME MSMT PER   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9744      | E           |     | PT NOT ELI D/T ACT DIG HTN   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9745      | E           |     | DOC RSN NO HBP SCRN OR F/U   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9746      | E           |     | MIT STEN, VALVE OR TRANS AF  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9752      | E           |     | URGENT SURGERY               |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9753      | E           |     | DOC NO DICOM, CT OTHER FAC   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9754      | E           |     | INCID PULM NODULE            |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9755      | E           |     | DOC MED RSN NO FLLW UP       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9756      | E           |     | SURG PROC W/SILICONE OIL     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9757      | E           |     | SURG PROC W/SILICONE OIL     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9758      | E           |     | PT IN HOS                    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9761      | E           |     | PT W/HOSP ANYTIME MSMT PER   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc<br>Cd | 2024<br>APC |     | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method      | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-------------|-----|------------------------------|------------------|-----|---------------|-------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Status      | Ind |                              |                  |     |               |             |                                        |                                    |                                           |  |                         |          |            |            |          |
| G9762      | E           |     | PT HAD >= 2-3 HPV VACCINES   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9763      | E           |     | PT NOT HAVE 2-3 HPV VACCINES |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9764      | E           |     | PT TREATD W/ORAL SYST OR BIO |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9765      | E           |     | DOC PAT DECLINED THERAPY     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9766      | E           |     | CVA STROKE DX TX TRANSF FAC  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9767      | E           |     | HOSP NEW DX CVA CONSID EVST  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9768      | E           |     | PT W/HOSP ANYTIME MSMT PER   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9769      | E           |     | BN DEN 2YR/GOT OST MED/THER  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9770      | E           |     | PERIP NERVE BLOCK            |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9771      | E           |     | ANES END, 1 TEMP >35.5(95.9) |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9772      | E           |     | DOC MED RSN NO TEMP >= 35.5  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9773      | E           |     | 1 BOD TEMP >=35.5            |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9775      | E           |     | RECD 2 ANTI-EMET PRE/INTRAOP |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9776      | E           |     | DOC MED RSN NO PROPH ANTIEM  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9777      | E           |     | PT NO ANTIEMET PRE/INTRAOP   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9779      | E           |     | PTS BREASTFEEDING            |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9780      | E           |     | PTS DX W/RHABDOMYOLYSIS      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9781      | E           |     | DOC RSN NO STATIN            |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9782      | E           |     | HX DX FAM/PURE HYPERCHOLES   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9784      | E           |     | PATH/DERM PROV 2ND BIOP OPIN |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9785      | E           |     | PATH REPORT SENT             |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9786      | E           |     | PATH REPORT NOT SENT         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9787      | E           |     | PT ALIVE                     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9788      | E           |     | MOST RCT BP </= 140/90       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9789      | E           |     | RECORD BP IP, ER, URG/SELF   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9790      | E           |     | MOST RCT BP >/= 140/90       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9791      | E           |     | MOST RCT TOB STAT FREE       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9792      | E           |     | MOST RCT TOB STAT NOT FREE   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9793      | E           |     | PT ON DAILY ASA/ANTIPLAT     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9794      | E           |     | DOC MED RSN NO DAILY ASPIRIN |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9795      | E           |     | PT NO DAILY ASA/ANTIPLAT     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9796      | E           |     | PT NOT CURRENTLY ON STATIN   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9797      | E           |     | PT CURRENTLY ON STATIN       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9805      | E           |     | PT W/HOSP ANYTIME MSMT PER   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9806      | E           |     | PT RECD CERV CYTO/HPV        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9807      | E           |     | PT NO RECD CERV CYTO/HPV     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9812      | E           |     | PT DIED DURING INPT/30D AFT  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9813      | E           |     | PT NOT DIED W/IN 30D OF PROC |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9818      | E           |     | DOC SEX ACTIVITY             |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9819      | E           |     | PT W/HOSP ANYTIME MSMT PER   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9820      | E           |     | DOC CHLAM SCR TEST W/FOLLOW  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9821      | E           |     | NO DOC CHLAM SCR TS W/FOLLOW |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9822      | E           |     | ENDO ABL PROC YR PREV IND DT |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9823      | E           |     | ENDO SMPL/HYST BX RES DOC    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9824      | E           |     | ENDO SMPL/HYST BX RES NO DOC |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9830      | E           |     | HER-2 POS                    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9831      | E           |     | AJCC STG BRT CA DX II OR III |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9832      | E           |     | BRT CA DX I, NO T1/T1A/T1B   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9838      | E           |     | PT MET DIS AT DX             |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9839      | E           |     | ANTI-EGFR MON ANTI THER      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9840      | E           |     | GENE TESTING PERFORMED       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9841      | E           |     | GENE TESTING NOT PERFORMED   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9842      | E           |     | PT MET DIS AT DX             |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9843      | E           |     | KRAS OR NRAS GENE MUTATION   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9844      | E           |     | PT NO RECD ANTI-EGFR THER    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9845      | E           |     | PT RECD ANTI-EGFR THER       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
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| Proc<br>Cd | 2024<br>APC |     | Proc Desc                     | Proc<br>Modifier | APC | APC<br>Weight | Method      | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-------------|-----|-------------------------------|------------------|-----|---------------|-------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Status      | Ind |                               |                  |     |               |             |                                        |                                    |                                           |  |                         |          |            |            |          |
| G9846      | E           |     | PT DIED FROM CANCER           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9847      | E           |     | PT RECD CHEMO LAST 14D LIFE   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9848      | E           |     | PT NO CHEMO LAST 14D LIFE     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9858      | E           |     | PT ENROLL HOSPICE             |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9859      | E           |     | PT DIED FROM CANCER           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9860      | E           |     | PT LESS 3D HOSPICE            |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9861      | E           |     | PT MORE THAN 3D HOSPICE       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9862      | E           |     | DOC RSN NO 10 YR FOLLOW       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9868      | E           |     | CMMI ASYNTELEHEALTH <10MIN    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9869      | E           |     | CMMI ASYNTELEHEALTH 10-20MIN  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9870      | E           |     | CMMI ASYNTELEHEALTH >20MIN    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9873      | E           |     | 1 EM CORE SESSION             |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9874      | E           |     | 4 EM CORE SESSIONS            |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9875      | E           |     | 9 EM CORE SESSIONS            |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9876      | E           |     | 2 EM CORE MS MO 7-9 NO WL     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9877      | E           |     | 2 EM CORE MS MO 10-12 NO WL   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9878      | E           |     | 2 EM CORE MS MO 7-9 WL        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9879      | E           |     | 2 EM CORE MS MO 10-12 WL      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9880      | E           |     | EM 5 PERCENT WL               |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9881      | E           |     | EM 9 PERCENT WL               |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9882      | E           |     | 2 EM ONGOING MS MO 13-15 WL   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9883      | E           |     | 2 EM ONGOING MS MO 16-18 WL   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9884      | E           |     | 2 EM ONGOING MS MO 19-21 WL   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9885      | E           |     | 2 EM ONGOING MS MO 22-24 WL   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9886      | E           |     | IN-PERSON ATTENDANCE G CODE   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9887      | E           |     | DISTANCE LEARNING ATTENDANCE  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9888      | E           |     | 5% WL MAINTND FROM BSLINE WT  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9890      | E           |     | EM BRIDGE PAYMENT             |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9891      | E           |     | EM SESSION REPORTING          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9894      | E           |     | ADR DEP THRPY PRESCRIBED      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9895      | E           |     | DOC MED RSN NO ADR DEP THRPY  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9896      | E           |     | DOC PT RSN NO ADR DEP THRPY   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9897      | E           |     | PT NT PRSC ADR DEP THRPY RNG  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9898      | E           |     | PT 66+ SNP OR LTC POS > 90D   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9899      | E           |     | SCRN MAM PERF RSLTS DOC       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9900      | E           |     | SCRN MAM PERF RSLTS NOT DOC   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9901      | E           |     | PT 66+ SNP OR LTC POS > 90D   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9902      | E           |     | PT SCRN TBCO AND ID AS USER   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9903      | E           |     | PT SCRN TBCO ID AS NON USER   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9905      | E           |     | NO PT TBCO SCRNG              |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9906      | E           |     | PT RECV TBCO CESS INTERV      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9908      | E           |     | NO PT TBCO CESS INTERV RNG    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9910      | E           |     | PT 66+ SNP OR LTC POS > 90D   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9911      | E           |     | NODE NEG PRE/POST SYST THER   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9912      | E           |     | HBV STATUS ASSESED AND INT    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9913      | E           |     | NO HBV STATUS ASSESD AND INT  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9914      | E           |     | PT INITIATED ANTI-TNF AGENT   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9915      | E           |     | NO DOCUMNTD HBV RESULTS RCD   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9916      | E           |     | FUNCT STATUS PAST 12 MONTHS   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9917      | E           |     | ADV DEM CRGVR LIMITED         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9918      | E           |     | NO FUNCT STAT PERF, RSN NOS   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9922      | E           |     | SFTY CNCRNS SCRNG ND MIT RECS |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9923      | E           |     | SAFTY CNCRNS SCRNG AND NEG    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9925      | E           |     | NO SCRNG PROV RSN NOS         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9926      | E           |     | SFTY CNCRNS SCRNG BUT NO RECS |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9928      | E           |     | NO WARF OR FDA DRUG PRESC     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |



Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc<br>Cd | 2024<br>APC |     | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method      | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-------------|-----|------------------------------|------------------|-----|---------------|-------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Status      | Ind |                              |                  |     |               |             |                                        |                                    |                                           |  |                         |          |            |            |          |
| G9929      | E           |     | TRS/REV AF                   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9930      | E           |     | COM CARE                     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9931      | E           |     | NO CHAD OR CHAD SCR 0 OR 1   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9938      | E           |     | PT 66+ SNP OR LTC POS > 90D  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9939      | E           |     | SAME PATH/DERM PERF BIOPSY   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9940      | E           |     | DOC REAS NO STATIN THERAPY   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9943      | E           |     | BK PN NT MSR VAS SCL PRE/PST |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9945      | E           |     | PT W/CANCER SCOLIOSIS        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9946      | E           |     | BK PAIN NO VAS               |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9949      | E           |     | LEG PAIN NO VAS              |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9954      | E           |     | PT >2 RSK FAC POST-OP VOMIT  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9955      | E           |     | INHLNT ANESTH ONLY FOR INDUC |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9956      | E           |     | COMBO THRPY OF >= 2 PROPHLY  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9957      | E           |     | DOC MED RSN NO COMBO THRPY   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9958      | E           |     | NO COMBO PROHPYL THRP FOR PT |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9959      | E           |     | SYSTEMIC ANTIMICRO NOT PRESC |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9960      | E           |     | MED RSN SYS ANTIMI NT RX     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9961      | E           |     | SYSTEMIC ANTIMICRO PRESC     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9962      | E           |     | EMBOLIZATION DOC SEPARATLY   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9963      | E           |     | EMBOLIZATION NOT DOC SEPARAT |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9964      | E           |     | PT RECV >=1 WELL-CHLD VISIT  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9965      | E           |     | NO WELL-CHLD VIST RECV BY PT |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9968      | E           |     | PT REFRD 2 PVDR/SPCLST IN PP |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9969      | E           |     | PVDR RFRD PT RPRT RCVD       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9970      | E           |     | PVDR RFRD PT NO RPRT RCVD    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9976      | E           |     | DOC PAT RSN NO MAC EXM PERF  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9977      | E           |     | DIL MAC EXAM NO PERF RSN NOS |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9978      | E           |     | REMOTE E/M NEW PT 10MINS     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9979      | E           |     | REMOTE E/M NEW PT 20MINS     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9980      | E           |     | REMOTE E/M NEW PT 30 MINS    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9981      | E           |     | REMOTE E/M NEW PT 45MINS     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9982      | E           |     | REMOTE E/M NEW PT 60MINS     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9983      | E           |     | REMOTE E/M EST. PT 10MINS    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9984      | E           |     | REMOTE E/M EST. PT 15MINS    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9985      | E           |     | REMOTE E/M EST. PT 25MINS    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9986      | E           |     | REMOTE E/M EST. PT 40MINS    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9987      | E           |     | BPCI ADVANCED IN HOME VISIT  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9988      | E           |     | PALL SERV DURING MEAS        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9992      | E           |     | PALL SERV DURING MEAS        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9993      | E           |     | PALL SERV DURING MEAS        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9994      | E           |     | PALL SERV DURING MEAS        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9996      | E           |     | DOC PT PAL OR HOSPICE        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9997      | E           |     | DOC PT PREG DUR MSRMT PD     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9998      | E           |     | DOC MED RSN <3 COLON         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| G9999      | E           |     | DOC SYS RSN <3 COLON         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| H0001      | E           |     | ALCOHOL AND/OR DRUG ASSESS   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| H0002      | E           |     | ALCOHOL AND/OR DRUG SCREENIN |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| H0003      | E           |     | ALCOHOL AND/OR DRUG SCREENIN |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| H0004      | E           |     | ALCOHOL AND/OR DRUG SERVICES |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| H0005      | E           |     | ALCOHOL AND/OR DRUG SERVICES |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| H0006      | E           |     | ALCOHOL AND/OR DRUG SERVICES |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| H0007      | E           |     | ALCOHOL AND/OR DRUG SERVICES |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| H0008      | E           |     | ALCOHOL AND/OR DRUG SERVICES |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| H0009      | E           |     | ALCOHOL AND/OR DRUG SERVICES |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| H0010      | E           |     | ALCOHOL AND/OR DRUG SERVICES |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| H0011      | E           |     | ALCOHOL AND/OR DRUG SERVICES |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc<br>Cd | 2024<br>APC |     | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method       | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-------------|-----|------------------------------|------------------|-----|---------------|--------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Status      | Ind |                              |                  |     |               |              |                                        |                                    |                                           |  |                         |          |            |            |          |
| H0012      | E           |     | ALCOHOL AND/OR DRUG SERVICES |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| H0013      | E           |     | ALCOHOL AND/OR DRUG SERVICES |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| H0014      | E           |     | ALCOHOL AND/OR DRUG SERVICES |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| H0015      | E           |     | ALCOHOL AND/OR DRUG SERVICES |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| H0016      | E           |     | ALCOHOL AND/OR DRUG SERVICES |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| H0017      | E           |     | ALCOHOL AND/OR DRUG SERVICES |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| H0018      | E           |     | ALCOHOL AND/OR DRUG SERVICES |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| H0019      | E           |     | ALCOHOL AND/OR DRUG SERVICES |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| H0020      | E           |     | ALCOHOL AND/OR DRUG SERVICES |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| H0021      | E           |     | ALCOHOL AND/OR DRUG TRAINING |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| H0022      | E           |     | ALCOHOL AND/OR DRUG INTERVEN |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| H0023      | E           |     | ALCOHOL AND/OR DRUG OUTREACH |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| H0024      | E           |     | ALCOHOL AND/OR DRUG PREVENTI |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| H0025      | E           |     | ALCOHOL AND/OR DRUG PREVENTI |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| H0026      | E           |     | ALCOHOL AND/OR DRUG PREVENTI |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| H0027      | E           |     | ALCOHOL AND/OR DRUG PREVENTI |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| H0028      | E           |     | ALCOHOL AND/OR DRUG PREVENTI |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| H0029      | E           |     | ALCOHOL AND/OR DRUG PREVENTI |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| H0030      | E           |     | ALCOHOL AND/OR DRUG HOTLINE  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| H0031      | E           |     | MH HEALTH ASSESS BY NON-MD   |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| H0032      | E           |     | MH SVC PLAN DEV BY NON-MD    |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| H0033      | E           |     | ORAL MED ADM DIRECT OBSERVE  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| H0034      | E           |     | MED TRNG & SUPPORT PER 15MIN |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| H0035      | M           |     | MH PARTIAL HOSP TX UNDER 24H |                  | -   | -             | Fee Schedule | \$90.60                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| H0036      | E           |     | COMM PSY FACE-FACE PER 15MIN |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 20         |          |
| H0037      | E           |     | COMM PSY SUP TX PGM PER DIEM |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| H0038      | M           |     | SELF-HELP/PEER SVC PER 15MIN |                  | -   | -             | Fee Schedule | \$14.01                                |                                    |                                           |  | -                       | -        | 018        | 999        |          |
| H0039      | E           |     | ASSER COM TX FACE-FACE/15MIN |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| H0040      | E           |     | ASSERT COMM TX PGM PER DIEM  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| H0041      | E           |     | FOS C CHLD NON-THER PER DIEM |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| H0042      | E           |     | FOS C CHLD NON-THER PER MON  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| H0043      | E           |     | SUPPORTED HOUSING PER DIEM   |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| H0044      | E           |     | SUPPORTED HOUSING PER MONTH  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| H0045      | E           |     | RESPIRE NOT-IN-HOME PER DIEM |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| H0046      | E           |     | MENTAL HEALTH SERVICE NOS    |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| H0047      | E           |     | ALCOHOL/DRUG ABUSE SVC NOS   |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| H0048      | E           |     | SPEC COLL NON-BLOOD:A/D TEST |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| H0049      | E           |     | ALCOHOL/DRUG SCREENING       |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| H1000      | E           |     | PRENATAL CARE ATRISK ASSESSM |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| H1001      | E           |     | ANTEPARTUM MANAGEMENT        |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| H1002      | E           |     | CARECOORDINATION PRENATAL    |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| H1003      | E           |     | PRENATAL AT RISK EDUCATION   |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| H1004      | E           |     | FOLLOW UP HOME VISIT/PRENTAL |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| H1005      | E           |     | PRENATALCARE ENHANCED SRV PK |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| H1010      | E           |     | NONMED FAMILY PLANNING ED    |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| H1011      | E           |     | FAMILY ASSESSMENT            |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| H2000      | E           |     | COMP MULTIDISIPLN EVALUATION |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| H2001      | E           |     | REHABILITATION PROGRAM 1/2 D |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| H2010      | E           |     | COMPREHENSIVE MED SVC 15 MIN |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| H2011      | M           |     | CRISIS INTERVEN SVC, 15 MIN  |                  | -   | -             | Fee Schedule | \$12.24                                |                                    |                                           |  | -                       | -        | 018        | 999        |          |
| H2012      | E           |     | BEHAV HLTH DAY TREAT, PER HR |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| H2013      | E           |     | PSYCH HLTH FAC SVC, PER DIEM |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| H2014      | E           |     | SKILLS TRAIN AND DEV, 15 MIN |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| H2015      | E           |     | COMP COMM SUPP SVC, 15 MIN   |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| H2016      | E           |     | COMP COMM SUPP SVC, PER DIEM |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| H2017      | E           |     | PSYSOC REHAB SVC, PER 15 MIN |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc<br>Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC   | APC<br>Weight | Method                             | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|------------------------------|------------------------------|------------------|-------|---------------|------------------------------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|            |                              |                              |                  |       |               |                                    |                                        |                                    |                                           |                         |          |            |            |          |
| H2018      | E                            | PSYSOC REHAB SVC, PER DIEM   |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| H2019      | E                            | THER BEHAV SVC, PER 15 MIN   |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| H2020      | E                            | THER BEHAV SVC, PER DIEM     |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| H2021      | E                            | COM WRAP-AROUND SV, 15 MIN   |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| H2022      | E                            | COM WRAP-AROUND SV, PER DIEM |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| H2023      | E                            | SUPPORTED EMPLOY, PER 15 MIN |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| H2024      | E                            | SUPPORTED EMPLOY, PER DIEM   |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| H2025      | E                            | SUPP MAINT EMPLOY, 15 MIN    |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| H2026      | E                            | SUPP MAINT EMPLOY, PER DIEM  |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| H2027      | E                            | PSYCHOED SVC, PER 15 MIN     |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| H2028      | E                            | SEX OFFEND TX SVC, 15 MIN    |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| H2029      | E                            | SEX OFFEND TX SVC, PER DIEM  |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| H2030      | E                            | MH CLUBHOUSE SVC, PER 15 MIN |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| H2031      | E                            | MH CLUBHOUSE SVC, PER DIEM   |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| H2032      | E                            | ACTIVITY THERAPY, PER 15 MIN |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| H2033      | E                            | MULTISYS THER/JUVENILE 15MIN |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| H2034      | E                            | A/D HALFWAY HOUSE, PER DIEM  |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| H2035      | E                            | A/D TX PROGRAM, PER HOUR     |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| H2036      | E                            | A/D TX PROGRAM, PER DIEM     |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| H2037      | E                            | DEV DELAY PREV DP CH, 15 MIN |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0120      | N                            | TETRACYCLIN INJECTION        |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0121      | K                            | INJ., OMADACYCLINE, 1 MG     |                  | 09311 | 0.0642        | APC (blood and non-blood products) | \$3.87                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0122      | N                            | INJ., ERAVACYCLINE, 1 MG     |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0129      | K                            | ABATACEPT INJECTION          |                  | 09230 | 0.7337        | APC (blood and non-blood products) | \$43.38                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0130      | N                            | ABCIXIMAB INJECTION          |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0131      | N                            | INJ, ACETAMINOPHEN (NOS)     |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 002        | 999        |          |
| J0132      | N                            | ACETYLCYSTEINE INJECTION     |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0133      | N                            | ACYCLOVIR INJECTION          |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0134      | N                            | INJ ACETAMINOPHEN -FRESENIUS |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0136      | N                            | INJ, ACETAMINOPHEN (B BRAUN) |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0137      | N                            | INJ, ACETAMINOPHEN (HIKMA)   |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0138      | G                            | INJ ACETAMINOPH 10MG/IBU 3MG |                  | -     | -             | APC – pays by fee schedule amount  | \$0.22                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0139      | K                            | INJ, ADALIMUMAB, 1 MG        |                  | 00817 | 1.5106        | APC (blood and non-blood products) | \$91.73                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0153      | N                            | ADENOSINE INJ 1MG            |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0171      | N                            | ADRENALIN EPINEPHRINE INJECT |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0172      | K                            | INJ, ADUCANUMAB-AVWA, 2 MG   |                  | 09438 | 0.0985        | APC (blood and non-blood products) | \$5.98                                 |                                    |                                           | Y                       | -        | 000        | 999        |          |
| J0173      | N                            | INJ, EPINEPHRINE (BELCHER)   |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0174      | G                            | INJ, LECANEMAB-IRMB, 1 MG    |                  | -     | -             | APC – pays by fee schedule amount  | \$1.33                                 |                                    |                                           | Y                       | -        | 000        | 999        |          |
| J0175      | G                            | INJ, DONANEMAB-AZBT, 2 MG    |                  | -     | -             | APC – pays by fee schedule amount  | \$4.18                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0177      | G                            | INJ, AFLIBERCEPT HD, 1 MG    |                  | -     | -             | APC – pays by fee schedule amount  | \$321.18                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0178      | K                            | AFLIBERCEPT INJECTION        |                  | 01420 | 14.4053       | APC (blood and non-blood products) | \$795.86                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0179      | K                            | INJ, BROLUCIZUMAB-DBLL, 1 MG |                  | 09340 | 5.5777        | APC (blood and non-blood products) | \$339.99                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0180      | K                            | AGALSIDASE BETA INJECTION    |                  | 09208 | 3.7382        | APC (blood and non-blood products) | \$222.84                               |                                    |                                           | -                       | Y        | 000        | 999        |          |
| J0184      | G                            | INJ, AMISULPRIDE, 1 MG       |                  | -     | -             | APC – pays by fee schedule amount  | \$9.11                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0185      | K                            | INJ., APREPITANT, 1 MG       |                  | 09463 | 0.0285        | APC (blood and non-blood products) | \$1.71                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0190      | E                            | INJ BIPERIDEN LACTATE/5 MG   |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0200      | E                            | ALATROFLOXACIN MESYLATE      |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0202      | K                            | INJECTION, ALEMTUZUMAB       |                  | 01809 | 40.2052       | APC (blood and non-blood products) | \$2,441.49                             |                                    |                                           | Y                       | -        | 000        | 999        |          |
| J0205      | E                            | ALGLUCERASE INJECTION        |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0206      | K                            | INJ ALLOPURINOL SODIUM 1 MG  |                  | 09285 | 0.0930        | APC (blood and non-blood products) | \$4.45                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0207      | E                            | AMIFOSTINE                   |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0208      | G                            | INJ, PEDMARK, 100 MG         |                  | -     | -             | APC – pays by fee schedule amount  | \$95.40                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0209      | N                            | INJ, SOD THIOSULFATE (HOPE)  |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0210      | E                            | METHYLDOPATE HCL INJECTION   |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0211      | K                            | INJ, NITHIODOTE, 3MG / 125MG |                  | 00750 | 0.0357        | APC (blood and non-blood products) | \$2.17                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0215      | E                            | ALEFACEPT                    |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |

**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
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| Proc Cd | 2024<br>APC<br>Status | Proc Desc                    | Proc<br>Modifier | APC     | APC<br>Weight | Method                             | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|---------|-----------------------|------------------------------|------------------|---------|---------------|------------------------------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|         |                       |                              |                  |         |               |                                    |                                        |                                    |                                           |                         |          |            |            |          |
| J0216   | N                     | INJ, ALFENTANIL HCL, 500MCG  | -                | -       | -             | Bundled                            | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| J0217   | G                     | INJ VELMANASE ALFA-TYCV 1 MG | -                | -       | -             | APC – pays by fee schedule amount  | \$444.98                               | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| J0218   | G                     | INJ OLIPUDASE ALFA-RPCP 1MG  | -                | -       | -             | APC – pays by fee schedule amount  | \$381.24                               | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| J0219   | K                     | INJ AVAL ALFA-NQPT 4MG       | 09433            | 1.3015  | -             | APC (blood and non-blood products) | \$77.82                                | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| J0220   | N                     | ALGLUCOSIDASE ALFA INJECTION | -                | -       | -             | Bundled                            | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| J0221   | K                     | LUMIZYME INJECTION           | 01413            | 3.3791  | -             | APC (blood and non-blood products) | \$201.57                               | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| J0222   | K                     | INJ., PATISIRAN, 0.1 MG      | 09180            | 1.6990  | -             | APC (blood and non-blood products) | \$99.04                                | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| J0223   | K                     | INJ GIVOSIRAN 0.5 MG         | 09343            | 1.9185  | -             | APC (blood and non-blood products) | \$116.47                               | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| J0224   | K                     | INJ. LUMASIRAN, 0.5 MG       | 09407            | 5.4479  | -             | APC (blood and non-blood products) | \$318.85                               | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| J0225   | G                     | INJ, VUTRISIRAN, 1 MG        | -                | -       | -             | APC – pays by fee schedule amount  | \$4,956.31                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| J0248   | K                     | INJ, REMDESIVIR, 1 MG        | 09200            | 0.1046  | -             | APC (blood and non-blood products) | \$6.35                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| J0256   | K                     | ALPHA 1 PROTEINASE INHIBITOR | 00901            | 0.0841  | -             | APC (blood and non-blood products) | \$5.16                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| J0257   | K                     | GLASSIA INJECTION            | 01415            | 0.0924  | -             | APC (blood and non-blood products) | \$5.45                                 | -                                  | -                                         | -                       | -        | 018        | 999        |          |
| J0270   | E                     | ALPROSTADIL FOR INJECTION    | -                | -       | -             | Not Allowed                        | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| J0275   | E                     | ALPROSTADIL URETHRAL SUPPOS  | -                | -       | -             | Not Allowed                        | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| J0278   | N                     | AMIKACIN SULFATE INJECTION   | -                | -       | -             | Bundled                            | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| J0280   | N                     | AMINOPHYLLIN 250 MG INJ      | -                | -       | -             | Bundled                            | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| J0282   | N                     | AMIODARONE HCL               | -                | -       | -             | Bundled                            | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| J0283   | E                     | INJ, AMIODARONE (NEXTERONE)  | -                | -       | -             | Not Allowed                        | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| J0285   | N                     | AMPHOTERICIN B               | -                | -       | -             | Bundled                            | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| J0287   | K                     | AMPHOTERICIN B LIPID COMPLEX | 09024            | 0.1696  | -             | APC (blood and non-blood products) | \$10.30                                | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| J0288   | E                     | AMPHO B CHOLESTERYL SULFATE  | -                | -       | -             | Not Allowed                        | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| J0289   | K                     | AMPHOTERICIN B LIPOSOME INJ  | 00736            | 0.4741  | -             | APC (blood and non-blood products) | \$23.31                                | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| J0290   | N                     | AMPICILLIN 500 MG INJ        | -                | -       | -             | Bundled                            | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| J0291   | K                     | INJ., PLAZOMICIN, 5 MG       | 09183            | 0.0589  | -             | APC (blood and non-blood products) | \$3.57                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| J0295   | N                     | AMPICILLIN SULBACTAM 1.5 GM  | -                | -       | -             | Bundled                            | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| J0300   | N                     | AMOBARBITAL 125 MG INJ       | -                | -       | -             | Bundled                            | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| J0330   | N                     | SUCCINYLCHOLINE CHLORIDE INJ | -                | -       | -             | Bundled                            | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| J0348   | N                     | ANIDULAFUNGIN INJECTION      | -                | -       | -             | Bundled                            | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| J0349   | G                     | INJ, REZAFUNGIN, 1 MG        | -                | -       | -             | APC – pays by fee schedule amount  | \$10.42                                | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| J0350   | E                     | INJECTION ANISTREPLASE 30 U  | -                | -       | -             | Not Allowed                        | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| J0360   | N                     | HYDRALAZINE HCL INJECTION    | -                | -       | -             | Bundled                            | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| J0364   | E                     | APOMORPHINE HYDROCHLORIDE    | -                | -       | -             | Not Allowed                        | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| J0365   | E                     | APROTONIN, 10,000 KIU        | -                | -       | -             | Not Allowed                        | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| J0380   | E                     | INJ METARAMINOL BITARTRATE   | -                | -       | -             | Not Allowed                        | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| J0390   | N                     | CHLOROQUINE INJECTION        | -                | -       | -             | Bundled                            | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| J0391   | K                     | INJ, ARTESUNATE, 1MG         | 00711            | 0.8193  | -             | APC (blood and non-blood products) | \$51.83                                | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| J0395   | E                     | ARBUTAMINE HCL INJECTION     | -                | -       | -             | Not Allowed                        | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| J0400   | N                     | ARIPRAZOLE INJECTION         | -                | -       | -             | Bundled                            | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| J0401   | K                     | INJ, ABILIFY MAINTENA, 1 MG  | 01468            | 0.1167  | -             | APC (blood and non-blood products) | \$7.03                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| J0402   | G                     | INJ, ABILIFY ASIMTUFII, 1 MG | -                | -       | -             | APC – pays by fee schedule amount  | \$5.87                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| J0456   | N                     | AZITHROMYCIN                 | -                | -       | -             | Bundled                            | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| J0457   | N                     | INJECTION, AZTREONAM, 100 MG | -                | -       | -             | Bundled                            | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| J0461   | N                     | ATROPINE SULFATE INJECTION   | -                | -       | -             | Bundled                            | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| J0470   | N                     | DIMECAPROL INJECTION         | -                | -       | -             | Bundled                            | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| J0475   | K                     | BACLOFEN 10 MG INJECTION     | 09032            | 3.0463  | -             | APC (blood and non-blood products) | \$174.80                               | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| J0476   | N                     | BACLOFEN INTRATHECAL TRIAL   | -                | -       | -             | Bundled                            | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| J0480   | K                     | BASILIXIMAB                  | 01683            | 76.8454 | -             | APC (blood and non-blood products) | \$4,687.66                             | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| J0485   | K                     | BELATACEPT INJECTION         | 09286            | 0.0648  | -             | APC (blood and non-blood products) | \$3.89                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| J0490   | K                     | BELIMUMAB INJECTION          | 01353            | 0.9266  | -             | APC (blood and non-blood products) | \$54.97                                | -                                  | -                                         | -                       | -        | 005        | 999        |          |
| J0491   | K                     | INJ ANIFROLUMAB-FNIA 1MG     | 09434            | 0.2935  | -             | APC (blood and non-blood products) | \$17.78                                | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| J0500   | N                     | DICYCLOMINE INJECTION        | -                | -       | -             | Bundled                            | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| J0515   | N                     | INJ BENZTROPINE MESYLATE     | -                | -       | -             | Bundled                            | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| J0517   | K                     | INJ., BENRALIZUMAB, 1 MG     | 09466            | 2.8301  | -             | APC (blood and non-blood products) | \$163.30                               | -                                  | -                                         | Y                       | -        | 000        | 999        |          |
| J0520   | E                     | BETHANECHOL CHLORIDE INJECT  | -                | -       | -             | Not Allowed                        | \$0.00                                 | -                                  | -                                         | -                       | -        | 000        | 999        |          |
| J0558   | K                     | PENG BENZATHINE/PROCAINE INJ | 09088            | 0.2974  | -             | APC (blood and non-blood products) | \$17.37                                | -                                  | -                                         | -                       | -        | 000        | 999        |          |



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| Proc<br>Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC   | APC<br>Weight | Method                             | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|------------------------------|------------------------------|------------------|-------|---------------|------------------------------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|            |                              |                              |                  |       |               |                                    |                                        |                                    |                                           |                         |          |            |            |          |
| J0561      | K                            | PENICILLIN G BENZATHINE INJ  |                  | 01829 | 0.3767        | APC (blood and non-blood products) | \$26.98                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0565      | K                            | INJ, BEZLOTOXUMAB, 10 MG     |                  | 09490 | 0.6829        | APC (blood and non-blood products) | \$39.87                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0567      | E                            | INJ., CERLIPONASE ALFA 1 MG  |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0571      | E                            | BUPRENORPHINE ORAL 1MG       |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0572      | E                            | BUPREN/NAL UP TO 3MG BUPRENO |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0573      | E                            | BUPREN/NAL 3.1 TO 6MG BUPREN |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0574      | E                            | BUPREN/NAL 6.1 TO 10MG BUPRE |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0575      | E                            | BUPREN/NAL OVER 10MG BUPRENO |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0577      | G                            | INJ, BRIXADI, 7 DAYS OR LESS |                  | -     | -             | APC – pays by fee schedule amount  | \$425.40                               |                                    |                                           | Y                       | -        | 000        | 999        |          |
| J0578      | G                            | INJ BRIXADI, MORE THAN 7 DAY |                  | -     | -             | APC – pays by fee schedule amount  | \$1,701.62                             |                                    |                                           | Y                       | -        | 000        | 999        |          |
| J0583      | N                            | BIVALIRUDIN                  |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0584      | K                            | INJECTION, BUROSUMAB-TWZA 1M |                  | 09187 | 7.6702        | APC (blood and non-blood products) | \$469.74                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0585      | K                            | INJECTION,ONABOTULINUMTOXINA |                  | 00902 | 0.1082        | APC (blood and non-blood products) | \$6.48                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0586      | K                            | ABOBOTULINUMTOXINA           |                  | 01289 | 0.1852        | APC (blood and non-blood products) | \$9.04                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0587      | K                            | INJ, RIMABOTULINUMTOXINB     |                  | 09018 | 0.2232        | APC (blood and non-blood products) | \$13.00                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0588      | K                            | INCOBOTULINUMTOXIN A         |                  | 09278 | 0.0890        | APC (blood and non-blood products) | \$5.33                                 |                                    |                                           | -                       | -        | 018        | 999        |          |
| J0589      | G                            | INJ DAXIBOTULINUMTOXINA-LANM |                  | -     | -             | APC – pays by fee schedule amount  | \$2.99                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0591      | E                            | INJ DEOXYCHOLIC ACID, 1 MG   |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0592      | N                            | BUPRENORPHINE HYDROCHLORIDE  |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0593      | E                            | INJ., LANADELUMAB-FLYO, 1 MG |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0594      | K                            | BUSULFAN INJECTION           |                  | 01178 | 0.0178        | APC (blood and non-blood products) | \$1.46                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0595      | N                            | BUTORPHANOL TARTRATE 1 MG    |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0596      | K                            | INJECTION, RUCONEST          |                  | 09445 | 0.5720        | APC (blood and non-blood products) | \$34.75                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0597      | K                            | C-1 ESTERASE, BERINERT       |                  | 09269 | 1.1034        | APC (blood and non-blood products) | \$72.27                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0598      | K                            | C-1 ESTERASE, CINRYZE        |                  | 09251 | 1.0715        | APC (blood and non-blood products) | \$63.88                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0599      | E                            | INJ., HAEGARDA 10 UNITS      |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0600      | K                            | EDETATE CALCIUM DISODIUM INJ |                  | 01274 | 108.8044      | APC (blood and non-blood products) | \$6,460.03                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0601      | E                            | SEVELAMER CARBONATE 20 MG    |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0602      | E                            | SEVELAMER CARBONATE PDR 20MG |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0603      | E                            | SEVELAMER HYDROCHLORIDE 20MG |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0604      | M                            | CINACALCET, ESRD ON DIALYSIS |                  | -     | -             | Fee Schedule                       | \$1.01                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0605      | E                            | SUCROFERRIC OXYHYDROXIDE 5MG |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0606      | N                            | INJ, ETELCALCETIDE, 0.1 MG   |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0607      | E                            | LANTHANUM CARBONATE ORAL 5MG |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0608      | E                            | LANTHANUM CARBONATE PWDR 5MG |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0609      | E                            | FERRIC CITRATE ORL 3 MG IRON |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0612      | N                            | INJ, CALCIUM GLUCONATE, NOS  |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0613      | N                            | CALCIUM GLUCON (WG CRITICAL) |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0615      | E                            | CALCIUM ACETATE, ORAL, 23 MG |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0620      | N                            | CALCIUM GLYCER & LACT/10 ML  |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0630      | K                            | CALCITONIN SALMON INJECTION  |                  | 01433 | 18.8686       | APC (blood and non-blood products) | \$899.21                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0636      | N                            | INJ CALCITRIOL PER 0.1 MCG   |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0637      | N                            | CASPOFUNGIN ACETATE          |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0638      | K                            | CANAKINUMAB INJECTION        |                  | 01311 | 2.1319        | APC (blood and non-blood products) | \$136.56                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0640      | N                            | LEUCOVORIN CALCIUM INJECTION |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0641      | N                            | INJ LEVOLEUCOVORIN NOS 0.5MG |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0642      | N                            | INJECTION, KHAPZORY, 0.5 MG  |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0650      | N                            | INJ, LEVOTHYROXINE NOS 10MCG |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0651      | K                            | INJ, LEVOTHYROXINE, FRESKABI |                  | 00734 | 0.0629        | APC (blood and non-blood products) | \$6.40                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0652      | K                            | INJ, LEVOTHYROXINE, HIKMA    |                  | 00735 | 0.0846        | APC (blood and non-blood products) | \$5.14                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0665      | N                            | INJ, BUPIVACAINE, NOS, 0.5MG |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0666      | K                            | INJ, BUPIVACAINE LIPOSOME    |                  | 00763 | 0.0238        | APC (blood and non-blood products) | \$1.42                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0670      | N                            | INJ MEPIVACAINE HCL/10 ML    |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0687      | K                            | INJ CEFAZOLIN (WG CRIT CARE) |                  | 00753 | 0.0183        | APC (blood and non-blood products) | \$0.97                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0688      | K                            | INJ CEFAZOLIN SODIUM, HIKMA  |                  | 00788 | 0.0165        | APC (blood and non-blood products) | \$0.98                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J0689      | N                            | INJ CEFAZOLIN SODIUM, BAXTER |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |

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| Proc Cd | 2024 APC |     | 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 |
|---------|----------|-----|------------------------------|---------------|-------|------------|------------------------------------|----------------------------------|------------------------------|----------------------------------|----------------------|----------|---------|---------|----------|
|         | Status   | Ind |                              |               |       |            |                                    |                                  |                              |                                  |                      |          |         |         |          |
| J0690   | N        |     | CEFAZOLIN SODIUM INJECTION   |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J0691   | N        |     | INJ LEFAMULIN 1 MG           |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J0692   | N        |     | CEFEPIME HCL FOR INJECTION   |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J0694   | N        |     | CEFOXITIN SODIUM INJECTION   |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J0695   | K        |     | INJ CEFTOLOZANE TAZOBACTAM   |               | 09452 | 0.1248     | APC (blood and non-blood products) | \$8.04                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J0696   | N        |     | CEFTRIAZONE SODIUM INJECTION |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J0697   | N        |     | STERILE CEFUROXIME INJECTION |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J0698   | N        |     | CEFOTAXIME SODIUM INJECTION  |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J0699   | K        |     | INJ, CEFIDEROCOL, 10 MG      |               | 09426 | 0.0376     | APC (blood and non-blood products) | \$2.28                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J0701   | N        |     | INJ. CEFEPIME HCL (BAXTER)   |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J0702   | N        |     | BETAMETHASONE ACET&SOD PHOSP |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J0703   | N        |     | INJ, CEFEPIME HCL (B BRAUN)  |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J0706   | N        |     | CAFFEINE CITRATE INJECTION   |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J0710   | E        |     | CEPHAPIRIN SODIUM INJECTION  |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J0712   | K        |     | CEFTAROLINE FOSAMIL INJ      |               | 01824 | 0.0661     | APC (blood and non-blood products) | \$3.99                           |                              |                                  | -                    | -        | 018     | 999     |          |
| J0713   | N        |     | INJ CEFTAZIDIME PER 500 MG   |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J0714   | K        |     | CEFTAZIDIME AND AVIBACTAM    |               | 01825 | 1.6345     | APC (blood and non-blood products) | \$100.50                         |                              |                                  | -                    | -        | 000     | 999     |          |
| J0715   | E        |     | CEFTIZOXIME SODIUM / 500 MG  |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J0716   | K        |     | CENTRUROIDES IMMUNE F(AB)    |               | 01431 | 81.8218    | APC (blood and non-blood products) | \$4,855.30                       |                              |                                  | -                    | -        | 000     | 999     |          |
| J0717   | K        |     | CERTOLIZUMAB PEGOL INJ 1MG   |               | 01474 | 0.0792     | APC (blood and non-blood products) | \$3.98                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J0720   | N        |     | CHLORAMPHENICOL SODIUM INJEC |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J0725   | E        |     | CHORIONIC GONADOTROPIN/1000U |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J0735   | N        |     | CLONIDINE HYDROCHLORIDE      |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J0736   | N        |     | INJ, CLINDAMYCIN PHOSP 300MG |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J0737   | N        |     | INJ, CLINDAMYCIN (BAXTER)    |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J0739   | K        |     | HIV PREP, INJ, CABOTEGRAVIR  |               | 00805 | 0.1135     | APC (blood and non-blood products) | \$6.89                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J0740   | K        |     | CIDOFOVIR INJECTION          |               | 09033 | 9.9513     | APC (blood and non-blood products) | \$521.83                         |                              |                                  | -                    | -        | 000     | 999     |          |
| J0741   | K        |     | INJ, CABOTE RILPIVIR 2MG 3MG |               | 09414 | 0.3873     | APC (blood and non-blood products) | \$23.13                          |                              |                                  | -                    | -        | 000     | 999     |          |
| J0742   | K        |     | INJ IMIP 4 CILAS 4 RELEB 2MG |               | 09362 | 0.0419     | APC (blood and non-blood products) | \$2.50                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J0743   | N        |     | CILASTATIN SODIUM INJECTION  |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J0744   | N        |     | CIPROFLOXACIN IV             |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J0745   | N        |     | INJ CODEINE PHOSPHATE /30 MG |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J0750   | K        |     | HIV PREP, FTC/TDF 200/300MG  |               | 00806 | 0.0299     | APC (blood and non-blood products) | \$1.28                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J0751   | K        |     | HIV PREP, FTC/TAF 200/25MG   |               | 00808 | 1.1741     | APC (blood and non-blood products) | \$71.27                          |                              |                                  | -                    | -        | 000     | 999     |          |
| J0770   | N        |     | COLISTIMETHATE SODIUM INJ    |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J0775   | K        |     | COLLAGENASE, CLOST HIST INJ  |               | 01340 | 1.1812     | APC (blood and non-blood products) | \$73.38                          |                              |                                  | -                    | -        | 000     | 999     |          |
| J0780   | N        |     | PROCHLORPERAZINE INJECTION   |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J0791   | K        |     | INJ CRIZANLIZUMAB-TMCA 5MG   |               | 09359 | 2.1810     | APC (blood and non-blood products) | \$129.50                         |                              |                                  | -                    | -        | 000     | 999     |          |
| J0795   | E        |     | CORTICORELIN OVINE TRIFLUTAL |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J0799   | E        |     | HIV PREP, FDA APPROVED, NOC  |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J0801   | N        |     | INJ. ACTHAR GEL TO 40 UNITS  |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J0802   | N        |     | INJ. (ANI), UP TO 40 UNITS   |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J0834   | N        |     | INJ., COSYNTROPIN, 0.25 MG   |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J0840   | K        |     | CROTALIDAE POLY IMMUNE FAB   |               | 09274 | 33.9077    | APC (blood and non-blood products) | \$1,755.81                       |                              |                                  | -                    | -        | 000     | 999     |          |
| J0841   | K        |     | INJ CROTALIDAE IM F(AB')2 EQ |               | 09188 | 17.9362    | APC (blood and non-blood products) | \$1,043.55                       |                              |                                  | -                    | -        | 000     | 999     |          |
| J0850   | K        |     | CYTOMEGALOVIRUS IMM IV /VIAL |               | 00903 | 30.9680    | APC (blood and non-blood products) | \$1,812.01                       |                              |                                  | -                    | -        | 000     | 999     |          |
| J0870   | G        |     | INJECTION, IMETELSTAT, 1 MG  |               | -     | -          | APC – pays by fee schedule amount  | \$55.51                          |                              |                                  | -                    | -        | 000     | 999     |          |
| J0872   | K        |     | DAPTOMYCIN (XELLIA) UNREFRIG |               | 00754 | 0.0007     | APC (blood and non-blood products) | \$0.05                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J0873   | K        |     | INJ DAPTOMYCIN (XELLIA)      |               | 00789 | 0.0006     | APC (blood and non-blood products) | \$0.03                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J0874   | E        |     | INJ, DAPTOMYCIN (BAXTER)     |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J0875   | K        |     | INJECTION, DALBAVANCIN       |               | 01823 | 0.2590     | APC (blood and non-blood products) | \$15.57                          |                              |                                  | -                    | -        | 000     | 999     |          |
| J0877   | N        |     | INJ, DAPTOMYCIN (HOSPIRA)    |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J0878   | N        |     | DAPTOMYCIN INJECTION         |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | Y        | 000     | 999     |          |
| J0879   | K        |     | DIFELIKEFALIN, ESRD ON DIALY |               | 09202 | 0.0021     | APC (blood and non-blood products) | \$0.09                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J0881   | K        |     | DARBEPOETIN ALFA, NON-ESRD   |               | 01685 | 0.0497     | APC (blood and non-blood products) | \$2.92                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J0882   | K        |     | DARBEPOETIN ALFA, ESRD USE   |               | 01482 | 0.0497     | APC (blood and non-blood products) | \$2.92                           |                              |                                  | -                    | -        | 000     | 999     |          |

