

Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
January 1, 2026

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
0054T	BONE SRGRY CMPTR FLUOR IMAGE	-	-	7/1/2018	Not Allowed	\$0.00
0055T	BONE SRGRY CMPTR CT/MRI IMAG	-	-	7/1/2018	Not Allowed	\$0.00
0071T	US LEIOMYOMATA ABLATE <200	-	-	7/1/2018	Not Allowed	\$0.00
0072T	FCSD US ABLTJ LEIOMYOM>=200	-	-	7/1/2018	Not Allowed	\$0.00
0095T	RMVL ARTIFIC DISC ADDL CRVCL	-	-	1/1/2026	Not Allowed	\$0.00
0098T	REV ARTIFIC DISC ADDL	-	-	1/1/2026	Not Allowed	\$0.00
0100T	PROSTH RETINA RECEIVE&GEN	-	Y	7/1/2018	Not Allowed	\$0.00
0101T	ESW MUSCSKEL SYS NOS	-	Y	7/1/2018	Not Allowed	\$0.00
0102T	ESW PHY ANES LAT HMRL EPCNDL	-	Y	7/1/2018	Not Allowed	\$0.00
0164T	REMOVE LUMB ARTIF DISC ADDL	-	-	1/1/2026	Not Allowed	\$0.00
0165T	REVISE LUMB ARTIF DISC ADDL	-	-	1/1/2026	Not Allowed	\$0.00
0174T	CAD CXR WITH INTERP	-	-	7/1/2018	Not Allowed	\$0.00
0175T	CAD CXR REMOTE	-	-	7/1/2018	Not Allowed	\$0.00
0184T	EXC RECTAL TUMOR ENDOSCOPIC	-	-	1/1/2021	Not Allowed	\$0.00
0200T	PERQ SACRAL AUGMT UNILAT INJ	-	Y	7/1/2018	Not Allowed	\$0.00
0201T	PERQ SACRAL AUGMT BILAT INJ	-	Y	7/1/2018	Not Allowed	\$0.00
0202T	POST VERT ARTHRPLST 1 LUMBAR	-	-	1/1/2026	Not Allowed	\$0.00
0213T	NJX PARAVERT W/US CER/THOR	-	Y	7/1/2018	Not Allowed	\$0.00
0214T	NJX PARAVERT W/US CER/THOR	-	Y	7/1/2018	Not Allowed	\$0.00
0215T	NJX PARAVERT W/US CER/THOR	-	Y	7/1/2018	Not Allowed	\$0.00
0216T	NJX PARAVERT W/US LUMB/SAC	-	Y	7/1/2018	Not Allowed	\$0.00
0217T	NJX PARAVERT W/US LUMB/SAC	-	Y	7/1/2018	Not Allowed	\$0.00
0218T	NJX PARAVERT W/US LUMB/SAC	-	Y	7/1/2018	Not Allowed	\$0.00
0219T	PLMT POST FACET IMPLT CERV	-	-	1/1/2026	Not Allowed	\$0.00
0220T	PLMT POST FACET IMPLT THOR	-	-	1/1/2026	Not Allowed	\$0.00
0221T	PLMT POST FACET IMPLT LUMB	-	-	1/1/2021	Not Allowed	\$0.00
0222T	PLMT POST FACET IMPLT ADDL	-	-	1/1/2026	Not Allowed	\$0.00
0232T	NJX PLATELET PLASMA	-	Y	7/1/2018	Not Allowed	\$0.00
0238T	TRLUML PERIP ATHRC ILIAC ART	-	-	7/1/2018	Not Allowed	\$0.00
0250T	INSERT BRONCHIAL VALVE	-	-	7/1/2018	Not Allowed	\$0.00
0251T	REMOV BRONCHIAL VALVE	-	-	7/1/2018	Not Allowed	\$0.00
0252T	REMOV BRONCH VALVE ADDL	-	-	7/1/2018	Not Allowed	\$0.00
0253T	INSERT AQUEOUS DRAIN DEVICE	-	-	7/1/2018	Not Allowed	\$0.00
0263T	IM B1 MRW CEL THER CMPL	-	-	7/1/2018	Not Allowed	\$0.00
0264T	IM B1 MRW CEL THER XCL HRVST	-	-	7/1/2018	Not Allowed	\$0.00
0265T	IM B1 MRW CEL THER HRVST ONL	-	-	7/1/2018	Not Allowed	\$0.00
0274T	PRQ LAMOT/LAM DCMPR CRV/THRC	-	-	7/1/2018	Not Allowed	\$0.00
0278T	TEMPR	-	-	7/1/2018	Not Allowed	\$0.00
0308T	INSJ OCULAR TELESCOPE PROSTH	-	-	7/1/2018	Not Allowed	\$0.00
0330T	TEAR FILM IMG UNI/BI W/I&R	-	-	7/1/2018	Not Allowed	\$0.00
0331T	HEART SYMP IMAGE PLNR	-	-	7/1/2018	Not Allowed	\$0.00
0332T	HEART SYMP IMAGE PLNR SPECT	-	-	7/1/2018	Not Allowed	\$0.00
0335T	INSJ SINUS TARSI IMPLANT	-	-	7/1/2018	Not Allowed	\$0.00
0338T	TRNSCTH RENAL SYMP DENRV UNL	-	-	7/1/2018	Not Allowed	\$0.00
0339T	TRNSCTH RENAL SYMP DENRV BIL	-	-	7/1/2018	Not Allowed	\$0.00
0342T	THXP APHERESIS W/HDL DELIP	-	-	7/1/2018	Not Allowed	\$0.00
0347T	INS BONE DEVICE FOR RSA	-	-	7/1/2018	Not Allowed	\$0.00
0348T	RSA SPINE EXAM	-	-	7/1/2018	Not Allowed	\$0.00
0349T	RSA UPPER EXTR EXAM	-	-	7/1/2018	Not Allowed	\$0.00
0350T	RSA LOWER EXTR EXAM	-	-	7/1/2018	Not Allowed	\$0.00
0351T	INTRAOP OCT BRST/NODE SPEC	-	-	7/1/2018	Not Allowed	\$0.00