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| Proc Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC   |         | Method                             | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |   | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|---------|------------------------------|------------------------------|------------------|-------|---------|------------------------------------|----------------------------------------|------------------------------------|-------------------------------------------|---|-------------------------|----------|------------|------------|----------|
|         |                              |                              |                  | APC   | Weight  |                                    |                                        |                                    |                                           |   |                         |          |            |            |          |
| J0883   | K                            | ARGATROBAN NONESRD USE 1MG   |                  | 01859 | 0.0153  | APC (blood and non-blood products) | \$0.95                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| J0884   | N                            | ARGATROBAN ESRD DIALYSIS 1MG |                  | -     | -       | Bundled                            | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| J0885   | K                            | EPOETIN ALFA, NON-ESRD       |                  | 01686 | 0.1417  | APC (blood and non-blood products) | \$7.08                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| J0887   | N                            | EPOETIN BETA ESRD USE        |                  | -     | -       | Bundled                            | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| J0888   | K                            | EPOETIN BETA NON ESRD        |                  | 09077 | 0.0237  | APC (blood and non-blood products) | \$1.26                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| J0889   | E                            | DAPRODUSTAT ORAL 1MG ESRD    |                  | -     | -       | Not Allowed                        | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| J0890   | E                            | PEGINESATIDE INJECTION       |                  | -     | -       | Not Allowed                        | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| J0891   | K                            | ARGATROBAN NONESRD (ACCORD)  |                  | 09020 | 0.0311  | APC (blood and non-blood products) | \$1.82                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| J0892   | N                            | ARGATROBAN DIALYSIS (ACCORD) |                  | -     | -       | Bundled                            | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| J0893   | N                            | INJ, DECITABINE (SUN PHARMA) |                  | -     | -       | Bundled                            | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| J0894   | N                            | DECITABINE INJECTION         |                  | -     | -       | Bundled                            | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| J0895   | N                            | DEFEROXAMINE MESYLATE INJ    |                  | -     | -       | Bundled                            | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| J0896   | K                            | INJ LUSPATERCEPT-AAMT 0.25MG |                  | 09347 | 0.6848  | APC (blood and non-blood products) | \$41.24                                |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| J0897   | K                            | DENOSUMAB INJECTION          |                  | 09272 | 0.4314  | APC (blood and non-blood products) | \$27.81                                |                                    |                                           | Y | -                       | -        | 018        | 999        |          |
| J0898   | K                            | ARGATROBAN NONESRD (AUROMED) |                  | 09022 | 0.0234  | APC (blood and non-blood products) | \$1.34                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| J0899   | N                            | ARGATROBAN DIALYSIS, AUROMED |                  | -     | -       | Bundled                            | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| J0901   | E                            | VADADUSTAT ORAL 1MG FOR ESRD |                  | -     | -       | Not Allowed                        | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| J0911   | G                            | INST TAURO 1.35MG/HEP 100U   |                  | -     | -       | APC – pays by fee schedule amount  | \$8.59                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| J0945   | E                            | BROMPHENIRAMINE MALEATE INJ  |                  | -     | -       | Not Allowed                        | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| J1000   | N                            | DEPO-ESTRADIOL CYPIONATE INJ |                  | -     | -       | Bundled                            | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| J1010   | K                            | INJ, METHYLPRED ACETATE 1 MG |                  | 00790 | 0.0019  | APC (blood and non-blood products) | \$0.11                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| J1050   | N                            | MEDROXYPROGESTERONE ACETATE  |                  | -     | -       | Bundled                            | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| J1071   | N                            | INJ TESTOSTERONE CYPIONATE   |                  | -     | -       | Bundled                            | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| J1095   | N                            | INJECTION, DEXAMETHASONE 9%  |                  | -     | -       | Bundled                            | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| J1096   | K                            | DEXAMETHA OPTH INSERT 0.1 MG |                  | 09308 | 1.8601  | APC (blood and non-blood products) | \$110.68                               |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| J1097   | K                            | PHENYLEP KETOROLAC OPTH SOLN |                  | 09324 | 1.5949  | APC (blood and non-blood products) | \$98.07                                |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| J1100   | N                            | DEXAMETHASONE SODIUM PHOS    |                  | -     | -       | Bundled                            | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| J1105   | K                            | DEXMETETOMIDINE FILM, 1 MCG  |                  | 00722 | 0.0129  | APC (blood and non-blood products) | \$0.64                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| J1110   | N                            | INJ DIHYDROERGOTAMINE MESYLT |                  | -     | -       | Bundled                            | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| J1120   | N                            | ACETAZOLAMID SODIUM INJECTIO |                  | -     | -       | Bundled                            | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| J1130   | N                            | INJ DICLOFENAC SODIUM 0.5MG  |                  | -     | -       | Bundled                            | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| J1160   | N                            | DIGOXIN INJECTION            |                  | -     | -       | Bundled                            | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| J1162   | K                            | DIGOXIN IMMUNE FAB (OVINE)   |                  | 01687 | 83.4977 | APC (blood and non-blood products) | \$4,968.58                             |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| J1165   | N                            | PHENYTOIN SODIUM INJECTION   |                  | -     | -       | Bundled                            | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| J1171   | N                            | INJ, HYDROMORPHONE, 0.1 MG   |                  | -     | -       | Bundled                            | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| J1180   | E                            | DYPHYLLINE INJECTION         |                  | -     | -       | Not Allowed                        | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| J1190   | K                            | DEXRAZOXANE HCL INJECTION    |                  | 00726 | 1.5600  | APC (blood and non-blood products) | \$80.96                                |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| J1200   | N                            | DIPHENHYDRAMINE HCL INJECTIO |                  | -     | -       | Bundled                            | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| J1201   | K                            | INJ. CETIRIZINE HCL 0.5MG    |                  | 09361 | 0.2564  | APC (blood and non-blood products) | \$15.62                                |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| J1202   | E                            | MIGLUSTAT ORAL 65 MG         |                  | -     | -       | Not Allowed                        | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| J1203   | G                            | INJ, CIPAGLUCOSIDASE, 5 MG   |                  | -     | -       | APC – pays by fee schedule amount  | \$89.85                                |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| J1205   | N                            | CHLOROTHIAZIDE SODIUM INJ    |                  | -     | -       | Bundled                            | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| J1212   | K                            | DIMETHYL SULFOXIDE 50% 50 ML |                  | 01832 | 11.6486 | APC (blood and non-blood products) | \$714.72                               |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| J1230   | N                            | METHADONE INJECTION          |                  | -     | -       | Bundled                            | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| J1240   | N                            | DIMENHYDRINATE INJECTION     |                  | -     | -       | Bundled                            | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| J1245   | N                            | DIPYRIDAMOLE INJECTION       |                  | -     | -       | Bundled                            | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| J1250   | N                            | INJ DOBUTAMINE HCL/250 MG    |                  | -     | -       | Bundled                            | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| J1260   | N                            | DOLASETRON MESYLATE          |                  | -     | -       | Bundled                            | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| J1265   | N                            | DOPAMINE INJECTION           |                  | -     | -       | Bundled                            | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| J1267   | E                            | DORIPENEM INJECTION          |                  | -     | -       | Not Allowed                        | \$0.00                                 |                                    |                                           |   | -                       | -        | 018        | 999        |          |
| J1270   | N                            | INJECTION, DOXERCALCIFEROL   |                  | -     | -       | Bundled                            | \$0.00                                 |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| J1290   | K                            | ECALLANTIDE INJECTION        |                  | 09263 | 9.3444  | APC (blood and non-blood products) | \$564.64                               |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| J1301   | K                            | INJECTION, EDARAVONE, 1 MG   |                  | 09493 | 0.3739  | APC (blood and non-blood products) | \$20.41                                |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| J1302   | G                            | INJ, SUTIMLIMAB-JOME, 10 MG  |                  | -     | -       | APC – pays by fee schedule amount  | \$18.13                                |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| J1303   | K                            | INJ., RAVULIZUMAB-CWVZ 10 MG |                  | 09312 | 3.7977  | APC (blood and non-blood products) | \$220.32                               |                                    |                                           |   | -                       | -        | 000        | 999        |          |
| J1304   | G                            | INJ TOFERSSEN INTRATHEC 1 MG |                  | -     | -       | APC – pays by fee schedule amount  | \$155.34                               |                                    |                                           |   | -                       | -        | 000        | 999        |          |

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| Proc Cd | 2024 APC |     | 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 |
|---------|----------|-----|------------------------------|---------------|-------|------------|------------------------------------|----------------------------------|------------------------------|----------------------------------|--|----------------------|----------|---------|---------|----------|
|         | Status   | Ind |                              |               |       |            |                                    |                                  |                              |                                  |  |                      |          |         |         |          |
| J1305   | K        |     | INJ, EVINACUMAB-DGNB, 5MG    |               | 09416 | 3.0683     | APC (blood and non-blood products) | \$186.31                         |                              |                                  |  | Y                    | -        | 000     | 999     |          |
| J1306   | G        |     | INJECTION, INCLISIRAN, 1 MG  |               | -     | -          | APC – pays by fee schedule amount  | \$12.27                          |                              |                                  |  | Y                    | -        | 000     | 999     |          |
| J1307   | K        |     | INJ, CROVALIMAB-AKKZ, 10 MG  |               | 00818 | 8.8258     | APC (blood and non-blood products) | \$551.51                         |                              |                                  |  | -                    | -        | 000     | 999     |          |
| J1320   | N        |     | AMITRIPTYLINE INJECTION      |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| J1322   | K        |     | ELOSULFASE ALFA, INJECTION   |               | 01480 | 4.8506     | APC (blood and non-blood products) | \$293.94                         |                              |                                  |  | -                    | -        | 000     | 999     |          |
| J1323   | G        |     | INJ, ELRANATAMAB-BCMM, 1 MG  |               | -     | -          | APC – pays by fee schedule amount  | \$182.98                         |                              |                                  |  | -                    | -        | 000     | 999     |          |
| J1324   | E        |     | ENFUVIRTIDE INJECTION        |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| J1325   | N        |     | EPOPROSTENOL INJECTION       |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| J1327   | N        |     | EPTIFIBATIDE INJECTION       |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| J1330   | E        |     | ERGONOVINE MALEATE INJECTION |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| J1335   | N        |     | ERTAPENEM INJECTION          |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| J1364   | N        |     | ERYTHRO LACTOBIONATE /500 MG |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| J1380   | N        |     | ESTRADIOL VALERATE 10 MG INJ |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| J1410   | K        |     | INJ ESTROGEN CONJUGATE 25 MG |               | 09038 | 6.3772     | APC (blood and non-blood products) | \$382.89                         |                              |                                  |  | -                    | -        | 000     | 999     |          |
| J1411   | G        |     | INJ, HEMGENIX, PER TX DOSE   |               | -     | -          | APC – pays by fee schedule amount  | \$3,685,266.67                   |                              |                                  |  | -                    | -        | 000     | 999     |          |
| J1412   | G        |     | INJ ROCTAVIAN ML 2X10?13VC G |               | -     | -          | APC – pays by fee schedule amount  | \$12,007.81                      |                              |                                  |  | -                    | -        | 000     | 999     |          |
| J1413   | G        |     | INJ DELANDISTROGENE MOX ROKL |               | -     | -          | APC – pays by fee schedule amount  | \$3,322,473.30                   |                              |                                  |  | -                    | -        | 000     | 999     |          |
| J1414   | G        |     | INJ, BEQVEZ, PER TX DOSE     |               | -     | -          | APC – pays by fee schedule amount  | \$3,710,000.00                   |                              |                                  |  | -                    | -        | 000     | 999     |          |
| J1426   | E        |     | INJECTION, CASIMERSEN, 10 MG |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  |  | Y                    | -        | 000     | 999     |          |
| J1427   | N        |     | INJ. VILTOLARSEN             |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  |  | Y                    | -        | 000     | 999     |          |
| J1428   | E        |     | INJ, ETEPLIRSEN, 10 MG       |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  |  | Y                    | -        | 000     | 999     |          |
| J1429   | N        |     | INJ GOLODIRSEN 10 MG         |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  |  | Y                    | -        | 000     | 999     |          |
| J1430   | K        |     | ETHANOLAMINE OLEATE 100 MG   |               | 01688 | 8.1254     | APC (blood and non-blood products) | \$497.70                         |                              |                                  |  | -                    | -        | 000     | 999     |          |
| J1434   | G        |     | INJ, FOCINVEZ, 1MG           |               | -     | -          | APC – pays by fee schedule amount  | \$3.02                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| J1435   | E        |     | INJECTION ESTRONE PER 1 MG   |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| J1436   | E        |     | ETIDRONATE DISODIUM INJ      |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| J1437   | K        |     | INJ. FE DERISOMALTOSE 10 MG  |               | 09388 | 0.3414     | APC (blood and non-blood products) | \$20.83                          |                              |                                  |  | -                    | -        | 000     | 999     |          |
| J1438   | K        |     | ETANERCEPT INJECTION         |               | 01608 | 13.0234    | APC (blood and non-blood products) | \$790.78                         |                              |                                  |  | -                    | -        | 000     | 999     |          |
| J1439   | K        |     | INJ FERRIC CARBOXYMALTOS 1MG |               | 09441 | 0.0187     | APC (blood and non-blood products) | \$1.13                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| J1440   | G        |     | FECAL MICROBIOTA JSLM 1 ML   |               | -     | -          | APC – pays by fee schedule amount  | \$63.93                          |                              |                                  |  | -                    | -        | 000     | 999     |          |
| J1442   | K        |     | INJ FILGRASTIM EXCL BIOSIMIL |               | 01469 | 0.0170     | APC (blood and non-blood products) | \$0.98                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| J1443   | E        |     | INJ FERRIC PYROPHOSPHATE CIT |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| J1444   | E        |     | FE PYRO CIT POW 0.1 MG IRON  |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| J1445   | E        |     | INJ TRIFERIC AVNU 0.1MG IRON |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| J1447   | K        |     | INJ TBO FILGRASTIM 1 MICROG  |               | 01748 | 0.0070     | APC (blood and non-blood products) | \$0.37                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| J1448   | K        |     | INJECTION, TRILACICLIB, 1MG  |               | 09415 | 0.0905     | APC (blood and non-blood products) | \$5.39                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| J1449   | G        |     | INJ EFLAPEGRASTIM-XNST 0.1MG |               | -     | -          | APC – pays by fee schedule amount  | \$22.61                          |                              |                                  |  | -                    | -        | 000     | 999     |          |
| J1450   | N        |     | FLUCONAZOLE                  |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| J1451   | K        |     | FOMEPIZOLE, 15 MG            |               | 01689 | 0.1126     | APC (blood and non-blood products) | \$6.16                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| J1452   | E        |     | INTRAOCULAR FOMIVIRSEN NA    |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| J1453   | N        |     | FOSAPREPITANT INJECTION      |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| J1454   | K        |     | INJ FOSNETUPITANT, PALONOSET |               | 09099 | 12.1313    | APC (blood and non-blood products) | \$632.88                         |                              |                                  |  | -                    | -        | 000     | 999     |          |
| J1455   | K        |     | FOSCARNET SODIUM INJECTION   |               | 01849 | 1.0448     | APC (blood and non-blood products) | \$21.63                          |                              |                                  |  | -                    | -        | 000     | 999     |          |
| J1456   | K        |     | INJ, FOSAPREPITANT (TEVA)    |               | 09166 | 0.0350     | APC (blood and non-blood products) | \$1.21                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| J1457   | E        |     | GALLIUM NITRATE INJECTION    |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  |  | -                    | Y        | 000     | 999     |          |
| J1458   | N        |     | GALSULFASE INJECTION         |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| J1459   | K        |     | INJ IVIG PRIVIGEN 500 MG     |               | 01214 | 0.8196     | APC (blood and non-blood products) | \$49.18                          |                              |                                  |  | -                    | -        | 000     | 999     |          |
| J1460   | K        |     | GAMMA GLOBULIN 1 CC INJ      |               | 01850 | 0.8402     | APC (blood and non-blood products) | \$48.89                          |                              |                                  |  | -                    | -        | 000     | 999     |          |
| J1551   | N        |     | INJ CUTAQUIG 100 MG          |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| J1552   | K        |     | INJ, ALYGLO, 500 MG          |               | 00819 | 2.4191     | APC (blood and non-blood products) | \$138.11                         |                              |                                  |  | -                    | -        | 000     | 999     |          |
| J1554   | K        |     | INJ. ASCENIV                 |               | 09392 | 8.1517     | APC (blood and non-blood products) | \$496.68                         |                              |                                  |  | -                    | -        | 000     | 999     |          |
| J1555   | K        |     | INJ CUVITRU, 100 MG          |               | 09034 | 0.2711     | APC (blood and non-blood products) | \$16.68                          |                              |                                  |  | -                    | -        | 000     | 999     |          |
| J1556   | N        |     | INJ, IMM GLOB BIVIGAM, 500MG |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| J1557   | K        |     | GAMMAPLEX INJECTION          |               | 09270 | 0.9421     | APC (blood and non-blood products) | \$57.48                          |                              |                                  |  | -                    | -        | 000     | 999     |          |
| J1558   | K        |     | INJ. XEMBIFY, 100 MG         |               | 09372 | 0.2420     | APC (blood and non-blood products) | \$14.28                          |                              |                                  |  | -                    | -        | 000     | 999     |          |
| J1559   | K        |     | HIZENTRA INJECTION           |               | 01312 | 0.2210     | APC (blood and non-blood products) | \$13.64                          |                              |                                  |  | -                    | -        | 000     | 999     |          |



Montana Healthcare Programs Fee Schedule  
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| Proc Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC   | APC<br>Weight | Method                             | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|---------|------------------------------|------------------------------|------------------|-------|---------------|------------------------------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|         |                              |                              |                  |       |               |                                    |                                        |                                    |                                           |                         |          |            |            |          |
| J1560   | K                            | GAMMA GLOBULIN > 10 CC INJ   |                  | 01851 | 8.4024        | APC (blood and non-blood products) | \$488.85                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| J1561   | K                            | GAMUNEX-C/GAMMAKED           |                  | 00948 | 0.8372        | APC (blood and non-blood products) | \$48.35                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J1562   | E                            | VIVAGLOBIN, INJ              |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J1566   | K                            | IMMUNE GLOBULIN, POWDER      |                  | 02731 | 1.3438        | APC (blood and non-blood products) | \$81.01                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J1568   | K                            | OCTAGAM INJECTION            |                  | 00943 | 0.8046        | APC (blood and non-blood products) | \$48.06                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J1569   | K                            | GAMMAGARD LIQUID INJECTION   |                  | 00944 | 0.7402        | APC (blood and non-blood products) | \$45.13                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J1570   | N                            | GANCICLOVIR SODIUM INJECTION |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J1571   | K                            | HEPAGAM B IM INJECTION       |                  | 00946 | 1.0407        | APC (blood and non-blood products) | \$65.15                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J1572   | K                            | FLEBOGAMMA INJECTION         |                  | 00947 | 0.7335        | APC (blood and non-blood products) | \$55.76                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J1573   | K                            | HEPAGAM B INTRAVENOUS, INJ   |                  | 01138 | 1.0407        | APC (blood and non-blood products) | \$65.15                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J1574   | E                            | INJ, GANCICLOVIR (EXELA)     |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J1575   | K                            | HYQVIA 100MG IMMUNEGLOBULIN  |                  | 01826 | 0.2901        | APC (blood and non-blood products) | \$17.57                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J1576   | K                            | INJ, PANZYGA, 500 MG         |                  | 09144 | 1.1123        | APC (blood and non-blood products) | \$70.43                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J1580   | N                            | GARAMYCIN GENTAMICIN INJ     |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J1595   | K                            | INJECTION GLATIRAMER ACETATE |                  | 01015 | 2.8183        | APC (blood and non-blood products) | \$162.18                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| J1596   | K                            | INJ, GLYCOPYRROLATE, 0.1 MG  |                  | 00792 | 0.0095        | APC (blood and non-blood products) | \$0.51                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J1597   | N                            | INJ GLYCOPYRROLATE, GLYRX-PF |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J1598   | K                            | INJ GLYCOPYRROLATE FRES KABI |                  | 00793 | 0.0333        | APC (blood and non-blood products) | \$1.66                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J1599   | N                            | IVIG NON-LYOPHILIZED, NOS    |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J1600   | E                            | GOLD SODIUM THIOMALEATE INJ  |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J1602   | K                            | GOLIMUMAB FOR IV USE 1MG     |                  | 01475 | 0.2021        | APC (blood and non-blood products) | \$10.77                                |                                    |                                           | Y                       | -        | 000        | 999        |          |
| J1610   | K                            | GLUCAGON HYDROCHLORIDE/1 MG  |                  | 09042 | 3.2800        | APC (blood and non-blood products) | \$190.76                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| J1611   | K                            | INJ GLUCAGON HCL, FRESENIUS  |                  | 09025 | 2.2073        | APC (blood and non-blood products) | \$150.44                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| J1620   | E                            | GONADORELIN HYDROCH/ 100 MCG |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J1626   | N                            | GRANISETRON HCL INJECTION    |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J1627   | K                            | INJ, GRANISETRON, XR, 0.1 MG |                  | 09421 | 0.0929        | APC (blood and non-blood products) | \$5.29                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J1628   | K                            | INJ., GUSELKUMAB, 1 MG       |                  | 09029 | 1.2125        | APC (blood and non-blood products) | \$70.43                                |                                    |                                           | Y                       | -        | 000        | 999        |          |
| J1630   | N                            | HALOPERIDOL INJECTION        |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J1631   | N                            | HALOPERIDOL DECANOATE INJ    |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J1632   | N                            | INJ., BREXANOLONE, 1 MG      |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | Y                       | -        | 000        | 999        |          |
| J1640   | K                            | HEMIN, 1 MG                  |                  | 01690 | 0.5370        | APC (blood and non-blood products) | \$33.07                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J1642   | N                            | INJ HEPARIN SODIUM PER 10 U  |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J1643   | N                            | INJ HEPARIN, PFIZER, 1000U   |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J1644   | N                            | INJ HEPARIN SODIUM PER 1000U |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J1645   | N                            | DALTEPARIN SODIUM            |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J1650   | N                            | INJ ENOXAPARIN SODIUM        |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J1652   | N                            | FONDAPARINUX SODIUM          |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J1655   | E                            | TINZAPARIN SODIUM INJECTION  |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J1670   | K                            | TETANUS IMMUNE GLOBULIN INJ  |                  | 01670 | 9.9123        | APC (blood and non-blood products) | \$575.76                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| J1675   | M                            | HISTRELIN ACETATE            |                  | -     | -             | Fee Schedule                       | \$0.00                                 |                                    |                                           | Y                       | -        | 000        | 999        |          |
| J1680   | E                            | HUMAN FIBRINOGEN CONC INJ    |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J1700   | N                            | HYDROCORTISONE ACETATE INJ   |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J1710   | E                            | HYDROCORTISONE SODIUM PH INJ |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J1720   | N                            | HYDROCORTISONE SODIUM SUCC I |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J1726   | K                            | MAKENA, 10 MG                |                  | 09074 | 0.2276        | APC (blood and non-blood products) | \$13.82                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J1729   | N                            | INJ HYDROXYPROGST CAPOAT NOS |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J1730   | E                            | DIAZOXIDE INJECTION          |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J1738   | N                            | INJ. MELOXICAM 1 MG          |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J1740   | N                            | IBANDRONATE SODIUM INJECTION |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J1741   | N                            | IBUPROFEN INJECTION          |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J1742   | K                            | IBUTILIDE FUMARATE INJECTION |                  | 09044 | 1.2057        | APC (blood and non-blood products) | \$186.77                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| J1743   | K                            | IDURSULFASE INJECTION        |                  | 09045 | 9.2977        | APC (blood and non-blood products) | \$542.57                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| J1744   | K                            | ICATIBANT INJECTION          |                  | 01443 | 2.1727        | APC (blood and non-blood products) | \$125.32                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| J1745   | K                            | INFLIXIMAB NOT BIOSIMIL 10MG |                  | 07043 | 0.5424        | APC (blood and non-blood products) | \$30.52                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J1746   | K                            | INJ., IBALIZUMAB-UIYK, 10 MG |                  | 09189 | 1.2784        | APC (blood and non-blood products) | \$76.95                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J1747   | G                            | INJ, SPESOLIMAB-SBZO, 1 MG   |                  | -     | -             | APC – pays by fee schedule amount  | \$61.43                                |                                    |                                           | -                       | -        | 000        | 999        |          |

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| Proc Cd | Status | 2024 APC | 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 |
|---------|--------|----------|------------------------------|---------------|-------|------------|------------------------------------|----------------------------------|------------------------------|----------------------------------|----------------------|----------|---------|---------|----------|
|         |        |          |                              |               |       |            |                                    |                                  |                              |                                  |                      |          |         |         |          |
| J1748   | N      |          | INJ, ZYMFENTRA, 10 MG        |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J1749   | E      |          | INJ, ILOPROST, 0.1 MCG       |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J1750   | K      |          | INJ IRON DEXTRAN             |               | 01237 | 0.2965     | APC (blood and non-blood products) | \$17.23                          |                              |                                  | -                    | -        | 000     | 999     |          |
| J1756   | N      |          | IRON SUCROSE INJECTION       |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J1786   | K      |          | IMUGLUCERASE INJECTION       |               | 01327 | 0.7526     | APC (blood and non-blood products) | \$43.14                          |                              |                                  | -                    | -        | 000     | 999     |          |
| J1790   | N      |          | DROPERIDOL INJECTION         |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J1800   | N      |          | PROPRANOLOL INJECTION        |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J1805   | N      |          | INJ, ESMOLOL HCL, 10MG       |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J1806   | N      |          | INJ ESMOLOL HCL WG CRIT CARE |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J1811   | K      |          | FIASP FOR INSULIN PUMP USE   |               | 09366 | 0.1271     | APC (blood and non-blood products) | \$6.67                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J1812   | N      |          | INJ. INSULIN (FIASP)         |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J1813   | N      |          | LYUMJEV FOR INSULIN PUMP USE |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J1814   | E      |          | INJ. INSULIN (LYUMJEV)       |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J1815   | N      |          | INSULIN INJECTION            |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J1817   | N      |          | INSULIN FOR INSULIN PUMP USE |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J1823   | K      |          | INJ. INEBILIZUMAB-CDON, 1 MG |               | 09394 | 7.9777     | APC (blood and non-blood products) | \$484.40                         |                              |                                  | -                    | -        | 000     | 999     |          |
| J1826   | K      |          | INTERFERON BETA-1A INJ       |               | 01852 | 36.2836    | APC (blood and non-blood products) | \$2,203.14                       |                              |                                  | -                    | -        | 000     | 999     |          |
| J1830   | E      |          | INTERFERON BETA-1B / .25 MG  |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J1833   | K      |          | INJECTION, ISAVUCONAZONIUM   |               | 09456 | 0.0162     | APC (blood and non-blood products) | \$0.99                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J1835   | E      |          | ITRACONAZOLE INJECTION       |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J1836   | N      |          | INJ, METRONIDAZOLE, 10 MG    |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J1885   | K      |          | KETOROLAC TROMETHAMINE INJ   |               | 00764 | 0.0124     | APC (blood and non-blood products) | \$0.50                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J1920   | N      |          | INJ, LABETALOL HCL, 5MG      |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J1921   | N      |          | INJ LABETALOL HCL HIKMA, 5MG |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J1930   | K      |          | LANREOTIDE INJECTION         |               | 09237 | 0.9642     | APC (blood and non-blood products) | \$39.55                          |                              |                                  | -                    | -        | 000     | 999     |          |
| J1931   | K      |          | LARONIDASE INJECTION         |               | 09209 | 0.6360     | APC (blood and non-blood products) | \$38.61                          |                              |                                  | -                    | Y        | 000     | 999     |          |
| J1932   | G      |          | INJ, LANREOTIDE, (CIPLA) 1MG |               | -     | -          | APC – pays by fee schedule amount  | \$25.42                          |                              |                                  | -                    | -        | 000     | 999     |          |
| J1939   | K      |          | INJ, BUMETANIDE, 0.5 MG      |               | 00794 | 0.0095     | APC (blood and non-blood products) | \$0.57                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J1941   | E      |          | INJ, FUROSCIX, 20 MG         |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J1943   | K      |          | INJ., ARISTADA INITIO, 1 MG  |               | 09179 | 0.0528     | APC (blood and non-blood products) | \$3.14                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J1944   | K      |          | ARIPIPRAZOLE LAUROXIL 1 MG   |               | 09470 | 0.0535     | APC (blood and non-blood products) | \$3.26                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J1945   | E      |          | LEPIRUDIN                    |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J1950   | K      |          | LEUPROLIDE ACETATE /3.75 MG  |               | 00800 | 26.9930    | APC (blood and non-blood products) | \$1,670.30                       |                              |                                  | -                    | -        | 000     | 999     |          |
| J1951   | K      |          | INJ FENSOLVI 0.25 MG         |               | 09419 | 2.2556     | APC (blood and non-blood products) | \$134.26                         |                              |                                  | -                    | -        | 000     | 999     |          |
| J1952   | G      |          | LEUPROLIDE INJ, CAMCEVI, 1MG |               | -     | -          | APC – pays by fee schedule amount  | \$52.38                          |                              |                                  | -                    | -        | 000     | 999     |          |
| J1953   | N      |          | LEVETIRACETAM INJECTION      |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 99      |          |
| J1954   | G      |          | LEUPROLIDE DEPOT CIPLA 7.5MG |               | -     | -          | APC – pays by fee schedule amount  | \$220.74                         |                              |                                  | -                    | -        | 000     | 999     |          |
| J1955   | M      |          | INJ LEVOCARNITINE PER 1 GM   |               | -     | -          | Fee Schedule                       | \$25.56                          |                              |                                  | -                    | -        | 000     | 999     |          |
| J1956   | N      |          | LEVOFLOXACIN INJECTION       |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J1960   | E      |          | LEVORPHANOL TARTRATE INJ     |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J1961   | G      |          | INJ, LENACAPAVIR, 1 MG       |               | -     | -          | APC – pays by fee schedule amount  | \$22.03                          |                              |                                  | -                    | -        | 000     | 999     |          |
| J1980   | N      |          | HYOSCYAMINE SULFATE INJ      |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J1990   | E      |          | CHLORDIAZEPOXIDE INJECTION   |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J2002   | K      |          | INJ, LIDOCAINE IN D5W, 1 MG  |               | 00795 | 0.0000     | APC (blood and non-blood products) | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J2003   | N      |          | INJ, LIDOCAINE HCL, 1 MG     |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J2004   | N      |          | INJ, LIDOCAINE W EPINEPHRINE |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J2010   | N      |          | LINCOMYCIN INJECTION         |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J2020   | N      |          | LINEZOLID INJECTION          |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J2021   | N      |          | INJ, LINEZOLID (HOSPIRA)     |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J2060   | N      |          | LORAZEPAM INJECTION          |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J2062   | E      |          | LOXAPINE FOR INHALATION 1 MG |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J2150   | N      |          | MANNITOL INJECTION           |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J2170   | N      |          | MECASERMIN INJECTION         |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J2175   | N      |          | MEPERIDINE HYDROCHL /100 MG  |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J2180   | N      |          | MEPERIDINE/PROMETHAZINE INJ  |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J2182   | K      |          | INJECTION, MEPOLIZUMAB, 1MG  |               | 09473 | 0.5220     | APC (blood and non-blood products) | \$30.54                          |                              |                                  | Y                    | -        | 000     | 999     |          |

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| Proc<br>Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC<br>Weight | Method  | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|------------------------------|------------------------------|------------------|---------------|---------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|            |                              |                              |                  |               |         |                                        |                                    |                                           |                         |          |            |            |          |
| J2183      | K                            | INJ MEROPENEM (WG CRIT CARE) |                  | 00796         | 0.0272  | APC (blood and non-blood products)     |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2184      | N                            | INJ, MEROPENEM (B. BRAUN)    |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2185      | N                            | MEROPENEM                    |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2186      | K                            | INJ., MEROPENEM, VABORBACTAM |                  | 09178         | 0.0346  | APC (blood and non-blood products)     |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2210      | N                            | METHYLERGONOVIN MALEATE INJ  |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2212      | N                            | METHYLNALTREXONE INJECTION   |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2246      | E                            | INJ, MICA FUNGIN (BAXTER)    |                  | -             | -       | Not Allowed                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2247      | N                            | INJ, MICA FUNGIN (PAR PHARM) |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2248      | N                            | MICA FUNGIN SODIUM INJECTION |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2249      | N                            | INJ, REMIMAZOLAM, 1 MG       |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2250      | N                            | INJ MIDAZOLAM HYDROCHLORIDE  |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2251      | N                            | INJ MIDAZOLAM IN 0.9% NACL   |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2252      | N                            | INJ MIDAZOLAM IN 0.8% NACL   |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2253      | N                            | INJ MIDAZOLAM (SEIZALAM)     |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2260      | N                            | INJ MILRINONE LACTATE / 5 MG |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2265      | K                            | MINOCYCLINE HYDROCHLORIDE    |                  | 01853         | 0.0427  | APC (blood and non-blood products)     |                                    |                                           | -                       | -        | 008        | 999        |          |
| J2267      | G                            | INJ, MIRIKIZUMAB-MRKZ, 1 MG  |                  | -             | -       | APC – pays by fee schedule amount      |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2270      | N                            | MORPHINE SULFATE INJECTION   |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2272      | N                            | INJ, MORPHINE (FRESENIUS)    |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2274      | N                            | INJ MORPHINE PF EPID ITHC    |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2277      | G                            | INJ, MOTIXAFORTIDE, 0.25 MG  |                  | -             | -       | APC – pays by fee schedule amount      |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2278      | K                            | ZICONOTIDE INJECTION         |                  | 01694         | 0.1610  | APC (blood and non-blood products)     |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2280      | N                            | INJ, MOXIFLOXACIN 100 MG     |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2281      | N                            | INJ MOXIFLOXACIN (FRES KABI) |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2290      | N                            | INJ, NAFCILLIN SODIUM, 20 MG |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2300      | N                            | INJ NALBUPHINE HYDROCHLORIDE |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2305      | N                            | INJ, NITROGLYCERIN, 5 MG     |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2310      | N                            | INJ NALOXONE HYDROCHLORIDE   |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2311      | N                            | INJ, NALOXONE HCL (ZIMHI)    |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2315      | K                            | NALTREXONE, DEPOT FORM       |                  | 00759         | 0.0679  | APC (blood and non-blood products)     |                                    |                                           | Y                       | -        | 000        | 999        |          |
| J2320      | N                            | NANDROLONE DECANOATE 50 MG   |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2323      | K                            | NATALIZUMAB INJECTION        |                  | 09126         | 0.4149  | APC (blood and non-blood products)     |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2325      | E                            | NESIRITIDE INJECTION         |                  | -             | -       | Not Allowed                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2326      | K                            | INJ, NUSINERSEN, 0.1MG       |                  | 09489         | 20.7244 | APC (blood and non-blood products)     |                                    |                                           | Y                       | -        | 000        | 999        |          |
| J2327      | G                            | INJ RISANKIZUMAB-RZAA 1 MG   |                  | -             | -       | APC – pays by fee schedule amount      |                                    |                                           | Y                       | -        | 000        | 999        |          |
| J2329      | G                            | INJ UBLITUXIMAB-XIY, 1 MG    |                  | -             | -       | APC – pays by fee schedule amount      |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2350      | K                            | INJECTION, OCRELIZUMAB, 1 MG |                  | 09494         | 1.0063  | APC (blood and non-blood products)     |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2353      | K                            | OCTREOTIDE INJECTION, DEPOT  |                  | 01207         | 3.6061  | APC (blood and non-blood products)     |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2354      | N                            | OCTREOTIDE INJ, NON-DEPOT    |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2355      | E                            | OPRELVEKIN INJECTION         |                  | -             | -       | Not Allowed                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2356      | G                            | INJ TEZEPELUMAB-EKKO, 1MG    |                  | -             | -       | APC – pays by fee schedule amount      |                                    |                                           | Y                       | -        | 000        | 999        |          |
| J2357      | K                            | OMALIZUMAB INJECTION         |                  | 09300         | 0.6303  | APC (blood and non-blood products)     |                                    |                                           | Y                       | Y        | 000        | 999        |          |
| J2358      | K                            | OLANZAPINE LONG-ACTING INJ   |                  | 01331         | 0.0480  | APC (blood and non-blood products)     |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2359      | N                            | INJ. OLANZAPINE, 0.5MG       |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2360      | N                            | ORPHENADRINE INJECTION       |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2371      | N                            | INJ PHENYLEPHRINE HCL 20 MCG |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2372      | N                            | INJ, BIORPHEN, 20 MICROGRAMS |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2373      | K                            | INJ, IMMPHENTIV, 20 MCG      |                  | 00797         | 0.0023  | APC (blood and non-blood products)     |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2401      | N                            | CHLOROPROCAINE HCL INJECTION |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2402      | E                            | CHLOROPROCAINE (CLOROTEKAL)  |                  | -             | -       | Not Allowed                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2403      | G                            | CHLOROPROCAINE OPHT GEL, 1MG |                  | -             | -       | APC – pays by fee schedule amount      |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2404      | E                            | INJ, NICARDIPINE 0.1 MG      |                  | -             | -       | Not Allowed                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2405      | N                            | ONDANSETRON HCL INJECTION    |                  | -             | -       | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2406      | K                            | INJECTION, ORITAVANCIN 10 MG |                  | 09427         | 0.7004  | APC (blood and non-blood products)     |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2407      | K                            | INJECTION, ORITAVANCIN       |                  | 01660         | 0.4608  | APC (blood and non-blood products)     |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2410      | E                            | OXYMORPHONE HCL INJECTION    |                  | -             | -       | Not Allowed                            |                                    |                                           | -                       | -        | 000        | 999        |          |

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| Proc<br>Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC   | APC<br>Weight | Method                             | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|------------------------------|------------------------------|------------------|-------|---------------|------------------------------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|            |                              |                              |                  |       |               |                                    |                                        |                                    |                                           |                         |          |            |            |          |
| J2425      | K                            | PALIFERMIN INJECTION         |                  | 01696 | 0.5821        | APC (blood and non-blood products) | \$33.99                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2426      | K                            | INJ, INVEGA SUSTENNA, 1 MG   |                  | 09255 | 0.2445        | APC (blood and non-blood products) | \$14.74                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2427      | K                            | INJ, INVEGA HAFYERA/TRINZA   |                  | 09145 | 0.2087        | APC (blood and non-blood products) | \$12.67                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2430      | N                            | PAMIDRONATE DISODIUM /30 MG  |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2440      | N                            | PAPAVERIN HCL INJECTION      |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2460      | E                            | OXYTETRACYCLINE INJECTION    |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2468      | G                            | INJ, PALONOSETRON (AVYXA)    |                  | -     | -             | APC – pays by fee schedule amount  | \$59.91                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2469      | N                            | PALONOSETRON HCL             |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | Y        | 000        | 999        |          |
| J2470      | N                            | INJ PANTOPRAZOLE SODIUM 40MG |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2471      | N                            | INJ PANTOPRAZOLE(HIKMA) 40MG |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2472      | N                            | INJ, PANTOPRAZOLE SODIUM CHL |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2501      | N                            | PARICALCITOL                 |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2502      | K                            | INJ, PASIREOTIDE LONG ACTING |                  | 09454 | 7.9328        | APC (blood and non-blood products) | \$526.94                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2503      | E                            | PEGAPTANIB SODIUM INJECTION  |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2504      | E                            | PEGADEMASE BOVINE, 25 IU     |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2506      | K                            | INJ PEGFILGRAST EX BIO 0.5MG |                  | 09436 | 1.8797        | APC (blood and non-blood products) | \$19.98                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2507      | K                            | PEGLOTICASE INJECTION        |                  | 09281 | 58.0907       | APC (blood and non-blood products) | \$3,565.32                             |                                    |                                           | Y                       | -        | 018        | 999        |          |
| J2508      | G                            | PEGUNIGALSIDASE ALFA-IWXJ    |                  | -     | -             | APC – pays by fee schedule amount  | \$226.93                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2510      | K                            | PENICILLIN G PROCAINE INJ    |                  | 01836 | 0.7772        | APC (blood and non-blood products) | \$47.19                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2513      | E                            | PENTASTARCH 10% SOLUTION     |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2515      | N                            | PENTOBARBITAL SODIUM INJ     |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2540      | N                            | PENICILLIN G POTASSIUM INJ   |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2543      | N                            | PIPERACILLIN/TAZOBACTAM      |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2545      | M                            | PENTAMIDINE NON-COMP UNIT    |                  | -     | -             | Fee Schedule                       | \$79.39                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2547      | K                            | INJECTION, PERAMIVIR         |                  | 09451 | 0.0276        | APC (blood and non-blood products) | \$1.68                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2550      | N                            | PROMETHAZINE HCL INJECTION   |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2560      | N                            | PHENOBARBITAL SODIUM INJ     |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2561      | K                            | INJ, SEZABY, 1 MG            |                  | 00798 | 0.0107        | APC (blood and non-blood products) | \$1.06                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2562      | K                            | PLERIXAFOR INJECTION         |                  | 09252 | 2.1164        | APC (blood and non-blood products) | \$24.98                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2590      | N                            | OXYTOCIN INJECTION           |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2597      | K                            | INJ DESMOPRESSIN ACETATE     |                  | 01440 | 0.1074        | APC (blood and non-blood products) | \$4.49                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2598      | N                            | INJ, VASOPRESSIN, 1 UNIT     |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2599      | N                            | INJ VASOPRESSIN (AM REG) 1 U |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2601      | G                            | INJ, VASOPRESSIN (BAXTER)    |                  | -     | -             | APC – pays by fee schedule amount  | \$3.50                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2650      | E                            | PREDNISOLONE ACETATE INJ     |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2670      | E                            | TOTAZOLINE HCL INJECTION     |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2675      | N                            | INJ PROGESTERONE PER 50 MG   |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2679      | K                            | INJ FLUPHENAZINE HCL 1.25 MG |                  | 00799 | 0.1267        | APC (blood and non-blood products) | \$7.15                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2680      | N                            | FLUPHENAZINE DECANOATE 25 MG |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2690      | K                            | PROCAINAMIDE HCL INJECTION   |                  | 09219 | 3.2061        | APC (blood and non-blood products) | \$284.34                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2700      | N                            | OXACILLIN SODIUM INJECITON   |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2704      | N                            | INJ, PROPOFOL, 10 MG         |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2710      | N                            | NEOSTIGMINE METHYLSLFTE INJ  |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2720      | N                            | INJ PROTAMINE SULFATE/10 MG  |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2724      | K                            | PROTEIN C CONCENTRATE        |                  | 01139 | 0.2573        | APC (blood and non-blood products) | \$15.02                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2725      | E                            | INJ PROTIRELIN PER 250 MCG   |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2730      | N                            | PRALIDOXIME CHLORIDE INJ     |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2760      | K                            | PHENTOLAIN MESYLATE INJ      |                  | 01458 | 7.6095        | APC (blood and non-blood products) | \$449.30                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2765      | N                            | METOCLOPRAMIDE HCL INJECTION |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2770      | K                            | QUINUPRISTIN/DALFOPRISTIN    |                  | 02770 | 0.0702        | APC (blood and non-blood products) | \$4.26                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2777      | G                            | INJ, FARICIMAB-SVOA, 0.1MG   |                  | -     | -             | APC – pays by fee schedule amount  | \$34.72                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2778      | K                            | RANIBIZUMAB INJECTION        |                  | 09233 | 2.9693        | APC (blood and non-blood products) | \$90.41                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2779      | K                            | INJ, SUSVIMO 0.1 MG          |                  | 09439 | 1.3765        | APC (blood and non-blood products) | \$79.74                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2781      | G                            | INJ, PEGCETACOPLAN, 1MG      |                  | -     | -             | APC – pays by fee schedule amount  | \$143.99                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2782      | G                            | INJ AVACINCAPTAD PEGOL 0.1MG |                  | -     | -             | APC – pays by fee schedule amount  | \$107.44                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2783      | K                            | RASBURICASE                  |                  | 00738 | 6.2936        | APC (blood and non-blood products) | \$370.46                               |                                    |                                           | -                       | -        | 000        | 999        |          |



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| Proc<br>Cd | 2024<br>APC<br>Status | Proc Desc                    | Proc<br>Modifier | APC     | APC<br>Weight                      | Method      | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-----------------------|------------------------------|------------------|---------|------------------------------------|-------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|            |                       |                              |                  |         |                                    |             |                                        |                                    |                                           |                         |          |            |            |          |
| J2785      | N                     | REGADENOSON INJECTION        | -                | -       | -                                  | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 018        | 999        |          |
| J2786      | K                     | INJECTION, RESLIZUMAB, 1MG   | 09481            | 0.1751  | APC (blood and non-blood products) | \$10.49     |                                        |                                    |                                           | Y                       | -        | 000        | 999        |          |
| J2787      | N                     | RIBOFLAVIN 5'PHOS OPTH<=3ML  | -                | -       | -                                  | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2788      | N                     | RHO D IMMUNE GLOBULIN 50 MCG | -                | -       | -                                  | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2790      | N                     | RHO D IMMUNE GLOBULIN INJ    | -                | -       | -                                  | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2791      | N                     | RHOPHYLAC INJECTION          | -                | -       | -                                  | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2792      | K                     | RHO(D) IMMUNE GLOBULIN H, SD | 01609            | 0.5248  | APC (blood and non-blood products) | \$32.51     |                                        |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2793      | E                     | RILONACEPT INJECTION         | -                | -       | -                                  | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2794      | K                     | INJ RISPERDAL CONSTA, 0.5 MG | 09125            | 0.2086  | APC (blood and non-blood products) | \$10.50     |                                        |                                    |                                           | -                       | Y        | 000        | 999        |          |
| J2795      | N                     | ROPIVACAINE HCL INJECTION    | -                | -       | -                                  | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2797      | E                     | INJ., ROLAPITANT, 0.5 MG     | -                | -       | -                                  | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2798      | K                     | INJ., PERSERIS, 0.5 MG       | 09181            | 0.1992  | APC (blood and non-blood products) | \$12.15     |                                        |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2799      | G                     | INJ, UZEDY, 1 MG             | -                | -       | APC – pays by fee schedule amount  | \$24.62     |                                        |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2800      | N                     | METHOCARBAMOL INJECTION      | -                | -       | -                                  | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2801      | K                     | INJ, RYKINDO, 0.5 MG         | 00739            | 0.2146  | APC (blood and non-blood products) | \$13.03     |                                        |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2802      | K                     | INJ, ROMIPLOSTIM 1 MICROGRAM | 00822            | 0.1736  | APC (blood and non-blood products) | \$10.52     |                                        |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2805      | N                     | SINCALIDE INJECTION          | -                | -       | -                                  | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2810      | E                     | INJ THEOPHYLLINE PER 40 MG   | -                | -       | -                                  | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2820      | K                     | SARGRAMOSTIM INJECTION       | 00731            | 1.0182  | APC (blood and non-blood products) | \$59.88     |                                        |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2840      | K                     | INJ SEBELIPASE ALFA 1 MG     | 09478            | 9.2215  | APC (blood and non-blood products) | \$538.70    |                                        |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2850      | K                     | INJ SECRETIN SYNTHETIC HUMAN | 01700            | 0.7011  | APC (blood and non-blood products) | \$42.57     |                                        |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2860      | K                     | INJECTION, SILTUXIMAB        | 09455            | 2.5913  | APC (blood and non-blood products) | \$163.37    |                                        |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2910      | E                     | AUROTHIOGLUCOSE INJECITON    | -                | -       | -                                  | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2916      | N                     | NA FERRIC GLUCONATE COMPLEX  | -                | -       | -                                  | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2919      | K                     | INJ, METHYLPRED SOD SUCC 5MG | 00801            | 0.0044  | APC (blood and non-blood products) | \$0.25      |                                        |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2940      | E                     | SOMATREM INJECTION           | -                | -       | -                                  | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2941      | K                     | SOMATROPIN INJECTION         | 09319            | 0.8057  | APC (blood and non-blood products) | \$48.92     |                                        |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2950      | N                     | PROMAZINE HCL INJECTION      | -                | -       | -                                  | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2993      | K                     | RETEPLASE INJECTION          | 09005            | 49.4884 | APC (blood and non-blood products) | \$2,777.14  |                                        |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2995      | E                     | INJ STREPTOKINASE /250000 IU | -                | -       | -                                  | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2997      | K                     | ALTEPLASE RECOMBINANT        | 07048            | 1.5212  | APC (blood and non-blood products) | \$91.46     |                                        |                                    |                                           | -                       | -        | 000        | 999        |          |
| J2998      | K                     | INJ PLASMINOGEN TVMH 1MG     | 09206            | 0.5355  | APC (blood and non-blood products) | \$32.38     |                                        |                                    |                                           | -                       | -        | 000        | 999        |          |
| J3000      | N                     | STREPTOMYCIN INJECTION       | -                | -       | -                                  | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J3010      | N                     | FENTANYL CITRATE INJECTION   | -                | -       | -                                  | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J3030      | N                     | SUMATRIPTAN SUCCINATE / 6 MG | -                | -       | -                                  | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J3031      | N                     | INJ., FREMANEZUMAB-VFRM 1 MG | -                | -       | -                                  | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J3032      | K                     | INJ. EPTINEZUMAB-JJMR 1 MG   | 09357            | 0.3091  | APC (blood and non-blood products) | \$19.32     |                                        |                                    |                                           | Y                       | -        | 000        | 999        |          |
| J3055      | G                     | INJ TALQUETAMAB-TGVS 0.25 MG | -                | -       | APC – pays by fee schedule amount  | \$70.00     |                                        |                                    |                                           | -                       | -        | 000        | 999        |          |
| J3060      | K                     | INJ, TALIGLUCERASE ALFA 10 U | 09294            | 0.7707  | APC (blood and non-blood products) | \$40.64     |                                        |                                    |                                           | -                       | -        | 000        | 999        |          |
| J3070      | N                     | PENTAZOCINE INJECTION        | -                | -       | -                                  | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J3090      | K                     | INJ TEDIZOLID PHOSPHATE      | 01662            | 0.0311  | APC (blood and non-blood products) | \$1.80      |                                        |                                    |                                           | -                       | -        | 000        | 999        |          |
| J3095      | K                     | TELAVANCIN INJECTION         | 09258            | 0.1221  | APC (blood and non-blood products) | \$7.09      |                                        |                                    |                                           | -                       | -        | 000        | 999        |          |
| J3101      | K                     | TENECTEPLASE INJECTION       | 09002            | 2.6222  | APC (blood and non-blood products) | \$162.46    |                                        |                                    |                                           | -                       | -        | 018        | 999        |          |
| J3105      | N                     | TERBUTALINE SULFATE INJ      | -                | -       | -                                  | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J3110      | E                     | TERIPARATIDE INJECTION       | -                | -       | -                                  | Not Allowed | \$0.00                                 |                                    |                                           | -                       | Y        | 000        | 999        |          |
| J3111      | K                     | INJ. ROMOSUZUMAB-AQQG 1 MG   | 09327            | 0.1831  | APC (blood and non-blood products) | \$11.49     |                                        |                                    |                                           | Y                       | -        | 000        | 999        |          |
| J3121      | N                     | INJ TESTOSTERO ENANTHATE 1MG | -                | -       | -                                  | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J3145      | K                     | TESTOSTERONE UNDECANOATE 1MG | 09078            | 0.0330  | APC (blood and non-blood products) | \$2.02      |                                        |                                    |                                           | -                       | -        | 000        | 999        |          |
| J3230      | N                     | CHLORPROMAZINE HCL INJECTION | -                | -       | -                                  | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J3240      | K                     | THYROTROPIN INJECTION        | 09108            | 34.6355 | APC (blood and non-blood products) | \$2,078.71  |                                        |                                    |                                           | -                       | -        | 000        | 999        |          |
| J3241      | K                     | INJ. TEPROTUMUMAB-TRBW 10 MG | 09355            | 5.7099  | APC (blood and non-blood products) | \$346.71    |                                        |                                    |                                           | -                       | -        | 000        | 999        |          |
| J3243      | N                     | TIGECYCLINE INJECTION        | -                | -       | -                                  | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J3244      | N                     | INJ. TIGECYCLINE (ACCORD)    | -                | -       | -                                  | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J3245      | K                     | INJ., TILDRAKIZUMAB, 1 MG    | 09306            | 2.4016  | APC (blood and non-blood products) | \$131.46    |                                        |                                    |                                           | Y                       | -        | 000        | 999        |          |
| J3246      | N                     | TIROFIBAN HCL                | -                | -       | -                                  | Bundled     | \$0.00                                 |                                    |                                           | -                       | Y        | 000        | 999        |          |
| J3247      | G                     | INJ SECUKINUMAB INTRAV 1MG   | -                | -       | APC – pays by fee schedule amount  | \$17.73     |                                        |                                    |                                           | -                       | -        | 000        | 999        |          |

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| Proc<br>Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                     | Proc<br>Modifier | APC   | APC<br>Weight | Method                             | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|------------------------------|-------------------------------|------------------|-------|---------------|------------------------------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|            |                              |                               |                  |       |               |                                    |                                        |                                    |                                           |                         |          |            |            |          |
| J3250      | N                            | TRIMETHOBENZAMIDE HCL INJ     |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J3260      | N                            | TOBRAMYCIN SULFATE INJECTION  |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J3262      | K                            | TOCILIZUMAB INJECTION         |                  | 09264 | 0.1035        | APC (blood and non-blood products) | \$5.88                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J3263      | G                            | INJ, TORIPALIMAB-TPZI, 1 MG   |                  | -     | -             | APC – pays by fee schedule amount  | \$39.10                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J3265      | E                            | INJECTION TORSEMIDE 10 MG/ML  |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J3280      | E                            | THIETHYLPERAZINE MALEATE INJ  |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J3285      | K                            | TREPROSTINIL INJECTION        |                  | 01701 | 0.9342        | APC (blood and non-blood products) | \$56.83                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J3299      | K                            | INJ XIPERE 1 MG               |                  | 09358 | 0.7975        | APC (blood and non-blood products) | \$48.23                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J3300      | G                            | TRIAMCINOLONE A INJ PRS-FREE  |                  | -     | -             | APC – pays by fee schedule amount  | \$25.02                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J3301      | N                            | TRIAMCINOLONE ACET INJ NOS    |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J3302      | N                            | TRIAMCINOLONE DIACETATE INJ   |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J3303      | N                            | TRIAMCINOLONE HEXACETONL INJ  |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J3304      | K                            | INJ TRIAMCINOLONE ACE XR 1MG  |                  | 09469 | 0.2996        | APC (blood and non-blood products) | \$18.01                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J3305      | E                            | INJ TRIMETREXATE GLUCORONATE  |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J3310      | E                            | PERPHENAZINE INJECITON        |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J3315      | K                            | TRIPTORELIN PAMOATE           |                  | 09122 | 7.1363        | APC (blood and non-blood products) | \$471.63                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| J3316      | K                            | INJ., TRIPTORELIN XR 3.75 MG  |                  | 09016 | 55.3861       | APC (blood and non-blood products) | \$3,506.04                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| J3320      | E                            | SPECTINOMYCN DI-HCL INJ       |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J3350      | E                            | UREA INJECTION                |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J3355      | E                            | UROFOLLITROPIN, 75 IU         |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J3357      | K                            | USTEKINUMAB SUB CU INJ, 1 MG  |                  | 09261 | 2.6129        | APC (blood and non-blood products) | \$152.39                               |                                    |                                           | Y                       | -        | 000        | 999        |          |
| J3358      | K                            | USTEKINUMAB, IV INJECT, 1 MG  |                  | 09487 | 0.2140        | APC (blood and non-blood products) | \$12.81                                |                                    |                                           | Y                       | -        | 000        | 999        |          |
| J3360      | N                            | DIAZEPAM INJECTION            |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J3364      | E                            | UROKINASE 5000 IU INJECTION   |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J3365      | E                            | UROKINASE 250,000 IU INJ      |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J3370      | N                            | VANCOMYCIN HCL INJECTION      |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J3371      | N                            | INJ, VANCOMYCIN HCL (MYLAN)   |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J3372      | N                            | INJ, VANCOMYCIN HCL (XELLIA)  |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J3380      | K                            | INJ VEDOLIZUMAB IV 1 MG       |                  | 01489 | 0.3743        | APC (blood and non-blood products) | \$21.16                                |                                    |                                           | Y                       | -        | 000        | 999        |          |
| J3385      | K                            | VELAGLUCERASE ALFA            |                  | 09271 | 6.2997        | APC (blood and non-blood products) | \$374.36                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| J3392      | K                            | INJ, EXAGAMGLOGENE AUTOTEM    |                  | 00824 | 38405.7971    | APC (blood and non-blood products) | \$2,332,000.00                         |                                    |                                           | -                       | -        | 000        | 999        |          |
| J3393      | G                            | INJ, BETIBEGLOGENE AUTOTEMCE  |                  | -     | -             | APC – pays by fee schedule amount  | \$2,948,213.33                         |                                    |                                           | -                       | -        | 000        | 999        |          |
| J3394      | G                            | INJ, LOVOTIBEGLOGENE AUTOTEM  |                  | -     | -             | APC – pays by fee schedule amount  | \$3,286,000.00                         |                                    |                                           | -                       | -        | 000        | 999        |          |
| J3396      | K                            | VERTEPORFIN INJECTION         |                  | 01203 | 0.1959        | APC (blood and non-blood products) | \$11.52                                |                                    |                                           | -                       | Y        | 000        | 999        |          |
| J3397      | E                            | INJ., VESTRONIDASE ALFA-VJBK  |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J3398      | K                            | INJ LUXTURN A 1 BILLION VEC G |                  | 09070 | 50.0905       | APC (blood and non-blood products) | \$3,146.26                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| J3399      | K                            | INJ ONASE ABEPAR-XIOI TREAT   |                  | 09141 | 38921.0893    | APC (blood and non-blood products) | \$2,363,288.54                         |                                    |                                           | Y                       | -        | 000        | 999        |          |
| J3400      | E                            | TRIFLUPROMAZINE HCL INJ       |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J3401      | G                            | VYJUVEK 5X10?9PFU/ML, 0.1 ML  |                  | -     | -             | APC – pays by fee schedule amount  | \$1,016.67                             |                                    |                                           | -                       | -        | 000        | 999        |          |
| J3410      | N                            | HYDROXYZINE HCL INJECTION     |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J3411      | N                            | THIAMINE HCL 100 MG           |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J3415      | N                            | PYRIDOXINE HCL 100 MG         |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J3420      | N                            | VITAMIN B12 INJECTION         |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J3424      | K                            | INJ HYDROXOCOBALAMIN IV 25MG  |                  | 00740 | 0.0854        | APC (blood and non-blood products) | \$5.18                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J3425      | K                            | HYDROXOCOBALAMIN IM 10MCG     |                  | 00803 | 0.0001        | APC (blood and non-blood products) | \$0.01                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J3430      | N                            | VITAMIN K PHYTONADIONE INJ    |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J3465      | N                            | INJECTION, VORICONAZOLE       |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J3470      | N                            | HYALURONIDASE INJECTION       |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J3471      | N                            | OVINE, UP TO 999 USP UNITS    |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J3472      | N                            | OVINE, 1000 USP UNITS         |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J3473      | N                            | HYALURONIDASE RECOMBINANT     |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J3475      | N                            | INJ MAGNESIUM SULFATE         |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J3480      | N                            | INJ POTASSIUM CHLORIDE        |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J3485      | N                            | ZIDOVUDINE                    |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J3486      | N                            | ZIPRASIDONE MESYLATE          |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J3489      | N                            | ZOLEDRONIC ACID 1MG           |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |

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| Proc<br>Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC   | APC<br>Weight | Method                             | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|------------------------------|------------------------------|------------------|-------|---------------|------------------------------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|            |                              |                              |                  |       |               |                                    |                                        |                                    |                                           |                         |          |            |            |          |
| J3490      | N                            | DRUGS UNCLASSIFIED INJECTION |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J3520      | E                            | EDETATE DISODIUM PER 150 MG  |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J3530      | N                            | NASAL VACCINE INHALATION     |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J3535      | E                            | METERED DOSE INHALER DRUG    |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J3570      | E                            | LAETRILE AMYGDALIN VIT B17   |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J3590      | N                            | UNCLASSIFIED BIOLOGICS       |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J3591      | M                            | ESRD ON DIALYSI DRUG/BIO NOC |                  | -     | -             | Fee Schedule                       | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J7030      | N                            | NORMAL SALINE SOLUTION INFUS |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J7040      | N                            | NORMAL SALINE SOLUTION INFUS |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J7042      | N                            | 5% DEXTROSE/NORMAL SALINE    |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J7050      | N                            | NORMAL SALINE SOLUTION INFUS |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J7060      | N                            | 5% DEXTROSE/WATER            |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J7070      | N                            | D5W INFUSION                 |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J7100      | N                            | DEXTRAN 40 INFUSION          |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J7110      | N                            | DEXTRAN 75 INFUSION          |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J7120      | N                            | RINGERS LACTATE INFUSION     |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J7121      | N                            | 5% DEXTROSE IN LAC RINGERS   |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J7131      | N                            | HYPERTONIC SALINE SOL        |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J7165      | G                            | INJ, HUMAN-LANS, PER I.U     |                  | -     | -             | APC – pays by fee schedule amount  | \$1.55                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J7168      | K                            | PROTHROMBIN COMPLEX KCENTRA  |                  | 09132 | 0.0364        | APC (blood and non-blood products) | \$2.18                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J7169      | K                            | INJ ANDEXXA, 10 MG           |                  | 09198 | 2.2638        | APC (blood and non-blood products) | \$131.74                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| J7170      | K                            | INJ., EMICIZUMAB-KXWH 0.5 MG |                  | 09257 | 0.8707        | APC (blood and non-blood products) | \$51.98                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J7171      | G                            | INJ, ADZYNMA, 10 IU          |                  | -     | -             | APC – pays by fee schedule amount  | \$34.52                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J7175      | K                            | INJ, FACTOR X, (HUMAN), 1IU  |                  | 01857 | 0.1570        | APC (blood and non-blood products) | \$9.53                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J7177      | K                            | INJ., FIBRYGA, 1 MG          |                  | 09046 | 0.0243        | APC (blood and non-blood products) | \$1.10                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J7178      | K                            | INJ HUMAN FIBRINOGEN CON NOS |                  | 01478 | 0.0247        | APC (blood and non-blood products) | \$1.48                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J7179      | K                            | VONVENDI INJ 1 IU VWF:RCO    |                  | 09059 | 0.0320        | APC (blood and non-blood products) | \$1.83                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J7180      | K                            | FACTOR XIII ANTI-HEM FACTOR  |                  | 01416 | 0.1739        | APC (blood and non-blood products) | \$10.48                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J7181      | K                            | FACTOR XIII RECOMB A-SUBUNIT |                  | 01746 | 0.2929        | APC (blood and non-blood products) | \$17.34                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J7182      | K                            | FACTOR VIII RECOMB NOVOEIGHT |                  | 01856 | 0.0236        | APC (blood and non-blood products) | \$1.40                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J7183      | K                            | WILATE INJECTION             |                  | 01352 | 0.0215        | APC (blood and non-blood products) | \$1.28                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J7185      | K                            | XYNTHA INJ                   |                  | 01268 | 0.0235        | APC (blood and non-blood products) | \$1.49                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J7186      | K                            | ANTIHEMOPHILIC VIII/VWF COMP |                  | 01213 | 0.0203        | APC (blood and non-blood products) | \$1.20                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J7187      | K                            | HUMATE-P, INJ                |                  | 01704 | 0.0239        | APC (blood and non-blood products) | \$1.45                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J7188      | K                            | FACTOR VIII RECOMB OBIZUR    |                  | 01827 | 0.0532        | APC (blood and non-blood products) | \$3.23                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J7189      | K                            | FACTOR VIIA RECOMB NOVOSEVEN |                  | 01705 | 0.0420        | APC (blood and non-blood products) | \$2.53                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J7190      | K                            | FACTOR VIII                  |                  | 00925 | 0.0190        | APC (blood and non-blood products) | \$1.12                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J7191      | E                            | FACTOR VIII (PORCINE)        |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J7192      | K                            | FACTOR VIII RECOMBINANT NOS  |                  | 00927 | 0.0254        | APC (blood and non-blood products) | \$1.56                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J7193      | K                            | FACTOR IX NON-RECOMBINANT    |                  | 00931 | 0.0227        | APC (blood and non-blood products) | \$1.38                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J7194      | K                            | FACTOR IX COMPLEX            |                  | 00928 | 0.0276        | APC (blood and non-blood products) | \$1.66                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J7195      | K                            | FACTOR IX RECOMBINANT NOS    |                  | 00932 | 0.0303        | APC (blood and non-blood products) | \$1.85                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J7196      | E                            | ANTITHROMBIN RECOMBINANT     |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J7197      | K                            | ANTITHROMBIN III INJECTION   |                  | 01263 | 0.0640        | APC (blood and non-blood products) | \$3.94                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J7198      | K                            | ANTI-INHIBITOR               |                  | 00929 | 0.0392        | APC (blood and non-blood products) | \$2.40                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J7199      | M                            | HEMOPHILIA CLOT FACTOR NOC   |                  | -     | -             | Fee Schedule                       | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J7200      | N                            | FACTOR IX RECOMBINAN RIXUBIS |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J7201      | K                            | FACTOR IX ALPROLIX RECOMB    |                  | 01486 | 0.0589        | APC (blood and non-blood products) | \$3.55                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J7202      | K                            | FACTOR IX IDELVION INJ       |                  | 09171 | 0.0872        | APC (blood and non-blood products) | \$5.18                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J7203      | K                            | FACTOR IX RECOMB GLY REBINYN |                  | 09468 | 0.0766        | APC (blood and non-blood products) | \$4.32                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J7204      | K                            | INJ RECOMBIN ESPEROCT PER IU |                  | 09354 | 0.0362        | APC (blood and non-blood products) | \$2.14                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J7205      | K                            | FACTOR VIII FC FUSION RECOMB |                  | 01656 | 0.0378        | APC (blood and non-blood products) | \$2.32                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J7207      | K                            | FACTOR VIII PEGYLATED RECOMB |                  | 01844 | 0.0352        | APC (blood and non-blood products) | \$2.10                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J7208      | K                            | INJ. JIVI 1 IU               |                  | 09299 | 0.0400        | APC (blood and non-blood products) | \$2.45                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J7209      | K                            | FACTOR VIII NUWIQ RECOMB 1IU |                  | 01846 | 0.0215        | APC (blood and non-blood products) | \$1.19                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J7210      | K                            | INJ, AFSTYLA, 1 I.U.         |                  | 09043 | 0.0249        | APC (blood and non-blood products) | \$1.51                                 |                                    |                                           | -                       | -        | 000        | 999        |          |

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| Proc<br>Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                     | Proc<br>Modifier | APC   |         | Method                             | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|------------------------------|-------------------------------|------------------|-------|---------|------------------------------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            |                              |                               |                  | APC   | Weight  |                                    |                                        |                                    |                                           |  |                         |          |            |            |          |
| J7211      | K                            | INJ, KOVALTRY, 1 I.U.         |                  | 09075 | 0.0244  | APC (blood and non-blood products) | \$1.49                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7212      | N                            | FACTOR VIIA RECOMB SEVENFACT  |                  | -     | -       | Bundled                            | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7213      | K                            | INJ, IXINITY, 1 I.U.          |                  | 09146 | 0.0315  | APC (blood and non-blood products) | \$1.92                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7214      | G                            | ALTUVIIIIO PER FACTOR VIII IU |                  | -     | -       | APC – pays by fee schedule amount  | \$4.60                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7294      | E                            | SEG ACET AND ETH ESTR YEARLY  |                  | -     | -       | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7295      | E                            | ETH ESTR AND ETON MONTHLY     |                  | -     | -       | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7296      | M                            | KYLEENA, 19.5 MG              |                  | -     | -       | Fee Schedule                       | \$1,214.63                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7297      | M                            | LILETTA, 52 MG                |                  | -     | -       | Fee Schedule                       | \$931.73                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7298      | M                            | MIRENA, 52 MG                 |                  | -     | -       | Fee Schedule                       | \$1,214.63                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7300      | M                            | INTRAUT COPPER CONTRACEPTIVE  |                  | -     | -       | Fee Schedule                       | \$1,139.00                             |                                    |                                           |  | -                       | -        | 010        | 65         |          |
| J7301      | M                            | SKYLA, 13.5 MG                |                  | -     | -       | Fee Schedule                       | \$1,011.38                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7302      | E                            | LEVONORGESTREL IU 52 MG       |                  | -     | -       | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 010        | 65         |          |
| J7304      | M                            | CONTRACEPTIVE HORMONE PATCH   |                  | -     | -       | Fee Schedule                       | \$40.72                                |                                    |                                           |  | -                       | Y        | 010        | 65         |          |
| J7306      | E                            | LEVONORGESTREL IMPLANT SYS    |                  | -     | -       | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7307      | M                            | ETONOGESTREL IMPLANT SYSTEM   |                  | -     | -       | Fee Schedule                       | \$1,214.63                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7308      | K                            | AMINOLEVULINIC ACID HCL TOP   |                  | 07308 | 6.7911  | APC (blood and non-blood products) | \$394.41                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7309      | E                            | METHYL AMINOLEVULINATE, TOP   |                  | -     | -       | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7310      | E                            | GANCICLOVIR LONG ACT IMPLANT  |                  | -     | -       | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7311      | K                            | INJ., RETISERT, 0.01 MG       |                  | 09225 | 0.5077  | APC (blood and non-blood products) | \$340.04                               |                                    |                                           |  | Y                       | -        | 000        | 999        |          |
| J7312      | K                            | DEXAMETHASONE INTRA IMPLANT   |                  | 09256 | 3.5211  | APC (blood and non-blood products) | \$205.24                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7313      | K                            | INJ., ILUVIEN, 0.01 MG        |                  | 09450 | 8.3497  | APC (blood and non-blood products) | \$490.77                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7314      | K                            | INJ., YUTIQ, 0.01 MG          |                  | 09328 | 9.0270  | APC (blood and non-blood products) | \$524.57                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7315      | N                            | OPHTHALMIC MITOMYCIN          |                  | -     | -       | Bundled                            | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7316      | N                            | INJ, OCRIPLASMIN, 0.125 MG    |                  | -     | -       | Bundled                            | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7318      | K                            | INJ, DUROLANE 1 MG            |                  | 09174 | 0.1122  | APC (blood and non-blood products) | \$6.93                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7320      | K                            | GENVISC 850, INJ, 1MG         |                  | 09079 | 0.0884  | APC (blood and non-blood products) | \$6.31                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7321      | N                            | HYALGAN SUPARTZ VISCO-3 DOSE  |                  | -     | -       | Bundled                            | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7322      | K                            | HYMOVIS INJECTION 1 MG        |                  | 09471 | 0.2999  | APC (blood and non-blood products) | \$17.50                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7323      | K                            | EUFLEXXA INJ PER DOSE         |                  | 00875 | 1.9793  | APC (blood and non-blood products) | \$128.71                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7324      | K                            | ORTHOVISC INJ PER DOSE        |                  | 00877 | 2.2531  | APC (blood and non-blood products) | \$125.30                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7325      | K                            | SYNVISC OR SYNVISC-ONE        |                  | 00874 | 0.1520  | APC (blood and non-blood products) | \$9.25                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7326      | K                            | GEL-ONE                       |                  | 01417 | 8.9462  | APC (blood and non-blood products) | \$538.48                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7327      | K                            | MONOVISC INJ PER DOSE         |                  | 01747 | 12.1860 | APC (blood and non-blood products) | \$663.64                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7328      | N                            | GELSYN-3 INJECTION 0.1 MG     |                  | -     | -       | Bundled                            | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7329      | K                            | INJ, TRIVISC 1 MG             |                  | 09196 | 0.1271  | APC (blood and non-blood products) | \$5.59                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7330      | E                            | CULTURED CHONDROCYTES IMPLNT  |                  | -     | -       | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7331      | N                            | SYNOJOYNT, INJ., 1 MG         |                  | -     | -       | Bundled                            | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7332      | K                            | INJ., TRILURON, 1 MG          |                  | 09338 | 0.1796  | APC (blood and non-blood products) | \$10.28                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7336      | K                            | CAPSAICIN 8% PATCH            |                  | 09071 | 0.0569  | APC (blood and non-blood products) | \$3.38                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7340      | K                            | CARBIDOPA LEVODOPA ENT 100ML  |                  | 09320 | 3.9049  | APC (blood and non-blood products) | \$235.77                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7342      | N                            | CIPROFLOXACIN OTIC SUSP 6 MG  |                  | -     | -       | Bundled                            | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7345      | K                            | AMINOLEVULINIC ACID, 10% GEL  |                  | 09301 | 0.0291  | APC (blood and non-blood products) | \$1.78                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7351      | K                            | INJ BIMATOPROST ITC IMP1MCG   |                  | 09351 | 3.5313  | APC (blood and non-blood products) | \$209.91                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7352      | K                            | AFAMELANOTIDE IMPLANT, 1 MG   |                  | 09396 | 47.3210 | APC (blood and non-blood products) | \$2,873.33                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7353      | G                            | ANACAULASE-BCDB 8.8% GEL 1 G  |                  | -     | -       | APC – pays by fee schedule amount  | \$58.31                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7354      | G                            | CANTHARIDIN TOP, APPLICATOR   |                  | -     | -       | APC – pays by fee schedule amount  | \$682.26                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7355      | G                            | INJ TRAVOPROST INTRA IMPL     |                  | -     | -       | APC – pays by fee schedule amount  | \$194.41                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7402      | K                            | MOMETASONE SINUS SINUVA       |                  | 09346 | 0.1868  | APC (blood and non-blood products) | \$11.35                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7500      | N                            | AZATHIOPRINE ORAL 50MG        |                  | -     | -       | Bundled                            | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7501      | K                            | AZATHIOPRINE PARENTERAL       |                  | 00887 | 4.1364  | APC (blood and non-blood products) | \$224.97                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7502      | N                            | CYCLOSPORINE ORAL 100 MG      |                  | -     | -       | Bundled                            | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7503      | N                            | TACROL ENVARSUS EX REL ORAL   |                  | -     | -       | Bundled                            | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7504      | K                            | LYMPHOCYTE IMMUNE GLOBULIN    |                  | 00890 | 61.9079 | APC (blood and non-blood products) | \$4,376.29                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7505      | E                            | MONOCLONAL ANTIBODIES         |                  | -     | -       | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7507      | N                            | TACROLIMUS IMME REL ORAL 1MG  |                  | -     | -       | Bundled                            | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7508      | N                            | TACROL ASTAGRAF EX REL ORAL   |                  | -     | -       | Bundled                            | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |



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| Proc<br>Cd | 2024<br>APC<br>Status |  | Proc Desc                    | Proc<br>Modifier | APC   | APC<br>Weight | Method                             | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-----------------------|--|------------------------------|------------------|-------|---------------|------------------------------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Ind                   |  |                              |                  |       |               |                                    |                                        |                                    |                                           |  |                         |          |            |            |          |
| J7509      | N                     |  | METHYLPREDNISOLONE ORAL      |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7510      | N                     |  | PREDNISOLONE ORAL PER 5 MG   |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7511      | K                     |  | ANTITHYMOCYTE GLOBULN RABBIT |                  | 09104 | 15.8922       | APC (blood and non-blood products) | \$939.35                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7512      | N                     |  | PREDNISONE IR OR DR ORAL 1MG |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7513      | E                     |  | DACLIZUMAB, PARENTERAL       |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7514      | N                     |  | MYCOPHENOL (MYHIBBIN) 100 MG |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7515      | N                     |  | CYCLOSPORINE ORAL 25 MG      |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7516      | N                     |  | INJ, CYCLOSPORINE, 250MG     |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7517      | N                     |  | MYCOPHENOLATE MOFETIL ORAL   |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7518      | N                     |  | MYCOPHENOLIC ACID            |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           |  | -                       | Y        | 000        | 999        |          |
| J7519      | N                     |  | INJ. MYCOPHENOLATE MOFETIL   |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7520      | N                     |  | SIROLIMUS, ORAL              |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7525      | K                     |  | TACROLIMUS INJECTION         |                  | 09006 | 4.2605        | APC (blood and non-blood products) | \$255.06                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7527      | N                     |  | ORAL EVEROLIMUS              |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7599      | N                     |  | IMMUNOSUPPRESSIVE DRUG NOC   |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7601      | E                     |  | ENSIFENTRINE INH 3 MG        |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7604      | E                     |  | ACETYLCYSTEINE COMP UNIT     |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7605      | E                     |  | ARFORMOTEROL NON-COMP UNIT   |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7606      | E                     |  | FORMOTEROL FUMARATE, INH     |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7607      | E                     |  | LEVALBUTEROL COMP CON        |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7608      | E                     |  | ACETYLCYSTEINE NON-COMP UNIT |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7609      | E                     |  | ALBUTEROL COMP UNIT          |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7610      | E                     |  | ALBUTEROL COMP CON           |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7611      | E                     |  | ALBUTEROL NON-COMP CON       |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7612      | E                     |  | LEVALBUTEROL NON-COMP CON    |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7613      | E                     |  | ALBUTEROL NON-COMP UNIT      |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7614      | E                     |  | LEVALBUTEROL NON-COMP UNIT   |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7615      | E                     |  | LEVALBUTEROL COMP UNIT       |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7620      | E                     |  | ALBUTEROL IPRATROP NON-COMP  |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7622      | E                     |  | BECLOMETHASONE COMP UNIT     |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7624      | E                     |  | BETAMETHASONE COMP UNIT      |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7626      | E                     |  | BUDESONIDE NON-COMP UNIT     |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7627      | E                     |  | BUDESONIDE COMP UNIT         |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7628      | E                     |  | BITOLTEROL MESYLATE COMP CON |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7629      | E                     |  | BITOLTEROL MESYLATE COMP UNT |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7631      | E                     |  | CROMOLYN SODIUM NONCOMP UNIT |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7632      | E                     |  | CROMOLYN SODIUM COMP UNIT    |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7633      | E                     |  | BUDESONIDE NON-COMP CON      |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7634      | E                     |  | BUDESONIDE COMP CON          |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7635      | E                     |  | ATROPINE COMP CON            |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7636      | E                     |  | ATROPINE COMP UNIT           |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7637      | E                     |  | DEXAMETHASONE COMP CON       |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7638      | E                     |  | DEXAMETHASONE COMP UNIT      |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7639      | E                     |  | DORNASE ALFA NON-COMP UNIT   |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7640      | E                     |  | FORMOTEROL COMP UNIT         |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7641      | E                     |  | FLUNISOLIDE COMP UNIT        |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7642      | E                     |  | GLYCOPYRROLATE COMP CON      |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7643      | E                     |  | GLYCOPYRROLATE COMP UNIT     |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7644      | E                     |  | IPRATROPIUM BROMIDE NON-COMP |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7645      | E                     |  | IPRATROPIUM BROMIDE COMP     |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7647      | E                     |  | ISOETHARINE COMP CON         |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7648      | E                     |  | ISOETHARINE NON-COMP CON     |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7649      | E                     |  | ISOETHARINE NON-COMP UNIT    |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7650      | E                     |  | ISOETHARINE COMP UNIT        |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7657      | E                     |  | ISOPROTERENOL COMP CON       |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7658      | E                     |  | ISOPROTERENOL NON-COMP CON   |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |

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| Proc<br>Cd | 2024<br>APC |                              | Proc<br>Modifier | APC   | APC<br>Weight | Method                             | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-------------|------------------------------|------------------|-------|---------------|------------------------------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Status      | Proc Desc                    |                  |       |               |                                    |                                        |                                    |                                           |  |                         |          |            |            |          |
| J7659      | E           | ISOPROTERENOL NON-COMP UNIT  |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7660      | E           | ISOPROTERENOL COMP UNIT      |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7665      | N           | MANNITOL FOR INHALER         |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           |  | -                       | -        | 006        | 999        |          |
| J7667      | E           | METAPROTERENOL COMP CON      |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7668      | E           | METAPROTERENOL NON-COMP CON  |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7669      | E           | METAPROTERENOL NON-COMP UNIT |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7670      | E           | METAPROTERENOL COMP UNIT     |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7674      | N           | METHACHOLINE CHLORIDE, NEB   |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           |  | -                       | Y        | 000        | 999        |          |
| J7676      | E           | PENTAMIDINE COMP UNIT DOSE   |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7677      | E           | REVEFENACIN INH NON-COM 1MCG |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7680      | E           | TERBUTALINE SULF COMP CON    |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7681      | E           | TERBUTALINE SULF COMP UNIT   |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7682      | E           | TOBRAMYCIN NON-COMP UNIT     |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7683      | E           | TRIAMCINOLONE COMP CON       |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7684      | E           | TRIAMCINOLONE COMP UNIT      |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7685      | E           | TOBRAMYCIN COMP UNIT         |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7686      | E           | TREPROSTINIL, NON-COMP UNIT  |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7699      | E           | INHALATION SOLUTION FOR DME  |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7799      | N           | NON-INHALATION DRUG FOR DME  |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J7999      | N           | COMPOUNDED DRUG, NOC         |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J8498      | E           | ANTIEMETIC RECTAL/SUPP NOS   |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J8499      | E           | ORAL PRESCRIP DRUG NON CHEMO |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J8501      | N           | ORAL APREPITANT              |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J8510      | K           | ORAL BUSULFAN                |                  | 09335 | 1.3869        | APC (blood and non-blood products) | \$84.21                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J8515      | E           | CABERGOLINE, ORAL 0.25MG     |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J8522      | K           | CAPECITABINE, ORAL, 50 MG    |                  | 00804 | 0.0007        | APC (blood and non-blood products) | \$0.07                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J8530      | N           | CYCLOPHOSPHAMIDE ORAL 25 MG  |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J8540      | N           | ORAL DEXAMETHASONE           |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J8541      | N           | ORAL, HEMADY, 0.25 MG        |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J8560      | N           | ETOPOSIDE ORAL 50 MG         |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J8562      | E           | ORAL FLUDARABINE PHOSPHATE   |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J8565      | E           | GEFITINIB ORAL               |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J8597      | N           | ANTIEMETIC DRUG ORAL NOS     |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J8600      | E           | MELPHALAN ORAL 2 MG          |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J8610      | N           | METHOTREXATE ORAL 2.5 MG     |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J8611      | K           | ORAL METHOTREXATE (JYLAMVO)  |                  | 00755 | 0.3124        | APC (blood and non-blood products) | \$18.97                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J8612      | K           | ORAL METHOTREXATE (XATMEP)   |                  | 00756 | 0.3411        | APC (blood and non-blood products) | \$20.71                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J8650      | E           | NABILONE ORAL                |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J8655      | K           | ORAL NETUPITANT, PALONOSETRO |                  | 09448 | 7.0054        | APC (blood and non-blood products) | \$409.01                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J8670      | K           | ROLAPITANT, ORAL, 1MG        |                  | 01761 | 0.0279        | APC (blood and non-blood products) | \$1.79                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J8700      | N           | TEMOZOLOMIDE                 |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J8705      | N           | TOPOTECAN ORAL               |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           |  | -                       | -        | 005        | 999        |          |
| J8999      | E           | ORAL PRESCRIPTION DRUG CHEMO |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J9000      | N           | DOXORUBICIN HCL INJECTION    |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J9001      | E           | DOXORUBICIN HCL LIPOSOME INJ |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J9015      | K           | ALDESLEUKIN INJECTION        |                  | 00807 | 87.3067       | APC (blood and non-blood products) | \$5,301.26                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J9017      | K           | ARSENIC TRIOXIDE INJECTION   |                  | 09012 | 0.2038        | APC (blood and non-blood products) | \$4.79                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J9019      | E           | ERWINAZE INJECTION           |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J9020      | E           | ASPARAGINASE, NOS            |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J9021      | K           | INJ, ASPARA, RYLAZE, 0.1 MG  |                  | 09437 | 0.8768        | APC (blood and non-blood products) | \$54.38                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J9022      | K           | INJ, ATEZOLIZUMAB,10 MG      |                  | 09483 | 1.4375        | APC (blood and non-blood products) | \$89.39                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J9023      | K           | INJECTION, AVELUMAB, 10 MG   |                  | 09491 | 1.5848        | APC (blood and non-blood products) | \$97.14                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J9025      | N           | AZACITIDINE INJECTION        |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J9026      | G           | INJ, TARLATAMAB-DLLE, 1 MG   |                  | -     | -             | APC – pays by fee schedule amount  | \$1,570.77                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J9027      | K           | CLOFARABINE INJECTION        |                  | 01710 | 0.3090        | APC (blood and non-blood products) | \$16.01                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J9028      | G           | INJ, NOGAPENDEKIN PMLN, 1MCG |                  | -     | -             | APC – pays by fee schedule amount  | \$94.58                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |

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| Proc Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC   | APC<br>Weight | Method                             | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|---------|------------------------------|------------------------------|------------------|-------|---------------|------------------------------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|         |                              |                              |                  |       |               |                                    |                                        |                                    |                                           |                         |          |            |            |          |
| J9029   | G                            | INSTILL ADSTILADRIN, TX DOSE |                  | -     | -             | APC – pays by fee schedule amount  | \$63,235.61                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9030   | N                            | BCG LIVE INTRAVESICAL 1MG    |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9032   | K                            | INJECTION, BELINOSTAT, 10MG  |                  | 01658 | 0.8364        | APC (blood and non-blood products) | \$50.92                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9033   | K                            | INJ., TREANDA 1 MG           |                  | 09243 | 0.1431        | APC (blood and non-blood products) | \$1.24                                 |                                    |                                           | -                       | -        | 018        | 999        |          |
| J9034   | K                            | INJ., BENDEKA 1 MG           |                  | 01861 | 0.2369        | APC (blood and non-blood products) | \$13.58                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9035   | K                            | BEVACIZUMAB INJECTION        |                  | 09214 | 1.2700        | APC (blood and non-blood products) | \$72.73                                |                                    |                                           | -                       | Y        | 000        | 999        |          |
| J9036   | K                            | INJ. BELRAPZO/BENDAMUSTINE   |                  | 09313 | 0.1520        | APC (blood and non-blood products) | \$14.20                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9039   | K                            | INJECTION, BLINATUMOMAB      |                  | 09449 | 2.4894        | APC (blood and non-blood products) | \$152.28                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9040   | N                            | BLEOMYCIN SULFATE INJECTION  |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9041   | N                            | INJECTION, BORTEZOMIB, 0.1MG |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | Y        | 000        | 999        |          |
| J9042   | K                            | BRENTUXIMAB VEDOTIN INJ      |                  | 09287 | 3.9517        | APC (blood and non-blood products) | \$248.93                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9043   | K                            | CABAZITAXEL INJECTION        |                  | 09276 | 3.6266        | APC (blood and non-blood products) | \$221.71                               |                                    |                                           | -                       | -        | 018        | 999        |          |
| J9045   | N                            | CARBOPLATIN INJECTION        |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9046   | K                            | INJ, BORTEZOMIB, DR. REDDY'S |                  | 09026 | 0.0809        | APC (blood and non-blood products) | \$4.91                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9047   | K                            | INJECTION, CARFILZOMIB, 1 MG |                  | 09295 | 0.8080        | APC (blood and non-blood products) | \$51.85                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9048   | K                            | INJ, BORTEZOMIB FRESENIUSKAB |                  | 09027 | 0.2717        | APC (blood and non-blood products) | \$16.50                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9049   | N                            | INJ, BORTEZOMIB, HOSPIRA     |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9050   | K                            | CARMUSTINE INJECTION         |                  | 00812 | 4.8111        | APC (blood and non-blood products) | \$145.60                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9051   | E                            | INJ, BORTEZOMIB (MAIA)       |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9052   | K                            | INJ, CARMUSTINE (ACCORD)     |                  | 00718 | 0.0009        | APC (blood and non-blood products) | \$259.70                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9055   | K                            | CETUXIMAB INJECTION          |                  | 09215 | 1.2586        | APC (blood and non-blood products) | \$77.52                                |                                    |                                           | -                       | Y        | 000        | 999        |          |
| J9056   | G                            | INJ, VIVIMUSTA, 1 MG         |                  | -     | -             | APC – pays by fee schedule amount  | \$27.24                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9057   | K                            | INJ., COPANLISIB, 1 MG       |                  | 09030 | 1.5012        | APC (blood and non-blood products) | \$89.16                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9060   | N                            | CISPLATIN 10 MG INJECTION    |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9061   | K                            | INJ, AMIVANTAMAB-VMJW        |                  | 09432 | 0.3423        | APC (blood and non-blood products) | \$21.51                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9063   | G                            | INJ, ELAHERE, 1 MG           |                  | -     | -             | APC – pays by fee schedule amount  | \$68.07                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9064   | E                            | INJ, CABAZITAXEL (SANDOZ)    |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9065   | K                            | INJ CLADRIBINE PER 1 MG      |                  | 00858 | 0.2842        | APC (blood and non-blood products) | \$10.20                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9071   | K                            | INJ CYCLOPHOSPHAMD AUROMEDIC |                  | 09203 | 0.0301        | APC (blood and non-blood products) | \$0.87                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9072   | G                            | INJ CYCLOPHOS DR.REDDY'S 5MG |                  | -     | -             | APC – pays by fee schedule amount  | \$9.05                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9073   | K                            | INJ CYCLOPHOSPHAMD (INGENUS) |                  | 00741 | 0.0360        | APC (blood and non-blood products) | \$1.76                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9074   | K                            | INJ, CYCLOPHOSPHAMD, SANDOZ  |                  | 00785 | 0.0717        | APC (blood and non-blood products) | \$4.34                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9075   | K                            | INJ, CYCLOPHOSPHAMIDE, NOS   |                  | 00743 | 0.0144        | APC (blood and non-blood products) | \$0.80                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9076   | E                            | INJ, CYCLOPHOS (BAXTER) 5MG  |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9098   | E                            | CYTARABINE LIPOSOME INJ      |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9100   | N                            | CYTARABINE HCL 100 MG INJ    |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9118   | M                            | INJ. CALASPARGASE PEGOL-MKNL |                  | -     | -             | Fee Schedule                       | \$76.53                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9119   | K                            | INJ., CEMIPIMAB-RWLC, 1 MG   |                  | 09304 | 0.4723        | APC (blood and non-blood products) | \$28.92                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9120   | K                            | DACTINOMYCIN INJECTION       |                  | 00752 | 9.3817        | APC (blood and non-blood products) | \$288.80                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9130   | N                            | DACARBAZINE 100 MG INJ       |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9144   | K                            | DARATUMUMAB, HYALURONIDASE   |                  | 09378 | 0.8357        | APC (blood and non-blood products) | \$52.99                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9145   | K                            | INJECTION, DARATUMUMAB 10 MG |                  | 09476 | 1.0470        | APC (blood and non-blood products) | \$67.63                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9150   | K                            | DAUNORUBICIN INJECTION       |                  | 00820 | 0.5395        | APC (blood and non-blood products) | \$26.40                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9151   | E                            | DAUNORUBICIN CITRATE INJ     |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9153   | K                            | INJ DAUNORUBICIN, CYTARABINE |                  | 09302 | 3.9870        | APC (blood and non-blood products) | \$249.02                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9155   | K                            | DEGARELIX INJECTION          |                  | 01296 | 0.0746        | APC (blood and non-blood products) | \$4.36                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9165   | E                            | DIETHYLSTILBESTROL INJECTION |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9171   | N                            | DOCETAXEL INJECTION          |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9172   | G                            | DOCETAXEL (DOCIVYX), 1 MG    |                  | -     | -             | APC – pays by fee schedule amount  | \$51.62                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9173   | K                            | INJ., DURVALUMAB, 10 MG      |                  | 09492 | 1.3789        | APC (blood and non-blood products) | \$83.87                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9175   | N                            | ELLIOTTS B SOLUTION PER ML   |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9176   | K                            | INJECTION, ELOTUZUMAB, 1MG   |                  | 09477 | 0.1268        | APC (blood and non-blood products) | \$7.73                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9177   | K                            | INJ ENFORT VEDO-EJFV 0.25MG  |                  | 09364 | 0.6200        | APC (blood and non-blood products) | \$36.64                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9178   | N                            | INJ, EPIRUBICIN HCL, 2 MG    |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9179   | K                            | ERIBULIN MESYLATE INJECTION  |                  | 01426 | 2.3577        | APC (blood and non-blood products) | \$118.75                               |                                    |                                           | -                       | -        | 018        | 999        |          |
| J9181   | N                            | ETOPOSIDE INJECTION          |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |

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| Proc<br>Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC<br>Weight | Method   | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|------------------------------|------------------------------|------------------|---------------|----------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|            |                              |                              |                  |               |          |                                        |                                    |                                           |                         |          |            |            |          |
| J9185      | K                            | FLUDARABINE PHOSPHATE INJ    |                  | 09080         | 3.2693   | APC (blood and non-blood products)     |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9190      | N                            | FLUOROURACIL INJECTION       |                  | -             | -        | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9196      | N                            | INJ GEMCITABINE HCL (ACCORD) |                  | -             | -        | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9198      | E                            | INJ. INFUGEM, 100 MG         |                  | -             | -        | Not Allowed                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9200      | K                            | FLOXURIDINE INJECTION        |                  | 00827         | 63.8560  | APC (blood and non-blood products)     |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9201      | N                            | IN GEMCITABINE HCL NOS 200MG |                  | -             | -        | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9202      | K                            | GOSERELIN ACETATE IMPLANT    |                  | 00810         | 10.2644  | APC (blood and non-blood products)     |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9203      | K                            | GEMTUZUMAB OZOGAMICIN 0.1 MG |                  | 09495         | 3.8392   | APC (blood and non-blood products)     |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9204      | K                            | INJ MOGAMULIZUMAB-KPKC, 1 MG |                  | 09182         | 4.0072   | APC (blood and non-blood products)     |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9205      | K                            | INJ IRINOTECAN LIPOSOME 1 MG |                  | 09474         | 1.0865   | APC (blood and non-blood products)     |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9206      | N                            | IRINOTECAN INJECTION         |                  | -             | -        | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9207      | K                            | IXABEPILONE INJECTION        |                  | 09240         | 2.1835   | APC (blood and non-blood products)     |                                    |                                           | -                       | -        | 018        | 999        |          |
| J9208      | N                            | IFOSFAMIDE INJECTION         |                  | -             | -        | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9209      | N                            | MESNA INJECTION              |                  | -             | -        | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9210      | K                            | INJ., EMAPALUMAB-LZSG, 1 MG  |                  | 09310         | 6.2489   | APC (blood and non-blood products)     |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9211      | N                            | IDARUBICIN HCL INJECTION     |                  | -             | -        | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9212      | E                            | INTERFERON ALFACON-1 INJ     |                  | -             | -        | Not Allowed                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9213      | E                            | INTERFERON ALFA-2A INJ       |                  | -             | -        | Not Allowed                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9214      | N                            | INTERFERON ALFA-2B INJ       |                  | -             | -        | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9215      | E                            | INTERFERON ALFA-N3 INJ       |                  | -             | -        | Not Allowed                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9216      | E                            | INTERFERON GAMMA 1-B INJ     |                  | -             | -        | Not Allowed                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9217      | K                            | LEUPROLIDE ACETATE SUSPNSION |                  | 09217         | 3.1797   | APC (blood and non-blood products)     |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9218      | N                            | LEUPROLIDE ACETATE INJECITON |                  | -             | -        | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9219      | E                            | LEUPROLIDE ACETATE IMPLANT   |                  | -             | -        | Not Allowed                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9223      | K                            | INJ. LURBINECTEDIN, 0.1 MG   |                  | 09389         | 3.4171   | APC (blood and non-blood products)     |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9225      | N                            | VANTAS IMPLANT               |                  | -             | -        | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9226      | K                            | SUPPRELIN LA IMPLANT         |                  | 01142         | 763.4655 | APC (blood and non-blood products)     |                                    |                                           | Y                       | -        | 000        | 999        |          |
| J9227      | K                            | INJ. ISATUXIMAB-IRFC 10 MG   |                  | 09377         | 1.3088   | APC (blood and non-blood products)     |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9228      | K                            | IPILIMUMAB INJECTION         |                  | 09284         | 2.9579   | APC (blood and non-blood products)     |                                    |                                           | -                       | -        | 018        | 999        |          |
| J9229      | K                            | INJ INOTUZUMAB OZOGAM 0.1 MG |                  | 09028         | 43.7768  | APC (blood and non-blood products)     |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9230      | N                            | MECHLORETHAMINE HCL INJ      |                  | -             | -        | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9245      | K                            | INJ MELPHA HYDROCH NOS 50 MG |                  | 00840         | 2.8731   | APC (blood and non-blood products)     |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9246      | K                            | INJ., EVOMELA, 1 MG          |                  | 09375         | 0.2892   | APC (blood and non-blood products)     |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9248      | G                            | INJ MELPHALAN (HEPZATO) 1 MG |                  | -             | -        | APC – pays by fee schedule amount      |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9249      | E                            | INJ, MELPHALAN (APOTEX) 1 MG |                  | -             | -        | Not Allowed                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9255      | E                            | INJ, METHOTREXATE (ACCORD)   |                  | -             | -        | Not Allowed                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9260      | N                            | INJ METHOTREXATE SODIUM 50MG |                  | -             | -        | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9261      | K                            | NELARABINE INJECTION         |                  | 00825         | 1.7456   | APC (blood and non-blood products)     |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9262      | K                            | INJ, OMACETAXINE MEP, 0.01MG |                  | 09297         | 0.0677   | APC (blood and non-blood products)     |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9263      | N                            | OXALIPLATIN                  |                  | -             | -        | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9264      | K                            | PACLITAXEL PROTEIN BOUND     |                  | 01712         | 0.2349   | APC (blood and non-blood products)     |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9266      | K                            | PEGASPARGASE INJECTION       |                  | 00843         | 445.8257 | APC (blood and non-blood products)     |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9267      | N                            | PACLITAXEL INJECTION         |                  | -             | -        | Bundled                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9268      | K                            | PENTOSTATIN INJECTION        |                  | 00844         | 40.0021  | APC (blood and non-blood products)     |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9269      | K                            | INJ. TAGRAXOFUSP-ERZS 10 MCG |                  | 09309         | 5.5943   | APC (blood and non-blood products)     |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9270      | E                            | PLICAMYCIN (MITHRAMYCIN) INJ |                  | -             | -        | Not Allowed                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9271      | K                            | INJ PEMBROLIZUMAB            |                  | 01490         | 0.9815   | APC (blood and non-blood products)     |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9272      | K                            | INJ, DOSTARLIMAB-GXLY, 10 MG |                  | 09431         | 3.9828   | APC (blood and non-blood products)     |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9273      | K                            | INJ TISOTU VEDOTIN-TFTV, 1MG |                  | 09204         | 2.9936   | APC (blood and non-blood products)     |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9274      | G                            | INJ, TEBENTAFUSP-TEBN, 1 MCG |                  | -             | -        | APC – pays by fee schedule amount      |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9280      | K                            | MITOMYCIN INJECTION          |                  | 01232         | 1.1480   | APC (blood and non-blood products)     |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9281      | K                            | MITOMYCIN INSTILLATION       |                  | 09374         | 5.1480   | APC (blood and non-blood products)     |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9285      | E                            | INJ, OLARATUMAB, 10 MG       |                  | -             | -        | Not Allowed                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9286      | G                            | INJ GLOFITAMAB GXBM, 2.5 MG  |                  | -             | -        | APC – pays by fee schedule amount      |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9292      | G                            | INJ, PEMETREXED (AVYXA) 10MG |                  | -             | -        | APC – pays by fee schedule amount      |                                    |                                           | -                       | -        | 000        | 999        |          |
| J9293      | K                            | MITOXANTRONE HYDROCHL / 5 MG |                  | 00864         | 0.7308   | APC (blood and non-blood products)     |                                    |                                           | -                       | -        | 000        | 999        |          |



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| Proc Cd | 2024 APC<br>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 |
|---------|------------------------|------------------------------|---------------|-------|------------|------------------------------------|----------------------------------|------------------------------|----------------------------------|----------------------|----------|---------|---------|----------|
|         |                        |                              |               |       |            |                                    |                                  |                              |                                  |                      |          |         |         |          |
| J9294   | K                      | INJ PEMETREXED, HOSPIRA 10MG |               | 09123 | 0.0619     | APC (blood and non-blood products) | \$3.86                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J9295   | K                      | INJECTION, NECITUMUMAB, 1 MG |               | 09475 | 0.0944     | APC (blood and non-blood products) | \$5.73                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J9296   | K                      | INJ PEMETREXED (ACCORD) 10MG |               | 09127 | 0.1603     | APC (blood and non-blood products) | \$9.74                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J9297   | N                      | INJ PEMETREXED (SANDOZ) 10MG |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J9298   | G                      | INJ NIVOL RELATLIMAB 3MG/1MG |               | -     | -          | APC – pays by fee schedule amount  | \$194.08                         |                              |                                  | -                    | -        | 000     | 999     |          |
| J9299   | K                      | INJECTION, NIVOLUMAB         |               | 09453 | 0.5325     | APC (blood and non-blood products) | \$32.35                          |                              |                                  | -                    | -        | 000     | 999     |          |
| J9301   | K                      | OBINUTUZUMAB INJ             |               | 01476 | 1.2025     | APC (blood and non-blood products) | \$75.21                          |                              |                                  | -                    | -        | 000     | 999     |          |
| J9302   | K                      | OFATUMUMAB INJECTION         |               | 09260 | 1.0249     | APC (blood and non-blood products) | \$62.23                          |                              |                                  | -                    | -        | 000     | 999     |          |
| J9303   | K                      | PANITUMUMAB INJECTION        |               | 09235 | 2.5901     | APC (blood and non-blood products) | \$164.92                         |                              |                                  | -                    | -        | 000     | 999     |          |
| J9304   | K                      | INJ. PEMETREXED, 10 MG       |               | 09442 | 1.0803     | APC (blood and non-blood products) | \$46.35                          |                              |                                  | -                    | -        | 000     | 999     |          |
| J9305   | K                      | INJ. PEMETREXED NOS 10MG     |               | 09213 | 0.0680     | APC (blood and non-blood products) | \$3.77                           |                              |                                  | -                    | Y        | 000     | 999     |          |
| J9306   | K                      | INJECTION, PERTUZUMAB, 1 MG  |               | 01471 | 0.2641     | APC (blood and non-blood products) | \$16.23                          |                              |                                  | -                    | -        | 000     | 999     |          |
| J9307   | K                      | PRALATREXATE INJECTION       |               | 09259 | 5.1255     | APC (blood and non-blood products) | \$373.77                         |                              |                                  | -                    | -        | 000     | 999     |          |
| J9308   | K                      | INJECTION, RAMUCIRUMAB       |               | 01488 | 1.1929     | APC (blood and non-blood products) | \$73.37                          |                              |                                  | -                    | -        | 000     | 999     |          |
| J9309   | K                      | INJ, POLATUZUMAB VEDOTIN 1MG |               | 09331 | 2.1242     | APC (blood and non-blood products) | \$132.73                         |                              |                                  | -                    | -        | 000     | 999     |          |
| J9311   | K                      | INJ RITUXIMAB, HYALURONIDASE |               | 09467 | 0.6378     | APC (blood and non-blood products) | \$37.53                          |                              |                                  | -                    | -        | 000     | 999     |          |
| J9312   | K                      | INJ., RITUXIMAB, 10 MG       |               | 09186 | 1.3508     | APC (blood and non-blood products) | \$76.43                          |                              |                                  | -                    | -        | 000     | 999     |          |
| J9313   | K                      | INJ., LUMOXITI, 0.01 MG      |               | 09305 | 0.3853     | APC (blood and non-blood products) | \$23.39                          |                              |                                  | -                    | -        | 000     | 999     |          |
| J9314   | K                      | INJ PEMETREXED (TEVA) 10MG   |               | 09105 | 0.1706     | APC (blood and non-blood products) | \$8.37                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J9316   | K                      | PERTUZU, TRASTUZU, 10 MG     |               | 09390 | 1.1188     | APC (blood and non-blood products) | \$62.99                          |                              |                                  | -                    | -        | 000     | 999     |          |
| J9317   | K                      | SACITUZUMAB GOVITECAN-HZIY   |               | 09376 | 0.5841     | APC (blood and non-blood products) | \$35.80                          |                              |                                  | -                    | -        | 000     | 999     |          |
| J9318   | K                      | INJ ROMIDEPSIN NON-LYO 0.1MG |               | 09428 | 0.4696     | APC (blood and non-blood products) | \$28.52                          |                              |                                  | -                    | -        | 000     | 999     |          |
| J9319   | K                      | INJ ROMIDEPSIN LYOPHIL 0.1MG |               | 09429 | 0.5232     | APC (blood and non-blood products) | \$31.54                          |                              |                                  | -                    | -        | 000     | 999     |          |
| J9320   | N                      | STREPTOZOCIN INJECTION       |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J9321   | G                      | INJ EPCORITAMAB-BYSP 0.16 MG |               | -     | -          | APC – pays by fee schedule amount  | \$54.86                          |                              |                                  | -                    | -        | 000     | 999     |          |
| J9322   | E                      | INJ PEMETREXED (BLUEPOINT)   |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J9323   | K                      | INJ PEMETREXED DITROMETHAMIN |               | 09156 | 0.1771     | APC (blood and non-blood products) | \$10.34                          |                              |                                  | -                    | -        | 000     | 999     |          |
| J9324   | G                      | INJ, PEMRYDI RTU, 10 MG      |               | -     | -          | APC – pays by fee schedule amount  | \$81.06                          |                              |                                  | -                    | -        | 000     | 999     |          |
| J9325   | K                      | INJ TALIMOGENE LAHERPAREPVEC |               | 09472 | 1.1441     | APC (blood and non-blood products) | \$70.38                          |                              |                                  | -                    | -        | 000     | 999     |          |
| J9328   | K                      | TEMOZOLOMIDE INJECTION       |               | 09253 | 0.1781     | APC (blood and non-blood products) | \$10.41                          |                              |                                  | -                    | -        | 000     | 999     |          |
| J9329   | G                      | INJ, TISLELIZUMAB-JSGR       |               | -     | -          | APC – pays by fee schedule amount  | \$562.79                         |                              |                                  | -                    | -        | 000     | 999     |          |
| J9330   | K                      | TEMSIROLIMUS INJECTION       |               | 01168 | 0.4943     | APC (blood and non-blood products) | \$30.32                          |                              |                                  | -                    | -        | 018     | 999     |          |
| J9331   | K                      | INJ SIROLIMUS PROT PART 1 MG |               | 09241 | 1.9343     | APC (blood and non-blood products) | \$117.63                         |                              |                                  | -                    | -        | 000     | 999     |          |
| J9332   | G                      | INJ EFGARTIGIMOD 2MG         |               | -     | -          | APC – pays by fee schedule amount  | \$32.38                          |                              |                                  | -                    | -        | 000     | 999     |          |
| J9333   | G                      | INJ RONZANOLIXIZUM-NOLI 1 MG |               | -     | -          | APC – pays by fee schedule amount  | \$22.84                          |                              |                                  | -                    | -        | 000     | 999     |          |
| J9334   | K                      | INJ EFGART-ALFA 2MG HYA-QVFC |               | 00723 | 0.5680     | APC (blood and non-blood products) | \$33.37                          |                              |                                  | -                    | -        | 000     | 999     |          |
| J9340   | K                      | THIOTEPA INJECTION           |               | 00851 | 3.9110     | APC (blood and non-blood products) | \$245.05                         |                              |                                  | -                    | -        | 000     | 999     |          |
| J9345   | G                      | INJ, RETIFANLIMAB-DLWR, 1 MG |               | -     | -          | APC – pays by fee schedule amount  | \$29.74                          |                              |                                  | -                    | -        | 000     | 999     |          |
| J9347   | G                      | INJ, TREMELIMUMAB-ACTL, 1 MG |               | -     | -          | APC – pays by fee schedule amount  | \$138.24                         |                              |                                  | -                    | -        | 000     | 999     |          |
| J9348   | K                      | INJ. NAXITAMAB-GQGK, 1 MG    |               | 09408 | 10.4475    | APC (blood and non-blood products) | \$641.83                         |                              |                                  | -                    | -        | 000     | 999     |          |
| J9349   | K                      | INJ., TAFASITAMAB-CXIX       |               | 09385 | 0.2325     | APC (blood and non-blood products) | \$13.93                          |                              |                                  | -                    | -        | 000     | 999     |          |
| J9350   | G                      | INJ MOSUNETUZUMAB-AXGB, 1 MG |               | -     | -          | APC – pays by fee schedule amount  | \$640.96                         |                              |                                  | -                    | -        | 000     | 999     |          |
| J9351   | N                      | TOPOTECAN INJECTION          |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J9352   | K                      | INJECTION TRABECTEDIN 0.1MG  |               | 09480 | 5.7953     | APC (blood and non-blood products) | \$363.83                         |                              |                                  | -                    | -        | 000     | 999     |          |
| J9353   | K                      | INJ. MARGETUXIMAB-CMKB, 5 MG |               | 09418 | 0.8055     | APC (blood and non-blood products) | \$48.53                          |                              |                                  | -                    | -        | 000     | 999     |          |
| J9354   | K                      | INJ, ADO-TRASTUZUMAB EMT 1MG |               | 09131 | 0.6583     | APC (blood and non-blood products) | \$41.11                          |                              |                                  | -                    | -        | 000     | 999     |          |
| J9355   | K                      | INJ TRASTUZUMAB EXCL BIOSIMI |               | 01613 | 1.3709     | APC (blood and non-blood products) | \$75.69                          |                              |                                  | -                    | -        | 000     | 999     |          |
| J9356   | K                      | INJ. HERCEPTIN HYLECTA, 10MG |               | 09314 | 1.1291     | APC (blood and non-blood products) | \$62.92                          |                              |                                  | -                    | -        | 000     | 999     |          |
| J9357   | K                      | VALRUBICIN INJECTION         |               | 01235 | 23.0808    | APC (blood and non-blood products) | \$1,444.55                       |                              |                                  | -                    | -        | 000     | 999     |          |
| J9358   | K                      | INJ FAM-TRASTU DERU-NXKI 1MG |               | 09353 | 0.4670     | APC (blood and non-blood products) | \$28.90                          |                              |                                  | -                    | -        | 000     | 999     |          |
| J9359   | K                      | INJ LON TESIRIN-LPYL 0.075MG |               | 09205 | 3.4337     | APC (blood and non-blood products) | \$212.00                         |                              |                                  | -                    | -        | 000     | 999     |          |
| J9360   | N                      | VINBLASTINE SULFATE INJ      |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J9361   | E                      | INJ, EFBEMALENOGRASTIM ALFA- |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J9370   | N                      | VINCRISTINE SULFATE 1 MG INJ |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J9376   | E                      | INJ POZELIMAB-BBFG, 1 MG     |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| J9380   | G                      | INJ TECLISTAMAB CQYV 0.5 MG  |               | -     | -          | APC – pays by fee schedule amount  | \$32.42                          |                              |                                  | -                    | -        | 000     | 999     |          |

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| Proc<br>Cd | 2024<br>APC<br>Status |  | Proc Desc                    | Proc<br>Modifier | APC   | APC<br>Weight | Method                             | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-----------------------|--|------------------------------|------------------|-------|---------------|------------------------------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Ind                   |  |                              |                  |       |               |                                    |                                        |                                    |                                           |  |                         |          |            |            |          |
| J9381      | G                     |  | INJ TEPLIZUMAB MZ WV 5 MCG   |                  | -     | -             | APC – pays by fee schedule amount  | \$37.31                                |                                    |                                           |  | Y                       | -        | 000        | 999        |          |
| J9390      | N                     |  | VINORELBINE TARTRATE INJ     |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J9393      | K                     |  | INJ, FULVESTRANT (TEVA)      |                  | 09102 | 0.3491        | APC (blood and non-blood products) | \$46.21                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J9394      | K                     |  | INJ, FULVESTRANT (FRESENIUS) |                  | 09103 | 0.0905        | APC (blood and non-blood products) | \$3.32                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J9395      | K                     |  | INJECTION, FULVESTRANT       |                  | 09120 | 0.1399        | APC (blood and non-blood products) | \$6.90                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J9400      | K                     |  | INJ, ZIV-AFLIBERCEPT, 1MG    |                  | 09296 | 0.1144        | APC (blood and non-blood products) | \$8.30                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J9600      | K                     |  | PORFIMER SODIUM INJECTION    |                  | 00856 | 396.8238      | APC (blood and non-blood products) | \$24,228.42                            |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| J9999      | N                     |  | CHEMOTHERAPY DRUG            |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0001      | E                     |  | STANDARD WHEELCHAIR          |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0002      | E                     |  | STND HEMI (LOW SEAT) WHLCHR  |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0003      | E                     |  | LIGHTWEIGHT WHEELCHAIR       |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0004      | E                     |  | HIGH STRENGTH LTWT WHLCHR    |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0005      | E                     |  | ULTRALIGHTWEIGHT WHEELCHAIR  |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0006      | E                     |  | HEAVY DUTY WHEELCHAIR        |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0007      | E                     |  | EXTRA HEAVY DUTY WHEELCHAIR  |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0008      | E                     |  | CSTM MANUAL WHEELCHAIR/BASE  |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0009      | E                     |  | OTHER MANUAL WHEELCHAIR/BASE |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0010      | E                     |  | STND WT FRAME POWER WHLCHR   |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0011      | E                     |  | STND WT PWR WHLCHR W CONTROL |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0012      | E                     |  | LTWT PORTBL POWER WHLCHR     |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0013      | E                     |  | CUSTOM POWER WHLCHR BASE     |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0014      | E                     |  | OTHER POWER WHLCHR BASE      |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0015      | E                     |  | DETACH NON-ADJ HT ARMST REP  |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0017      | E                     |  | DETACH ADJUST ARMREST BASE   |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0018      | E                     |  | DETACH ADJUST ARMST UPPER    |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0019      | E                     |  | ARM PAD REPL, EACH           |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0020      | E                     |  | FIXED ADJUST ARMREST PAIR    |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0037      | E                     |  | HI MOUNT FLIP-UP FOOTREST EA |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0038      | E                     |  | LEG STRAP EACH               |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0039      | E                     |  | LEG STRAP H STYLE EACH       |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0040      | E                     |  | ADJUSTABLE ANGLE FOOTPLATE   |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0041      | E                     |  | LARGE SIZE FOOTPLATE EACH    |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0042      | E                     |  | STANDARD SIZE FTPLATE REP EA |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0043      | E                     |  | FTRST LOWR EXTEN TUBE REP EA |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0044      | E                     |  | FTRST UPR HANGER BRAC REP EA |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0045      | E                     |  | FTRST COMPL ASSEMBLY REPL EA |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0046      | E                     |  | ELEV LGRST LWR EXTEN REPL EA |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0047      | E                     |  | ELEV LEGRST UPR HANGR REP EA |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0050      | E                     |  | RATCHET ASSEMBLY REPLACEMENT |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0051      | E                     |  | CAM REL ASM FT/LEGRST REP EA |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0052      | E                     |  | SWINGAWAY DETACH FTREST REPL |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0053      | E                     |  | ELEVATE FOOTREST ARTICULATE  |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0056      | E                     |  | SEAT HT <17 OR >=21 LTWT WC  |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0065      | E                     |  | SPOKE PROTECTORS             |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0069      | E                     |  | RR WHL COMPL SOL TIRE REP EA |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0070      | E                     |  | RR WHL COMPL PNE TIRE REP EA |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0071      | E                     |  | FR CSTR COMP PNE TIRE REP EA |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0072      | E                     |  | FR CSTR SEMI-PNE TIRE REP EA |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0073      | E                     |  | CASTER PIN LOCK EACH         |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0077      | E                     |  | FR CSTR ASMB SOL TIRE REP EA |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0098      | E                     |  | DRIVE BELT FOR PWC, REPL     |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0105      | E                     |  | IV HANGER                    |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0108      | E                     |  | W/C COMPONENT-ACCESSORY NOS  |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0195      | E                     |  | ELEVATING WHLCHAIR LEG RESTS |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0455      | E                     |  | PUMP UNINTERRUPTED INFUSION  |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0462      | E                     |  | TEMPORARY REPLACEMENT EQPMNT |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc<br>Cd | 2024<br>APC |     | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method      | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-------------|-----|------------------------------|------------------|-----|---------------|-------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Status      | Ind |                              |                  |     |               |             |                                        |                                    |                                           |  |                         |          |            |            |          |
| K0552      | E           |     | SUP/EXT NON-INS INF PUMP SYR |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0601      | E           |     | REPL BATT SILVER OXIDE 1.5 V |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0602      | E           |     | REPL BATT SILVER OXIDE 3 V   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0603      | E           |     | REPL BATT ALKALINE 1.5 V     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0604      | E           |     | REPL BATT LITHIUM 3.6 V      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0605      | E           |     | REPL BATT LITHIUM 4.5 V      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0606      | E           |     | AED GARMENT W ELEC ANALYSIS  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0607      | E           |     | REPL BATT FOR AED            |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0608      | E           |     | REPL GARMENT FOR AED         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0609      | E           |     | REPL ELECTRODE FOR AED       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0669      | E           |     | SEAT/BACK CUS NO DMEPDAC VER |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0672      | E           |     | REMOVABLE SOFT INTERFACE LE  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0730      | E           |     | CTRL DOSE INH DRUG DELIV SYS |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0733      | E           |     | 12-24HR SEALED LEAD ACID     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0738      | E           |     | PORTABLE GAS OXYGEN SYSTEM   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0739      | E           |     | REPAIR/SVC DME NON-OXYGEN EQ |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0740      | E           |     | REPAIR/SVC OXYGEN EQUIPMENT  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0741      | E           |     | PORTABLE GASEOUS OXYGEN SYS  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0742      | E           |     | PORTABLE GASEOUS OXYGEN      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0743      | E           |     | PORTABLE HOME SUCTION PUMP   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0744      | E           |     | ABSORP DRG <= 16 SUC PUMP    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0745      | E           |     | ABSORP DRG >16<=48 SUC PUMP  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0746      | E           |     | ABSORP DRG >48 SUC PUMP      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0800      | E           |     | POV GROUP 1 STD UP TO 300LBS |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0801      | E           |     | POV GROUP 1 HD 301-450 LBS   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0802      | E           |     | POV GROUP 1 VHD 451-600 LBS  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0806      | E           |     | POV GROUP 2 STD UP TO 300LBS |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0807      | E           |     | POV GROUP 2 HD 301-450 LBS   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0808      | E           |     | POV GROUP 2 VHD 451-600 LBS  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0812      | E           |     | POWER OPERATED VEHICLE NOC   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0813      | E           |     | PWC GP 1 STD PORT SEAT/BACK  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0814      | E           |     | PWC GP 1 STD PORT CAP CHAIR  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0815      | E           |     | PWC GP 1 STD SEAT/BACK       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0816      | E           |     | PWC GP 1 STD CAP CHAIR       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0820      | E           |     | PWC GP 2 STD PORT SEAT/BACK  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0821      | E           |     | PWC GP 2 STD PORT CAP CHAIR  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0822      | E           |     | PWC GP 2 STD SEAT/BACK       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0823      | E           |     | PWC GP 2 STD CAP CHAIR       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0824      | E           |     | PWC GP 2 HD SEAT/BACK        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0825      | E           |     | PWC GP 2 HD CAP CHAIR        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0826      | E           |     | PWC GP 2 VHD SEAT/BACK       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0827      | E           |     | PWC GP VHD CAP CHAIR         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0828      | E           |     | PWC GP 2 XTRA HD SEAT/BACK   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0829      | E           |     | PWC GP 2 XTRA HD CAP CHAIR   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0830      | E           |     | PWC GP2 STD SEAT ELEVATE S/B |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0831      | E           |     | PWC GP2 STD SEAT ELEVATE CAP |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0835      | E           |     | PWC GP2 STD SING POW OPT S/B |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0836      | E           |     | PWC GP2 STD SING POW OPT CAP |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0837      | E           |     | PWC GP 2 HD SING POW OPT S/B |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0838      | E           |     | PWC GP 2 HD SING POW OPT CAP |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0839      | E           |     | PWC GP2 VHD SING POW OPT S/B |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0840      | E           |     | PWC GP2 XHD SING POW OPT S/B |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0841      | E           |     | PWC GP2 STD MULT POW OPT S/B |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0842      | E           |     | PWC GP2 STD MULT POW OPT CAP |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0843      | E           |     | PWC GP2 HD MULT POW OPT S/B  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0848      | E           |     | PWC GP 3 STD SEAT/BACK       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |

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| Proc<br>Cd | 2024<br>APC |     | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method      | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-------------|-----|------------------------------|------------------|-----|---------------|-------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Status      | Ind |                              |                  |     |               |             |                                        |                                    |                                           |  |                         |          |            |            |          |
| K0849      | E           |     | PWC GP 3 STD CAP CHAIR       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0850      | E           |     | PWC GP 3 HD SEAT/BACK        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0851      | E           |     | PWC GP 3 HD CAP CHAIR        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0852      | E           |     | PWC GP 3 VHD SEAT/BACK       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0853      | E           |     | PWC GP 3 VHD CAP CHAIR       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0854      | E           |     | PWC GP 3 XHD SEAT/BACK       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0855      | E           |     | PWC GP 3 XHD CAP CHAIR       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0856      | E           |     | PWC GP3 STD SING POW OPT S/B |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0857      | E           |     | PWC GP3 STD SING POW OPT CAP |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0858      | E           |     | PWC GP3 HD SING POW OPT S/B  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0859      | E           |     | PWC GP3 HD SING POW OPT CAP  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0860      | E           |     | PWC GP3 VHD SING POW OPT S/B |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0861      | E           |     | PWC GP3 STD MULT POW OPT S/B |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0862      | E           |     | PWC GP3 HD MULT POW OPT S/B  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0863      | E           |     | PWC GP3 VHD MULT POW OPT S/B |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0864      | E           |     | PWC GP3 XHD MULT POW OPT S/B |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0868      | E           |     | PWC GP 4 STD SEAT/BACK       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0869      | E           |     | PWC GP 4 STD CAP CHAIR       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0870      | E           |     | PWC GP 4 HD SEAT/BACK        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0871      | E           |     | PWC GP 4 VHD SEAT/BACK       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0877      | E           |     | PWC GP4 STD SING POW OPT S/B |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0878      | E           |     | PWC GP4 STD SING POW OPT CAP |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0879      | E           |     | PWC GP4 HD SING POW OPT S/B  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0880      | E           |     | PWC GP4 VHD SING POW OPT S/B |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0884      | E           |     | PWC GP4 STD MULT POW OPT S/B |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0885      | E           |     | PWC GP4 STD MULT POW OPT CAP |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0886      | E           |     | PWC GP4 HD MULT POW S/B      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0890      | E           |     | PWC GP5 PED SING POW OPT S/B |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0891      | E           |     | PWC GP5 PED MULT POW OPT S/B |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0898      | E           |     | POWER WHEELCHAIR NOC         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0899      | E           |     | POW MOBIL DEV NO DMEPDAC     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K0900      | E           |     | CSTM DME OTHER THAN WHEELCHR |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K1004      | E           |     | LO FREQ US DIATHERMY DEVICE  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K1007      | E           |     | BIL HKAF PC S/D MICRO SENSOR |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K1027      | E           |     | ORAL DEV WITHOUT FIX MECH    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K1030      | E           |     | EXT RECHARGE BAT REPLACEMENT |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K1034      | E           |     | COVID TEST SELF-ADMN/COLLECT |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K1035      | E           |     | MOL DIAG READER SELF-ADMN    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K1036      | E           |     | SUPPLIES FOR ULTRA DIATHERM  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| K1037      | E           |     | DOCKING STATION FOR ORAL DEV |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L0112      | E           |     | CRANIAL CERVICAL ORTHOSIS    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L0113      | E           |     | CRANIAL CERVICAL TORTICOLLIS |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 018        | 999        |          |
| L0120      | E           |     | CERV FLEX N/ADJ FOAM PRE OTS |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L0130      | E           |     | FLEX THERMOPLASTIC COLLAR MO |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L0140      | E           |     | CERVICAL SEMI-RIGID ADJUSTAB |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L0150      | E           |     | CERV SEMI-RIG ADJ MOLDED CHN |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L0160      | E           |     | CERV SR WIRE OCC/MAN PRE OTS |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L0170      | E           |     | CERVICAL COLLAR MOLDED TO PT |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L0172      | E           |     | CERV COL SR FOAM 2PC PRE OTS |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L0174      | E           |     | CERV SR 2PC THOR EXT PRE OTS |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L0180      | E           |     | CER POST COL OCC/MAN SUP ADJ |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L0190      | E           |     | CERV COLLAR SUPP ADJ CERV BA |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L0200      | E           |     | CERV COL SUPP ADJ BAR & THOR |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L0220      | E           |     | THOR RIB BELT CUSTOM FABRICA |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L0450      | E           |     | TLSO FLEX TRUNK/THOR PRE OTS |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L0452      | E           |     | TLSO FLEX CUSTOM FAB THORACI |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |



Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc Cd | 2024 APC |     | 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 |
|---------|----------|-----|------------------------------|---------------|-----|------------|-------------|----------------------------------|------------------------------|----------------------------------|----------------------|----------|---------|---------|----------|
|         | Status   | Ind |                              |               |     |            |             |                                  |                              |                                  |                      |          |         |         |          |
| L0454   | E        |     | TLSO TRNK SJ-T9 PRE CST      |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L0455   | E        |     | TLSO FLEX TRNK SJ-T9 PRE OTS |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L0456   | E        |     | TLSO FLEX TRNK SJ-SS PRE CST |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L0457   | E        |     | TLSO FLEX TRNK SJ-SS PRE OTS |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L0458   | E        |     | TLSO 2MOD SYMPHIS-XIPHO PRE  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L0460   | E        |     | TLSO 2 SHL SYMPHYS-STERN CST |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L0462   | E        |     | TLSO 3MOD SACRO-SCAP PRE     |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L0464   | E        |     | TLSO 4MOD SACRO-SCAP PRE     |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L0466   | E        |     | TLSO R FRAM SOFT ANT PRE CST |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L0467   | E        |     | TLSO R FRAM SOFT PRE OTS     |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L0468   | E        |     | TLSO RIG FRAM PELVIC PRE CST |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L0469   | E        |     | TLSO RIG FRAM PELVIC PRE OTS |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L0470   | E        |     | TLSO RIGID FRAME PRE SUBCLAV |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L0472   | E        |     | TLSO RIGID FRAME HYPEREX PRE |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L0480   | E        |     | TLSO RIGID PLASTIC CUSTOM FA |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L0482   | E        |     | TLSO RIGID LINED CUSTOM FAB  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L0484   | E        |     | TLSO RIGID PLASTIC CUST FAB  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L0486   | E        |     | TLSO RIGIDLINED CUST FAB TWO |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L0488   | E        |     | TLSO RIGID LINED PRE ONE PIE |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L0490   | E        |     | TLSO RIGID PLASTIC PRE ONE   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L0491   | E        |     | TLSO 2 PIECE RIGID SHELL     |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L0492   | E        |     | TLSO 3 PIECE RIGID SHELL     |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L0621   | E        |     | SIO FLEX PELVIC/SACR PRE OTS |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L0622   | E        |     | SIO FLEX PELVISACRAL CUSTOM  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L0623   | E        |     | SIO RIG PNL PELV/SAC PRE OTS |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L0624   | E        |     | SIO PANEL CUSTOM             |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L0625   | E        |     | LO FLEX L1-BELOW L5 PRE OTS  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L0626   | E        |     | LO SAG RIG PNL STAYS PRE CST |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L0627   | E        |     | LO SAG RI AN/POS PNL PRE CST |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L0628   | E        |     | LSO FLEX NO RI STAYS PRE OTS |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L0629   | E        |     | LSO FLEX W/RIGID STAYS CUST  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L0630   | E        |     | LSO R POST PNL SJ-T9 PRE CST |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L0631   | E        |     | LSO SAG R AN/POS PNL PRE CST |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L0632   | E        |     | LSO SAG RIGID FRAME CUST     |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L0633   | E        |     | LSO SC R POS/LAT PNL PRE CST |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L0634   | E        |     | LSO FLEXION CONTROL CUSTOM   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L0635   | E        |     | LSO SAGIT RIGID PANEL PREFAB |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L0636   | E        |     | LSO SAGITTAL RIGID PANEL CUS |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L0637   | E        |     | LSO SC R ANT/POS PNL PRE CST |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L0638   | E        |     | LSO SAG-CORONAL PANEL CUSTOM |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L0639   | E        |     | LSO S/C SHELL/PANEL PREFAB   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L0640   | E        |     | LSO S/C SHELL/PANEL CUSTOM   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L0641   | E        |     | LO RIG POS PNL L1-L5 PRE OTS |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L0642   | E        |     | LO SAG RI AN/POS PNL PRE OTS |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L0643   | E        |     | LSO SAG CTR RIGI POS PRE OTS |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L0648   | E        |     | LSO SAG R AN/POS PNL PRE OTS |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L0649   | E        |     | LSO SC R POS/LAT PNL PRE OTS |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L0650   | E        |     | LSO SC R ANT/POS PNL PRE OTS |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L0651   | E        |     | LSO SAG-CO SHELL PNL PRE OTS |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L0700   | E        |     | CTLSO A-P-L CONTROL MOLDED   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L0710   | E        |     | CTLSO A-P-L CONTROL W/ INTER |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L0810   | E        |     | HALO CERVICAL INTO JCKT VEST |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L0820   | E        |     | HALO CERVICAL INTO BODY JACK |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L0830   | E        |     | HALO CERV INTO MILWAUKEE TYP |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L0859   | E        |     | MRI COMPATIBLE SYSTEM        |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L0861   | E        |     | HALO REPL LINER/INTERFACE    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 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  
April 1, 2025

| Proc<br>Cd | 2024<br>APC<br>Status |  | Proc Desc                     | Proc<br>Modifier | APC | APC<br>Weight | Method      | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-----------------------|--|-------------------------------|------------------|-----|---------------|-------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Ind                   |  |                               |                  |     |               |             |                                        |                                    |                                           |  |                         |          |            |            |          |
| L0970      | E                     |  | TLSO CORSET FRONT             |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L0972      | E                     |  | LSO CORSET FRONT              |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L0974      | E                     |  | TLSO FULL CORSET              |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L0976      | E                     |  | LSO FULL CORSET               |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L0978      | E                     |  | AXILLARY CRUTCH EXTENSION     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L0980      | E                     |  | PERONEAL STRAPS PAIR PRE OTS  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L0982      | E                     |  | STOCKING SUP GRIPS 4 PRE OTS  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L0984      | E                     |  | PROTECT BODY SOCK EA PRE OTS  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L0999      | E                     |  | ADD TO SPINAL ORTHOSIS NOS    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1000      | E                     |  | CTLSO MILWAUKE INITIAL MODEL  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1001      | E                     |  | CTLSO INFANT IMMOBILIZER      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 1          |          |
| L1005      | E                     |  | TENSION BASED SCOLIOSIS ORTH  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1006      | E                     |  | SCOLIOSIS ORTH SAG/ COR       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1010      | E                     |  | CTLSO AXILLA SLING            |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1020      | E                     |  | KYPHOSIS PAD                  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1025      | E                     |  | KYPHOSIS PAD FLOATING         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1030      | E                     |  | LUMBAR BOLSTER PAD            |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1040      | E                     |  | LUMBAR OR LUMBAR RIB PAD      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1050      | E                     |  | STERNAL PAD                   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1060      | E                     |  | THORACIC PAD                  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1070      | E                     |  | TRAPEZIUS SLING               |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1080      | E                     |  | OUTRIGGER                     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1085      | E                     |  | OUTRIGGER BIL W/ VERT EXTENS  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1090      | E                     |  | LUMBAR SLING                  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1100      | E                     |  | RING FLANGE PLASTIC/LEATHER   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1110      | E                     |  | RING FLANGE PLAS/LEATHER MOL  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1120      | E                     |  | COVERS FOR UPRIGHT EACH       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1200      | E                     |  | FURNISH INITIAL ORTHOSIS ONLY |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1210      | E                     |  | LATERAL THORACIC EXTENSION    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1220      | E                     |  | ANTERIOR THORACIC EXTENSION   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1230      | E                     |  | MILWAUKEE TYPE SUPERSTRUCTUR  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1240      | E                     |  | LUMBAR DEROTATION PAD         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1250      | E                     |  | ANTERIOR ASIS PAD             |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1260      | E                     |  | ANTERIOR THORACIC DEROTATION  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1270      | E                     |  | ABDOMINAL PAD                 |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1280      | E                     |  | RIB GUSSET (ELASTIC) EACH     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1290      | E                     |  | LATERAL TROCHANTERIC PAD      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1300      | E                     |  | BODY JACKET MOLD TO PATIENT   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1310      | E                     |  | POST-OPERATIVE BODY JACKET    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1320      | E                     |  | PECTUS CARINATUM ORTHO CUST   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1499      | E                     |  | SPINAL ORTHOSIS NOS           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1600      | E                     |  | HO FLEX FREJKA W/COV PRE CST  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1610      | E                     |  | HO FREJKA COV ONLY PRE CST    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1620      | E                     |  | HO FLEX PAVLIK HARNS PRE CST  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1630      | E                     |  | ABDUCT CONTROL HIP SEMI-FLEX  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1640      | E                     |  | PELV BAND/SPREAD BAR THIGH C  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1650      | E                     |  | HO ABDUCTION HIP ADJUSTABLE   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1652      | E                     |  | HO BI THIGHCUFFS W SPRDR BAR  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1653      | E                     |  | HO ABDUCTION STATIC OTS       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1660      | E                     |  | HO ABDUCTION STATIC PLASTIC   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1680      | E                     |  | PELVIC & HIP CONTROL THIGH C  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1681      | E                     |  | HO BILATERAL HIP ABDUCTION    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1685      | E                     |  | POST-OP HIP ABDUCT CUSTOM FA  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1686      | E                     |  | HO POST-OP HIP ABDUCTION      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1690      | E                     |  | COMBINATION BILATERAL HO      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1700      | E                     |  | LEG PERTHES ORTH TORONTO TYP  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc<br>Cd | 2024<br>APC |     | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method      | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-------------|-----|------------------------------|------------------|-----|---------------|-------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Status      | Ind |                              |                  |     |               |             |                                        |                                    |                                           |  |                         |          |            |            |          |
| L1710      | E           |     | LEGG PERTHES ORTH NEWINGTON  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1720      | E           |     | LEGG PERTHES ORTHOSIS TRILAT |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1730      | E           |     | LEGG PERTHES ORTH SCOTTISH R |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1755      | E           |     | LEGG PERTHES PATTEN BOTTOM T |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1810      | E           |     | KO ELASTIC WITH JOINTS       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1812      | E           |     | KO ELASTIC W/JOINTS PRE OTS  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1820      | E           |     | KO ELAS W/ CONDYLE PADS & JO |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1821      | E           |     | KO ELAS W/ CONDYLE PADS OTF  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1830      | E           |     | KO IMMOB CANVAS LONG PRE OTS |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1831      | E           |     | KNEE ORTH POS LOCKING JOINT  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1832      | E           |     | KO ADJ JNT POS R SUP PRE CST |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1833      | E           |     | KO ADJ JNT POS R SUP PRE OTS |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1834      | E           |     | KO W/O JOINT RIGID MOLDED TO |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1836      | E           |     | KO RIGID W/O JOINTS PRE OTS  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1840      | E           |     | KO DEROT ANT CRUCIATE CUSTOM |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1843      | E           |     | KO SINGLE UPRIGHT PRE CST    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1844      | E           |     | KO W/ADJ JT ROT CNTRL MOLDED |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1845      | E           |     | KO DOUBLE UPRIGHT PRE CST    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1846      | E           |     | KO W ADJ FLEX/EXT ROTAT MOLD |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1847      | E           |     | KO DBL UPRIGHT W/AIR PRE CST |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1848      | E           |     | KO DBL UPRIGHT W/AIR PRE OTS |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1850      | E           |     | KO SWEDISH TYPE PRE OTS      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1851      | E           |     | KO SINGLE UPRIGHT PREFAB OTS |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1852      | E           |     | KO DOUBLE UPRIGHT PREFAB OTS |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1860      | E           |     | KO SUPRACONDYLAR SOCKET MOLD |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1900      | E           |     | AFO SPRNG WIR DRSFLX CALF BD |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1902      | E           |     | AFO ANKLE GAUNTLET PRE OTS   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1904      | E           |     | AFO MOLDED ANKLE GAUNTLET    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1906      | E           |     | AFO MULTILIG ANK SUP PRE OTS |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1907      | E           |     | AFO SUPRAMALLEOLAR CUSTOM    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1910      | E           |     | AFO SING BAR CLASP ATTACH SH |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1920      | E           |     | AFO SING UPRIGHT W/ ADJUST S |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1930      | E           |     | AFO PLASTIC                  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1932      | E           |     | AFO RIG ANT TIB PREFAB TCF/= |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1940      | E           |     | AFO MOLDED TO PATIENT PLASTI |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1945      | E           |     | AFO MOLDED PLAS RIG ANT TIB  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1950      | E           |     | AFO SPIRAL MOLDED TO PT PLAS |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1951      | E           |     | AFO SPIRAL PREFABRICATED     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1960      | E           |     | AFO POS SOLID ANK PLASTIC MO |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1970      | E           |     | AFO PLASTIC MOLDED W/ANKLE J |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1971      | E           |     | AFO W/ANKLE JOINT, PREFAB    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1980      | E           |     | AFO SING SOLID STIRRUP CALF  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L1990      | E           |     | AFO DOUB SOLID STIRRUP CALF  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L2000      | E           |     | KAFO SING FRE STIRR THI/CALF |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L2005      | E           |     | KAFO SNG/DBL MECHANICAL ACT  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L2006      | E           |     | KAF SNG/DBL SWG/STN MCPR CUS |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L2010      | E           |     | KAFO SNG SOLID STIRRUP W/O J |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L2020      | E           |     | KAFO DBL SOLID STIRRUP BAND/ |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L2030      | E           |     | KAFO DBL SOLID STIRRUP W/O J |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L2034      | E           |     | KAFO PLA SIN UP W/WO K/A CUS |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L2035      | E           |     | KAFO PLASTIC PEDIATRIC SIZE  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L2036      | E           |     | KAFO PLAS DOUB FREE KNEE MOL |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L2037      | E           |     | KAFO PLAS SING FREE KNEE MOL |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L2038      | E           |     | KAFO W/O JOINT MULTI-AXIS AN |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L2040      | E           |     | HKAFO TORSION BIL ROT STRAPS |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L2050      | E           |     | HKAFO TORSION CABLE HIP PELV |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc Cd | 2024 APC |     | 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 |
|---------|----------|-----|------------------------------|---------------|-----|------------|-------------|----------------------------------|------------------------------|----------------------------------|--|----------------------|----------|---------|---------|----------|
|         | Status   | Ind |                              |               |     |            |             |                                  |                              |                                  |  |                      |          |         |         |          |
| L2060   | E        |     | HKAFO TORSION BALL BEARING J |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| L2070   | E        |     | HKAFO TORSION UNILAT ROT STR |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| L2080   | E        |     | HKAFO UNILAT TORSION CABLE   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| L2090   | E        |     | HKAFO UNILAT TORSION BALL BR |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| L2106   | E        |     | AFO TIB FX CAST PLASTER MOLD |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| L2108   | E        |     | AFO TIB FX CAST MOLDED TO PT |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| L2112   | E        |     | AFO TIBIAL FRACTURE SOFT     |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| L2114   | E        |     | AFO TIB FX SEMI-RIGID        |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| L2116   | E        |     | AFO TIBIAL FRACTURE RIGID    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| L2126   | E        |     | KAFO FEM FX CAST THERMOPLAS  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| L2128   | E        |     | KAFO FEM FX CAST MOLDED TO P |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| L2132   | E        |     | KAFO FEMORAL FX CAST SOFT    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| L2134   | E        |     | KAFO FEM FX CAST SEMI-RIGID  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| L2136   | E        |     | KAFO FEMORAL FX CAST RIGID   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| L2180   | E        |     | PLAS SHOE INSERT W ANK JOINT |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| L2182   | E        |     | DROP LOCK KNEE               |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| L2184   | E        |     | LIMITED MOTION KNEE JOINT    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| L2186   | E        |     | ADJ MOTION KNEE JNT LERMAN T |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| L2188   | E        |     | QUADRILATERAL BRIM           |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| L2190   | E        |     | WAIST BELT                   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| L2192   | E        |     | PELVIC BAND & BELT THIGH FLA |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| L2200   | E        |     | LIMITED ANKLE MOTION EA JNT  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| L2210   | E        |     | DORSIFLEXION ASSIST EACH JOI |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| L2220   | E        |     | DORSI & PLANTAR FLEX ASS/RES |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| L2230   | E        |     | SPLIT FLAT CALIPER STIRR & P |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| L2232   | E        |     | ROCKER BOTTOM, CONTACT AFO   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| L2240   | E        |     | ROUND CALIPER AND PLATE ATTA |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| L2250   | E        |     | FOOT PLATE MOLDED STIRRUP AT |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| L2260   | E        |     | REINFORCED SOLID STIRRUP     |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| L2265   | E        |     | LONG TONGUE STIRRUP          |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| L2270   | E        |     | VARUS/VALGUS STRAP PADDED/LI |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| L2275   | E        |     | PLASTIC MOD LOW EXT PAD/LINE |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| L2280   | E        |     | MOLDED INNER BOOT            |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| L2300   | E        |     | ABDUCTION BAR JOINTED ADJUST |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| L2310   | E        |     | ABDUCTION BAR-STRAIGHT       |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| L2320   | E        |     | NON-MOLDED LACER             |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| L2330   | E        |     | LACER MOLDED TO PATIENT MODE |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| L2335   | E        |     | ANTERIOR SWING BAND          |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| L2340   | E        |     | PRE-TIBIAL SHELL MOLDED TO P |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| L2350   | E        |     | PROSTHETIC TYPE SOCKET MOLDE |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| L2360   | E        |     | EXTENDED STEEL SHANK         |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| L2370   | E        |     | PATTEN BOTTOM                |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| L2375   | E        |     | TORSION ANK & HALF SOLID STI |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| L2380   | E        |     | TORSION STRAIGHT KNEE JOINT  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| L2385   | E        |     | STRAIGHT KNEE JOINT HEAVY DU |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| L2387   | E        |     | ADD LE POLY KNEE CUSTOM KAFO |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| L2390   | E        |     | OFFSET KNEE JOINT EACH       |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| L2395   | E        |     | OFFSET KNEE JOINT HEAVY DUTY |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| L2397   | E        |     | SUSPENSION SLEEVE LOWER EXT  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| L2405   | E        |     | KNEE JOINT DROP LOCK EA JNT  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| L2415   | E        |     | KNEE JOINT CAM LOCK EACH JOI |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| L2425   | E        |     | KNEE DISC/DIAL LOCK/ADJ FLEX |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| L2430   | E        |     | KNEE JNT RATCHET LOCK EA JNT |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| L2492   | E        |     | KNEE LIFT LOOP DROP LOCK RIN |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| L2500   | E        |     | THI/GLUT/ISCHIA WGT BEARING  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| L2510   | E        |     | TH/WGHT BEAR QUAD-LAT BRIM M |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |



Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc<br>Cd | 2024<br>APC |     | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method      | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-------------|-----|------------------------------|------------------|-----|---------------|-------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Status      | Ind |                              |                  |     |               |             |                                        |                                    |                                           |  |                         |          |            |            |          |
| L2520      | E           |     | TH/WGHT BEAR QUAD-LAT BRIM C |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L2525      | E           |     | TH/WGHT BEAR NAR M-L BRIM MO |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L2526      | E           |     | TH/WGHT BEAR NAR M-L BRIM CU |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L2530      | E           |     | THIGH/WGHT BEAR LACER NON-MO |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L2540      | E           |     | THIGH/WGHT BEAR LACER MOLDED |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L2550      | E           |     | THIGH/WGHT BEAR HIGH ROLL CU |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L2570      | E           |     | HIP CLEVIS TYPE 2 POSIT JNT  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L2580      | E           |     | PELVIC CONTROL PELVIC SLING  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L2600      | E           |     | HIP CLEVIS/THRUST BEARING FR |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L2610      | E           |     | HIP CLEVIS/THRUST BEARING LO |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L2620      | E           |     | PELVIC CONTROL HIP HEAVY DUT |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L2622      | E           |     | HIP JOINT ADJUSTABLE FLEXION |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L2624      | E           |     | HIP ADJ FLEX EXT ABDUCT CONT |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L2627      | E           |     | PLASTIC MOLD RECIPRO HIP & C |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L2628      | E           |     | METAL FRAME RECIPRO HIP & CA |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L2630      | E           |     | PELVIC CONTROL BAND & BELT U |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L2640      | E           |     | PELVIC CONTROL BAND & BELT B |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L2650      | E           |     | PELV & THOR CONTROL GLUTEAL  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L2660      | E           |     | THORACIC CONTROL THORACIC BA |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L2670      | E           |     | THORAC CONT PARASPINAL UPRIG |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L2680      | E           |     | THORAC CONT LAT SUPPORT UPRI |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L2750      | E           |     | PLATING CHROME/NICKEL PR BAR |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L2755      | E           |     | CARBON GRAPHITE LAMINATION   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L2760      | E           |     | EXTENSION PER EXTENSION PER  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L2768      | E           |     | ORTHO SIDEBAR DISCONNECT     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L2780      | E           |     | NON-CORROSIVE FINISH         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L2785      | E           |     | DROP LOCK RETAINER EACH      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L2795      | E           |     | KNEE CONTROL FULL KNEECAP    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L2800      | E           |     | KNEE CAP MEDIAL OR LATERAL P |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L2810      | E           |     | KNEE CONTROL CONDYLAR PAD    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L2820      | E           |     | SOFT INTERFACE BELOW KNEE SE |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L2830      | E           |     | SOFT INTERFACE ABOVE KNEE SE |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L2840      | E           |     | TIBIAL LENGTH SOCK FX OR EQU |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L2850      | E           |     | FEMORAL LGTH SOCK FX OR EQUA |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L2861      | E           |     | TORSION MECHANISM KNEE/ANKLE |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L2999      | E           |     | LOWER EXTREMITY ORTHOSIS NOS |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L3000      | E           |     | FT INSERT UCB BERKELEY SHELL |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L3001      | E           |     | FOOT INSERT REMOV MOLDED SPE |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L3002      | E           |     | FOOT INSERT PLASTAZOTE OR EQ |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L3003      | E           |     | FOOT INSERT SILICONE GEL EAC |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L3010      | E           |     | FOOT LONGITUDINAL ARCH SUPPO |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L3020      | E           |     | FOOT LONGITUD/METATARSAL SUP |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L3030      | E           |     | FOOT ARCH SUPPORT REMOV PREM |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L3031      | E           |     | FOOT LAMIN/PREPREG COMPOSITE |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L3040      | E           |     | FT ARCH SUPRT PREMOLD LONGIT |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L3050      | E           |     | FOOT ARCH SUPP PREMOLD METAT |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L3060      | E           |     | FOOT ARCH SUPP LONGITUD/META |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L3070      | E           |     | ARCH SUPRT ATT TO SHO LONGIT |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L3080      | E           |     | ARCH SUPP ATT TO SHOE METATA |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L3090      | E           |     | ARCH SUPP ATT TO SHOE LONG/M |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L3100      | E           |     | HALLUS-VALGUS NT DYN PRE OTS |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L3140      | E           |     | ABDUCTION ROTATION BAR SHOE  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L3150      | E           |     | ABDUCT ROTATION BAR W/O SHOE |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L3160      | E           |     | SHOE STYLED POSITIONING DEV  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L3161      | E           |     | FOOT, ADDUCTUS POSITION, ADJ |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L3170      | E           |     | FOOT PLAS HEEL STABI PRE OTS |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
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| Proc Cd | 2024 APC |     | 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 |
|---------|----------|-----|-------------------------------|---------------|-----|------------|-------------|----------------------------------|------------------------------|----------------------------------|----------------------|----------|---------|---------|----------|
|         | Status   | Ind |                               |               |     |            |             |                                  |                              |                                  |                      |          |         |         |          |
| L3201   | E        |     | OXFORD W SUPINAT/PRONAT INF   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3202   | E        |     | OXFORD W/ SUPINAT/PRONATOR C  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3203   | E        |     | OXFORD W/ SUPINATOR/PRONATOR  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3204   | E        |     | HIGHTOP W/ SUPP/PRONATOR INF  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 1       |          |
| L3206   | E        |     | HIGHTOP W/ SUPP/PRONATOR CHI  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 5       |          |
| L3207   | E        |     | HIGHTOP W/ SUPP/PRONATOR JUN  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 19      |          |
| L3208   | E        |     | SURGICAL BOOT EACH INFANT     |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 1       |          |
| L3209   | E        |     | SURGICAL BOOT EACH CHILD      |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 5       |          |
| L3211   | E        |     | SURGICAL BOOT EACH JUNIOR     |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3212   | E        |     | BENESCH BOOT PAIR INFANT      |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 1       |          |
| L3213   | E        |     | BENESCH BOOT PAIR CHILD       |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 5       |          |
| L3214   | E        |     | BENESCH BOOT PAIR JUNIOR      |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 19      |          |
| L3215   | E        |     | ORTHOPEDIC FTWEAR LADIES OXF  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3216   | E        |     | ORTHOPED LADIES SHOES DPTH I  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3217   | E        |     | LADIES SHOES HIGHTOP DEPTH I  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3219   | E        |     | ORTHOPEDIC MENS SHOES OXFORD  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3221   | E        |     | ORTHOPEDIC MENS SHOES DPTH I  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3222   | E        |     | MENS SHOES HIGHTOP DEPTH INL  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3224   | E        |     | WOMAN'S SHOE OXFORD BRACE     |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3225   | E        |     | MAN'S SHOE OXFORD BRACE       |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3230   | E        |     | CUSTOM SHOES DEPTH INLAY      |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3250   | E        |     | CUSTOM MOLD SHOE REMOV PROST  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3251   | E        |     | SHOE MOLDED TO PT SILICONE S  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3252   | E        |     | SHOE MOLDED PLASTAZOTE CUST   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3253   | E        |     | SHOE MOLDED PLASTAZOTE CUST   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3254   | E        |     | ORTH FOOT NON-STANDARD SIZE/W |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3255   | E        |     | ORTH FOOT NON-STANDARD SIZE/  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3257   | E        |     | ORTH FOOT ADD CHARGE SPLIT S  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3260   | E        |     | AMBULATORY SURGICAL BOOT EAC  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3265   | E        |     | PLASTAZOTE SANDAL EACH        |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3300   | E        |     | SHO LIFT TAPER TO METATARSAL  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3310   | E        |     | SHOE LIFT ELEV HEEL/SOLE NEO  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3320   | E        |     | SHOE LIFT ELEV HEEL/SOLE COR  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3330   | E        |     | LIFTS ELEVATION METAL EXTENS  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3332   | E        |     | SHOE LIFTS TAPERED TO ONE-HA  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3334   | E        |     | SHOE LIFTS ELEVATION HEEL /I  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3340   | E        |     | SHOE WEDGE SACH               |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3350   | E        |     | SHOE HEEL WEDGE               |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3360   | E        |     | SHOE SOLE WEDGE OUTSIDE SOLE  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3370   | E        |     | SHOE SOLE WEDGE BETWEEN SOLE  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3380   | E        |     | SHOE CLUBFOOT WEDGE           |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3390   | E        |     | SHOE OUTFLARE WEDGE           |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3400   | E        |     | SHOE METATARSAL BAR WEDGE RO  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3410   | E        |     | SHOE METATARSAL BAR BETWEEN   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3420   | E        |     | FULL SOLE/HEEL WEDGE BTWEEN   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3430   | E        |     | SHO HEEL COUNT PLAST REINFOR  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3440   | E        |     | HEEL LEATHER REINFORCED       |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3450   | E        |     | SHOE HEEL SACH CUSHION TYPE   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3455   | E        |     | SHOE HEEL NEW LEATHER STANDA  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3460   | E        |     | SHOE HEEL NEW RUBBER STANDAR  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3465   | E        |     | SHOE HEEL THOMAS WITH WEDGE   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3470   | E        |     | SHOE HEEL THOMAS EXTEND TO B  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3480   | E        |     | SHOE HEEL PAD & DEPRESS FOR   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3485   | E        |     | SHOE HEEL PAD REMOVABLE FOR   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3500   | E        |     | ORTHO SHOE ADD LEATHER INSOL  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3510   | E        |     | ORTHOPEDIC SHOE ADD RUB INSL  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc Cd | 2024 APC |     | 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 |
|---------|----------|-----|------------------------------|---------------|-----|------------|-------------|----------------------------------|------------------------------|----------------------------------|----------------------|----------|---------|---------|----------|
|         | Status   | Ind |                              |               |     |            |             |                                  |                              |                                  |                      |          |         |         |          |
| L3520   | E        |     | O SHOE ADD FELT W LEATH INSL |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3530   | E        |     | ORTHO SHOE ADD HALF SOLE     |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3540   | E        |     | ORTHO SHOE ADD FULL SOLE     |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3550   | E        |     | O SHOE ADD STANDARD TOE TAP  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3560   | E        |     | O SHOE ADD HORSESHOE TOE TAP |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3570   | E        |     | O SHOE ADD INSTEP EXTENSION  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3580   | E        |     | O SHOE ADD INSTEP VELCRO CLO |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3590   | E        |     | O SHOE CONVERT TO SOF COUNT  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3595   | E        |     | ORTHO SHOE ADD MARCH BAR     |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3600   | E        |     | TRANS SHOE CALIP PLATE EXIST |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3610   | E        |     | TRANS SHOE CALIPER PLATE NEW |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3620   | E        |     | TRANS SHOE SOLID STIRRUP EXI |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3630   | E        |     | TRANS SHOE SOLID STIRRUP NEW |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3640   | E        |     | SHOE DENNIS BROWNE SPLINT BO |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3649   | E        |     | ORTHOPEDIC SHOE MODIFICA NOS |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3650   | E        |     | SO 8 ABD RESTRAINT PRE OTS   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3660   | E        |     | SO 8 AB RSTR CAN/WEB PRE OTS |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3670   | E        |     | SO ACRO/CLAV CAN WEB PRE OTS |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3671   | E        |     | SO CAP DESIGN W/O JNTS CF    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3674   | E        |     | SO AIRPLANE W/WO JOINT CF    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3675   | E        |     | SO VEST CANVAS/WEB PRE OTS   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3677   | E        |     | SO HARD PLAS STABILI PRE CST |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3678   | E        |     | SO HARD PLAS STABILI PRE OTS |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3702   | E        |     | EO W/O JOINTS CF             |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3710   | E        |     | EO ELAS W/METAL JNTS PRE OTS |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3720   | E        |     | FOREARM/ARM CUFFS FREE MOTIO |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3730   | E        |     | FOREARM/ARM CUFFS EXT/FLEX A |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3740   | E        |     | CUFFS ADJ LOCK W/ ACTIVE CON |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3760   | E        |     | EO ADJ JT PREFAB CUSTOM FIT  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3761   | E        |     | EO, ADJ LOCK JOINT PREFAB OT |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3762   | E        |     | EO RIGID W/O JOINTS PRE OTS  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3763   | E        |     | EWHO RIGID W/O JNTS CF       |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3764   | E        |     | EWHO W/JOINT(S) CF           |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3765   | E        |     | EWHFO RIGID W/O JNTS CF      |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3766   | E        |     | EWHFO W/JOINT(S) CF          |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3806   | E        |     | WHFO W/JOINT(S) CUSTOM FAB   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3807   | E        |     | WHFO W/O JOINTS PRE CST      |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3808   | E        |     | WHFO, RIGID W/O JOINTS       |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3809   | E        |     | WHFO W/O JOINTS PRE OTS      |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3891   | E        |     | TORSION MECHANISM WRIST/ELBO |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3900   | E        |     | HINGE EXTENSION/FLEX WRIST/F |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3901   | E        |     | HINGE EXT/FLEX WRIST FINGER  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3904   | E        |     | WHFO ELECTRIC CUSTOM FITTED  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3905   | E        |     | WHO W/NONTORSION JNT(S) CF   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3906   | E        |     | WHO W/O JOINTS CF            |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3908   | E        |     | WHO COCK-UP NONMOLDE PRE OTS |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3912   | E        |     | HFO FLEXION GLOVE PRE OTS    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3913   | E        |     | HFO W/O JOINTS CF            |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3915   | E        |     | WHO NONTORSION JNTS PRE CST  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3916   | E        |     | WHO NONTORSION JNTS PRE OTS  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3917   | E        |     | METACARP FX ORTHOSIS PRE CST |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3918   | E        |     | METACARP FX ORTHOSIS PRE OTS |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3919   | E        |     | HO W/O JOINTS CF             |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3921   | E        |     | HFO W/JOINT(S) CF            |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3923   | E        |     | HFO WITHOUT JOINTS PRE CST   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L3924   | E        |     | HFO WITHOUT JOINTS PRE OTS   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
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| Proc<br>Cd | 2024<br>APC |     | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method      | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-------------|-----|------------------------------|------------------|-----|---------------|-------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Status      | Ind |                              |                  |     |               |             |                                        |                                    |                                           |  |                         |          |            |            |          |
| L3925      | E           |     | FO PIP DIP JNT/SPRNG PRE OTS |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L3927      | E           |     | FO PIP DIP NO JT SPR PRE OTS |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L3929      | E           |     | HFO NONTORSION JNTS PRE CST  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L3930      | E           |     | HFO NONTORSION JNTS PRE OTS  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L3931      | E           |     | WHFO NONTORSION JOINT PREFAB |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L3933      | E           |     | FO W/O JOINTS CF             |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L3935      | E           |     | FO NONTORSION JOINT CF       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L3956      | E           |     | ADD JOINT UPPER EXT ORTHOSIS |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L3960      | E           |     | SEWHO AIRPLAN DESIG ABDU POS |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L3961      | E           |     | SEWHO CAP DESIGN W/O JNTS CF |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L3962      | E           |     | SEWHO ERBS PALSEY DESIGN ABD |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L3967      | E           |     | SEWHO AIRPLANE W/O JNTS CF   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L3971      | E           |     | SEWHO CAP DESIGN W/JNT(S) CF |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L3973      | E           |     | SEWHO AIRPLANE W/JNT(S) CF   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L3975      | E           |     | SEWHFO CAP DESIGN W/O JNT CF |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L3976      | E           |     | SEWHFO AIRPLANE W/O JNTS CF  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L3977      | E           |     | SEWHFO CAP DESGN W/JNT(S) CF |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L3978      | E           |     | SEWHFO AIRPLANE W/JNT(S) CF  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L3980      | E           |     | UP EXT FX ORTHOS HUMERAL NOS |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L3981      | E           |     | UE FX ORTH SHOUL CAP FOREARM |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L3982      | E           |     | UPPER EXT FX ORTHOSIS RAD/UL |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L3984      | E           |     | UPPER EXT FX ORTHOSIS WRIST  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L3995      | E           |     | SOCK FRACTURE OR EQUAL EACH  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L3999      | E           |     | UPPER LIMB ORTHOSIS NOS      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L4000      | E           |     | REPL GIRDLE MILWAUKEE ORTH   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L4002      | E           |     | REPLACE STRAP, ANY ORTHOSIS  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L4010      | E           |     | REPLACE TRILATERAL SOCKET BR |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L4020      | E           |     | REPLACE QUADLAT SOCKET BRIM  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L4030      | E           |     | REPLACE SOCKET BRIM CUST FIT |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L4040      | E           |     | REPLACE MOLDED THIGH LACER   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L4045      | E           |     | REPLACE NON-MOLDED THIGH LAC |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L4050      | E           |     | REPLACE MOLDED CALF LACER    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L4055      | E           |     | REPLACE NON-MOLDED CALF LACE |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L4060      | E           |     | REPLACE HIGH ROLL CUFF       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L4070      | E           |     | REPLACE PROX & DIST UPRIGHT  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L4080      | E           |     | REPL MET BAND KAFO-AFO PROX  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L4090      | E           |     | REPL MET BAND KAFO-AFO CALF/ |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L4100      | E           |     | REPL LEATH CUFF KAFO PROX TH |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L4110      | E           |     | REPL LEATH CUFF KAFO-AFO CAL |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L4130      | E           |     | REPLACE PRETIBIAL SHELL      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L4205      | E           |     | ORTHO DVC REPAIR PER 15 MIN  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L4210      | E           |     | ORTH DEV REPAIR/REPL MINOR P |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L4350      | E           |     | ANKLE CONTROL ORTHO PRE OTS  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L4360      | E           |     | PNEUMAT WALKING BOOT PRE CST |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L4361      | E           |     | PNEUMA/VAC WALK BOOT PRE OTS |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L4370      | E           |     | PNEUM FULL LEG SPLNT PRE OTS |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L4386      | E           |     | NON-PNEUM WALK BOOT PRE CST  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L4387      | E           |     | NON-PNEUM WALK BOOT PRE OTS  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L4392      | E           |     | REPLACE AFO SOFT INTERFACE   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L4394      | E           |     | REPLACE FOOT DROP SPINT      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L4396      | E           |     | STATIC OR DYNAMI AFO PRE CST |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L4397      | E           |     | STATIC OR DYNAMI AFO PRE OTS |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L4398      | E           |     | FOOT DROP SPLINT PRE OTS     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L4631      | E           |     | AFO, WALK BOOT TYPE, CUS FAB |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5000      | E           |     | SHO INSERT W ARCH TOE FILLER |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5010      | E           |     | MOLD SOCKET ANK HGT W/ TOE F |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |



Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc Cd | 2024 APC |     | 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 |
|---------|----------|-----|------------------------------|---------------|-----|------------|-------------|----------------------------------|------------------------------|----------------------------------|----------------------|----------|---------|---------|----------|
|         | Status   | Ind |                              |               |     |            |             |                                  |                              |                                  |                      |          |         |         |          |
| L5020   | E        |     | TIBIAL TUBERCLE HGT W/ TOE F |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L5050   | E        |     | ANK SYMES MOLD SCKT SACH FT  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L5060   | E        |     | SYMES MET FR LEATH SOCKET AR |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L5100   | E        |     | MOLDED SOCKET SHIN SACH FOOT |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L5105   | E        |     | PLAST SOCKET JTS/THGH LACER  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L5150   | E        |     | MOLD SCKT EXT KNEE SHIN SACH |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L5160   | E        |     | MOLD SOCKET BENT KNEE SHIN S |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L5200   | E        |     | KNE SING AXIS FRIC SHIN SACH |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L5210   | E        |     | NO KNEE/ANKLE JOINTS W/ FT B |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L5220   | E        |     | NO KNEE JOINT WITH ARTIC ALI |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L5230   | E        |     | FEM FOCAL DEFIC CONSTANT FRI |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L5250   | E        |     | HIP CANAD SING AXI CONS FRIC |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L5270   | E        |     | TILT TABLE LOCKING HIP SING  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L5280   | E        |     | HEMIPELVECT CANAD SING AXIS  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L5301   | E        |     | BK MOLD SOCKET SACH FT ENDO  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L5312   | E        |     | KNEE DISART, SACH FT, ENDO   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L5321   | E        |     | AK OPEN END SACH             |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L5331   | E        |     | HIP DISART CANADIAN SACH FT  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L5341   | E        |     | HEMIPELVECTOMY CANADIAN SACH |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L5400   | E        |     | POSTOP DRESS & 1 CAST CHG BK |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L5410   | E        |     | POSTOP DSG BK EA ADD CAST CH |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L5420   | E        |     | POSTOP DSG & 1 CAST CHG AK/D |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L5430   | E        |     | POSTOP DSG AK EA ADD CAST CH |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L5450   | E        |     | POSTOP APP NON-WGT BEAR DSG  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L5460   | E        |     | POSTOP APP NON-WGT BEAR DSG  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L5500   | E        |     | INIT BK PTB PLASTER DIRECT   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L5505   | E        |     | INIT AK ISCHAL PLSTR DIRECT  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L5510   | E        |     | PREP BK PTB PLASTER MOLDED   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L5520   | E        |     | PERP BK PTB THERMOPLS DIRECT |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L5530   | E        |     | PREP BK PTB THERMOPLS MOLDED |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L5535   | E        |     | PREP BK PTB OPEN END SOCKET  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L5540   | E        |     | PREP BK PTB LAMINATED SOCKET |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L5560   | E        |     | PREP AK ISCHIAL PLAST MOLDED |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L5570   | E        |     | PREP AK ISCHIAL DIRECT FORM  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L5580   | E        |     | PREP AK ISCHIAL THERMO MOLD  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L5585   | E        |     | PREP AK ISCHIAL OPEN END     |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L5590   | E        |     | PREP AK ISCHIAL LAMINATED    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L5595   | E        |     | HIP DISARTIC SACH THERMOPLS  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L5600   | E        |     | HIP DISART SACH LAMINAT MOLD |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L5610   | E        |     | ABOVE KNEE HYDRACADENCE      |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L5611   | E        |     | AK 4 BAR LINK W/FRIC SWING   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L5613   | E        |     | AK 4 BAR LING W/HYDRAUL SWIG |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L5614   | E        |     | 4-BAR LINK ABOVE KNEE W/SWNG |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L5615   | E        |     | AK 4 BAR LINK HYDL SWG/STANC |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L5616   | E        |     | AK UNIV MULTIPLEX SYS FRICT  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L5617   | E        |     | AK/BK SELF-ALIGNING UNIT EA  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L5618   | E        |     | TEST SOCKET SYMES            |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L5620   | E        |     | TEST SOCKET BELOW KNEE       |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L5622   | E        |     | TEST SOCKET KNEE DISARTICULA |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L5624   | E        |     | TEST SOCKET ABOVE KNEE       |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L5626   | E        |     | TEST SOCKET HIP DISARTICULAT |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L5628   | E        |     | TEST SOCKET HEMIPELVECTOMY   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L5629   | E        |     | BELOW KNEE ACRYLIC SOCKET    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L5630   | E        |     | SYME TYP EXPANDABL WALL SCKT |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L5631   | E        |     | AK/KNEE DISARTIC ACRYLIC SOC |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L5632   | E        |     | SYMES TYPE PTB BRIM DESIGN S |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc<br>Cd | 2024<br>APC |     | Proc Desc                      | Proc<br>Modifier | APC | APC<br>Weight | Method      | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-------------|-----|--------------------------------|------------------|-----|---------------|-------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Status      | Ind |                                |                  |     |               |             |                                        |                                    |                                           |  |                         |          |            |            |          |
| L5634      | E           |     | SYMES TYPE POSTER OPENING SO   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5636      | E           |     | SYMES TYPE MEDIAL OPENING SO   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5637      | E           |     | BELOW KNEE TOTAL CONTACT       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5638      | E           |     | BELOW KNEE LEATHER SOCKET      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5639      | E           |     | BELOW KNEE WOOD SOCKET         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5640      | E           |     | KNEE DISARTICULAT LEATHER SO   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5642      | E           |     | ABOVE KNEE LEATHER SOCKET      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5643      | E           |     | HIP FLEX INNER SOCKET EXT FR   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5644      | E           |     | ABOVE KNEE WOOD SOCKET         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5645      | E           |     | BK FLEX INNER SOCKET EXT FRA   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5646      | E           |     | BELOW KNEE CUSHION SOCKET      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5647      | E           |     | BELOW KNEE SUCTION SOCKET      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5648      | E           |     | ABOVE KNEE CUSHION SOCKET      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5649      | E           |     | ISCH CONTAINMT/NARROW M-L SO   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5650      | E           |     | TOT CONTACT AK/KNEE DISART S   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5651      | E           |     | AK FLEX INNER SOCKET EXT FRA   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5652      | E           |     | SUCTION SUSP AK/KNEE DISART    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5653      | E           |     | KNEE DISART EXPAND WALL SOCK   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5654      | E           |     | SOCKET INSERT SYMES            |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5655      | E           |     | SOCKET INSERT BELOW KNEE       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5656      | E           |     | SOCKET INSERT KNEE ARTICULAT   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5658      | E           |     | SOCKET INSERT ABOVE KNEE       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5661      | E           |     | MULTI-DUROMETER SYMES          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5665      | E           |     | MULTI-DUROMETER BELOW KNEE     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5666      | E           |     | BELOW KNEE CUFF SUSPENSION     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5668      | E           |     | BK MOLDED DISTAL CUSHION       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5670      | E           |     | BK MOLDED SUPRACONDYLAR SUSP   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5671      | E           |     | BK/AK LOCKING MECHANISM        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5672      | E           |     | BK REMOVABLE MEDIAL BRIM SUS   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5673      | E           |     | SOCKET INSERT W LOCK MECH      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5676      | E           |     | BK KNEE JOINTS SINGLE AXIS P   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5677      | E           |     | BK KNEE JOINTS POLYCENTRIC P   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5678      | E           |     | BK JOINT COVERS PAIR           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5679      | E           |     | SOCKET INSERT W/O LOCK MECH    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5680      | E           |     | BK THIGH LACER NON-MOLDED      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5681      | E           |     | INTL CUSTM CONG/LATYP INSERT   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5682      | E           |     | BK THIGH LACER GLUT/ISCHIA M   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5683      | E           |     | INITIAL CUSTOM SOCKET INSERT   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5684      | E           |     | BK FORK STRAP                  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5685      | E           |     | BELOW KNEE SUS/SEAL SLEEVE     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5686      | E           |     | BK BACK CHECK                  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5688      | E           |     | BK WAIST BELT WEBBING          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5690      | E           |     | BK WAIST BELT PADDED AND LIN   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5692      | E           |     | AK PELVIC CONTROL BELT LIGHT   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5694      | E           |     | AK PELVIC CONTROL BELT PAD/L   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5695      | E           |     | AK SLEEVE SUSP NEOPRENE/EQUA   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5696      | E           |     | AK/KNEE DISARTIC PELVIC JOIN   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5697      | E           |     | AK/KNEE DISARTIC PELVIC BAND   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5698      | E           |     | AK/KNEE DISARTIC SILESIAIAN BA |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5699      | E           |     | SHOULDER HARNESS               |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5700      | E           |     | REPLACE SOCKET BELOW KNEE      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5701      | E           |     | REPLACE SOCKET ABOVE KNEE      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5702      | E           |     | REPLACE SOCKET HIP             |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5703      | E           |     | SYMES ANKLE W/O (SACH) FOOT    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5704      | E           |     | CUSTOM SHAPE COVER BK          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5705      | E           |     | CUSTOM SHAPE COVER AK          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |

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| Proc<br>Cd | 2024<br>APC |     | Proc Desc                     | Proc<br>Modifier | APC | APC<br>Weight | Method      | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-------------|-----|-------------------------------|------------------|-----|---------------|-------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Status      | Ind |                               |                  |     |               |             |                                        |                                    |                                           |  |                         |          |            |            |          |
| L5706      | E           |     | CUSTOM SHAPE CVR KNEE DISART  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5707      | E           |     | CUSTOM SHAPE CVR HIP DISART   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5710      | E           |     | KNEE-SHIN EXO SNG AXI MNL LOC |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5711      | E           |     | KNEE-SHIN EXO MNL LOCK ULTRA  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5712      | E           |     | KNEE-SHIN EXO FRICT SWG & ST  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5714      | E           |     | KNEE-SHIN EXO VARIABLE FRICT  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5716      | E           |     | KNEE-SHIN EXO MECH STANCE PH  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5718      | E           |     | KNEE-SHIN EXO FRCT SWG & STA  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5722      | E           |     | KNEE-SHIN PNEUM SWG FRCT EXO  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5724      | E           |     | KNEE-SHIN EXO FLUID SWING PH  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5726      | E           |     | KNEE-SHIN EXT JNTS FLD SWG E  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5728      | E           |     | KNEE-SHIN FLUID SWG & STANCE  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5780      | E           |     | KNEE-SHIN PNEUM/HYDRA PNEUM   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5781      | E           |     | LOWER LIMB PROS VACUUM PUMP   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5782      | E           |     | HD LOW LIMB PROS VACUUM PUMP  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5783      | E           |     | ADD LOW EXT MEC LIMB VOL SYS  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5785      | E           |     | EXOSKELETAL BK ULTRALT MATER  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5790      | E           |     | EXOSKELETAL AK ULTRA-LIGHT M  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5795      | E           |     | EXOSKEL HIP ULTRA-LIGHT MATE  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5810      | E           |     | ENDOSKEL KNEE-SHIN MNL LOCK   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5811      | E           |     | ENDO KNEE-SHIN MNL LCK ULTRA  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5812      | E           |     | ENDO KNEE-SHIN FRCT SWG & ST  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5814      | E           |     | ENDO KNEE-SHIN HYDRAL SWG PH  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5816      | E           |     | ENDO KNEE-SHIN POLYC MCH STA  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5818      | E           |     | ENDO KNEE-SHIN FRCT SWG & ST  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5822      | E           |     | ENDO KNEE-SHIN PNEUM SWG FRC  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5824      | E           |     | ENDO KNEE-SHIN FLUID SWING P  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5826      | E           |     | MINIATURE KNEE JOINT          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5828      | E           |     | ENDO KNEE-SHIN FLUID SWG/STA  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5830      | E           |     | ENDO KNEE-SHIN PNEUM/SWG PHA  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5840      | E           |     | MULTI-AXIAL KNEE/SHIN SYSTEM  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5841      | E           |     | ADDITION ENDOSKLETL KNEE-SHI  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5845      | E           |     | KNEE-SHIN SYS STANCE FLEXION  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5848      | E           |     | KNEE-SHIN SYS HYDRAUL STANCE  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5850      | E           |     | ENDO AK/HIP KNEE EXTENS ASSI  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5855      | E           |     | MECH HIP EXTENSION ASSIST     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5856      | E           |     | ELEC KNEE-SHIN SWING/STANCE   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5857      | E           |     | ELEC KNEE-SHIN SWING ONLY     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5858      | E           |     | STANCE PHASE ONLY             |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5859      | E           |     | KNEE-SHIN PRO FLEX/EXT CONT   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5910      | E           |     | ENDO BELOW KNEE ALIGNABLE SY  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5920      | E           |     | ENDO AK/HIP ALIGNABLE SYSTEM  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5925      | E           |     | ABOVE KNEE MANUAL LOCK        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5926      | E           |     | ENDOSKEL POSIT ROTAT UNIT     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5930      | E           |     | HIGH ACTIVITY KNEE FRAME      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5940      | E           |     | ENDO BK ULTRA-LIGHT MATERIAL  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5950      | E           |     | ENDO AK ULTRA-LIGHT MATERIAL  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5960      | E           |     | ENDO HIP ULTRA-LIGHT MATERIA  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5961      | E           |     | ENDO POLY HIP, PNEU/HYD/ROT   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5962      | E           |     | BELOW KNEE FLEX COVER SYSTEM  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5964      | E           |     | ABOVE KNEE FLEX COVER SYSTEM  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5966      | E           |     | HIP FLEXIBLE COVER SYSTEM     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5968      | E           |     | MULTIAXIAL ANKLE W DORSIFLEX  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5969      | E           |     | AK/FT POWER ASST INCL MOTORS  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5970      | E           |     | FOOT EXTERNAL KEEL SACH FOOT  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5971      | E           |     | SACH FOOT, REPLACEMENT        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |

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| Proc<br>Cd | 2024<br>APC |     | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method      | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-------------|-----|------------------------------|------------------|-----|---------------|-------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Status      | Ind |                              |                  |     |               |             |                                        |                                    |                                           |  |                         |          |            |            |          |
| L5972      | E           |     | FLEXIBLE KEEL FOOT           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5973      | E           |     | ANK-FOOT SYS DORS-PLANT FLEX |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5974      | E           |     | FOOT SINGLE AXIS ANKLE/FOOT  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5975      | E           |     | COMBO ANKLE/FOOT PROSTHESIS  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5976      | E           |     | ENERGY STORING FOOT          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5978      | E           |     | FT PROSTH MULTIAXIAL ANKL/FT |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5979      | E           |     | MULTI-AXIAL ANKLE/FT PROSTH  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5980      | E           |     | FLEX FOOT SYSTEM             |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5981      | E           |     | FLEX-WALK SYS LOW EXT PROSTH |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5982      | E           |     | EXOSKELETAL AXIAL ROTATION U |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5984      | E           |     | ENDOSKELETAL AXIAL ROTATION  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5985      | E           |     | LWR EXT DYNAMIC PROSTH PYLON |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5986      | E           |     | MULTI-AXIAL ROTATION UNIT    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5987      | E           |     | SHANK FT W VERT LOAD PYLON   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5988      | E           |     | VERTICAL SHOCK REDUCING PYLO |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5990      | E           |     | USER ADJUSTABLE HEEL HEIGHT  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5991      | E           |     | LOW PROS EXT OSSEO CONNECTOR |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L5999      | E           |     | LOWR EXTREMITY PROSTHES NOS  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L6000      | E           |     | PART HAND THUMB REM          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L6010      | E           |     | PART HAND LITTLE/RING        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L6020      | E           |     | PART HAND NO FINGERS         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L6025      | E           |     | PART HAND DISART MYOELECTRIC |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L6026      | E           |     | PART HAND MYO EXCLU TERM DEV |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L6050      | E           |     | WRST MLD SCK FLX HNG TRI PAD |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L6055      | E           |     | WRST MOLD SOCK W/EXP INTERFA |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L6100      | E           |     | ELB MOLD SOCK FLEX HINGE PAD |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L6110      | E           |     | ELBOW MOLD SOCK SUSPENSION T |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L6120      | E           |     | ELBOW MOLD DOUB SPLT SOC STE |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L6130      | E           |     | ELBOW STUMP ACTIVATED LOCK H |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L6200      | E           |     | ELBOW MOLD OUTSID LOCK HINGE |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L6205      | E           |     | ELBOW MOLDED W/ EXPAND INTER |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L6250      | E           |     | ELBOW INTER LOC ELBOW FORARM |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L6300      | E           |     | SHLDER DISART INT LOCK ELBOW |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L6310      | E           |     | SHOULDER PASSIVE RESTOR COMP |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L6320      | E           |     | SHOULDER PASSIVE RESTOR CAP  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L6350      | E           |     | THORACIC INTERN LOCK ELBOW   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L6360      | E           |     | THORACIC PASSIVE RESTOR COMP |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L6370      | E           |     | THORACIC PASSIVE RESTOR CAP  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L6380      | E           |     | POSTOP DSG CAST CHG WRST/ELB |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L6382      | E           |     | POSTOP DSG CAST CHG ELB DIS/ |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L6384      | E           |     | POSTOP DSG CAST CHG SHLDER/T |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L6386      | E           |     | POSTOP EA CAST CHG & REALIGN |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L6388      | E           |     | POSTOP APPLICAT RIGID DSG ON |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L6400      | E           |     | BELOW ELBOW PROSTH TISS SHAP |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L6450      | E           |     | ELB DISART PROSTH TISS SHAP  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L6500      | E           |     | ABOVE ELBOW PROSTH TISS SHAP |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L6550      | E           |     | SHLDR DISAR PROSTH TISS SHAP |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L6570      | E           |     | SCAP THORAC PROSTH TISS SHAP |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L6580      | E           |     | WRIST/ELBOW BOWDEN CABLE MOL |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L6582      | E           |     | WRIST/ELBOW BOWDEN CBL DIR F |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L6584      | E           |     | ELBOW FAIR LEAD CABLE MOLDED |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L6586      | E           |     | ELBOW FAIR LEAD CABLE DIR FO |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L6588      | E           |     | SHDR FAIR LEAD CABLE MOLDED  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L6590      | E           |     | SHDR FAIR LEAD CABLE DIRECT  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L6600      | E           |     | POLYCENTRIC HINGE PAIR       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L6605      | E           |     | SINGLE PIVOT HINGE PAIR      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |



Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc Cd | 2024 APC |     | 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 |
|---------|----------|-----|------------------------------|---------------|-----|------------|-------------|----------------------------------|------------------------------|----------------------------------|----------------------|----------|---------|---------|----------|
|         | Status   | Ind |                              |               |     |            |             |                                  |                              |                                  |                      |          |         |         |          |
| L6610   | E        |     | FLEXIBLE METAL HINGE PAIR    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L6611   | E        |     | ADDITIONAL SWITCH, EXT POWER |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L6615   | E        |     | DISCONNECT LOCKING WRIST UNI |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L6616   | E        |     | DISCONNECT INSERT LOCKING WR |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L6620   | E        |     | FLEXION/EXTENSION WRIST UNIT |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L6621   | E        |     | FLEX/EXT WRIST W/WO FRICTION |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L6623   | E        |     | SPRING-ASS ROT WRST W/ LATCH |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L6624   | E        |     | FLEX/EXT/ROTATION WRIST UNIT |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L6625   | E        |     | ROTATION WRST W/ CABLE LOCK  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L6628   | E        |     | QUICK DISCONN HOOK ADAPTER O |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L6629   | E        |     | LAMINATION COLLAR W/ COUPLIN |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L6630   | E        |     | STAINLESS STEEL ANY WRIST    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L6632   | E        |     | LATEX SUSPENSION SLEEVE EACH |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L6635   | E        |     | LIFT ASSIST FOR ELBOW        |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L6637   | E        |     | NUDGE CONTROL ELBOW LOCK     |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L6638   | E        |     | ELEC LOCK ON MANUAL PW ELBOW |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L6640   | E        |     | SHOULDER ABDUCTION JOINT PAI |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L6641   | E        |     | EXCURSION AMPLIFIER PULLEY T |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L6642   | E        |     | EXCURSION AMPLIFIER LEVER TY |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L6645   | E        |     | SHOULDER FLEXION-ABDUCTION J |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L6646   | E        |     | MULTIPO LOCKING SHOULDER JNT |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L6647   | E        |     | SHOULDER LOCK ACTUATOR       |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L6648   | E        |     | EXT PWRD SHLDER LOCK/UNLOCK  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L6650   | E        |     | SHOULDER UNIVERSAL JOINT     |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L6655   | E        |     | STANDARD CONTROL CABLE EXTRA |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L6660   | E        |     | HEAVY DUTY CONTROL CABLE     |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L6665   | E        |     | TEFLON OR EQUAL CABLE LINING |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L6670   | E        |     | HOOK TO HAND CABLE ADAPTER   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L6672   | E        |     | HARNESS CHEST/SHLDER SADDLE  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L6675   | E        |     | HARNESS FIGURE OF 8 SING CON |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L6676   | E        |     | HARNESS FIGURE OF 8 DUAL CON |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L6677   | E        |     | UE TRIPLE CONTROL HARNESS    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L6680   | E        |     | TEST SOCK WRIST DISART/BEL E |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L6682   | E        |     | TEST SOCK ELBW DISART/ABOVE  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L6684   | E        |     | TEST SOCKET SHLDR DISART/THO |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L6686   | E        |     | SUCTION SOCKET               |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L6687   | E        |     | FRAME TYP SOCKET BEL ELBOW/W |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L6688   | E        |     | FRAME TYP SOCK ABOVE ELB/DIS |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L6689   | E        |     | FRAME TYP SOCKET SHOULDER DI |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L6690   | E        |     | FRAME TYP SOCK INTERSCAP-THO |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L6691   | E        |     | REMOVABLE INSERT EACH        |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L6692   | E        |     | SILICONE GEL INSERT OR EQUAL |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L6693   | E        |     | LOCKINGELBOW FOREARM CNTRBAL |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L6694   | E        |     | ELBOW SOCKET INS USE W/LOCK  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L6695   | E        |     | ELBOW SOCKET INS USE W/O LCK |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L6696   | E        |     | CUS ELBO SKT IN FOR CON/ATYP |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L6697   | E        |     | CUS ELBO SKT IN NOT CON/ATYP |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L6698   | E        |     | BELOW/ABOVE ELBOW LOCK MECH  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L6703   | E        |     | TERM DEV, PASSIVE HAND MITT  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L6704   | E        |     | TERM DEV, SPORT/REC/WORK ATT |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L6706   | E        |     | TERM DEV MECH HOOK VOL OPEN  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L6707   | E        |     | TERM DEV MECH HOOK VOL CLOSE |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L6708   | E        |     | TERM DEV MECH HAND VOL OPEN  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L6709   | E        |     | TERM DEV MECH HAND VOL CLOSE |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L6711   | E        |     | PED TERM DEV, HOOK, VOL OPEN |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| L6712   | E        |     | PED TERM DEV, HOOK, VOL CLOS |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc<br>Cd | 2024<br>APC |     | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method      | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-------------|-----|------------------------------|------------------|-----|---------------|-------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Status      | Ind |                              |                  |     |               |             |                                        |                                    |                                           |  |                         |          |            |            |          |
| L6713      | E           |     | PED TERM DEV, HAND, VOL OPEN |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L6714      | E           |     | PED TERM DEV, HAND, VOL CLOS |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L6715      | E           |     | TERM DEVICE, MULTI ART DIGIT |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L6721      | E           |     | HOOK/HAND, HVY DTY, VOL OPEN |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L6722      | E           |     | HOOK/HAND, HVY DTY, VOL CLOS |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L6805      | E           |     | TERM DEV MODIFIER WRIST UNIT |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L6810      | E           |     | TERM DEV PRECISION PINCH DEV |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L6880      | E           |     | ELEC HAND IND ART DIGITS     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L6881      | E           |     | TERM DEV AUTO GRASP FEATURE  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L6882      | E           |     | MICROPROCESSOR CONTROL UPLMB |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L6883      | E           |     | REPLC SOCKT BELOW E/W DISA   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L6884      | E           |     | REPLC SOCKT ABOVE ELBOW DISA |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L6885      | E           |     | REPLC SOCKT SHLDR DIS/INTERC |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L6890      | E           |     | PREFAB GLOVE FOR TERM DEVICE |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L6895      | E           |     | CUSTOM GLOVE FOR TERM DEVICE |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L6900      | E           |     | HAND RESTORAT THUMB/1 FINGER |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L6905      | E           |     | HAND RESTORATION MULTIPLE FI |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L6910      | E           |     | HAND RESTORATION NO FINGERS  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L6915      | E           |     | HAND RESTORATION REPLACMNT G |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L6920      | E           |     | WRIST DISARTICUL SWITCH CTRL |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L6925      | E           |     | WRIST DISART MYOELECTRONIC C |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L6930      | E           |     | BELOW ELBOW SWITCH CONTROL   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L6935      | E           |     | BELOW ELBOW MYOELECTRONIC CT |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L6940      | E           |     | ELBOW DISARTICULATION SWITCH |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L6945      | E           |     | ELBOW DISART MYOELECTRONIC C |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L6950      | E           |     | ABOVE ELBOW SWITCH CONTROL   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L6955      | E           |     | ABOVE ELBOW MYOELECTRONIC CT |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L6960      | E           |     | SHLDR DISARTIC SWITCH CONTRO |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L6965      | E           |     | SHLDR DISARTIC MYOELECTRONIC |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L6970      | E           |     | INTERSCAPULAR-THOR SWITCH CT |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L6975      | E           |     | INTERSCAP-THOR MYOELECTRONIC |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L7007      | E           |     | ADULT ELECTRIC HAND          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L7008      | E           |     | PEDIATRIC ELECTRIC HAND      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 19         |          |
| L7009      | E           |     | ADULT ELECTRIC HOOK          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L7040      | E           |     | PREHENSILE ACTUATOR          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L7045      | E           |     | PEDIATRIC ELECTRIC HOOK      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L7170      | E           |     | ELECTRONIC ELBOW HOSMER SWIT |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L7180      | E           |     | ELECTRONIC ELBOW SEQUENTIAL  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L7181      | E           |     | ELECTRONIC ELBO SIMULTANEOUS |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L7185      | E           |     | ELECTRON ELBOW ADOLESCENT SW |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L7186      | E           |     | ELECTRON ELBOW CHILD SWITCH  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L7190      | E           |     | ELBOW ADOLESCENT MYOELECTRON |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L7191      | E           |     | ELBOW CHILD MYOELECTRONIC CT |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L7259      | E           |     | ELECTRONIC WRIST ROTATOR ANY |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L7260      | E           |     | ELECTRON WRIST ROTATOR OTTO  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L7261      | E           |     | ELECTRON WRIST ROTATOR UTAH  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L7360      | E           |     | SIX VOLT BAT OTTO BOCK/EQ EA |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L7362      | E           |     | BATTERY CHRGR SIX VOLT OTTO  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L7364      | E           |     | TWELVE VOLT BATTERY UTAH/EQU |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L7366      | E           |     | BATTERY CHRGR 12 VOLT UTAH/E |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L7367      | E           |     | REPLACEMNT LITHIUM IONBATTER |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L7368      | E           |     | LITHIUM ION BATTERY CHARGER  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L7400      | E           |     | ADD UE PROST BE/WD, ULTLITE  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L7401      | E           |     | ADD UE PROST A/E ULTLITE MAT |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L7402      | E           |     | ADD UE PROST S/D ULTLITE MAT |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L7403      | E           |     | ADD UE PROST B/E ACRYLIC     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc<br>Cd | 2024<br>APC |     | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method      | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-------------|-----|------------------------------|------------------|-----|---------------|-------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Status      | Ind |                              |                  |     |               |             |                                        |                                    |                                           |  |                         |          |            |            |          |
| L7404      | E           |     | ADD UE PROST A/E ACRYLIC     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L7405      | E           |     | ADD UE PROST S/D ACRYLIC     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L7499      | E           |     | UPPER EXTREMITY PROSTHES NOS |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L7510      | E           |     | PROSTHETIC DEVICE REPAIR REP |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L7520      | E           |     | REPAIR PROSTHESIS PER 15 MIN |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L7600      | E           |     | PROSTHETIC DONNING SLEEVE    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L7700      | E           |     | PROS SOC INSERT GASKET/SEAL  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L7900      | E           |     | MALE VACUUM ERECTION SYSTEM  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L7902      | E           |     | TENSION RING, VAC ERECT DEV  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8000      | E           |     | MASTECTOMY BRA               |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8001      | E           |     | BREAST PROSTHESIS BRA & FORM |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8002      | E           |     | BRST PRSTH BRA & BILAT FORM  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8015      | E           |     | EXT BREASTPROSTHESIS GARMENT |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8020      | E           |     | MASTECTOMY FORM              |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8030      | E           |     | BREAST PROSTHES W/O ADHESIVE |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8031      | E           |     | BREAST PROSTHESIS W ADHESIVE |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8032      | E           |     | REUSABLE NIPPLE PROSTHESIS   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8033      | E           |     | NIPPLE PROSTHESIS CUSTOM, EA |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | Y                       | -        | 000        | 999        |          |
| L8035      | E           |     | CUSTOM BREAST PROSTHESIS     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8039      | E           |     | BREAST PROSTHESIS NOS        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8040      | E           |     | NASAL PROSTHESIS             |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8041      | E           |     | MIDFACIAL PROSTHESIS         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8042      | E           |     | ORBITAL PROSTHESIS           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8043      | E           |     | UPPER FACIAL PROSTHESIS      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8044      | E           |     | HEMI-FACIAL PROSTHESIS       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8045      | E           |     | AURICULAR PROSTHESIS         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8046      | E           |     | PARTIAL FACIAL PROSTHESIS    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8047      | E           |     | NASAL SEPTAL PROSTHESIS      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8048      | E           |     | UNSPEC MAXILLOFACIAL PROSTH  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8049      | E           |     | REPAIR MAXILLOFACIAL PROSTH  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8300      | E           |     | TRUSS SINGLE W/ STANDARD PAD |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8310      | E           |     | TRUSS DOUBLE W/ STANDARD PAD |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8320      | E           |     | TRUSS ADDITION TO STD PAD WA |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8330      | E           |     | TRUSS ADD TO STD PAD SCROTAL |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8400      | E           |     | SHEATH BELOW KNEE            |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8410      | E           |     | SHEATH ABOVE KNEE            |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8415      | E           |     | SHEATH UPPER LIMB            |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8417      | E           |     | PROS SHEATH/SOCK W GEL CUSHN |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8420      | E           |     | PROSTHETIC SOCK MULTI PLY BK |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8430      | E           |     | PROSTHETIC SOCK MULTI PLY AK |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8435      | E           |     | PROS SOCK MULTI PLY UPPER LM |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8440      | E           |     | SHRINKER BELOW KNEE          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8460      | E           |     | SHRINKER ABOVE KNEE          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8465      | E           |     | SHRINKER UPPER LIMB          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8470      | E           |     | PROS SOCK SINGLE PLY BK      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8480      | E           |     | PROS SOCK SINGLE PLY AK      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8485      | E           |     | PROS SOCK SINGLE PLY UPPER L |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8499      | E           |     | UNLISTED MISC PROSTHETIC SER |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8500      | E           |     | ARTIFICIAL LARYNX            |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8501      | E           |     | TRACHEOSTOMY SPEAKING VALVE  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8505      | E           |     | ARTIFICIAL LARYNX, ACCESSORY |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8507      | E           |     | TRACH-ESOPH VOICE PROS PT IN |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8509      | E           |     | TRACH-ESOPH VOICE PROS MD IN |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8510      | E           |     | VOICE AMPLIFIER              |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8511      | E           |     | INDWELLING TRACH INSERT      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8512      | E           |     | GEL CAP FOR TRACH VOICE PROS |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 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  
April 1, 2025

| Proc<br>Cd | 2024<br>APC |     | Proc Desc                     | Proc<br>Modifier | APC | APC<br>Weight | Method      | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-------------|-----|-------------------------------|------------------|-----|---------------|-------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Status      | Ind |                               |                  |     |               |             |                                        |                                    |                                           |  |                         |          |            |            |          |
| L8513      | E           |     | TRACH PROS CLEANING DEVICE    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8514      | E           |     | REPL TRACH PUNCTURE DILATOR   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8515      | E           |     | GEL CAP APP DEVICE FOR TRACH  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8600      | N           |     | IMPLANT BREAST SILICONE/EQ    |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | Y                       | -        | 000        | 999        |          |
| L8603      | N           |     | COLLAGEN IMP URINARY 2.5 ML   |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8604      | N           |     | DEXTRANOMER/HYALURONIC ACID   |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8605      | N           |     | INJ BULKING AGENT ANAL CANAL  |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8606      | N           |     | SYNTHETIC IMPLNT URINARY 1ML  |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8607      | N           |     | INJ VOCAL CORD BULKING AGENT  |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8608      | N           |     | ARG II EXT COM/SUP/ACC MISC   |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8609      | N           |     | ARTIFICIAL CORNEA             |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8610      | N           |     | OCULAR IMPLANT                |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | Y                       | -        | 000        | 999        |          |
| L8612      | N           |     | AQUEOUS SHUNT PROSTHESIS      |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | Y                       | -        | 000        | 999        |          |
| L8613      | N           |     | OSSICULAR IMPLANT             |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8614      | N           |     | COCHLEAR DEVICE               |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8615      | E           |     | COCH IMPLANT HEADSET REPLACE  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8616      | E           |     | COCH IMPLANT MICROPHONE REPL  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8617      | E           |     | COCH IMPLANT TRANS COIL REPL  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8618      | E           |     | COCH IMPLANT TRAN CABLE REPL  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8619      | E           |     | COCH IMP EXT PROC/CONTR RPLC  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8621      | E           |     | REPL ZINC AIR BATTERY         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8622      | E           |     | REPL ALKALINE BATTERY         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8623      | E           |     | LITH ION BATT CID,NON-EARLVL  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8624      | E           |     | LITH ION BATT CID, EAR LEVEL  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8625      | E           |     | CHARGER COCH IMPL/AOI BATTTRY |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8627      | E           |     | CID EXT SPEECH PROCESS REPL   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8628      | E           |     | CID EXT CONTROLLER REPL       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8629      | E           |     | CID TRANSMIT COIL AND CABLE   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8630      | N           |     | METACARPOPHALANGEAL IMPLANT   |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8631      | N           |     | MCP JOINT REPL 2 PC OR MORE   |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8641      | N           |     | METATARSAL JOINT IMPLANT      |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8642      | N           |     | HALLUX IMPLANT                |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8658      | N           |     | INTERPHALANGEAL JOINT SPACER  |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8659      | N           |     | INTERPHALANGEAL JOINT REPL    |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8670      | N           |     | VASCULAR GRAFT, SYNTHETIC     |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8678      | N           |     | EXT SPLY IMPLT NEUROSTIM      |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8679      | E           |     | IMP NEUROSTI PLS GN ANY TYPE  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8680      | E           |     | IMPLT NEUROSTIM ELCTR EACH    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8681      | E           |     | PT PRGRM FOR IMPLT NEUROSTIM  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8682      | E           |     | IMPLT NEUROSTIM RADIOFQ REC   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8683      | E           |     | RADIOFQ TRSMTR FOR IMPLT NEU  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8684      | E           |     | RADIOF TRSMTR IMPLT SCRL NEU  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8685      | E           |     | IMPLT NROSTM PLS GEN SNG REC  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8686      | E           |     | IMPLT NROSTM PLS GEN SNG NON  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8687      | E           |     | IMPLT NROSTM PLS GEN DUA REC  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8688      | E           |     | IMPLT NROSTM PLS GEN DUA NON  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8689      | E           |     | EXTERNAL RECHARG SYS INTERN   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8690      | N           |     | AUD OSSEO DEV, INT/EXT COMP   |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8691      | E           |     | AOI SND PROC REPL EXCL ACTUA  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8692      | E           |     | NON-OSSEOINTEGRATED SND PROC  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8693      | E           |     | AUD OSSEO DEV, ABUTMENT       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8694      | E           |     | AOI TRANSDUCER/ACTUATOR REPL  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8695      | E           |     | EXTERNAL RECHARG SYS EXTERN   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8696      | E           |     | EXT ANTENNA PHREN NERVE STIM  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8698      | E           |     | MISC USED WITH TOT ART HEART  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8699      | N           |     | PROSTHETIC IMPLANT NOS        |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |



Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc<br>Cd | 2024<br>APC |     | Proc Desc                    | Proc<br>Modifier | APC   | APC<br>Weight | Method      | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-------------|-----|------------------------------|------------------|-------|---------------|-------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Status      | Ind |                              |                  |       |               |             |                                        |                                    |                                           |  |                         |          |            |            |          |
| L8701      | E           |     | EWB S/D UPRT MICRO SENSOR    |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8702      | E           |     | EWHF S/D UPRT MICRO SENSOR   |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8720      | E           |     | EXT LOW EXT SENS PROSTHE MEC |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L8721      | E           |     | RECEPTOR SOLE L8720 REPLACE  |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| L9900      | E           |     | O&P SUPPLY/ACCESSORY/SERVICE |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M0001      | E           |     | ADVANCING CANCER CARE MVP    |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M0002      | E           |     | OPT CARE KIDNEY HLTH MVP     |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M0004      | E           |     | SUPPORT CARE NEUR COND MVP   |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M0005      | E           |     | VALUE IN PRIMARY CARE MVP    |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M0010      | E           |     | EOM MEOS PAYMENT             |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M0075      | E           |     | CELLULAR THERAPY             |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M0076      | E           |     | PROLOTHERAPY                 |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M0100      | E           |     | INTRAGASTRIC HYPOTHERMIA     |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M0201      | S           |     | PNE FLU HEPB COV HOME ADMIN  |                  | 09399 | 0.4133        | APC         | \$25.10                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M0224      | S           |     | PEMIVIBART INFUSION          |                  | 01506 | 7.4193        | APC         | \$450.50                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M0239      | E           |     | BAMLANIVIMAB-XXXX INFUSION   |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M0248      | S           |     | SOTROVIMAB INF, HOME ADMIN   |                  | 01509 | 12.3600       | APC         | \$750.50                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M0249      | S           |     | ADM TOCILIZU COVID-19 1ST    |                  | 01506 | 7.4193        | APC         | \$450.50                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M0250      | S           |     | ADM TOCILIZU COVID-19 2ND    |                  | 01506 | 7.4193        | APC         | \$450.50                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M0300      | E           |     | IV CHELATIONTHERAPY          |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M0301      | E           |     | FABRIC WRAPPING OF ANEURYSM  |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1003      | E           |     | TB SCR 12 MO PRI FST BIO DZ  |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1004      | E           |     | DOC MED RSN NO SRN TB        |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1005      | E           |     | TB SCR NO PERF               |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1006      | E           |     | DZ NOT ASES, NO RSN          |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1007      | E           |     | >=50% TOTAL PT OUTPT RA ENCT |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1008      | E           |     | <50% TOTAL PT OUTPT RA ENCTS |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1009      | E           |     | DC EOC DOC MED REC           |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1010      | E           |     | DC EOC DOC MED REC           |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1011      | E           |     | DC EOC DOC MED REC           |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1012      | E           |     | DC EOC DOC MED REC           |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1013      | E           |     | DC EOC DOC MED REC           |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1014      | E           |     | DC EPI CARE DOC MEDREC       |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1016      | E           |     | PT DX MEOP OR SUR STERI      |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1018      | E           |     | PT DX HST CR PT SK LG CR SCR |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1019      | E           |     | ADL PT MJ DEP DS RS 12 PHQ<5 |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1020      | E           |     | ADL PT MJ DEP DS NO RS 12 MO |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1021      | E           |     | PT UC IN PP                  |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1027      | E           |     | IMG HEAD (CT OR MRI) OBTND   |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1028      | E           |     | DOC OF PT PRM HDA DX AND OTR |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1029      | E           |     | DOC SYSM RSN IMG HD          |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1032      | E           |     | ADT TKNG PHARMTHRY FOR OUD   |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1034      | E           |     | ADT 180 DYS PHARMTHRY OUD    |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1035      | E           |     | ADT PD OUT MAT PR 180 DYS TX |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1036      | E           |     | ADT NO 180 DYS PHARMTHRY OUD |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1037      | E           |     | PT DX LUM SP REG CACR        |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1038      | E           |     | PT DX LUM SP REG FRACT       |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1039      | E           |     | PT DX LUM SP REG INF         |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1040      | E           |     | PT DX LUM IDI OR CONG SCOL   |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1041      | E           |     | PT CR FT INF LM OR PT ID SL  |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1043      | E           |     | FS NO ODI 9-15MO             |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1045      | E           |     | FS OKS 9-15MO >= 37 >= 71    |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1046      | E           |     | FS OKS 9-15MO < 37 < 71      |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1049      | E           |     | FS WTH SCR NO ODI PRE AND P  |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1051      | E           |     | PT W/CANCER SCOLIOSIS        |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1052      | E           |     | LG PN NOT MEAS W/ VAS 1YR PO |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc<br>Cd | 2024<br>APC |     | Proc Desc                     | Proc<br>Modifier | APC | APC<br>Weight | Method      | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-------------|-----|-------------------------------|------------------|-----|---------------|-------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Status      | Ind |                               |                  |     |               |             |                                        |                                    |                                           |  |                         |          |            |            |          |
| M1054      | E           |     | PT UC IN PP                   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1055      | E           |     | ASPIRIN USED                  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1056      | E           |     | PRESC ANTICO MED IN PP        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1057      | E           |     | ASPIRIN NOT USED, NO RSN      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1058      | E           |     | PT PRM NURS HM RES IN PP      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1059      | E           |     | PT NO PRM NURS HM RES IN PP   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1060      | E           |     | PT DIED IN PP                 |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1067      | E           |     | HSPC PT PRV TIME MEAM PER     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1068      | E           |     | PT NOT AMBULATORY             |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1069      | E           |     | PT SCR FT FALL RSK            |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1070      | E           |     | PT NOT SCRNM FUT FALL NO RSN  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1106      | E           |     | START EOC DOC MED REC         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1107      | E           |     | DOCU DX DEGEN NEURO           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1108      | E           |     | OC NI PT HOME PROG            |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1109      | E           |     | OC NI PT DC                   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1110      | E           |     | OC NOT P PT SELFDC            |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1111      | E           |     | START EOC DOC MED REC         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1112      | E           |     | DOCU DX DEGEN NEURO           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1113      | E           |     | OC NI PT HOME PROG            |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1114      | E           |     | OC NI PT DC                   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1115      | E           |     | OC NI PT SELFDC               |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1116      | E           |     | START EOC DOC MED REC         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1117      | E           |     | DOCU DX DEGEN NEURO           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1118      | E           |     | OC NI PT HOME PROG            |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1119      | E           |     | OC NI PT DC                   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1120      | E           |     | OC NI PT SELFDC               |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1121      | E           |     | START EOC DOC MED REC         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1122      | E           |     | DOCU DX DEGEN NEURO           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1123      | E           |     | OC NI PT HOME PROG            |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1124      | E           |     | OC NI PT DC 1-2 VIS           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1125      | E           |     | OC NI PT SELFDC 1-2 VIS       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1126      | E           |     | START EOC DOC MED REC         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1127      | E           |     | DOCU DX DEGEN NEURO           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1128      | E           |     | OC NI PT HOME PROG            |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1129      | E           |     | OC NI PT DC                   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1130      | E           |     | OC NI PT SELFDC               |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1131      | E           |     | DOCU DX DEGEN NEURO           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1132      | E           |     | OC NI PT HOME PROG            |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1133      | E           |     | OC NI PT DC                   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1134      | E           |     | OC NI PT SELFDC               |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1135      | E           |     | START EOC DOC MED REC         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1141      | E           |     | FS NO OKS                     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1142      | E           |     | EMERGE CASES                  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1143      | E           |     | NI REHAB MED CHIRO            |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1146      | E           |     | ONGOING CARE NOT IND          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1147      | E           |     | CARE NOT POSS MED RSN         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1148      | E           |     | PT SELF DSCHG                 |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1149      | E           |     | NO NECK FS PROM INCAP         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1150      | E           |     | LVEF <=40% OR MOD/SEV L VSF   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1151      | E           |     | PT W/ HX TRNSPLT OR LVAD      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1152      | E           |     | PT W/ HX TRNSPLT OR LVAD      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1153      | E           |     | PT W/ DX OSTEO DOE            |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1159      | E           |     | HOSPC SERV DUR MEAS PD        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1160      | E           |     | PT ANPHX DUE TO MENG B BEF 13 |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1161      | E           |     | PT ANPHX DUE TO DTP BEF 13    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1162      | E           |     | PT ENCEPH DUE TO DTP BEF 13   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc<br>Cd | 2024<br>APC |     | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method      | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-------------|-----|------------------------------|------------------|-----|---------------|-------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Status      | Ind |                              |                  |     |               |             |                                        |                                    |                                           |  |                         |          |            |            |          |
| M1163      | E           |     | PT ANPHX DUE TO HPV BEF 13   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1164      | E           |     | PT W/ DEMENTIA ANY TIME      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1165      | E           |     | PT USE HSPC DUR MEAS PD      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1166      | E           |     | PATH RPT TIS SPEC WLE/REEXC  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1167      | E           |     | HSPC DUR MEAS PD             |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1168      | E           |     | PT RECD FLU VAX 7/1-6/30     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1169      | E           |     | DOC MED RSN NO FLU VAX       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1170      | E           |     | PT W/O FLU VAX 7/1-6/30      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1171      | E           |     | PT RECD 1 TD/TDAP 9YRS PRIOR |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1172      | E           |     | DOC MED RSN NO TD/TDAP       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1173      | E           |     | PT NO REC TD/TDAP 9YRS PRIOR |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1174      | E           |     | PT W 2 HZV ON/AFT 50         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1175      | E           |     | DOC MED RSN NO HZV           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1176      | E           |     | PT W/O HZV ON/AFT AGE 50     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1177      | E           |     | PT RECD PCV ON/AFT 60        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1178      | E           |     | DOC MED RSN NO PCV           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1179      | E           |     | NO PCV RECD                  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1180      | E           |     | PT IMM CKPT INHIB THERAPY    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1181      | E           |     | GR 2 OR> DIA OR GR2 OR> COL  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1182      | E           |     | NOT ELG PRE EX IBD/UC/CROHN  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1183      | E           |     | DOC IMM CKPT INHIB HLD       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1184      | E           |     | DOC MED RSN NO CST/IST RX    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1185      | E           |     | IMM CKPT INHIB NOT HLD NO RX |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1186      | E           |     | PT W/ RX FOR HSPC/PLLTV CARE |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1187      | E           |     | PT W/ ESRD                   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1188      | E           |     | PT W/ CKD STG 5              |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1189      | E           |     | DOC KHE PEF W/EFGR/UACR      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1190      | E           |     | DOC KHE NOT PEF W/EFGR/UACR  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1191      | E           |     | HSPC SVC ANY TIME IN MEAS PD |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1192      | E           |     | PT W/ DX SQ CELL CA OF ESOPH |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1193      | E           |     | RPTS W/ IMP/CON MMR/MSI      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1194      | E           |     | MED RSN NO IMP/CON MMR/MSI   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1195      | E           |     | RPT WO IMP/CON MMR/MSI       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1196      | E           |     | IXV NRS VRS IQA >=4          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1197      | E           |     | ISA REDUCED >=3 FR IXV       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1198      | E           |     | ISA NOT RED 3PTS /NO ASSESS  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1199      | E           |     | PT REC'G RRT                 |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1200      | E           |     | ACE-I/ARB RX                 |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1201      | E           |     | MED RSN NO ACE-I/ARB RX      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1202      | E           |     | PT RSN NO ACE-I/ARB RX       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1203      | E           |     | NO RSN ACE-I/ARB RX          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1204      | E           |     | IXV NRS VRS IQA >=4          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1205      | E           |     | ISA REDUCED >=3              |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1206      | E           |     | ISA NOT RED 3PTS/NO ASSESS   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1207      | E           |     | PT SCR N SDOH                |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1208      | E           |     | PT NO SCR N SDOH             |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1209      | E           |     | >=2 SAME HI-RSK MED W/O DIAG |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1210      | E           |     | >=2 SAME MEDS TBL4 NOT ORD   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1211      | E           |     | HEMOGLOBIN A1C LEVEL >9.0%   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1212      | E           |     | MISSING HB A1C LEVEL         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1213      | E           |     | NO HX SPIRO PRS SPIRO>=70%   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1214      | E           |     | SPIRO RESULTS WTH OBS DOC    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1215      | E           |     | MED RSN FOR NO DOC SPIRO     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1216      | E           |     | NO SPIRO DOC NO RES DOC      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1217      | E           |     | SYS RSN NO DOC SPIRO         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1218      | E           |     | PT COPD SYMPTOMS             |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
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| Proc<br>Cd | 2024<br>APC |     | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method      | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-------------|-----|------------------------------|------------------|-----|---------------|-------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Status      | Ind |                              |                  |     |               |             |                                        |                                    |                                           |  |                         |          |            |            |          |
| M1220      | E           |     | DRE WTH INTERP RTNOPHTY      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1221      | E           |     | DRE W/O RTNOPHTY             |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1222      | E           |     | GLAUCOMA PLN OF CARE NOT DOC |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1223      | E           |     | GLAUCOMA PLAN OF CARE DOC    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1224      | E           |     | IOP DEC <20% FROM BASE       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1225      | E           |     | IOP DEC>=20% FROM BASE       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1226      | E           |     | IOP NOT DOC                  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1227      | E           |     | EB THERAPY PRESCRIBED        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1228      | E           |     | PT + HCV ABY +VIR W/ RX 3 MO |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1229      | E           |     | PT W/ +HCV +VIR REF WIN 1 MO |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1230      | E           |     | PT HCV RCTV ABY NO F/U TST   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1231      | E           |     | PT HCV TST NO REACTIVE RES   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1232      | E           |     | PT HCV TST REACTIVE RESULT   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1233      | E           |     | PT NO HCV ABY OR RESULT      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1234      | E           |     | PT HCV RCTV ABY F/U NEG      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1235      | E           |     | DOC PT HCV ABY RNA TST       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1236      | E           |     | BASELINE MRS > 2             |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1237      | E           |     | PT RSN NO SCRNM              |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1238      | E           |     | DOC 2ND RECOM HZV 2-6 MO INT |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1239      | E           |     | PT NO RESP HEARD             |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1240      | E           |     | PT NO RESP BEST INT          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1241      | E           |     | PT NO RESP SEEN AS PERSON    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1242      | E           |     | PT NO RESP IMPRT TO ME       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1243      | E           |     | PT OTHR THN TRUE HEARD       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1244      | E           |     | PT OTHR THN TRUE BEST INT    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1245      | E           |     | PT OTHR THN TRUE PERSON      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1246      | E           |     | PT OTHR THN TRUE IMPRT TO ME |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1247      | E           |     | PT RESP TRUE BEST INT        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1248      | E           |     | PT RESP TRUE SEEN AS PERSON  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1249      | E           |     | PT RESP TRUE IMPRT TO ME     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1250      | E           |     | PT RESP TRUE HEARD           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1251      | E           |     | PTS PROXY CMPLT HU SURV      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1252      | E           |     | PTS NO CMPLT HU SURVEY       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1253      | E           |     | PTS HU SURV NO AMB PLLTV     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1254      | E           |     | PTS DECEASED PRIOR HU SURV   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1255      | E           |     | PTS W/ OTHR RSN VST,+PRG TST |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1256      | E           |     | PRIOR HISTORY OF KNOWN CVD   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1257      | E           |     | CVD RISK ASSESS NOT PERF     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1258      | E           |     | CVD RISK ASSESS PERF         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1259      | E           |     | PT KID TRANSPLT WTLST LV DON |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1260      | E           |     | PT NO KD TRNSPLT WTLST LV DO |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1261      | E           |     | PTS ON WTLIST BEF DIALYSIS   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1262      | E           |     | PTS TRANSPLT BEF DIALYSIS    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1263      | E           |     | PTS HOSP DIALYSIS DT         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1265      | E           |     | CMS 2728 COMPLETED           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1266      | E           |     | PTS ADMIT SNF                |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1267      | E           |     | PT NO ACT KID TRANSPLT WTLST |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1268      | E           |     | PT AC STAT KID TRNSPLT WTLST |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1269      | E           |     | REC'D ESRD MCP LST DAY OF MO |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1270      | E           |     | PTS NO KID TRANSPLT WTLST    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1271      | E           |     | PTS DEM ANY TIME/DUR MO      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1272      | E           |     | PTS KID TRANSPLT WTLST       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1273      | E           |     | PTS SNF 1 YR DIALYSIS        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1274      | E           |     | PTS SNF EXL MO               |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1275      | E           |     | PTS HOSP EXL                 |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1276      | E           |     | CALC BMI OUT NRM PARAM NOF/U |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |



Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc<br>Cd | 2024<br>APC |     | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method      | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-------------|-----|------------------------------|------------------|-----|---------------|-------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Status      | Ind |                              |                  |     |               |             |                                        |                                    |                                           |  |                         |          |            |            |          |
| M1277      | E           |     | COLORECTAL CA SCREEN DOC REV |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1278      | E           |     | PRE-HTN OR HTN DOC, F/U INDC |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1279      | E           |     | PRE-HTN/HTN, NO F/U, NOT GVN |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1280      | E           |     | BILAT MAST/HX BI /UNILAT MAS |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1281      | E           |     | BP SCRΝ NO PERF AT INTERVAL  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1282      | E           |     | PT SCRΝ TBCO ID AS NON USER  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1283      | E           |     | PT SCRΝ TBCO AND ID AS USER  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1284      | E           |     | PT 66+ SNP OR LTC POS > 90D  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1285      | E           |     | SCRΝ MAM PERF RSLTS NOT DOC  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1286      | E           |     | BMI DOC ONL FUP NOT CMPLTD   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1287      | E           |     | CALC BMI BLW LOW PARAM F/U   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1288      | E           |     | DOC RSN NO HBP SCRΝ OR F/U   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1289      | E           |     | NO PT TBCO CESS INTERV RNG   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1290      | E           |     | PT NOT ELI D/T ACT DIG HTN   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1291      | E           |     | PT 66+ FRAILITY AND MED DEM  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1292      | E           |     | PT 66+ FRAIL INPT ADV ILL    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1293      | E           |     | CALC BMI ABV UP PARAM F/U    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1294      | E           |     | BP SCRΝ PERF REC INTERVAL    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1295      | E           |     | PT HX TOT COL OR COLON CA    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1296      | E           |     | CALC BMI NORM PARAMETERS     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1297      | E           |     | BMI NOT DOC MEDRSN PTREF     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1298      | E           |     | DOC PT PREG DUR MSRMT PD     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1299      | E           |     | FLU IMMUNIZE ORDER/ADMIN     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1300      | E           |     | FLU IMM NO ADMIN DOC REA     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1301      | E           |     | PT RECV TBCO CESS INTERV     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1302      | E           |     | SCRΝ MAM PERF RSLTS DOC      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1303      | E           |     | HOSPC SERV DUR MEAS PD       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1304      | E           |     | NO PNEUM VAX ADMIN 19+       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1305      | E           |     | PNEUM VAX ADMIN 19+          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1306      | E           |     | PT ANPHX DUE TO PNEUM        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1307      | E           |     | DOC PT PAL OR HOSPICE        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1308      | E           |     | FLU IMMUNIZE NO ADMIN        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1309      | E           |     | PALL SERV DURING MEAS        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1310      | E           |     | PT SCR TOB & CESS INT        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1311      | E           |     | APHLX TO VAX BEF ENC         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1312      | E           |     | NO PT TBCO SCRΝ RNG          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1313      | E           |     | NO TOB SCR/CESS INT          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1314      | E           |     | BMI NOT CALCULATED           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1315      | E           |     | CRC NO DOC NO RSN            |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1316      | E           |     | TOBACCO NON-USER             |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1317      | E           |     | PTS COUNSL CPT OPT OUT       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1318      | E           |     | PTS NO CSP DOC CONTACT       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1319      | E           |     | PTS CSP DOC CONTACT          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1320      | E           |     | PTS SCRΝ + HRSN              |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1321      | E           |     | PTS NO 7WK INJ,NO IOP,IOP>25 |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1322      | E           |     | PTS 7WK INJ, SCRΝ IOP =<25   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1323      | E           |     | PTS 7WK INJ, SCRΝ IOP >25    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1324      | E           |     | PTS INTRAVITREAL/PCI         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1325      | E           |     | DOC MED RSN NOT SEEN         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1326      | E           |     | PTS DX HYPOTONY              |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1327      | E           |     | PTS NO EVAL INI XM NO 8 WKS  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1328      | E           |     | PTS DX ACUTE VITREOUS HEM    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1329      | E           |     | PTS ACT PVD 2 WKS 8 WKS      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1330      | E           |     | DOC PTS RSN NO F/U XM        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1331      | E           |     | PTS EVAL INI XM 8 WKS        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1332      | E           |     | PTS NO EVAL INI XM NO 2 WKS  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
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| Proc<br>Cd | 2024<br>APC |     | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method      | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-------------|-----|------------------------------|------------------|-----|---------------|-------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Status      | Ind |                              |                  |     |               |             |                                        |                                    |                                           |  |                         |          |            |            |          |
| M1333      | E           |     | ACUTE VITREOUS HEMORRHAGE    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1334      | E           |     | PTS ACT PVD 2 WKS 2 WKS      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1335      | E           |     | DOC PTS RSN NO F/U XM        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1336      | E           |     | PTS EVAL INI XM 2 WKS        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1337      | E           |     | ACUTE PVD                    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1338      | E           |     | PT F/U 30-180 DYS NO + IMPRV |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1339      | E           |     | PTS F/U 30-180 DYS + IMPROV  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1340      | E           |     | INDX WHODAS 2.0 OR SDS       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1341      | E           |     | PT NO F/U 30-180 DYS         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1342      | E           |     | PTS DIED PERF PER            |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1343      | E           |     | PT PAM LVL 4 BASE OR SRT LIN |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1344      | E           |     | PTS NO BSLN OR 2ND PAM SCORE |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1345      | E           |     | PT BSLN PAM, 2ND SCR 6-12 MO |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1346      | E           |     | PTS NO PAM 6 PTS 6-12 MO     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1347      | E           |     | PT PAM INCR 3 PT 6-12 MO     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1348      | E           |     | PT PAM INCR 6 PT 6-12 MO     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1349      | E           |     | PT NO PAM 3 PTS 6-12 MO      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1350      | E           |     | PT W/ SUIC SAF PLN INIT REV  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1351      | E           |     | PT CMPLT SUICD SAF PLN 120DY |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1352      | E           |     | SUICD C-SSRS ASSESSMENT, EQU |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1353      | E           |     | PTS NO CMPLT SUICD SAF PLN   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1354      | E           |     | PT NO SUICD SAF PLN 120DY    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1355      | E           |     | SUICD BASED CLN EVAL         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1356      | E           |     | PT DIED DUR MEAS PD          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1357      | E           |     | PT W/RED SUIC IDEA 120 DAYS  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1358      | E           |     | PTS NO <SUICD IDEA 120 DYS   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1359      | E           |     | INDX SUICD IDEA, NO 0 SCR    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1360      | E           |     | SUICD C-SSRS ASSESSMENT      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1361      | E           |     | SUICD BASED CLN EVAL         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1362      | E           |     | PT DIED DUR MEAS PD          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1363      | E           |     | PTS NO F/U 120 DYS           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1364      | E           |     | ASCVD RISK >=20PCT           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1365      | E           |     | HOSP+PALL CARE SPEC CODE 17  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1366      | E           |     | FOCUS ON WOMEN'S HEALTH MVP  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1367      | E           |     | QUAL CARE ENT DISORDER MVP   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1368      | E           |     | PREV TRT INF D/O HIV/HEP MVP |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1369      | E           |     | QUALCARE MENTAL HLTH/SUD MVP |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1370      | E           |     | REHAB SUPPORT MSK CARE MVP   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1371      | E           |     | MST REC GSA<7                |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1372      | E           |     | MST REC GSA >=7 AND<8        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1373      | E           |     | MST REC GSA >=8 AND <=9      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1374      | E           |     | RA DX ENC 90 DAYS DUR PER PD |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1375      | E           |     | RA DX ENC 90 DAYS DUR PER PD |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1376      | E           |     | RA DX ENC 90 DAYS DUR PER PD |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1377      | E           |     | FU COLSCOP 10 YR DOC W/ DISC |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1378      | E           |     | MED RSN NO 10 YR FU COLSCOPE |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1379      | E           |     | 10 YR FU NO REC RSN NOT GIV  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1380      | E           |     | 2 RX IN PERF PD ANY COM MEDS |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1381      | E           |     | PT SEC STRK WITHIN 5 DAYS    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1382      | E           |     | ENC DUR PERF PD POS 11       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1383      | E           |     | ACUTE PVD                    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1384      | E           |     | PT DIED DUR PERF PD          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1385      | E           |     | PT RSN NOT SEEN 2ND PAM      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1386      | E           |     | EXC SX MELMN OR MLNM IS      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1387      | E           |     | PT DIED DUR PERF PD          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1388      | E           |     | PT DOC EXM REC MELMN         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc<br>Cd | 2024<br>APC |     | Proc Desc                    | Proc<br>Modifier | APC   | APC<br>Weight | Method      | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-------------|-----|------------------------------|------------------|-------|---------------|-------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Status      | Ind |                              |                  |       |               |             |                                        |                                    |                                           |  |                         |          |            |            |          |
| M1390      | E           |     | PT NO DOC EXM FOR REC        |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1391      | E           |     | ALL PT DX W/ REC MLNM        |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1392      | E           |     | PT RSN NO EXM OR LST TO FU   |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1393      | E           |     | PR NO DX REC MLNM            |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1394      | E           |     | STG I-III BR CA              |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1395      | E           |     | INIT CHEMO W/DEF DUR EC GRP  |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1396      | E           |     | PT THER CLIN TRIAL           |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1397      | E           |     | PT W/ RECUR/PROG             |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1398      | E           |     | BSLNE AND FU PROMIS DOC      |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1399      | E           |     | PT LVE PRAC                  |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1400      | E           |     | PT DIED DUR PERF PD          |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1401      | E           |     | STG I-III BR CA              |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1402      | E           |     | INIT CHEMO W/DEF DUR EC GRP  |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1403      | E           |     | BSLNE AND FU PROMIS DOC      |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1404      | E           |     | PT THER CLIN TRIAL           |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1405      | E           |     | PT W/ RECUR/PROG             |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1406      | E           |     | PT LVE PRAC                  |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1407      | E           |     | PT DIED DUR PERF PD          |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1408      | E           |     | GMLN BRCA BEF DX CA          |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1409      | E           |     | RECD GMLN BRCA1/BRCA2 COUNS  |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1410      | E           |     | NO GMLN BRCA1/BRCA2 COUNS    |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1411      | E           |     | 1ST LN ICI NO CHEMO          |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1412      | E           |     | MET NSCLC W/ EGFR ALK OTH AB |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1413      | E           |     | POS PDL1 BEF INIT ICI TX     |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1414      | E           |     | MED RSN NO PDL1 BEF 1ST THER |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1415      | E           |     | NO POS PDL1 BEF ICI THER     |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1416      | E           |     | PT REC HOSP                  |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1417      | E           |     | PT UP TO DATE COV            |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1418      | E           |     | MED RSN NOT UP TO DATE COV   |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1419      | E           |     | PT NOT UP TO DATE COV        |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1420      | E           |     | COMPLETE OPHTHALMOLOGIC MVP  |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1421      | E           |     | DERMATOLOGICAL CARE MVP      |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1422      | E           |     | GASTROENTEROLOGY CARE MVP    |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1423      | E           |     | OPT CARE UROLOGIC CND MVP    |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1424      | E           |     | PULMONOLOGY CARE MVP         |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| M1425      | E           |     | SURGICAL CARE MVP            |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| P2028      | Q           |     | CEPHALIN FLOCCULATION TEST   |                  | -     | -             | Medicare    | \$8.25                                 | \$5.12                             | \$4.95                                    |  | -                       | -        | 000        | 999        |          |
| P2029      | Q           |     | CONGO RED BLOOD TEST         |                  | -     | -             | Medicare    | \$8.25                                 | \$5.12                             | \$4.95                                    |  | -                       | -        | 000        | 999        |          |
| P2031      | E           |     | HAIR ANALYSIS                |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| P2033      | Q           |     | BLOOD THYMOL TURBIDITY       |                  | -     | -             | Medicare    | \$8.25                                 | \$5.12                             | \$4.95                                    |  | -                       | -        | 000        | 999        |          |
| P2038      | Q           |     | BLOOD MUCOPROTEIN            |                  | -     | -             | Medicare    | \$8.25                                 | \$5.12                             | \$4.95                                    |  | -                       | -        | 000        | 999        |          |
| P3000      | Q           |     | SCREEN PAP BY TECH W MD SUPV |                  | -     | -             | Medicare    | \$30.32                                | \$18.80                            | \$18.19                                   |  | -                       | -        | 000        | 999        |          |
| P3001      | E           |     | SCREENING PAP SMEAR BY PHYS  |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| P7001      | E           |     | CULTURE BACTERIAL URINE      |                  | -     | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| P9010      | R           |     | WHOLE BLOOD FOR TRANSFUSION  |                  | 09510 | 2.5246        | APC         | \$153.29                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| P9011      | R           |     | BLOOD SPLIT UNIT             |                  | 09520 | 1.5902        | APC         | \$96.56                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| P9012      | R           |     | CRYOPRECIPITATE EACH UNIT    |                  | 09511 | 0.7129        | APC         | \$43.29                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| P9016      | R           |     | RBC LEUKOCYTES REDUCED       |                  | 09512 | 2.0411        | APC         | \$123.94                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| P9017      | R           |     | PLASMA 1 DONOR FRZ W/IN 8 HR |                  | 09508 | 0.9453        | APC         | \$57.40                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| P9019      | R           |     | PLATELETS, EACH UNIT         |                  | 09515 | 0.8519        | APC         | \$51.73                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| P9020      | R           |     | PLAELET RICH PLASMA UNIT     |                  | 09516 | 6.2502        | APC         | \$379.51                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| P9021      | R           |     | RED BLOOD CELLS UNIT         |                  | 09517 | 1.6185        | APC         | \$98.28                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| P9022      | R           |     | WASHED RED BLOOD CELLS UNIT  |                  | 09518 | 4.4508        | APC         | \$270.25                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| P9023      | R           |     | FROZEN PLASMA, POOLED, SD    |                  | 09509 | 0.6988        | APC         | \$42.43                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| P9025      | R           |     | PLASMA CRYO REDU PATH EACH   |                  | 09538 | 1.5157        | APC         | \$92.03                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| P9026      | R           |     | CRYO FIB COMP PATH REDU EACH |                  | 09539 | 3.5188        | APC         | \$213.66                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |

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| Proc<br>Cd | 2024<br>APC |     | Proc Desc                    | Proc<br>Modifier | APC   | APC<br>Weight | Method                             | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-------------|-----|------------------------------|------------------|-------|---------------|------------------------------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Status      | Ind |                              |                  |       |               |                                    |                                        |                                    |                                           |  |                         |          |            |            |          |
| P9027      | R           |     | RBC O2 CO2 REDUCED           |                  | 09541 | 5.4627        | APC                                | \$331.70                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| P9031      | R           |     | PLATELETS LEUKOCYTES REDUCED |                  | 09526 | 1.4105        | APC                                | \$85.65                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| P9032      | R           |     | PLATELETS, IRRADIATED        |                  | 09500 | 1.5227        | APC                                | \$92.46                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| P9033      | R           |     | PLATELETS LEUKOREDUCED IRRAD |                  | 09521 | 2.3034        | APC                                | \$139.86                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| P9034      | R           |     | PLATELETS, PHERESIS          |                  | 09507 | 4.4537        | APC                                | \$270.43                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| P9035      | R           |     | PLATELET PHERES LEUKOREDUCED |                  | 09501 | 5.4627        | APC                                | \$331.70                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| P9036      | R           |     | PLATELET PHERESIS IRRADIATED |                  | 09502 | 6.5903        | APC                                | \$400.16                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| P9037      | R           |     | PLATE PHERES LEUKOREDU IRRAD |                  | 09530 | 7.5773        | APC                                | \$460.09                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| P9038      | R           |     | RBC IRRADIATED               |                  | 09505 | 1.6734        | APC                                | \$101.61                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| P9039      | R           |     | RBC DEGLYCEROLIZED           |                  | 09504 | 7.3315        | APC                                | \$445.17                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| P9040      | R           |     | RBC LEUKOREDUCED IRRADIATED  |                  | 09522 | 2.8687        | APC                                | \$174.19                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| P9041      | N           |     | ALBUMIN (HUMAN),5%, 50ML     |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| P9043      | R           |     | PLASMA PROTEIN FRACT,5%,50ML |                  | 09514 | 0.0905        | APC                                | \$5.50                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| P9044      | R           |     | CRYOPRECIPITATEREDUCEDPLASMA |                  | 09523 | 1.6519        | APC                                | \$100.30                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| P9045      | K           |     | ALBUMIN (HUMAN), 5%, 250 ML  |                  | 00963 | 0.8741        | APC (blood and non-blood products) | \$53.08                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| P9046      | K           |     | ALBUMIN (HUMAN), 25%, 20 ML  |                  | 00964 | 0.3497        | APC (blood and non-blood products) | \$21.23                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| P9047      | N           |     | ALBUMIN (HUMAN), 25%, 50ML   |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| P9048      | R           |     | PLASMAPROTEIN FRACT,5%,250ML |                  | 09519 | 0.8267        | APC                                | \$50.20                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| P9050      | E           |     | GRANULOCYTES, PHERESIS UNIT  |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| P9051      | R           |     | BLOOD, L/R, CMV-NEG          |                  | 09524 | 1.9312        | APC                                | \$117.26                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| P9052      | R           |     | PLATELETS, HLA-M, L/R, UNIT  |                  | 09525 | 8.7193        | APC                                | \$529.44                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| P9053      | R           |     | PLT, PHER, L/R CMV-NEG, IRR  |                  | 09531 | 5.1501        | APC                                | \$312.71                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| P9054      | R           |     | BLOOD, L/R, FROZ/DEGLY/WASH  |                  | 09527 | 2.7189        | APC                                | \$165.09                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| P9055      | R           |     | PLT, APH/PHER, L/R, CMV-NEG  |                  | 09528 | 2.5485        | APC                                | \$154.74                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| P9056      | R           |     | BLOOD, L/R, IRRADIATED       |                  | 09529 | 0.9439        | APC                                | \$57.31                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| P9057      | R           |     | RBC, FRZ/DEG/WSH, L/R, IRRAD |                  | 09532 | 5.4433        | APC                                | \$330.52                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| P9058      | R           |     | RBC, L/R, CMV-NEG, IRRAD     |                  | 09533 | 2.4993        | APC                                | \$151.76                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| P9059      | R           |     | PLASMA, FRZ BETWEEN 8-24HOUR |                  | 09513 | 0.7973        | APC                                | \$48.41                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| P9060      | R           |     | FR FRZ PLASMA DONOR RETESTED |                  | 09503 | 0.5487        | APC                                | \$33.32                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| P9070      | R           |     | PATHOGEN REDUCED PLASMA POOL |                  | 09534 | 0.6292        | APC                                | \$38.21                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| P9071      | R           |     | PATHOGEN REDUCED PLASMA SING |                  | 09535 | 3.2806        | APC                                | \$199.20                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| P9073      | R           |     | PLATELETS PHERESIS PATH REDU |                  | 09536 | 6.5861        | APC                                | \$399.91                               |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| P9099      | R           |     | BLOOD COMPONENT/PRODUCT NOC  |                  | 09537 | 0.5487        | APC                                | \$33.32                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| P9100      | S           |     | PATHOGEN TEST FOR PLATELETS  |                  | 05733 | 0.6661        | APC                                | \$40.45                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| P9603      | E           |     | ONE-WAY ALLOW PRORATED MILES |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| P9604      | E           |     | ONE-WAY ALLOW PRORATED TRIP  |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| P9612      | M           |     | CATHETERIZE FOR URINE SPEC   |                  | -     | -             | Medicare                           | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| P9615      | N           |     | URINE SPECIMEN COLLECT MULT  |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q0035      | N           |     | CARDIOKYMOGRAPHY             |                  | 05732 | 0.4402        | Bundled, sometimes payable         | \$26.73                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q0081      | E           |     | INFUSION THER OTHER THAN CHE |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q0083      | E           |     | CHEMO BY OTHER THAN INFUSION |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q0084      | E           |     | CHEMOTHERAPY BY INFUSION     |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q0085      | E           |     | CHEMO BY BOTH INFUSION AND O |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q0091      | S           |     | OBTAINING SCREEN PAP SMEAR   |                  | 05731 | 0.2747        | APC                                | \$16.68                                |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q0092      | N           |     | SET UP PORT XRAY EQUIPMENT   |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q0111      | Q           |     | WET MOUNTS/ W PREPARATIONS   |                  | -     | -             | Medicare                           | \$30.32                                | \$18.80                            | \$18.19                                   |  | -                       | -        | 000        | 999        |          |
| Q0112      | Q           |     | POTASSIUM HYDROXIDE PREPS    |                  | -     | -             | Medicare                           | \$9.72                                 | \$6.03                             | \$5.83                                    |  | -                       | -        | 000        | 999        |          |
| Q0113      | Q           |     | PINWORM EXAMINATIONS         |                  | -     | -             | Medicare                           | \$7.12                                 | \$4.41                             | \$4.27                                    |  | -                       | -        | 000        | 999        |          |
| Q0114      | Q           |     | FERN TEST                    |                  | -     | -             | Medicare                           | \$16.23                                | \$10.06                            | \$9.74                                    |  | -                       | -        | 000        | 999        |          |
| Q0115      | E           |     | POST-COITAL MUCOUS EXAM      |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q0138      | K           |     | FERUMOXYTOL, NON-ESRD        |                  | 01297 | 0.0067        | APC (blood and non-blood products) | \$0.33                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q0139      | K           |     | FERUMOXYTOL, ESRD USE        |                  | 01485 | 0.0067        | APC (blood and non-blood products) | \$0.33                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q0144      | E           |     | AZITHROMYCIN DIHYDRATE, ORAL |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q0155      | N           |     | DRONABINOL (SYNDROS) 0.1 MG  |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q0161      | N           |     | CHLORPROMAZINE HCL 5MG ORAL  |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q0162      | N           |     | ONDANSETRON ORAL             |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |



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| Proc<br>Cd | 2024<br>APC |     | Proc Desc                     | Proc<br>Modifier | APC | APC<br>Weight | Method       | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-------------|-----|-------------------------------|------------------|-----|---------------|--------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Status      | Ind |                               |                  |     |               |              |                                        |                                    |                                           |  |                         |          |            |            |          |
| Q0163      |             | N   | DIPHENHYDRAMINE HCL 50MG      |                  | -   | -             | Bundled      | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q0164      |             | N   | PROCHLORPERAZINE MALEATE 5MG  |                  | -   | -             | Bundled      | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q0166      |             | N   | GRANISETRON HCL 1 MG ORAL     |                  | -   | -             | Bundled      | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q0167      |             | N   | DRONABINOL 2.5MG ORAL         |                  | -   | -             | Bundled      | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q0169      |             | N   | PROMETHAZINE HCL 12.5MG ORAL  |                  | -   | -             | Bundled      | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q0173      |             | E   | TRIMETHOBENZAMIDE HCL 250MG   |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q0174      |             | E   | THIETHYLPERAZINE MALEATE10MG  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q0175      |             | N   | PERPHENAZINE 4MG ORAL         |                  | -   | -             | Bundled      | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q0177      |             | N   | HYDROXYZINE PAMOATE 25MG      |                  | -   | -             | Bundled      | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q0180      |             | N   | DOLASETRON MESYLATE ORAL      |                  | -   | -             | Bundled      | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q0181      |             | N   | UNSPECIFIED ORAL ANTI-EMETIC  |                  | -   | -             | Bundled      | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q0224      |             | M   | INJ, PEMIVIBART, 4500 MG      |                  | -   | -             | Fee Schedule | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q0239      |             | E   | BAMLANIVIMAB-XXXX             |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q0249      |             | M   | TOCILIZUMAB FOR COVID-19      |                  | -   | -             | Fee Schedule | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q0477      |             | E   | PWR MODULE PT CABLE LVAD RPL  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q0478      |             | E   | POWER ADAPTER, COMBO VAD      |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q0479      |             | E   | POWER MODULE COMBO VAD, REP   |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q0480      |             | E   | DRIVER PNEUMATIC VAD, REP     |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q0481      |             | E   | MICROPRCSR CU ELEC VAD, REP   |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q0482      |             | E   | MICROPRCSR CU COMBO VAD, REP  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q0483      |             | E   | MONITOR ELEC VAD, REP         |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q0484      |             | E   | MONITOR ELEC OR COMB VAD REP  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q0485      |             | E   | MONITOR CABLE ELEC VAD, REP   |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q0486      |             | E   | MON CABLE ELEC/PNEUM VAD REP  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q0487      |             | E   | LEADS ANY TYPE VAD, REP ONLY  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q0488      |             | E   | PWR PACK BASE ELEC VAD, REP   |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q0489      |             | E   | PWR PCK BASE COMBO VAD, REP   |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q0490      |             | E   | EMR PWR SOURCE ELEC VAD, REP  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q0491      |             | E   | EMR PWR SOURCE COMBO VAD REP  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q0492      |             | E   | EMR PWR CBL ELEC VAD, REP     |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q0493      |             | E   | EMR PWR CBL COMBO VAD, REP    |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q0494      |             | E   | EMR HD PMP ELEC/COMBO, REP    |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q0495      |             | E   | CHARGER ELEC/COMBO VAD, REP   |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q0496      |             | E   | BATTERY ELEC/COMBO VAD, REP   |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q0497      |             | E   | BAT CLPS ELEC/COMB VAD, REP   |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q0498      |             | E   | HOLSTER ELEC/COMBO VAD, REP   |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q0499      |             | E   | BELT/VEST ELEC/COMBO VAD REP  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q0500      |             | E   | FILTERS ELEC/COMBO VAD, REP   |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q0501      |             | E   | SHWR COV ELEC/COMBO VAD, REP  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q0502      |             | E   | MOBILITY CART PNEUM VAD, REP  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q0503      |             | E   | BATTERY PNEUM VAD REPLACEMNT  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q0504      |             | E   | PWR ADPT PNEUM VAD, REP VEH   |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q0506      |             | E   | LITH-ION BATT ELEC/PNEUM VAD  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q0507      |             | E   | MISC SUP/ACC EXT VAD          |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q0508      |             | E   | MIS SUP/ACC IMP VAD           |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q0509      |             | E   | MIS SUP/AC IMP VAD NOPAY MED  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q0510      |             | E   | DISPENS FEE IMMUNOSUPPRESSIVE |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q0511      |             | E   | SUP FEE ANTIEM,ANTICA,IMMUNO  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q0512      |             | E   | PX SUP FEE ANTI-CAN SUB PRES  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q0513      |             | E   | DISP FEE INHAL DRUGS/30 DAYS  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q0514      |             | E   | DISP FEE INHAL DRUGS/90 DAYS  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q0515      |             | E   | SERMORELIN ACETATE INJECTION  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q0521      |             | E   | SUPPLY FEE HIV PREP FDA APPR  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q1004      |             | E   | NTIOL CATEGORY 4              |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q1005      |             | E   | NTIOL CATEGORY 5              |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q2004      |             | N   | BLADDER CALCULI IRRIG SOL     |                  | -   | -             | Bundled      | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |

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| Proc<br>Cd | 2024<br>APC<br>Status |  | Proc Desc                    | Proc<br>Modifier | APC   | APC<br>Weight | Method                             | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-----------------------|--|------------------------------|------------------|-------|---------------|------------------------------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|            | Ind                   |  |                              |                  |       |               |                                    |                                        |                                    |                                           |                         |          |            |            |          |
| Q2009      | N                     |  | FOSPHENYTOIN INJ PE          |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q2017      | E                     |  | TENIPOSIDE, 50 MG            |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q2026      | K                     |  | RADIESSE INJECTION           |                  | 09094 | 5.4911        | APC (blood and non-blood products) | \$333.42                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q2028      | K                     |  | INJ, SCULPTRA, 0.5MG         |                  | 09095 | 0.0165        | APC (blood and non-blood products) | \$1.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q2033      | E                     |  | INFLUENZA VACCINE, (FLUBLOK) |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 018        | 49         |          |
| Q2034      | E                     |  | AGRIFLU VACCINE              |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 018        | 999        |          |
| Q2035      | M                     |  | AFLURIA VACC, 3 YRS & >, IM  |                  | -     | -             | Fee Schedule                       | \$18.76                                |                                    |                                           | -                       | -        | 019        | 999        |          |
| Q2036      | M                     |  | FLULAVAL VACC, 3 YRS & >, IM |                  | -     | -             | Fee Schedule                       | \$19.00                                |                                    |                                           | -                       | -        | 019        | 999        |          |
| Q2037      | M                     |  | FLUVIRIN VACC, 3 YRS & >, IM |                  | -     | -             | Fee Schedule                       | \$20.03                                |                                    |                                           | -                       | -        | 019        | 999        |          |
| Q2038      | M                     |  | FLUZONE VACC, 3 YRS & >, IM  |                  | -     | -             | Fee Schedule                       | \$18.63                                |                                    |                                           | -                       | -        | 019        | 999        |          |
| Q2039      | E                     |  | INFLUENZA VIRUS VACCINE, NOS |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 019        | 999        |          |
| Q2041      | K                     |  | AXICABTAGENE CILOLEUCEL CAR+ |                  | 09035 | 7867.4678     | APC (blood and non-blood products) | \$477,712.64                           |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q2042      | K                     |  | TISAGENLECLEUCEL CAR-POS T   |                  | 09194 | 8875.5040     | APC (blood and non-blood products) | \$538,920.60                           |                                    |                                           | Y                       | -        | 000        | 999        |          |
| Q2043      | K                     |  | SIPULEUCEL-T AUTO CD54+      |                  | 09273 | 949.7100      | APC (blood and non-blood products) | \$57,017.10                            |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q2047      | E                     |  | PEGINESATIDE INJECTION       |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q2049      | K                     |  | IMPORTED LIPODOX INJ         |                  | 01421 | 8.7098        | APC (blood and non-blood products) | \$528.86                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q2050      | K                     |  | DOXORUBICIN INJ 10MG         |                  | 07046 | 1.9684        | APC (blood and non-blood products) | \$150.41                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q2052      | E                     |  | HOME IVIG, SERVICES/SUPPLIES |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q2053      | K                     |  | BREXUCABTAGENE CAR POS T     |                  | 09391 | 8037.7390     | APC (blood and non-blood products) | \$488,051.51                           |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q2054      | G                     |  | LISOCABTAGENE MARA CAR POS T |                  | -     | -             | APC – pays by fee schedule amount  | \$516,442.29                           |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q2055      | K                     |  | IDECABTAGENE VICLEUCEL CAR   |                  | 09422 | 8700.7975     | APC (blood and non-blood products) | \$528,312.42                           |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q2056      | G                     |  | CILTACABTAGENE CAR-POS T     |                  | -     | -             | APC – pays by fee schedule amount  | \$553,169.30                           |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q3001      | E                     |  | BRACHYTHERAPY RADIOELEMENTS  |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q3014      | M                     |  | TELEHEALTH FACILITY FEE      |                  | -     | -             | Fee Schedule                       | \$31.01                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q3027      | K                     |  | INJ BETA INTERFERON IM 1 MCG |                  | 01472 | 0.9296        | APC (blood and non-blood products) | \$54.67                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q3028      | E                     |  | INJ BETA INTERFERON SQ 1 MCG |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q3031      | N                     |  | COLLAGEN SKIN TEST           |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q4001      | E                     |  | CAST SUP BODY CAST PLASTER   |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q4002      | E                     |  | CAST SUP BODY CAST FIBERGLAS |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q4003      | E                     |  | CAST SUP SHOULDER CAST PLSTR |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 011        | 999        |          |
| Q4004      | E                     |  | CAST SUP SHOULDER CAST FBRGL |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 011        | 999        |          |
| Q4005      | E                     |  | CAST SUP LONG ARM ADULT PLST |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 011        | 999        |          |
| Q4006      | E                     |  | CAST SUP LONG ARM ADULT FBRG |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 011        | 999        |          |
| Q4007      | E                     |  | CAST SUP LONG ARM PED PLSTER |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 10         |          |
| Q4008      | E                     |  | CAST SUP LONG ARM PED FBRGLS |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 10         |          |
| Q4009      | E                     |  | CAST SUP SHT ARM ADULT PLSTR |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 011        | 999        |          |
| Q4010      | E                     |  | CAST SUP SHT ARM ADULT FBRGL |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 011        | 999        |          |
| Q4011      | E                     |  | CAST SUP SHT ARM PED PLASTER |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 10         |          |
| Q4012      | E                     |  | CAST SUP SHT ARM PED FBRGLAS |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 10         |          |
| Q4013      | E                     |  | CAST SUP GAUNTLET PLASTER    |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 011        | 999        |          |
| Q4014      | E                     |  | CAST SUP GAUNTLET FIBERGLASS |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 011        | 999        |          |
| Q4015      | E                     |  | CAST SUP GAUNTLET PED PLSTER |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 10         |          |
| Q4016      | E                     |  | CAST SUP GAUNTLET PED FBRGLS |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 10         |          |
| Q4017      | E                     |  | CAST SUP LNG ARM SPLINT PLST |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 011        | 999        |          |
| Q4018      | E                     |  | CAST SUP LNG ARM SPLINT FBRG |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 011        | 999        |          |
| Q4019      | E                     |  | CAST SUP LNG ARM SPLNT PED P |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 10         |          |
| Q4020      | E                     |  | CAST SUP LNG ARM SPLNT PED F |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 10         |          |
| Q4021      | E                     |  | CAST SUP SHT ARM SPLINT PLST |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 011        | 999        |          |
| Q4022      | E                     |  | CAST SUP SHT ARM SPLINT FBRG |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 011        | 999        |          |
| Q4023      | E                     |  | CAST SUP SHT ARM SPLNT PED P |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 10         |          |
| Q4024      | E                     |  | CAST SUP SHT ARM SPLNT PED F |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 10         |          |
| Q4025      | E                     |  | CAST SUP HIP SPICA PLASTER   |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 011        | 999        |          |
| Q4026      | E                     |  | CAST SUP HIP SPICA FIBERGLAS |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 011        | 999        |          |
| Q4027      | E                     |  | CAST SUP HIP SPICA PED PLSTR |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 10         |          |
| Q4028      | E                     |  | CAST SUP HIP SPICA PED FBRGL |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 10         |          |
| Q4029      | E                     |  | CAST SUP LONG LEG PLASTER    |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 011        | 999        |          |

**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2025**

| Proc Cd | 2024 APC |     | 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 |
|---------|----------|-----|------------------------------|---------------|-----|------------|-------------|----------------------------------|------------------------------|----------------------------------|--|----------------------|----------|---------|---------|----------|
|         | Status   | Ind |                              |               |     |            |             |                                  |                              |                                  |  |                      |          |         |         |          |
| Q4030   |          | E   | CAST SUP LONG LEG FIBERGLASS |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 011     | 999     |          |
| Q4031   |          | E   | CAST SUP LNG LEG PED PLASTER |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 10      |          |
| Q4032   |          | E   | CAST SUP LNG LEG PED FBRGLS  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 10      |          |
| Q4033   |          | E   | CAST SUP LNG LEG CYLINDER PL |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 011     | 999     |          |
| Q4034   |          | E   | CAST SUP LNG LEG CYLINDER FB |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 011     | 999     |          |
| Q4035   |          | E   | CAST SUP LNGLEG CYLNDR PED P |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 10      |          |
| Q4036   |          | E   | CAST SUP LNGLEG CYLNDR PED F |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 10      |          |
| Q4037   |          | E   | CAST SUP SHRT LEG PLASTER    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 011     | 999     |          |
| Q4038   |          | E   | CAST SUP SHRT LEG FIBERGLASS |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 011     | 999     |          |
| Q4039   |          | E   | CAST SUP SHRT LEG PED PLSTER |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 10      |          |
| Q4040   |          | E   | CAST SUP SHRT LEG PED FBRGLS |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 10      |          |
| Q4041   |          | E   | CAST SUP LNG LEG SPLNT PLSTR |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 011     | 999     |          |
| Q4042   |          | E   | CAST SUP LNG LEG SPLNT FBRGL |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 011     | 999     |          |
| Q4043   |          | E   | CAST SUP LNG LEG SPLNT PED P |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 10      |          |
| Q4044   |          | E   | CAST SUP LNG LEG SPLNT PED F |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 10      |          |
| Q4045   |          | E   | CAST SUP SHT LEG SPLNT PLSTR |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 011     | 999     |          |
| Q4046   |          | E   | CAST SUP SHT LEG SPLNT FBRGL |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 011     | 999     |          |
| Q4047   |          | E   | CAST SUP SHT LEG SPLNT PED P |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 10      |          |
| Q4048   |          | E   | CAST SUP SHT LEG SPLNT PED F |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 10      |          |
| Q4049   |          | E   | FINGER SPLINT, STATIC        |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| Q4050   |          | E   | CAST SUPPLIES UNLISTED       |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| Q4051   |          | E   | SPLINT SUPPLIES MISC         |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| Q4074   |          | E   | ILOPROST NON-COMP UNIT DOSE  |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| Q4081   |          | E   | EPOETIN ALFA, 100 UNITS ESRD |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| Q4082   |          | E   | DRUG/BIO NOC PART B DRUG CAP |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| Q4100   |          | N   | SKIN SUBSTITUTE, NOS         |               | -   | -          | Bundled     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| Q4101   |          | N   | APLIGRAF                     |               | -   | -          | Bundled     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| Q4102   |          | N   | OASIS WOUND MATRIX           |               | -   | -          | Bundled     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| Q4103   |          | N   | OASIS BURN MATRIX            |               | -   | -          | Bundled     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| Q4104   |          | N   | INTEGRA BMWED                |               | -   | -          | Bundled     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| Q4105   |          | N   | INTEGRA DRT OR OMNIGRAFT     |               | -   | -          | Bundled     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| Q4106   |          | N   | DERMAGRAFT                   |               | -   | -          | Bundled     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| Q4107   |          | N   | GRAFTJACKET                  |               | -   | -          | Bundled     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| Q4108   |          | N   | INTEGRA MATRIX               |               | -   | -          | Bundled     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| Q4110   |          | N   | PRIMATRIX                    |               | -   | -          | Bundled     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| Q4111   |          | N   | GAMMAGRAFT                   |               | -   | -          | Bundled     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| Q4112   |          | N   | CYMETRA INJECTABLE           |               | -   | -          | Bundled     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| Q4113   |          | N   | GRAFTJACKET XPRESS           |               | -   | -          | Bundled     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| Q4114   |          | N   | INTEGRA FLOWABLE WOUND MATRI |               | -   | -          | Bundled     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| Q4115   |          | N   | ALLOSKIN                     |               | -   | -          | Bundled     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| Q4116   |          | N   | ALLODERM                     |               | -   | -          | Bundled     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| Q4117   |          | N   | HYALOMATRIX                  |               | -   | -          | Bundled     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| Q4118   |          | N   | MATRISTEM MICROMATRIX        |               | -   | -          | Bundled     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| Q4121   |          | N   | THERASKIN                    |               | -   | -          | Bundled     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| Q4122   |          | N   | DERMACELL, AWM, POROUS SQ CM |               | -   | -          | Bundled     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| Q4123   |          | N   | ALLOSKIN                     |               | -   | -          | Bundled     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| Q4124   |          | N   | OASIS TRI-LAYER WOUND MATRIX |               | -   | -          | Bundled     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| Q4125   |          | N   | ARTHROFLEX                   |               | -   | -          | Bundled     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| Q4126   |          | N   | MEMODERM/DERMA/TRANZ/INTEGUP |               | -   | -          | Bundled     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| Q4127   |          | N   | TALYMED                      |               | -   | -          | Bundled     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| Q4128   |          | N   | FLEXHD/ALLOPATCHHD/SQ CM     |               | -   | -          | Bundled     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| Q4130   |          | N   | STRATTICE TM                 |               | -   | -          | Bundled     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| Q4132   |          | N   | GRAFIX CORE, GRAFIXPL CORE   |               | -   | -          | Bundled     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| Q4133   |          | N   | GRAFIX STRAVIX PRIME PL SQCM |               | -   | -          | Bundled     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| Q4134   |          | N   | HMATRIX                      |               | -   | -          | Bundled     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |
| Q4135   |          | N   | MEDISKIN                     |               | -   | -          | Bundled     | \$0.00                           |                              |                                  |  | -                    | -        | 000     | 999     |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc<br>Cd | 2024<br>APC |     | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method  | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-------------|-----|------------------------------|------------------|-----|---------------|---------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Status      | Ind |                              |                  |     |               |         |                                        |                                    |                                           |  |                         |          |            |            |          |
| Q4136      | N           |     | EZDERM                       |                  | -   | -             | Bundled | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4137      | N           |     | AMNIOEXCEL BIODEXCEL 1SQ CM  |                  | -   | -             | Bundled | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4138      | N           |     | BIODFENCE DRYFLEX, 1CM       |                  | -   | -             | Bundled | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4139      | N           |     | AMNIO OR BIODMATRIX, INJ 1CC |                  | -   | -             | Bundled | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4140      | N           |     | BIODFENCE 1CM                |                  | -   | -             | Bundled | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4141      | N           |     | ALLOSKIN AC, 1 CM            |                  | -   | -             | Bundled | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4142      | N           |     | XCM BIOLOGIC TISS MATRIX 1CM |                  | -   | -             | Bundled | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4143      | N           |     | REPRIZA, 1CM                 |                  | -   | -             | Bundled | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4145      | N           |     | EPIFIX, INJ, 1MG             |                  | -   | -             | Bundled | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4146      | N           |     | TENSIX, 1CM                  |                  | -   | -             | Bundled | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4147      | N           |     | ARCHITECT ECM PX FX 1 SQ CM  |                  | -   | -             | Bundled | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4148      | N           |     | NEOX NEOX RT OR CLARIX CORD  |                  | -   | -             | Bundled | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4149      | N           |     | EXCELLAGEN, 0.1 CC           |                  | -   | -             | Bundled | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4150      | N           |     | ALLOWRAP DS OR DRY 1 SQ CM   |                  | -   | -             | Bundled | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4151      | N           |     | AMNIOBAND, GUARDIAN 1 SQ CM  |                  | -   | -             | Bundled | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4152      | N           |     | DERMAPURE 1 SQUARE CM        |                  | -   | -             | Bundled | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4153      | N           |     | DERMAVEST, PLURIVEST SQ CM   |                  | -   | -             | Bundled | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4154      | N           |     | BIOVANCE 1 SQUARE CM         |                  | -   | -             | Bundled | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4155      | N           |     | NEOXFLO OR CLARIXFLO 1 MG    |                  | -   | -             | Bundled | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4156      | N           |     | NEOX 100 OR CLARIX 100       |                  | -   | -             | Bundled | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4157      | N           |     | REVITALON 1 SQUARE CM        |                  | -   | -             | Bundled | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4158      | N           |     | KERECIS OMEGA3, PER SQ CM    |                  | -   | -             | Bundled | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4159      | N           |     | AFFINITY1 SQUARE CM          |                  | -   | -             | Bundled | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4160      | N           |     | NUSHIELD 1 SQUARE CM         |                  | -   | -             | Bundled | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4161      | N           |     | BIO-CONNEKT PER SQUARE CM    |                  | -   | -             | Bundled | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4162      | N           |     | WNDEX FLW, BIOSKN FLW, 0.5CC |                  | -   | -             | Bundled | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4163      | N           |     | WOUNDEX, BIOSKIN, PER SQ CM  |                  | -   | -             | Bundled | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4164      | N           |     | HELICOLL, PER SQUARE CM      |                  | -   | -             | Bundled | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4165      | N           |     | KERAMATRIX, KERASORB SQ CM   |                  | -   | -             | Bundled | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4166      | N           |     | CYTAL, PER SQUARE CENTIMETER |                  | -   | -             | Bundled | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4167      | N           |     | TRUSKIN, PER SQ CENTIMETER   |                  | -   | -             | Bundled | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4168      | N           |     | AMNIOBAND, 1 MG              |                  | -   | -             | Bundled | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4169      | N           |     | ARTACENT WOUND, PER SQ CM    |                  | -   | -             | Bundled | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4170      | N           |     | CYGNUS, PER SQ CM            |                  | -   | -             | Bundled | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4171      | N           |     | INTERFYL, 1 MG               |                  | -   | -             | Bundled | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4173      | N           |     | PALINGEN OR PALINGEN XPLUS   |                  | -   | -             | Bundled | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4174      | N           |     | PALINGEN OR PROMATRX         |                  | -   | -             | Bundled | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4175      | N           |     | MIRODERM                     |                  | -   | -             | Bundled | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4176      | N           |     | NEOPATCH OR THERION, 1 SQ CM |                  | -   | -             | Bundled | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4177      | N           |     | FLOWERAMNIOFLO, 0.1 CC       |                  | -   | -             | Bundled | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4178      | N           |     | FLOWERAMNIOPATCH, PER SQ CM  |                  | -   | -             | Bundled | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4179      | N           |     | FLOWERDERM, PER SQ CM        |                  | -   | -             | Bundled | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4180      | N           |     | REVITA, PER SQ CM            |                  | -   | -             | Bundled | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4181      | N           |     | AMNIO WOUND, PER SQUARE CM   |                  | -   | -             | Bundled | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4182      | N           |     | TRANSCYTE, PER SQ CENTIMETER |                  | -   | -             | Bundled | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4183      | N           |     | SURGIGRAFT, 1 SQ CM          |                  | -   | -             | Bundled | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4184      | N           |     | CELLESTA OR DUO PER SQ CM    |                  | -   | -             | Bundled | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4185      | N           |     | CELLESTA FLOWAB AMNION 0.5CC |                  | -   | -             | Bundled | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4186      | N           |     | EPIFIX 1 SQ CM               |                  | -   | -             | Bundled | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4187      | N           |     | EPICORD 1 SQ CM              |                  | -   | -             | Bundled | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4188      | N           |     | AMNIOARMOR 1 SQ CM           |                  | -   | -             | Bundled | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4189      | N           |     | ARTACENT AC, 1 MG            |                  | -   | -             | Bundled | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4190      | N           |     | ARTACENT AC 1 SQ CM          |                  | -   | -             | Bundled | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4191      | N           |     | RESTORIGIN 1 SQ CM           |                  | -   | -             | Bundled | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4192      | N           |     | RESTORIGIN, 1 CC             |                  | -   | -             | Bundled | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4193      | N           |     | COLL-E-DERM 1 SQ CM          |                  | -   | -             | Bundled | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |



**Montana Healthcare Programs Fee Schedule**  
**Outpatient Prospective Payment System Services**  
**April 1, 2025**

| Proc<br>Cd | 2024<br>APC |     | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method      | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-------------|-----|------------------------------|------------------|-----|---------------|-------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Status      | Ind |                              |                  |     |               |             |                                        |                                    |                                           |  |                         |          |            |            |          |
| Q4194      | N           |     | NOVACHOR 1 SQ CM             |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4195      | N           |     | PURAPLY 1 SQ CM              |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4196      | N           |     | PURAPLY AM 1 SQ CM           |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4197      | N           |     | PURAPLY XT 1 SQ CM           |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4198      | N           |     | GENESIS AMNIO MEMBRANE 1SQCM |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4199      | N           |     | CYGNUS MATRIX, PER SQ CM     |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4200      | N           |     | SKIN TE 1 SQ CM              |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4201      | N           |     | MATRION 1 SQ CM              |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4202      | N           |     | KEROXX (2.5G/CC), 1CC        |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4203      | N           |     | DERMA-GIDE, 1 SQ CM          |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4204      | N           |     | XWRAP 1 SQ CM                |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4205      | E           |     | MEMBRANE GRAFT OR WRAP SQ CM |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4206      | E           |     | FLUID FLOW OR FLUID GF 1 CC  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4208      | E           |     | NOVAFIX PER SQ CM            |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4209      | E           |     | SURGRAFT PER SQ CM           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4211      | E           |     | AMNION BIO OR AXOBIO SQ CM   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4212      | E           |     | ALLOGEN, PER CC              |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4213      | E           |     | ASCENT, 0.5 MG               |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4214      | E           |     | CELLESTA CORD PER SQ CM      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4215      | E           |     | AXOLOTL AMBIENT, CRYO 0.1 MG |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4216      | E           |     | ARTACENT CORD PER SQ CM      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4217      | E           |     | WOUNDFIX BIOWOUND PLUS XPLUS |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4218      | E           |     | SURGICORD PER SQ CM          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4219      | E           |     | SURGIGRAFT DUAL PER SQ CM    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4220      | E           |     | BELLACELL HD, SUREDERM SQ CM |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4221      | E           |     | AMNIOWRAP2 PER SQ CM         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4222      | E           |     | PROGENAMATRIX, PER SQ CM     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4224      | N           |     | HHF10-P PER SQ CM            |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4225      | N           |     | AMNIO OR DERMA TL, PER SQ CM |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4226      | E           |     | MYOWN HARV PREP PROC SQ CM   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4227      | N           |     | AMNIOCORE PER SQ CM          |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4229      | N           |     | COGENEX AMNIO MEMB PER SQ CM |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4230      | N           |     | COGENEX FLOW AMNION 0.5 CC   |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4232      | N           |     | CORPLEX, PER SQ CM           |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4233      | N           |     | SURFACTOR /NUDYN PER 0.5 CC  |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4234      | N           |     | XCELLERATE, PER SQ CM        |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4235      | N           |     | AMNIOREPAIR OR ALTIPLY SQ CM |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4236      | N           |     | CAREPATCH PER SQ CM          |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4237      | N           |     | CRYO-CORD, PER SQ CM         |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4238      | N           |     | DERM-MAXX, PER SQ CM         |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4239      | N           |     | AMNIO-MAXX OR LITE PER SQ CM |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4240      | N           |     | CORECYTE TOPICAL ONLY 0.5 CC |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4241      | N           |     | POLYCYTE, TOPICAL ONLY 0.5CC |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4242      | N           |     | AMNIOCYTE PLUS, PER 0.5 CC   |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4245      | N           |     | AMNIOTEXT, PER CC            |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4246      | N           |     | CORETEXT OR PROTEXT, PER CC  |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4247      | N           |     | AMNIOTEXT PATCH, PER SQ CM   |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4248      | N           |     | DERMACYTE AMN MEM ALLO SQ CM |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4249      | N           |     | AMNIPLY, PER SQ CM           |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4250      | N           |     | AMNIOAMP-MP PER SQ CM        |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4251      | E           |     | VIM, PER SQUARE CENTIMETER   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4252      | E           |     | VENDAJE, PER SQUARE CENTIMET |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4253      | E           |     | ZENITH AMNIOTIC MEMBRANE PSC |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4254      | N           |     | NOVAFIX DL PER SQ CM         |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4255      | N           |     | REGUARD, TOPICAL USE PER SQ  |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| Q4256      | N           |     | MLG COMPLET, PER SQ CM       |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc Cd | 2024 APC |     | 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 |
|---------|----------|-----|------------------------------|---------------|-----|------------|-------------|----------------------------------|------------------------------|----------------------------------|----------------------|----------|---------|---------|----------|
|         | Status   | Ind |                              |               |     |            |             |                                  |                              |                                  |                      |          |         |         |          |
| Q4257   | N        |     | RELESE, PER SQ CM            |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| Q4258   | N        |     | ENVERSE, PER SQ CM           |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| Q4259   | N        |     | CELERA PER SQ CM             |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| Q4260   | N        |     | SIGNATURE APATCH, PER SQ CM  |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| Q4261   | N        |     | TAG, PER SQUARE CENTIMETER   |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| Q4262   | N        |     | DUAL LAYER IMPAX, PER SQ CM  |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| Q4263   | N        |     | SURGRAFT TL, PER SQ CM       |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| Q4264   | N        |     | COCOON MEMBRANE, PER SQ CM   |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| Q4265   | N        |     | NEOSTIM TL PER SQ CM         |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| Q4266   | N        |     | NEOSTIM PER SQ CM            |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| Q4267   | N        |     | NEOSTIM DL PER SQ CM         |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| Q4268   | N        |     | SURGRAFT FT PER SQ CM        |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| Q4269   | N        |     | SURGRAFT XT PER SQ CM        |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| Q4270   | N        |     | COMPLETE SL PER SQ CM        |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| Q4271   | N        |     | COMPLETE FT PER SQ CM        |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| Q4272   | N        |     | ESANO A, PER SQ CM           |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| Q4273   | N        |     | ESANO AAA, PER SQ CM         |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| Q4274   | N        |     | ESANO AC, PER SQ CM          |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| Q4275   | N        |     | ESANO ACA, PER SQ CM         |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| Q4276   | N        |     | ORION, PER SQ CM             |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| Q4278   | N        |     | EPIEFFECT, PER SQ CM         |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| Q4279   | E        |     | VENDAJE AC, PER SQ CM        |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| Q4280   | N        |     | XCELL AMNIO MATRIX PER SQ CM |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| Q4281   | N        |     | BARRERA SLOR DL PER SQ CM    |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| Q4282   | N        |     | CYGNUS DUAL PER SQ CM        |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| Q4283   | N        |     | BIOVANCE TRI OR 3L, SQ CM    |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| Q4284   | N        |     | DERMABIND SL, PER SQ CM      |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| Q4285   | N        |     | NUDYN DL OR DL MESH PR SQ CM |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| Q4286   | N        |     | NUDYN SL OR SLW, PER SQ CM   |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| Q4287   | E        |     | DERMABIND DL, PER SQ CM      |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| Q4288   | E        |     | DERMABIND CH, PER SQ CM      |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| Q4289   | E        |     | REVOSHIELD+ AMNIO, PER SQ CM |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| Q4290   | E        |     | MEMBRANE WRAP HYDR PER SQ CM |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| Q4291   | E        |     | LAMELLAS XT, PER SQ CM       |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| Q4292   | E        |     | LAMELLAS, PER SQ CM          |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| Q4293   | E        |     | ACESSO DL, PER SQ CM         |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| Q4294   | E        |     | AMNIO QUAD-CORE, PER SQ CM   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| Q4295   | E        |     | AMNIO TRI-CORE, PER SQ CM    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| Q4296   | E        |     | REBOUND MATRIX, PER SQ CM    |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| Q4297   | E        |     | EMERGE MATRIX, PER SQ CM     |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| Q4298   | E        |     | AMNICORE PRO, PER SQ CM      |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| Q4299   | E        |     | AMNICORE PRO+, PER SQ CM     |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| Q4300   | E        |     | ACESSO TL, PER SQ CM         |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| Q4301   | E        |     | ACTIVATE MATRIX, PER SQ CM   |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| Q4302   | E        |     | COMPLETE ACA, PER SQ CM      |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| Q4303   | E        |     | COMPLETE AA, PER SQ CM       |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| Q4304   | E        |     | GRAFIX PLUS, PER SQ CM       |               | -   | -          | Not Allowed | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| Q4305   | N        |     | AMER AM AC TRI-LAY PER SQ CM |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| Q4306   | N        |     | AMERIC AMNION AC PER SQ CM   |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| Q4307   | N        |     | AMERICAN AMNION, PER SQ CM   |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| Q4308   | N        |     | SANOPELLIS, PER SQ CM        |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| Q4309   | N        |     | VIA MATRIX, PER SQ CM        |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| Q4310   | N        |     | PROCENTA, PER 100 MG         |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| Q4311   | N        |     | ACESSO, PER SQ CM            |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| Q4312   | N        |     | ACESSO AC, PER SQ CM         |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| Q4313   | N        |     | DERMABIND FM, PER SQ CM      |               | -   | -          | Bundled     | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc<br>Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC   | APC<br>Weight | Method                             | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|------------------------------|------------------------------|------------------|-------|---------------|------------------------------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|            |                              |                              |                  |       |               |                                    |                                        |                                    |                                           |                         |          |            |            |          |
| Q4314      | N                            | REEVA, PER SQ CM             |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q4315      | N                            | REGENELINK AMNIOTIC MEM ALLO |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q4316      | N                            | AMCHOPLAST, PER SQ CM        |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q4317      | N                            | VITOGRAFT, PER SQ CM         |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q4318      | N                            | E-GRAFT, PER SQ CM           |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q4319      | N                            | SANOGRAFT, PER SQ CM         |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q4320      | N                            | PELLOGRAFT, PER SQ CM        |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q4321      | N                            | RENOGRAFT, PER SQ CM         |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q4322      | N                            | CAREGRAFT, PER SQ CM         |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q4323      | N                            | ALLOPLY, PER SQ CM           |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q4324      | N                            | AMNIOTX, PER SQ CM           |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q4325      | N                            | ACAPATCH, PER SQ CM          |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q4326      | N                            | WOUNDPLUS, PER SQ CM         |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q4327      | N                            | DUOAMNION, PER SQ CM         |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q4328      | N                            | MOST, PER SQ CM              |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q4329      | N                            | SINGLAY, PER SQ CM           |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q4330      | N                            | TOTAL, PER SQ CM             |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q4331      | N                            | AXOLOTL GRAFT, PER SQ CM     |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q4332      | N                            | AXOLOTL DUALGRAFT, PER SQ CM |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q4333      | N                            | ARDEOGRAFT, PER SQ CM        |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q4334      | N                            | AMNIOPLAST 1, PER SQ CM      |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q4335      | N                            | AMNIOPLAST 2, PER SQ CM      |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q4336      | N                            | ARTECENT C, PER SQ CM        |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q4337      | N                            | ARTECENT TRIDENT, PER SQ CM  |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q4338      | N                            | ARTACENT VELOS, PER SQ CM    |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q4339      | N                            | ARTACENT VERICLEN, PER SQ CM |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q4340      | N                            | SIMPLIGRAFT, PER SQ CM       |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q4341      | N                            | SIMPLIMAX, PER SQ CM         |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q4342      | N                            | THERAMEND, PER SQ CM         |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q4343      | N                            | DERMACYTE AC MATRX PER SQ CM |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q4344      | N                            | TRI MEMBRANE WRAP, PER SQ CM |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q4345      | N                            | MATRIX HD ALLOGRFT PER SQ CM |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q4346      | N                            | SHELTER DM MATRIX PER SQ CM  |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q4347      | N                            | RAMPART DL MATRIX PER SQ CM  |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q4348      | N                            | SENTRY SL MATRIX PER SQ CM   |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q4349      | N                            | MANTLE DL MATRIX PER SQ CM   |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q4350      | N                            | PALISADE DM MATRIX PER SQ CM |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q4351      | N                            | ENCLOSE TL MATRIX, PER SQ CM |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q4352      | N                            | OVERLAY SL MATRIX, PER SQ CM |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q4353      | N                            | XCEED TL MATRIX PER SQ CM    |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q5001      | M                            | HOSPICE OR HOME HLTH IN HOME |                  | -     | -             | Fee Schedule                       | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q5002      | M                            | HOSPICE/HOME HLTH IN ASST LV |                  | -     | -             | Fee Schedule                       | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q5003      | M                            | HOSPICE IN LT/NON-SKILLED NF |                  | -     | -             | Fee Schedule                       | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q5004      | M                            | HOSPICE IN SNF               |                  | -     | -             | Fee Schedule                       | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q5005      | M                            | HOSPICE, INPATIENT HOSPITAL  |                  | -     | -             | Fee Schedule                       | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q5006      | M                            | HOSPICE IN HOSPICE FACILITY  |                  | -     | -             | Fee Schedule                       | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q5007      | M                            | HOSPICE IN LTCH              |                  | -     | -             | Fee Schedule                       | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q5008      | M                            | HOSPICE IN INPATIENT PSYCH   |                  | -     | -             | Fee Schedule                       | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q5009      | M                            | HOSPICE/HOME HLTH, PLACE NOS |                  | -     | -             | Fee Schedule                       | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q5010      | M                            | HOSPICE HOME CARE IN HOSPICE |                  | -     | -             | Fee Schedule                       | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q5101      | K                            | INJECTION, ZARXIO            |                  | 01822 | 0.0072        | APC (blood and non-blood products) | \$0.33                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q5103      | K                            | INJECTION, INFLECTRA         |                  | 01847 | 0.1900        | APC (blood and non-blood products) | \$15.91                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q5104      | K                            | INJECTION, RENFLEXIS         |                  | 09036 | 0.5237        | APC (blood and non-blood products) | \$27.85                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q5105      | K                            | INJ RETACRIT ESRD ON DIALYSI |                  | 09096 | 0.0129        | APC (blood and non-blood products) | \$0.71                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q5106      | K                            | INJ RETACRIT NON-ESRD USE    |                  | 09097 | 0.1286        | APC (blood and non-blood products) | \$7.07                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q5107      | K                            | INJ MVASI 10 MG              |                  | 09329 | 0.4581        | APC (blood and non-blood products) | \$29.82                                |                                    |                                           | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
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| Proc Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC   | APC<br>Weight | Method                             | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|---------|------------------------------|------------------------------|------------------|-------|---------------|------------------------------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|         |                              |                              |                  |       |               |                                    |                                        |                                    |                                           |                         |          |            |            |          |
| Q5108   | K                            | INJECTION, FULPHILA          |                  | 09173 | 2.8093        | APC (blood and non-blood products) | \$112.90                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q5109   | E                            | INJECTION, IXIFI, 10 MG      |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q5110   | K                            | NIVESTYM                     |                  | 09193 | 0.0049        | APC (blood and non-blood products) | \$0.29                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q5111   | K                            | INJECTION, UDENYCA 0.5 MG    |                  | 09195 | 2.3204        | APC (blood and non-blood products) | \$163.60                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q5112   | K                            | INJ ONTRUZANT 10 MG          |                  | 09382 | 0.5833        | APC (blood and non-blood products) | \$28.74                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q5113   | K                            | INJ HERZUMA 10 MG            |                  | 09349 | 0.9556        | APC (blood and non-blood products) | \$73.91                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q5114   | K                            | INJ OGIVRI 10 MG             |                  | 09341 | 1.0724        | APC (blood and non-blood products) | \$46.82                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q5115   | K                            | INJ TRUXIMA 10 MG            |                  | 09336 | 0.5306        | APC (blood and non-blood products) | \$34.76                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q5116   | K                            | INJ., TRAZIMERA, 10 MG       |                  | 09350 | 0.2186        | APC (blood and non-blood products) | \$24.93                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q5117   | K                            | INJ., KANJINTI, 10 MG        |                  | 09330 | 0.3028        | APC (blood and non-blood products) | \$27.91                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q5118   | K                            | INJ., ZIRABEV, 10 MG         |                  | 09348 | 0.3555        | APC (blood and non-blood products) | \$26.94                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q5119   | K                            | INJ RUXIENCE, 10 MG          |                  | 09367 | 0.3472        | APC (blood and non-blood products) | \$24.94                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q5120   | K                            | INJ PEGFILGRASTIM-BMEZ 0.5MG |                  | 09345 | 0.4070        | APC (blood and non-blood products) | \$24.71                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q5121   | K                            | INJ. AVSOLA, 10 MG           |                  | 09381 | 0.4174        | APC (blood and non-blood products) | \$19.75                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q5122   | K                            | INJ. NYVEPRIA                |                  | 09406 | 1.1219        | APC (blood and non-blood products) | \$134.25                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q5123   | K                            | INJ. RIABNI, 10 MG           |                  | 09411 | 0.7093        | APC (blood and non-blood products) | \$33.09                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q5124   | G                            | INJ. BYOOVIZ, 0.1 MG         |                  | -     | -             | APC – pays by fee schedule amount  | \$85.57                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q5125   | G                            | INJ, RELEUKO 1 MCG           |                  | -     | -             | APC – pays by fee schedule amount  | \$0.43                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q5126   | G                            | INJ ALYMSYS 10 MG            |                  | -     | -             | APC – pays by fee schedule amount  | \$46.05                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q5127   | K                            | INJ, STIMUFEND, 0.5 MG       |                  | 09129 | 5.8931        | APC (blood and non-blood products) | \$251.25                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q5128   | G                            | INJ, CIMERLI, 0.1 MG         |                  | -     | -             | APC – pays by fee schedule amount  | \$146.76                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q5129   | G                            | INJ, VEGZELMA, 10 MG         |                  | -     | -             | APC – pays by fee schedule amount  | \$48.08                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q5130   | G                            | INJ, FYLNETRA, 0.5 MG        |                  | -     | -             | APC – pays by fee schedule amount  | \$164.15                               |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q5133   | G                            | INJ, TOFIDENCE, 1 MG         |                  | -     | -             | APC – pays by fee schedule amount  | \$5.97                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q5134   | E                            | INJ, TYRUKO, 1 MG            |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q5135   | G                            | INJ, TYENNE, 1 MG            |                  | -     | -             | APC – pays by fee schedule amount  | \$4.07                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q5136   | E                            | INJ. DENOSUMAB-BBDZ, 1 MG    |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q5137   | E                            | INJ, WEZLANA, SUB CU, 1 MG   |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q5138   | E                            | INJ, WEZLANA, IV, 1 MG       |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q5140   | K                            | INJ ADALIMUMAB-FKJP, 1 MG    |                  | 00826 | 1.4351        | APC (blood and non-blood products) | \$87.14                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q5141   | K                            | INJ ADALIMUMAB-AATY, 1 MG    |                  | 00828 | 0.7175        | APC (blood and non-blood products) | \$43.57                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q5142   | K                            | INJ ADALIMUMAB-RYVK, 1 MG    |                  | 00829 | 0.1735        | APC (blood and non-blood products) | \$10.51                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q5143   | K                            | INJ ADALIMUMAB-ADBIM, 1 MG   |                  | 00830 | 0.1718        | APC (blood and non-blood products) | \$10.43                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q5144   | K                            | INJ, IDACIO, 1 MG            |                  | 00833 | 0.2473        | APC (blood and non-blood products) | \$9.67                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q5145   | K                            | INJ, ABRILADA, 1 MG          |                  | 00834 | 2.1092        | APC (blood and non-blood products) | \$75.44                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q5146   | E                            | INJ, HERCESSI, 10 MG         |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q9001   | E                            | CHAPLAIN ASSESSMENT          |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q9002   | E                            | CHAPLAIN COUNSEL INDIVIDU    |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q9003   | E                            | CHAPLAIN COUNSEL GROUP       |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q9004   | E                            | VA WHOLE HEALTH PARTNER SERV |                  | -     | -             | Not Allowed                        | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q9950   | N                            | INJ SULF HEXA LIPID MICROSPH |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q9951   | N                            | LOCM >= 400 MG/ML IODINE,1ML |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q9953   | N                            | INJ FE-BASED MR CONTRAST,1ML |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q9954   | N                            | ORAL MR CONTRAST, 100 ML     |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q9955   | N                            | INJ PERFLEXANE LIP MICROS,ML |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q9956   | N                            | INJ OCTAFLUOROPROPANE MIC,ML |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q9957   | N                            | INJ PERFLUTREN LIP MICROS,ML |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q9958   | N                            | HOCM <=149 MG/ML IODINE, 1ML |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q9959   | N                            | HOCM 150-199MG/ML IODINE,1ML |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q9960   | N                            | HOCM 200-249MG/ML IODINE,1ML |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q9961   | N                            | HOCM 250-299MG/ML IODINE,1ML |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q9962   | N                            | HOCM 300-349MG/ML IODINE,1ML |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q9963   | N                            | HOCM 350-399MG/ML IODINE,1ML |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q9964   | N                            | HOCM>= 400MG/ML IODINE, 1ML  |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q9965   | N                            | LOCM 100-199MG/ML IODINE,1ML |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| Q9966   | N                            | LOCM 200-299MG/ML IODINE,1ML |                  | -     | -             | Bundled                            | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |



Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc Cd | 2024 APC |     | 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 |
|---------|----------|-----|-------------------------------------|---------------|-------|------------|------------------------------------|----------------------------------|------------------------------|----------------------------------|----------------------|----------|---------|---------|----------|
|         | Status   | Ind |                                     |               |       |            |                                    |                                  |                              |                                  |                      |          |         |         |          |
| Q9967   | N        |     | LOCM 300-399MG/ML IODINE, 1ML       |               | -     | -          | Bundled                            | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| Q9968   | K        |     | VISUALIZATION ADJUNCT               |               | 01446 | 0.1323     | APC (blood and non-blood products) | \$7.58                           |                              |                                  | -                    | -        | 000     | 999     |          |
| Q9969   | K        |     | NON-HEU TC-99M ADD-ON/DOSE          |               | 01442 | 0.1647     | APC (blood and non-blood products) | \$6.00                           |                              |                                  | -                    | Y        | 000     | 999     |          |
| Q9982   | K        |     | FLUTEMETAMOL F18 DIAGNOSTIC         |               | 09459 | 49.3306    | APC (blood and non-blood products) | \$1,866.58                       |                              |                                  | -                    | -        | 000     | 999     |          |
| Q9983   | K        |     | FLORBETABEN F18 DIAGNOSTIC          |               | 09458 | 20.9776    | APC (blood and non-blood products) | \$1,273.76                       |                              |                                  | -                    | -        | 000     | 999     |          |
| Q9991   | K        |     | BUPRENORPH XR 100 MG OR LESS        |               | 09073 | 32.1100    | APC (blood and non-blood products) | \$1,925.23                       |                              |                                  | Y                    | -        | 000     | 999     |          |
| Q9991   | K        |     | BUPRENORPH XR 100 MG OR LESS        | HG            | 09073 | 32.1100    | APC (blood and non-blood products) | \$1,931.81                       |                              |                                  | Y                    | -        | 000     | 999     |          |
| Q9992   | K        |     | BUPRENORPHINE XR OVER 100 MG        |               | 09239 | 32.1100    | APC (blood and non-blood products) | \$1,925.23                       |                              |                                  | Y                    | -        | 000     | 999     |          |
| Q9992   | K        |     | BUPRENORPH XR OVER 100 MG           | HG            | 09239 | 32.1100    | APC (blood and non-blood products) | \$1,931.81                       |                              |                                  | Y                    | -        | 000     | 999     |          |
| Q9996   | E        |     | USTEKINUMAB- TTWE SUB CU INJ        |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| Q9997   | E        |     | USTEKINUMAB-TTWE IV INJ 1 MG        |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| Q9998   | E        |     | USTEKINUMAB-AEKN INJ                |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| R0070   | E        |     | TRANSPORT PORTABLE X-RAY            |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| R0075   | E        |     | TRANSPORT PORT X-RAY MULTIPL        |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| R0076   | E        |     | TRANSPORT PORTABLE EKG              |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S0074   | E        |     | INJECTION, CEFOTETAN DISODIU        |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S0078   | E        |     | INJECTION, FOSPHENYTOIN SODI        |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S0080   | E        |     | INJECTION, PENTAMIDINE ISETH        |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S0081   | E        |     | INJECTION, PIPERACILLIN SODI        |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S0086   | E        |     | INJECTION, VERTEPORFIN, 15MG        |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S0088   | E        |     | IMATINIB 100 MG                     |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S0090   | E        |     | SILDENAFIL CITRATE, 25 MG           |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S0106   | E        |     | BUPROPION HCL SR 60 TABLETS         |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S0108   | E        |     | MERCAPTOPURINE ORAL 50 MG           |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S0117   | E        |     | TRETINOIN TOPICAL 5 G               |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S0122   | E        |     | INJECTION MENOTROPINS 75 IU         |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S0126   | E        |     | INJECTION FOLLITROPIN ALFA 75 IU    |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S0128   | E        |     | INJECTION FOLLITROPIN BETA 75 IU    |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S0132   | E        |     | INJECTION GANIRELIX ACETATE 250 MCG |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S0145   | E        |     | PEG INTERFERON ALFA-2A/180          |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S0155   | E        |     | EPOPROSTENOL DILUTANT               |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S0156   | E        |     | EXEMESTANE, 25 MG                   |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S0157   | E        |     | BECAPLERMIN GEL 1%, 0.5 GM          |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S0160   | E        |     | DEXTROAMPHETAMINE                   |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S0170   | E        |     | ANASTROZOLE 1 MG                    |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S0172   | E        |     | CHLORAMBUCIL 2 MG                   |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S0174   | E        |     | DOLASETRON 50 MG                    |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S0175   | E        |     | FLUTAMIDE 125 MG                    |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S0176   | E        |     | HYDROXYUREA 500 MG                  |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S0177   | E        |     | LEVAMISOLE 50 MG                    |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S0178   | E        |     | LOMUSTINE 10 MG                     |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S0179   | E        |     | MEGESTROL 20 MG                     |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S0182   | E        |     | PROCARBAZINE 5 MG                   |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S0183   | E        |     | PROCHLORPERAZINE 5 MG               |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S0187   | E        |     | TAMOXIFEN 10 MG                     |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S0189   | E        |     | TESTOSTERONE PELLET 75 MG           |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S0190   | M        |     | MITEPRISTONE, ORAL, 200MG           |               | -     | -          | Fee Schedule                       | \$76.50                          |                              |                                  | -                    | -        | 010     | 999     |          |
| S0191   | M        |     | MISOPROSTOL, ORAL, 200 MCG          |               | -     | -          | Fee Schedule                       | \$1.02                           |                              |                                  | -                    | -        | 010     | 999     |          |
| S0194   | E        |     | VITAMIN SUPPL 100 CAPS              |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S0208   | E        |     | PARAMED INTRCEPT NONVOL             |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S0209   | E        |     | WC VAN MILEAGE PER MI               |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S0215   | E        |     | NONEMERG TRANSP MILEAGE             |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S0220   | E        |     | MEDICAL CONFERENCE BY PHYSIC        |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S0221   | E        |     | MEDICAL CONFERENCE, 60 MIN          |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S0250   | E        |     | COMP GERIATR ASSMT TEAM             |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S0255   | E        |     | HOSPICE REFER VISIT NONMD           |               | -     | -          | Not Allowed                        | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |

Montana Healthcare Programs Fee Schedule  
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| Proc Cd | 2024 APC |     | 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 |
|---------|----------|-----|-------------------------------|---------------|-----|------------|--------------|----------------------------------|------------------------------|----------------------------------|----------------------|----------|---------|---------|----------|
|         | Status   | Ind |                               |               |     |            |              |                                  |                              |                                  |                      |          |         |         |          |
| S0257   | E        |     | END OF LIFE COUNSELING        |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S0260   | E        |     | H&P FOR SURGERY               |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S0265   | E        |     | GENETIC COUNSEL 15 MINS       |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S0280   | E        |     | MEDICAL HOME, INITIAL PLAN    |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S0302   | E        |     | COMPLETED EPSDT               |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S0310   | E        |     | HOSPITALIST VISIT             |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S0340   | E        |     | LIFESTYLE MOD 1ST STAGE       |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S0341   | E        |     | LIFESTYLE MOD 2 OR 3 STAGE    |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S0342   | E        |     | LIFESTYLE MOD 4TH STAGE       |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S0353   | E        |     | CANCER TREATMENT PLAN INITIAL |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S0354   | E        |     | CANCER TREATMENT PLAN CHANGE  |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S0390   | E        |     | ROUTINE FOOT CARE PER VISIT   |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S0395   | E        |     | IMPRESSION CASTING FT         |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S0400   | E        |     | GLOBAL ESWL KIDNEY            |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S0500   | E        |     | DISPOS CONT LENS              |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S0504   | E        |     | SINGL PRSCR P LENS            |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S0506   | E        |     | BIFOC PRSCP LENS              |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S0508   | E        |     | TRIFOC PRSCR P LENS           |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S0510   | E        |     | NON-PRSCR P LENS              |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S0512   | E        |     | DAILY CONT LENS               |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S0514   | E        |     | COLOR CONT LENS               |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S0516   | E        |     | SAFETY FRAMES                 |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S0518   | E        |     | SUNGLASS FRAMES               |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S0580   | E        |     | POLYCARB LENS                 |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S0581   | E        |     | NONSTND LENS                  |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S0590   | E        |     | MISC INTEGRAL LENS SERV       |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S0592   | E        |     | COMP CONT LENS EVAL           |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S0596   | E        |     | PHAKIC IOL REFRACTIVE ERROR   |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S0601   | E        |     | SCREENING PROCTOSCOPY         |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S0610   | E        |     | ANNUAL GYNECOLOGICAL EXAMINA  |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S0612   | E        |     | ANNUAL GYNECOLOGICAL EXAMINA  |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S0613   | M        |     | ANN BREAST EXAM               |               | -   | -          | Charge Ratio | \$0.00                           |                              |                                  | -                    | -        | 010     | 65      |          |
| S0618   | E        |     | AUDIOMETRY FOR HEARING AID    |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S0620   | E        |     | ROUTINE OPHTHALMOLOGICAL EXA  |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S0621   | E        |     | ROUTINE OPHTHALMOLOGICAL EXA  |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S0622   | E        |     | PHYS EXAM FOR COLLEGE         |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S0630   | E        |     | REMOVAL OF SUTURES            |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S0800   | E        |     | LASER IN SITU KERATOMILEUSIS  |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S0810   | E        |     | PHOTOREFRACTIVE KERATECTOMY   |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S0812   | E        |     | PHOTOTHERAP KERATECT          |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S1001   | E        |     | DELUXE ITEM                   |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S1002   | E        |     | CUSTOM ITEM                   |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S1015   | E        |     | IV TUBING EXTENSION SET       |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S1016   | E        |     | NON-PVC INTRAVENOUS ADMINIST  |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S1030   | E        |     | GLUC MONITOR PURCHASE         |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S1031   | E        |     | GLUC MONITOR RENTAL           |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S2053   | E        |     | TRANSPLANTATION OF SMALL INT  |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S2054   | E        |     | TRANSPLANTATION OF MULTIVISC  |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S2055   | E        |     | HARVESTING OF DONOR MULTIVIS  |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S2060   | E        |     | LOBAR LUNG TRANSPLANTATION    |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S2061   | E        |     | DONOR LOBECTOMY (LUNG)        |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S2065   | E        |     | SIMULT PANC KIDN TRANS        |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S2068   | E        |     | BREAST DIEP FLAP RECONSTRUCT  |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S2070   | E        |     | CYSTO LASER TX URETERAL CALC  |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S2079   | E        |     | LAP ESOPHAGOMYOTOMY           |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |
| S2080   | E        |     | LAUP                          |               | -   | -          | Not Allowed  | \$0.00                           |                              |                                  | -                    | -        | 000     | 999     |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc Cd | 2024<br>APC<br>Status | Proc Desc                              | Proc<br>Modifier | APC | APC<br>Weight | Method      | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|---------|-----------------------|----------------------------------------|------------------|-----|---------------|-------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|         |                       |                                        |                  |     |               |             |                                        |                                    |                                           |                         |          |            |            |          |
| S2083   | E                     | ADJUSTMENT GASTRIC BAND                |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S2095   | E                     | TRANSCATH EMBOLIZ MICROSPHER           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S2102   | E                     | ISLET CELL TISSUE TRANSPLANT           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S2103   | E                     | ADRENAL TISSUE TRANSPLANT              |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S2107   | E                     | ADOPTIVE IMMUNOTHERAPY                 |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S2109   | E                     | AUTOLOGOUS CHONDROCYTE TRANSPLANTATION |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S2112   | E                     | KNEE ARTHROSCP HARV                    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S2115   | E                     | PERIACETABULAR OSTEOTOMY               |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S2120   | E                     | LOW DENSITY LIPOPROTEIN(LDL)           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S2140   | E                     | CORD BLOOD HARVESTING                  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S2142   | E                     | CORD BLOOD-DERIVED STEM-CELL           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S2150   | E                     | BMT HARV/TRANSPL 28D PKG               |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S2152   | E                     | SOLID ORGAN TRANSPL PKG                |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S2202   | E                     | ECHOSCLEROTHERAPY                      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S2205   | E                     | MINIMALLY INVASIVE DIRECT CO           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S2206   | E                     | MINIMALLY INVASIVE DIRECT CO           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S2207   | E                     | MINIMALLY INVASIVE DIRECT CO           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S2208   | E                     | MINIMALLY INVASIVE DIRECT CO           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S2209   | E                     | MINIMALLY INVASIVE DIRECT CO           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S2225   | E                     | MYRINGOTOMY LASER-ASSIST               |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S2230   | E                     | IMPLANT SEMI-IMP HEAR                  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S2235   | E                     | IMPLANT AUDITORY BRAIN IMP             |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S2260   | E                     | INDUCED ABORTION 17-24 WEEKS           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S2300   | E                     | ARTHROSCOPY, SHOULDER, SURGI           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S2340   | E                     | CHEMODENERVATION OF ABDUCTOR           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S2341   | E                     | CHEMODENERV ADDUCT VOCAL               |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S2342   | E                     | NASAL ENDOSCOPO DEBRID                 |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S2348   | E                     | DECOMPRESS DISC RF LUMBAR              |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S2350   | E                     | DISKECTOMY, ANTERIOR, WITH D           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S2351   | E                     | DISKECTOMY, ANTERIOR, WITH D           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S2400   | E                     | FETAL SURG CONGEN HERNIA               |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S2401   | E                     | FETAL SURG URIN TRAC OBSTR             |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S2402   | E                     | FETAL SURG CONG CYST MALF              |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S2403   | E                     | FETAL SURG PULMON SEQUEST              |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S2404   | E                     | FETAL SURG MYELOMENINGO                |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S2405   | E                     | FETAL SURG SACROCOC TERATOMA           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S2409   | E                     | FETAL SURG NOC                         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S2411   | E                     | FETOSCOPO LASER THER TTTS              |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S2900   | E                     | ROBOTIC SURGICAL SYSTEM                |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S3600   | E                     | STAT LAB                               |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S3601   | E                     | STAT LAB HOME/NF                       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S3620   | E                     | NEWBORN METABOLIC SCREENING            |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 1          |          |
| S3630   | E                     | EOSINOPHIL BLOOD COUNT                 |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S3645   | E                     | HIV-1 ANTIBODY TESTING OF OR           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S3650   | E                     | SALIVA TEST, HORMONE LEVEL;            |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S3652   | E                     | SALIVA TEST, HORMONE LEVEL;            |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S3708   | E                     | GASTROINTESTINAL FAT ABSORPT           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S3853   | E                     | GENE TEST MYO MUSCLR DYST              |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S3900   | E                     | SURFACE EMG                            |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S3902   | E                     | BALLISTOCARDIOGRAM                     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S3904   | E                     | MASTERS TWO STEP                       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S4005   | E                     | INTERIM LABOR FACILITY GLOBAL          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S4011   | E                     | IVF PACKAGE                            |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S4013   | E                     | COMPLETE GIFT CASE RATE                |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S4014   | E                     | COMPLETE ZIFT CASE RATE                |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S4015   | E                     | COMPLETE IVF NOS CASE RATE             |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |

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| Proc<br>Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                                                   | Proc<br>Modifier | APC | APC<br>Weight | Method      | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|------------------------------|-------------------------------------------------------------|------------------|-----|---------------|-------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|            |                              |                                                             |                  |     |               |             |                                        |                                    |                                           |                         |          |            |            |          |
| S4016      | E                            | FROZEN IVF CASE RATE                                        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S4017      | E                            | IVF CANC A STIM CASE RATE                                   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S4018      | E                            | F EMB TRNS CANC CASE RATE                                   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S4020      | E                            | IVF CANC B4 ASPIR CASE RATE                                 |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S4021      | E                            | IVF CANC AFTR ASPR CASE RATE                                |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S4022      | E                            | ASST OOCYTE FERT CASE RATE                                  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S4023      | E                            | DONOR EGG CYCLE INCOMPLETE CASE RATE                        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S4025      | E                            | DONOR SERV IVF CASE RATE                                    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S4026      | E                            | PROCURE DONOR SPERM                                         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S4027      | E                            | STORE PREV FROZ EMBRYOS                                     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S4028      | E                            | MICROSURG EPI SPERM ASP                                     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S4030      | E                            | SPERM PROCURE INIT VISIT                                    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S4031      | E                            | SPERM PROCURE SUBS VISIT                                    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S4035      | E                            | STIMULATED INTRAUTERINE INSEMINATION (IUI) CASE RATE        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S4037      | E                            | CRYOPRESERVED EMBRYO TRANSFER CASE RATE                     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S4040      | E                            | MONITORING AND STORAGE OF CRYOPRESERVED EMBRYOS PER 30 DAYS |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S4042      | E                            | OVULATION MGMT PER CYCLE                                    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S4980      | E                            | LEVONORGESTREL - RELEASING INTRAUTERINE SYSTEM EACH         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S4981      | E                            | INSERT LEVONORGESTREL IUS                                   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S4989      | E                            | CONTRACEPT IUD                                              |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S4990      | E                            | NICOTINE PATCH LEGEND                                       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S4991      | E                            | NICOTINE PATCH NONLEGEND                                    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S4993      | N                            | CONTRACEPTIVE PILLS FOR BIRTH CONTROL                       |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 010        | 999        |          |
| S4995      | E                            | SMOKING CESSATION GUM                                       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S5000      | E                            | PRESCRIPTION DRUG, GENERIC                                  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S5001      | E                            | PRESCRIPTION DRUG,BRAND NAME                                |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S5010      | E                            | 5% DEXTROSE AND 0.45% SALINE                                |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S5012      | E                            | 5% DEXTROSE WITH POTASSIUM                                  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S5014      | E                            | D5W/0.45NS W KCL AND MGS04                                  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S5016      | E                            | ANTIBIOTIC ADMIN SUPPLIES W/                                |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S5017      | E                            | ANTIBIOTIC ADMIN SUPPLIES W/O                               |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S5018      | E                            | PAIN THERAPY ADMIN SUPPLIES                                 |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S5020      | E                            | CHEMOTHERAPY ADMIN SUPPLIES                                 |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S5021      | E                            | HYDRATION THERAPY ADMIN SUPP                                |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S5022      | E                            | GROWTH HORMONE THERAPY                                      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S5025      | E                            | INFUSION PUMP RENTAL,PERDIEM                                |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S5035      | E                            | HIT ROUTINE DEVICE MAINT                                    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S5497      | E                            | HIT CATH CARE NOC                                           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S5498      | E                            | HIT SIMPLE CATH CARE                                        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S5501      | E                            | HIT COMPLEX CATH CARE                                       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S5502      | E                            | HIT INTERIM CATH CARE                                       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S5517      | E                            | HIT DECLOTTING KIT                                          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S5518      | E                            | HIT CATH REPAIR KIT                                         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S5520      | E                            | HIT PICC INSERT KIT                                         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S5521      | E                            | HIT MIDLINE CATH INSERT KIT                                 |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S5522      | E                            | HIT PICC INSERT NO SUPP                                     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S5523      | E                            | HIP MIDLINE CATH INSERT KIT                                 |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S5550      | E                            | INSULIN RAPID 5 U                                           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S5551      | E                            | INSULIN MOST RAPID 5 U                                      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S5552      | E                            | INSULIN INTERMED 5 U                                        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S5553      | E                            | INSULIN LONG ACTING 5 U                                     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S5560      | E                            | INSULIN REUSE PEN 1.5 ML                                    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S5561      | E                            | INSULIN REUSE PEN 3 ML                                      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S5565      | E                            | INSULIN CARTRIDGE 150 U                                     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S5566      | E                            | INSULIN CARTRIDGE 300 U                                     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S5570      | E                            | INSULIN DISPOS PEN 1.5 ML                                   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |



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| Proc<br>Cd | 2024<br>APC |     | Proc Desc                                  | Proc<br>Modifier | APC | APC<br>Weight | Method      | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-------------|-----|--------------------------------------------|------------------|-----|---------------|-------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Status      | Ind |                                            |                  |     |               |             |                                        |                                    |                                           |  |                         |          |            |            |          |
| S5571      | E           |     | INSULIN DISPOS PEN 3 ML                    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S8030      | E           |     | TANTALUM RING APPLICATION                  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S8035      | E           |     | MAGNETIC SOURCE IMAGING                    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S8037      | E           |     | MRCP                                       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S8040      | E           |     | TOPOGRAPHIC BRAIN MAPPING                  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S8042      | E           |     | MAGNETIC RESONANCE IMAGING (MRI) LOW-FIELD |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S8055      | E           |     | US GUIDANCE FETAL REDUCT                   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S8080      | E           |     | SCINTIMAMMOGRAPHY                          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S8085      | E           |     | FLUORINE-18 FLUORODEOXYGLUCO               |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S8092      | E           |     | ELECTRON BEAM COMPUTED TOMOG               |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S8096      | E           |     | PORTABLE PEAK FLOW METER                   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S8097      | E           |     | ASTHMA KIT                                 |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S8100      | E           |     | SPACER WITHOUT MASK                        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S8101      | E           |     | SPACER WITH MASK                           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S8110      | E           |     | PEAK EXPIRATORY FLOW RATE (P               |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S8120      | E           |     | O2 CONTENTS GAS CUBIC FT                   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S8121      | E           |     | O2 CONTENTS LIQUID LB                      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S8185      | E           |     | FLUTTER DEVICE                             |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S8186      | E           |     | SWIVEL ADAPTOR                             |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S8189      | E           |     | TRACH SUPPLY NOC                           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S8205      | E           |     | CHEST COMPRESSION SYSTEM GEN               |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S8210      | E           |     | MUCUS TRAP                                 |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S8265      | E           |     | HABERMAN FEEDER FOR CLEFT LIP/PALATE       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S8270      | E           |     | ENURESIS ALARM                             |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S8300      | E           |     | SACRAL NERVE STIMULATION TEST LEAD KIT     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S8301      | E           |     | INFECT CONTROL SUPPLIES NOS                |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S8400      | E           |     | INCONTINENCE PANTS, EACH                   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S8402      | E           |     | DIAPERS, EACH                              |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S8415      | E           |     | SUPPLIES FOR HOME DELIVERY                 |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S8420      | E           |     | CUSTOM GRADIENT SLEEV/GLOV                 |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S8421      | E           |     | READY GRADIENT SLEEV/GLOV                  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S8422      | E           |     | CUSTOM GRAD SLEEVE MED                     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S8423      | E           |     | CUSTOM GRAD SLEEVE HEAVY                   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S8424      | E           |     | READY GRADIENT SLEEVE                      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S8425      | E           |     | CUSTOM GRAD GLOVE MED                      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S8426      | E           |     | CUSTOM GRAD GLOVE HEAVY                    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S8427      | E           |     | READY GRADIENT GLOVE                       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S8428      | E           |     | READY GRADIENT GAUNTLET                    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S8429      | E           |     | GRADIENT PRESSURE WRAP                     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S8430      | E           |     | PADDING FOR COMPRSSN BDG                   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S8431      | E           |     | COMPRESSION BANDAGE                        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S8450      | E           |     | SPLINT DIGIT                               |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S8451      | E           |     | SPLINT WRIST OR ANKLE                      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S8452      | E           |     | SPLINT ELBOW                               |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S8490      | E           |     | 100 INSULIN SYRINGES                       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S8930      | E           |     | AURICULAR ELECTROSTIMULATION               |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S8948      | E           |     | LOW-LEVEL LASER TRMT 15 MIN                |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S8950      | E           |     | COMPLEX LYMPHEDEMA THERAPY,                |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S8999      | E           |     | RESUSCITATION BAG                          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S9001      | E           |     | HOME UTERINE MONITOR WITH OR               |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S9007      | E           |     | ULTRAFILTRATION MONITOR                    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S9024      | E           |     | PARANASAL SINUS ULTRASOUND                 |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S9025      | E           |     | OMNICARDIOGRAM/CARDIOINTEGRA               |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S9034      | E           |     | ESWL FOR GALLSTONES                        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S9055      | E           |     | PROCUREN OR OTHER GROWTH FAC               |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S9056      | E           |     | COMA STIMULATION PER DIEM                  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 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  
April 1, 2025

| Proc<br>Cd | 2024<br>APC |     | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method      | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-------------|-----|------------------------------|------------------|-----|---------------|-------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Status      | Ind |                              |                  |     |               |             |                                        |                                    |                                           |  |                         |          |            |            |          |
| S9061      | E           |     | MEDICAL SUPPLIES AND EQUIPME |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S9083      | E           |     | URGENT CARE CENTER GLOBAL    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S9088      | E           |     | SERVICES PROVIDED IN URGENT  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S9090      | E           |     | VERTEBRAL AXIAL DECOMPRESSIO |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S9097      | E           |     | HOME VISIT FOR WOUND CARE    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S9098      | E           |     | HOME PHOTOTHERAPY VISIT      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S9109      | E           |     | CHF TELEMONITORING MONTH     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S9117      | E           |     | BACK SCHOOL VISIT            |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S9122      | E           |     | HOME HEALTH AIDE OR CERTIFIE |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S9123      | E           |     | NURSING CARE IN HOME RN      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S9124      | E           |     | NURSING CARE, IN THE HOME; B |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S9125      | E           |     | RESPIRE CARE, IN THE HOME, P |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S9126      | E           |     | HOSPICE CARE, IN THE HOME, P |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S9127      | E           |     | SOCIAL WORK VISIT, IN THE HO |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S9128      | E           |     | SPEECH THERAPY, IN THE HOME, |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S9129      | E           |     | OCCUPATIONAL THERAPY, IN THE |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S9131      | E           |     | PT IN THE HOME PER DIEM      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S9140      | E           |     | DIABETIC MANAGEMENT PROGRAM, |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S9141      | E           |     | DIABETIC MANAGEMENT PROGRAM, |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S9145      | E           |     | INSULIN PUMP INITIATION      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S9208      | E           |     | HOME MGMT PRETERM LABOR      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S9209      | E           |     | HOME MGMT PPROM              |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S9211      | E           |     | HOME MGMT GEST HYPERTENSION  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S9212      | E           |     | HM POSTPAR HYPER PER DIEM    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S9213      | E           |     | HM PREECLAMP PER DIEM        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S9214      | E           |     | HM GEST DM PER DIEM          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S9325      | E           |     | HIT PAIN MGMT PER DIEM       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S9326      | E           |     | HIT CONT PAIN PER DIEM       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S9327      | E           |     | HIT INT PAIN PER DIEM        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S9328      | E           |     | HIT PAIN IMP PUMP DIEM       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S9329      | E           |     | HIT CHEMO PER DIEM           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S9330      | E           |     | HIT CONT CHEM DIEM           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S9331      | E           |     | HIT INTERMIT CHEMO DIEM      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S9336      | E           |     | HIT CONT ANTICOAG DIEM       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S9338      | E           |     | HIT IMMUNOTHERAPY DIEM       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S9339      | E           |     | HIT PERITON DIALYSIS DIEM    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S9340      | E           |     | HIT ENTERAL PER DIEM         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S9341      | E           |     | HIT ENTERAL GRAV DIEM        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S9342      | E           |     | HIT ENTERAL PUMP DIEM        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S9343      | E           |     | HIT ENTERAL BOLUS NURS       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S9345      | E           |     | HIT ANTI-HEMOPHIL DIEM       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S9346      | E           |     | HIT ALPHA-1-PROTEINAS DIEM   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S9347      | E           |     | HIT LONGTERM INFUSION DIEM   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S9348      | E           |     | HIT SYMPATHOMIM DIEM         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S9349      | E           |     | HIT TOCOLYSIS DIEM           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S9351      | E           |     | HIT CONT ANTIEMETIC DIEM     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S9353      | E           |     | HIT CONT INSULIN DIEM        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S9355      | E           |     | HIT CHELATION DIEM           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S9357      | E           |     | HIT ENZYME REPLACE DIEM      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S9359      | E           |     | HIT ANTI-TNF PER DIEM        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S9361      | E           |     | HIT DIURETIC INFUS DIEM      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S9363      | E           |     | HIT ANTI-SPASMOTIC DIEM      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S9364      | E           |     | HIT TPN TOTAL DIEM           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S9365      | E           |     | HIT TPN 1 LITER DIEM         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S9366      | E           |     | HIT TPN 2 LITER DIEM         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S9367      | E           |     | HIT TPN 3 LITER DIEM         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc<br>Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                                            | Proc<br>Modifier | APC | APC<br>Weight | Method       | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|------------------------------|------------------------------------------------------|------------------|-----|---------------|--------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|            |                              |                                                      |                  |     |               |              |                                        |                                    |                                           |                         |          |            |            |          |
| S9368      | E                            | HIT TPN OVER 3L DIEM                                 |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S9370      | E                            | HT INJ ANTIEMETIC DIEM                               |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S9372      | E                            | HT INJ ANTICOAG DIEM                                 |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S9373      | E                            | HIT HYDRA TOTAL DIEM                                 |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S9374      | E                            | HIT HYDRA 1 LITER DIEM                               |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S9375      | E                            | HIT HYDRA 2 LITER DIEM                               |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S9376      | E                            | HIT HYDRA 3 LITER DIEM                               |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S9377      | E                            | HIT HYDRA OVER 3L DIEM                               |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S9379      | E                            | HIT NOC PER DIEM                                     |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S9381      | E                            | HIT HIGH RISK/ESCORT                                 |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S9401      | E                            | ANTICOAGULATION CLINIC PER SESSION                   |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S9430      | E                            | PHARMACY COMPOUNDING AND DISPENSING SERVICES         |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S9435      | E                            | MEDICAL FOODS FOR INBORN ERR                         |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S9436      | E                            | LAMAZE CLASS PER SESSION                             |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S9437      | E                            | CHILDBIRTH REFRESHER CLASSES PER SESSION             |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S9438      | E                            | CESAREAN BIRTH CLASS PER SESSION                     |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S9439      | E                            | VBAC CLASS PER SESSION                               |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S9441      | E                            | ASTHMA EDUCATION                                     |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S9442      | E                            | BIRTHING CLASS                                       |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S9443      | M                            | LACTATION CLASS                                      |                  | -   | -             | Fee Schedule | \$15.00                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| S9444      | E                            | PARENTING CLASSES NON-PHYSICIAN PROVIDER PER SESSION |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S9445      | M                            | PT EDUCATION NOC INDIVID                             |                  | -   | -             | Fee Schedule | \$30.00                                |                                    |                                           | -                       | -        | 000        | 999        |          |
| S9446      | E                            | PT EDUCATION NOC GROUP                               |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S9447      | E                            | INFANT SAFETY CLASS PER SESSION                      |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S9449      | E                            | WEIGHT MANAGEMENT CLASSES PER SESSION                |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S9451      | E                            | EXERCISE CLASS NON-PHYSICIAN PROVIDER PER SESSION    |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S9452      | E                            | NUTRITION CLASSES NON-PHYSICIAN PROVIDER PER SESSION |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S9453      | E                            | SMOKING CESSATION CLASS PER SESSION                  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S9454      | E                            | STRESS MANAGEMENT CLASS PER SESSION                  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S9455      | E                            | DIABETIC MANAGEMENT PROGRAM, GROUP SESSION           |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S9460      | E                            | DIABETIC MANAGEMENT PROGRAM, NURSE VISIT             |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S9465      | E                            | DIABETIC MANAGEMENT PROGRAM, DIETICIAN VISIT         |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S9470      | E                            | NUTRITIONAL COUNSELING, DIET                         |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S9472      | E                            | CARDIAC REHABILITATION PROGR                         |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S9473      | E                            | PULMONARY REHABILITATION PRO                         |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S9474      | E                            | ENTEROSTOMAL THERAPY BY A RE                         |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S9475      | E                            | AMBULATORY SETTING SUBSTANCE                         |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S9476      | E                            | VESTIBULAR REHAB PER DIEM                            |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S9480      | E                            | INTENSIVE OUTPATIENT PSYCHIA                         |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S9482      | E                            | FAMILY STABILIZATION 15 MIN                          |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S9484      | M                            | CRISIS INTERVENTION MH PER HOUR                      | U2               | -   | -             | Fee Schedule | \$14.04                                |                                    |                                           | -                       | -        | 018        | 999        |          |
| S9484      | M                            | CRISIS INTERVENTION MH SERVICES PER HOUR             | U3               | -   | -             | Fee Schedule | \$9.36                                 |                                    |                                           | -                       | -        | 018        | 999        |          |
| S9484      | M                            | CRISIS INTERVENTION MH SRVS PER HOUR                 | U1               | -   | -             | Fee Schedule | \$28.09                                |                                    |                                           | -                       | -        | 018        | 999        |          |
| S9485      | E                            | CRISIS INTERVENTION PER DIEM                         |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S9494      | E                            | HIT ANTIBIOTIC TOTAL DIEM                            |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S9497      | E                            | HIT ANTIBIOTIC Q3H DIEM                              |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S9500      | E                            | HIT ANTIBIOTIC Q24H DIEM                             |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S9501      | E                            | HIT ANTIBIOTIC Q12H DIEM                             |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S9502      | E                            | HIT ANTIBIOTIC Q8H DIEM                              |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S9503      | E                            | HIT ANTIBIOTIC Q6H DIEM                              |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S9504      | E                            | HIT ANTIBIOTIC Q4H DIEM                              |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S9529      | E                            | VENIPUNCTURE HOME/SNF                                |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S9537      | E                            | HT HEM HORM INJ DIEM                                 |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S9538      | E                            | HIT BLOOD PRODUCTS DIEM                              |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S9542      | E                            | HT INJ NOC PER DIEM                                  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| S9558      | E                            | HT INJ GROWTH HORM DIEM                              |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc<br>Cd | 2024<br>APC |     | Proc Desc                                                   | Proc<br>Modifier | APC | APC<br>Weight | Method       | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-------------|-----|-------------------------------------------------------------|------------------|-----|---------------|--------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Status      | Ind |                                                             |                  |     |               |              |                                        |                                    |                                           |  |                         |          |            |            |          |
| S9559      | E           |     | HIT INJ INTERFERON DIEM                                     |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S9560      | E           |     | HT INJ HORMONE DIEM                                         |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S9562      | E           |     | PALIVIZUMAB HOME INJ PERDIEM                                |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S9590      | E           |     | IN HOME IRRIGATION THERAPY                                  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S9810      | E           |     | HT PHARM PER HOUR                                           |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S9970      | E           |     | HEALTH CLUB MEMBERSHIP ANNUAL                               |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S9975      | E           |     | TRANSPLANT RELATED PER DIEM                                 |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S9976      | E           |     | LODGING PER DIEM                                            |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S9977      | E           |     | MEALS PER DIEM                                              |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S9981      | E           |     | MED RECORD COPY ADMIN                                       |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S9982      | E           |     | MED RECORD COPY PER PAGE                                    |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S9986      | E           |     | NOT MEDICALLY NECESSARY SVC                                 |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S9988      | E           |     | SERV PART OF PHASE I TRIAL                                  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S9989      | E           |     | SERVICES OUTSIDE US                                         |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S9990      | E           |     | SERVICES PROVIDED AS PART OF                                |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S9991      | E           |     | SERVICES PROVIDED AS PART OF                                |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| S9992      | E           |     | TRANSPORTATION COSTS TO AND                                 |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T1000      | E           |     | PRIVATE DUTY/INDEPENDENT NSG                                |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T1001      | E           |     | NURSING ASSESSMENT/EVALUATN                                 |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T1002      | E           |     | RN SERVICES UP TO 15 MINUTES                                |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T1003      | E           |     | LPN/LVN SERVICES UP TO 15MIN                                |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T1004      | E           |     | NSG AIDE SERVICE UP TO 15MIN                                |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T1005      | E           |     | RESPIRE CARE SERVICE 15 MIN                                 |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T1006      | E           |     | FAMILY/COUPLE COUNSELING                                    |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T1007      | E           |     | TREATMENT PLAN DEVELOPMENT                                  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T1009      | E           |     | CHILD SITTING SERVICES                                      |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T1010      | E           |     | MEALS WHEN RECEIVE SERVICES                                 |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T1012      | E           |     | ALCOHOL/SUBSTANCE ABUSE SKIL                                |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T1013      | E           |     | SIGN LANG/ORAL INTERPRETER                                  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T1014      | E           |     | TELEHEALTH TRANSMIT, PER MIN                                |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T1015      | E           |     | CLINIC SERVICE                                              |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T1016      | M           |     | CASE MANAGEMENT, EACH 15 MINUTES                            | HD               | -   | -             | Fee Schedule | \$0.00                                 |                                    |                                           |  | -                       | -        | 009        | 65         |          |
| T1018      | E           |     | SCHOOL-BASED IEP SER BUNDLED                                |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 20         |          |
| T1019      | E           |     | PERSONAL CARE SER PER 15 MIN                                |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T1020      | E           |     | EXCISION COMPLETE PLANTAR VERRUCA MULTIPLE SITE             |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T1021      | E           |     | HH AIDE OR CN AIDE PER VISIT                                |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T1022      | E           |     | CONTRACTED SERVICES PER DAY                                 |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T1023      | E           |     | PROGRAM INTAKE ASSESSMENT                                   |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T1024      | M           |     | TEAM EVALUATION & MANAGEMENT                                |                  | -   | -             | Fee Schedule | \$100.00                               |                                    |                                           |  | -                       | -        | 000        | 20         |          |
| T1025      | M           |     | PED COMPR CARE PKG PER DIEM                                 |                  | -   | -             | Fee Schedule | \$1,000.00                             |                                    |                                           |  | -                       | -        | 000        | 20         |          |
| T1026      | E           |     | PED COMPR CARE PKG PER HOUR                                 |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T1027      | E           |     | FAMILY TRAINING & COUNSELING                                |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T1028      | E           |     | HOME ENVIRONMENT ASSESSMENT                                 |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T1029      | E           |     | NOT OTHERWISE CLASSIFIED SKIN SUBCUTANEOUS AND AREOLAR TISS |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T1030      | E           |     | REMOVAL OF SUTURES BY ANOTHER PHYSICIAN                     |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T1031      | E           |     | LPN HOME CARE PER DIEM                                      |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T1502      | E           |     | MEDICATION ADMIN VISIT                                      |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T1505      | E           |     | ELEC MED COMP DEV, NOC                                      |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T1999      | E           |     | NOC RETAIL ITEMS AND SUPPLIES                               |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T2001      | E           |     | N-ET; PATIENT ATTEND/ESCORT                                 |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T2002      | E           |     | N-ET; PER DIEM                                              |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T2003      | E           |     | N-ET; ENCOUNTER/TRIP                                        |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T2004      | E           |     | N-ET; COMMERC CARRIER PASS                                  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T2005      | E           |     | N-ET; STRETCHER VAN                                         |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T2007      | E           |     | NON-EMER TRANSPORT WAIT TIME                                |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T2010      | E           |     | PASRR LEVEL I                                               |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |



Montana Healthcare Programs Fee Schedule  
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| Proc<br>Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method      | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|------------------------------|------------------------------|------------------|-----|---------------|-------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            |                              |                              |                  |     |               |             |                                        |                                    |                                           |  |                         |          |            |            |          |
| T2011      | E                            | PASRR LEVEL II               |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T2012      | E                            | HABIL ED WAIVER, PER DIEM    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T2013      | E                            | HABIL ED WAIVER PER HOUR     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T2014      | E                            | HABIL PREVOC WAIVER, PER D   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T2015      | E                            | HABIL PREVOC WAIVER PER HR   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T2016      | E                            | HABIL RES WAIVER PER DIEM    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T2017      | E                            | HABIL RES WAIVER 15 MIN      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T2018      | E                            | HABIL SUP EMPL WAIVER/DIEM   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T2019      | E                            | HABIL SUP EMPL WAIVER 15MIN  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T2020      | E                            | DAY HABIL WAIVER PER DIEM    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T2021      | E                            | DAY HABIL WAIVER PER 15 MIN  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T2022      | E                            | CASE MANAGEMENT, PER MONTH   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T2023      | E                            | TARGETED CASE MGMT PER MONTH |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T2024      | E                            | SERV ASMNT/CARE PLAN WAIVER  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T2025      | E                            | WAIVER SERVICE, NOS          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T2026      | E                            | SPECIAL CHILDCARE WAIVER/D   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T2027      | E                            | SPEC CHILDCARE WAIVER 15 MIN |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T2028      | E                            | SPECIAL SUPPLY, NOS WAIVER   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T2029      | E                            | SPECIAL MED EQUIP, NOSWAIVER |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T2030      | E                            | ASSIST LIVING WAIVER/MONTH   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T2031      | E                            | ASSIST LIVING WAIVER/DIEM    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T2032      | E                            | RES CARE, NOS WAIVER/MONTH   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T2033      | E                            | RES, NOS WAIVER PER DIEM     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T2034      | E                            | CRISIS INTERVEN WAIVER/DIEM  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T2035      | E                            | UTILITY SERVICES WAIVER      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T2036      | E                            | CAMP OVERNITE WAIVER/SESSION |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T2037      | E                            | CAMP DAY WAIVER/SESSION      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T2038      | E                            | COMM TRANS WAIVER/SERVICE    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T2039      | E                            | VEHICLE MOD WAIVER/SERVICE   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T2040      | E                            | FINANCIAL MGT WAIVER/15MIN   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T2041      | E                            | SUPPORT BROKER WAIVER/15 MIN |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T2042      | E                            | HOSPICE ROUTINE HOME CARE    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T2043      | E                            | HOSPICE CONTINUOUS HOME CARE |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T2044      | E                            | HOSPICE RESPITE CARE         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T2045      | E                            | HOSPICE GENERAL CARE         |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T2046      | E                            | HOSPICE LONG TERM CARE R&B   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T2048      | E                            | BH LTC RES R&B, PER DIEM     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T2049      | E                            | N-ET; STRETCHER VAN MILEAGE  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T2101      | E                            | BREAST MILK PROC/STORE/DIST  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T4521      | E                            | ADULT SIZE BRIEF/DIAPER SM   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T4522      | E                            | ADULT SIZE BRIEF/DIAPER MED  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T4523      | E                            | ADULT SIZE BRIEF/DIAPER LG   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T4524      | E                            | ADULT SIZE BRIEF/DIAPER XL   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T4525      | E                            | ADULT SIZE PULL-ON SM        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T4526      | E                            | ADULT SIZE PULL-ON MED       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T4527      | E                            | ADULT SIZE PULL-ON LG        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T4528      | E                            | ADULT SIZE PULL-ON XL        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T4529      | E                            | PED SIZE BRIEF/DIAPER SM/MED |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T4530      | E                            | PED SIZE BRIEF/DIAPER LG     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T4531      | E                            | PED SIZE PULL-ON SM/MED      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T4532      | E                            | PED SIZE PULL-ON LG          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T4533      | E                            | YOUTH SIZE BRIEF/DIAPER      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T4534      | E                            | YOUTH SIZE PULL-ON           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T4535      | E                            | DISPOSABLE LINER/SHIELD/PAD  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T4536      | E                            | REUSABLE PULL-ON ANY SIZE    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T4537      | E                            | REUSABLE UNDERPAD BED SIZE   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc<br>Cd | 2024<br>APC<br>Status |  | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method       | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-----------------------|--|------------------------------|------------------|-----|---------------|--------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Ind                   |  |                              |                  |     |               |              |                                        |                                    |                                           |  |                         |          |            |            |          |
| T4538      | E                     |  | DIAPER SERV REUSABLE DIAPER  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T4539      | E                     |  | REUSE DIAPER/BRIEF ANY SIZE  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T4540      | E                     |  | REUSABLE UNDERPAD CHAIR SIZE |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T4541      | E                     |  | LARGE DISPOSABLE UNDERPAD    |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T4542      | E                     |  | SMALL DISPOSABLE UNDERPAD    |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T5001      | E                     |  | SPECIAL POSITION SEAT/VEHICL |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| T5999      | E                     |  | SUPPLY, NOS                  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| U0001      | Q                     |  | 2019-NCOV DIAGNOSTIC P       |                  | -   | -             | Fee Schedule | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| U0002      | Q                     |  | COVID-19 LAB TEST NON-CDC    |                  | -   | -             | Fee Schedule | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V2020      | E                     |  | VISION SVCS FRAMES PURCHASES |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V2025      | E                     |  | EYEGLASSES DELUX FRAMES      |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V2100      | E                     |  | LENS SPHER SINGLE PLANO 4.00 |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V2101      | E                     |  | SINGLE VISN SPHERE 4.12-7.00 |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V2102      | E                     |  | SINGL VISN SPHERE 7.12-20.00 |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V2103      | E                     |  | SPHEROCYLINDR 4.00D/12-2.00D |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V2104      | E                     |  | SPHEROCYLINDR 4.00D/2.12-4D  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V2105      | E                     |  | SPHEROCYLINDER 4.00D/4.25-6D |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V2106      | E                     |  | SPHEROCYLINDER 4.00D/>6.00D  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V2107      | E                     |  | SPHEROCYLINDER 4.25D/12-2D   |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V2108      | E                     |  | SPHEROCYLINDER 4.25D/2.12-4D |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V2109      | E                     |  | SPHEROCYLINDER 4.25D/4.25-6D |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V2110      | E                     |  | SPHEROCYLINDER 4.25D/OVER 6D |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V2111      | E                     |  | SPHEROCYLINDR 7.25D/.25-2.25 |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V2112      | E                     |  | SPHEROCYLINDR 7.25D/2.25-4D  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V2113      | E                     |  | SPHEROCYLINDR 7.25D/4.25-6D  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V2114      | E                     |  | SPHEROCYLINDER OVER 12.00D   |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V2115      | E                     |  | LENS LENTICULAR BIFOCAL      |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V2118      | E                     |  | LENS ANISEIKONIC SINGLE      |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V2121      | E                     |  | LENTICULAR LENS, SINGLE      |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V2199      | E                     |  | LENS SINGLE VISION NOT OTH C |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V2200      | E                     |  | LENS SPHER BIFOC PLANO 4.00D |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V2201      | E                     |  | LENS SPHERE BIFOCAL 4.12-7.0 |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V2202      | E                     |  | LENS SPHERE BIFOCAL 7.12-20. |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V2203      | E                     |  | LENS SPHCYL BIFOCAL 4.00D/.1 |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V2204      | E                     |  | LENS SPHCY BIFOCAL 4.00D/2.1 |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V2205      | E                     |  | LENS SPHCY BIFOCAL 4.00D/4.2 |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V2206      | E                     |  | LENS SPHCY BIFOCAL 4.00D/OVE |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V2207      | E                     |  | LENS SPHCY BIFOCAL 4.25-7D/. |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V2208      | E                     |  | LENS SPHCY BIFOCAL 4.25-7/2. |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V2209      | E                     |  | LENS SPHCY BIFOCAL 4.25-7/4. |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V2210      | E                     |  | LENS SPHCY BIFOCAL 4.25-7/OV |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V2211      | E                     |  | LENS SPHCY BIFO 7.25-12/.25- |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V2212      | E                     |  | LENS SPHCYL BIFO 7.25-12/2.2 |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V2213      | E                     |  | LENS SPHCYL BIFO 7.25-12/4.2 |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V2214      | E                     |  | LENS SPHCYL BIFOCAL OVER 12. |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V2215      | E                     |  | LENS LENTICULAR BIFOCAL      |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V2218      | E                     |  | LENS ANISEIKONIC BIFOCAL     |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V2219      | E                     |  | LENS BIFOCAL SEG WIDTH OVER  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V2220      | E                     |  | LENS BIFOCAL ADD OVER 3.25D  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V2221      | E                     |  | LENTICULAR LENS, BIFOCAL     |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V2299      | E                     |  | LENS BIFOCAL SPECIALITY      |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V2300      | E                     |  | LENS SPHERE TRIFOCAL 4.00D   |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V2301      | E                     |  | LENS SPHERE TRIFOCAL 4.12-7. |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V2302      | E                     |  | LENS SPHERE TRIFOCAL 7.12-20 |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V2303      | E                     |  | LENS SPHCY TRIFOCAL 4.0/.12- |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V2304      | E                     |  | LENS SPHCY TRIFOCAL 4.0/2.25 |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc<br>Cd | 2024<br>APC<br>Status<br>Ind | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method      | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|------------------------------|------------------------------|------------------|-----|---------------|-------------|----------------------------------------|------------------------------------|-------------------------------------------|-------------------------|----------|------------|------------|----------|
|            |                              |                              |                  |     |               |             |                                        |                                    |                                           |                         |          |            |            |          |
| V2305      | E                            | LENS SPHCY TRIFOCAL 4.0/4.25 |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| V2306      | E                            | LENS SPHCYL TRIFOCAL 4.00/>6 |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| V2307      | E                            | LENS SPHCY TRIFOCAL 4.25-7/. |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| V2308      | E                            | LENS SPHC TRIFOCAL 4.25-7/2. |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| V2309      | E                            | LENS SPHC TRIFOCAL 4.25-7/4. |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| V2310      | E                            | LENS SPHC TRIFOCAL 4.25-7/>6 |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| V2311      | E                            | LENS SPHC TRIFO 7.25-12/.    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| V2312      | E                            | LENS SPHC TRIFO 7.25-12/2.25 |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| V2313      | E                            | LENS SPHC TRIFO 7.25-12/4.25 |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| V2314      | E                            | LENS SPHCYL TRIFOCAL OVER 12 |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| V2315      | E                            | LENS LENTICULAR TRIFOCAL     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| V2318      | E                            | LENS ANISEIKONIC TRIFOCAL    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| V2319      | E                            | LENS TRIFOCAL SEG WIDTH > 28 |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| V2320      | E                            | LENS TRIFOCAL ADD OVER 3.25D |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| V2321      | E                            | LENTICULAR LENS, TRIFOCAL    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| V2399      | E                            | LENS TRIFOCAL SPECIALITY     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| V2410      | E                            | LENS VARIAB ASPHERICITY SING |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| V2430      | E                            | LENS VARIABLE ASPHERICITY BI |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| V2499      | E                            | VARIABLE ASPHERICITY LENS    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| V2500      | E                            | CONTACT LENS PMMA SPHERICAL  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| V2501      | E                            | CNTCT LENS PMMA-TORIC/PRISM  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| V2502      | E                            | CONTACT LENS PMMA BIFOCAL    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| V2503      | E                            | CNTCT LENS PMMA COLOR VISION |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| V2510      | E                            | CNTCT GAS PERMEABLE SPHERICL |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| V2511      | E                            | CNTCT TORIC PRISM BALLAST    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| V2512      | E                            | CNTCT LENS GAS PERMBL BIFOCL |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| V2513      | E                            | CONTACT LENS EXTENDED WEAR   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| V2520      | E                            | CONTACT LENS HYDROPHILIC     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| V2521      | E                            | CNTCT LENS HYDROPHILIC TORIC |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| V2522      | E                            | CNTCT LENS HYDROPHIL BIFOCL  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| V2523      | E                            | CNTCT LENS HYDROPHIL EXTEND  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| V2524      | E                            | CNTCT LENS HYDROPHIL PHOTOCH |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| V2525      | E                            | CL, HYDROPHILIC, DUAL FOCUS  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| V2526      | E                            | CNTCT LENS BLUE VIOLET       |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| V2530      | E                            | CONTACT LENS GAS IMPERMEABLE |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| V2531      | E                            | CONTACT LENS GAS PERMEABLE   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| V2599      | E                            | CONTACT LENS/ES OTHER TYPE   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| V2600      | E                            | HAND HELD LOW VISION AIDS    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| V2610      | E                            | SINGLE LENS SPECTACLE MOUNT  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| V2615      | E                            | TELESCOP/OTHR COMPOUND LENS  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| V2623      | E                            | PLASTIC EYE PROSTH CUSTOM    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| V2624      | E                            | POLISHING ARTIFICAL EYE      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| V2625      | E                            | ENLARGEMNT OF EYE PROSTHESIS |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| V2626      | E                            | REDUCTION OF EYE PROSTHESIS  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| V2627      | E                            | SCLERAL COVER SHELL          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| V2628      | E                            | FABRICATION & FITTING        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| V2629      | E                            | PROSTHETIC EYE OTHER TYPE    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| V2630      | N                            | ANTER CHAMBER INTRAOCUL LENS |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| V2631      | N                            | IRIS SUPPORT INTRAOCLR LENS  |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| V2632      | N                            | POST CHMBR INTRAOCULAR LENS  |                  | -   | -             | Bundled     | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| V2700      | E                            | BALANCE LENS                 |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| V2702      | E                            | DELUXE LENS FEATURE          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| V2710      | E                            | GLASS/PLASTIC SLAB OFF PRISM |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| V2715      | E                            | PRISM LENS/ES                |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| V2718      | E                            | FRESNELL PRISM PRESS-ON LENS |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |
| V2730      | E                            | SPECIAL BASE CURVE           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           | -                       | -        | 000        | 999        |          |

Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
April 1, 2025

| Proc<br>Cd | 2024<br>APC |     | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method       | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-------------|-----|------------------------------|------------------|-----|---------------|--------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Status      | Ind |                              |                  |     |               |              |                                        |                                    |                                           |  |                         |          |            |            |          |
| V2744      | E           |     | TINT PHOTOCHROMATIC LENS/ES  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V2745      | E           |     | TINT, ANY COLOR/SOLID/GRAD   |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V2750      | E           |     | ANTI-REFLECTIVE COATING      |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V2755      | E           |     | UV LENS/ES                   |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V2756      | E           |     | EYE GLASS CASE               |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V2760      | E           |     | SCRATCH RESISTANT COATING    |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V2761      | E           |     | MIRROR COATING               |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V2762      | E           |     | POLARIZATION, ANY LENS       |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V2770      | E           |     | OCCLUDER LENS/ES             |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V2780      | E           |     | OVERSIZE LENS/ES             |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V2781      | E           |     | PROGRESSIVE LENS PER LENS    |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V2782      | E           |     | LENS, 1.54-1.65 P/1.60-1.79G |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V2783      | E           |     | LENS, >= 1.66 P/>=1.80 G     |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V2784      | E           |     | LENS POLYCARB OR EQUAL       |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V2785      | M           |     | CORNEAL TISSUE PROCESSING    |                  | -   | -             | Fee Schedule | \$1,100.00                             |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V2786      | E           |     | OCCUPATIONAL MULTIFOCAL LENS |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V2787      | E           |     | ASTIGMATISM-CORRECT FUNCTION |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V2788      | E           |     | PRESBYOPIA-CORRECT FUNCTION  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V2790      | N           |     | AMNIOTIC MEMBRANE            |                  | -   | -             | Bundled      | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V2797      | E           |     | VIS ITEM/SVC IN OTHER CODE   |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V2799      | E           |     | MISC VISION ITEM OR SERVICE  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5008      | E           |     | HEARING SCREENING            |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5010      | E           |     | ASSESSMENT FOR HEARING AID   |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5011      | E           |     | HEARING AID FITTING/CHECKING |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5014      | E           |     | HEARING AID REPAIR/MODIFYING |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5020      | E           |     | CONFORMITY EVALUATION        |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5030      | E           |     | BODY-WORN HEARING AID AIR    |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5040      | E           |     | BODY-WORN HEARING AID BONE   |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5050      | E           |     | HEARING AID MONAURAL IN EAR  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5060      | E           |     | BEHIND EAR HEARING AID       |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5070      | E           |     | GLASSES AIR CONDUCTION       |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5080      | E           |     | GLASSES BONE CONDUCTION      |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5090      | E           |     | HEARING AID DISPENSING FEE   |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5095      | E           |     | IMPLANT MID EAR HEARING PROS |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5100      | E           |     | BODY-WORN BILAT HEARING AID  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5110      | E           |     | HEARING AID DISPENSING FEE   |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5120      | E           |     | BODY-WORN BINAUR HEARING AID |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5130      | E           |     | IN EAR BINAURAL HEARING AID  |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5140      | E           |     | BEHIND EAR BINAUR HEARING AI |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5150      | E           |     | GLASSES BINAURAL HEARING AID |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5160      | E           |     | DISPENSING FEE BINAURAL      |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5171      | E           |     | HEARING AID MONAURAL ITE     |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5172      | E           |     | HEARING AID MONAURAL ITC     |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5181      | E           |     | HEARING AID MONAURAL BTE     |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5190      | E           |     | HEARING AID MONAURAL GLASSES |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5200      | E           |     | DISP FEE CONTRALATERAL MONAU |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5211      | E           |     | HEARING AID BINAURAL ITE/ITE |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5212      | E           |     | HEARING AID BINAURAL ITE/ITC |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5213      | E           |     | HEARING AID BINAURAL ITE/BTE |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5214      | E           |     | HEARING AID BINAURAL ITC/ITC |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5215      | E           |     | HEARING AID BINAURAL ITC/BTE |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5221      | E           |     | HEARING AID BINAURAL BTE/BTE |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5230      | E           |     | HEARING AID BINAURAL GLASSES |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5240      | E           |     | DISP FEE CONTRALATERAL BINAU |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5241      | E           |     | DISPENSING FEE, MONAURAL     |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5242      | E           |     | HEARING AID, MONAURAL, CIC   |                  | -   | -             | Not Allowed  | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |



Montana Healthcare Programs Fee Schedule  
Outpatient Prospective Payment System Services  
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| Proc<br>Cd | 2024<br>APC |     | Proc Desc                    | Proc<br>Modifier | APC | APC<br>Weight | Method      | Outpatient<br>Hospital Fee<br>Schedule | Sole Comm.<br>Hospital Lab<br>Fees | Non-sole<br>Comm.<br>Hospital Lab<br>Fees |  | Prior Auth.<br>Required | Passport | Min<br>Age | Max<br>Age | Comments |
|------------|-------------|-----|------------------------------|------------------|-----|---------------|-------------|----------------------------------------|------------------------------------|-------------------------------------------|--|-------------------------|----------|------------|------------|----------|
|            | Status      | Ind |                              |                  |     |               |             |                                        |                                    |                                           |  |                         |          |            |            |          |
| V5243      | E           |     | HEARING AID, MONAURAL, ITC   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5244      | E           |     | HEARING AID, PROG, MON, CIC  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5245      | E           |     | HEARING AID, PROG, MON, ITC  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5246      | E           |     | HEARING AID, PROG, MON, ITE  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5247      | E           |     | HEARING AID, PROG, MON, BTE  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5248      | E           |     | HEARING AID, BINAURAL, CIC   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5249      | E           |     | HEARING AID, BINAURAL, ITC   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5250      | E           |     | HEARING AID, PROG, BIN, CIC  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5251      | E           |     | HEARING AID, PROG, BIN, ITC  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5252      | E           |     | HEARING AID, PROG, BIN, ITE  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5253      | E           |     | HEARING AID, PROG, BIN, BTE  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5254      | E           |     | HEARING ID, DIGIT, MON, CIC  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5255      | E           |     | HEARING AID, DIGIT, MON, ITC |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5256      | E           |     | HEARING AID, DIGIT, MON, ITE |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5257      | E           |     | HEARING AID, DIGIT, MON, BTE |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5258      | E           |     | HEARING AID, DIGIT, BIN, CIC |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5259      | E           |     | HEARING AID, DIGIT, BIN, ITC |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5260      | E           |     | HEARING AID, DIGIT, BIN, ITE |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5261      | E           |     | HEARING AID, DIGIT, BIN, BTE |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5262      | E           |     | HEARING AID, DISP, MONAURAL  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5263      | E           |     | HEARING AID, DISP, BINAURAL  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5264      | E           |     | EAR MOLD/INSERT              |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5265      | E           |     | EAR MOLD/INSERT, DISP        |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5266      | E           |     | BATTERY FOR HEARING DEVICE   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5267      | E           |     | HEARING AID SUP/ACCESS/DEV   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5268      | E           |     | ALD TELEPHONE AMPLIFIER      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5269      | E           |     | ALERTING DEVICE, ANY TYPE    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5270      | E           |     | ALD, TV AMPLIFIER, ANY TYPE  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5271      | E           |     | ALD, TV CAPTION DECODER      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5272      | E           |     | TDD                          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5273      | E           |     | ALD FOR COCHLEAR IMPLANT     |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5274      | E           |     | ALD UNSPECIFIED              |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5275      | E           |     | EAR IMPRESSION               |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5281      | E           |     | ALD FM/DM SYSTEM, MONAURAL   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5282      | E           |     | ALD FM/DM SYSTEM BINAURAL    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5283      | E           |     | ALD NECK, LOOP IND RECEIVER  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5284      | E           |     | ALD FM/DM EAR LEVEL RECEIVER |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5285      | E           |     | ALD FM/DM AUD INPUT RECEIVER |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5286      | E           |     | ALD BLU TOOTH FM/DM RECEIVER |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5287      | E           |     | ALD FM/DM RECEIVER, NOS      |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5288      | E           |     | ALD FM/DM TRANSMITTER ALD    |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5289      | E           |     | ALD FM/DM ADAPT/BOOT COUPLIN |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5290      | E           |     | ALD TRANSMITTER MICROPHONE   |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5298      | E           |     | HEARING AID NOC              |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5299      | E           |     | HEARING SERVICE              |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5336      | E           |     | REPAIR COMMUNICATION DEVICE  |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5362      | E           |     | SPEECH SCREENING             |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5363      | E           |     | LANGUAGE SCREENING           |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |
| V5364      | E           |     | DYSPHAGIA SCREENING          |                  | -   | -             | Not Allowed | \$0.00                                 |                                    |                                           |  | -                       | -        | 000        | 999        |          |