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

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0353T	INTRAOP OCT BREAST CAVITY	-	-	7/1/2018	Not Allowed	\$0.00
0379T	VIS FIELD ASSMNT TECH SUPPT	-	-	7/1/2018	Not Allowed	\$0.00
0395T	HDR ELCTR NTRST/NTRCV BRCHTX	-	-	7/1/2018	Not Allowed	\$0.00
0397T	ERCP W/OPTICAL ENDOMICROSCPY	-	-	7/1/2018	Not Allowed	\$0.00
0402T	COLGN CRS-LINK CRN&PACHYMTRY	-	-	7/1/2018	Not Allowed	\$0.00
0408T	INSJ/RPLC CARDIAC MODULJ SYS	-	-	7/1/2018	Not Allowed	\$0.00
0409T	INSJ/RPLC CAR MODULJ PLS GN	-	-	7/1/2018	Not Allowed	\$0.00
0410T	INSJ/RPLC CAR MODULJ ATR ELT	-	-	7/1/2018	Not Allowed	\$0.00
0411T	INSJ/RPLC CAR MODULJ VNT ELT	-	-	7/1/2018	Not Allowed	\$0.00
0412T	RMVL CARDIAC MODULJ PLS GEN	-	-	7/1/2018	Not Allowed	\$0.00
0413T	RMVL CAR MODULJ TRANVNS ELT	-	-	7/1/2018	Not Allowed	\$0.00
0414T	RMVL & RPL CAR MODULJ PLS GN	-	-	7/1/2018	Not Allowed	\$0.00
0415T	REPOS CAR MODULJ TRANVNS ELT	-	-	7/1/2018	Not Allowed	\$0.00
0416T	RELOC SKIN POCKET PLS GEN	-	-	7/1/2018	Not Allowed	\$0.00
0419T	DSTRJ NEUROFIBROMA XTNSV	-	-	7/1/2018	Not Allowed	\$0.00
0420T	DSTRJ NEUROFIBROMA XTNSV	-	-	7/1/2018	Not Allowed	\$0.00
0422T	TACTILE BREAST IMG UNI/BI	-	-	7/1/2018	Not Allowed	\$0.00
0437T	IMPLTJ SYNTH RNFCMT ABDL WAL	-	-	7/1/2018	Not Allowed	\$0.00
0439T	MYOCDR CONTRAST PRFUJ ECHO	-	-	7/1/2018	Not Allowed	\$0.00
0440T	ABLTJ PERC UXTR/PERPH NRV	-	-	7/1/2018	Not Allowed	\$0.00
0441T	ABLTJ PERC LXTR/PERPH NRV	-	-	7/1/2018	Not Allowed	\$0.00
0442T	ABLTJ PERC PLEX/TRNCL NRV	-	-	7/1/2018	Not Allowed	\$0.00
0443T	R-T SPCTRL ALYS PRST8 TISS	-	-	7/1/2018	Not Allowed	\$0.00
0444T	1ST PLMT DRUG ELUT OC INS	-	-	7/1/2018	Not Allowed	\$0.00
0445T	SBSQT PLMT DRUG ELUT OC INS	-	-	7/1/2018	Not Allowed	\$0.00
0446T	INSJ IMPLTBL GLUCOSE SENSOR	-	-	7/1/2018	Not Allowed	\$0.00
0447T	RMVL IMPLTBL GLUCOSE SENSOR	-	-	7/1/2018	Not Allowed	\$0.00
0448T	REMVL INSJ IMPLTBL GLUC SENS	-	-	7/1/2018	Not Allowed	\$0.00
0449T	INSJ AQUEOUS DRAIN DEV 1ST	-	-	7/1/2018	Not Allowed	\$0.00
0450T	INSJ AQUEOUS DRAIN DEV EACH	-	-	7/1/2018	Not Allowed	\$0.00
0474T	INSJ AQUEOUS DRG DEV IO RSVR	-	-	7/1/2018	Not Allowed	\$0.00
0479T	FXJL ABL LSR 1ST 100 SQ CM	-	-	7/1/2018	Not Allowed	\$0.00
0480T	FXJL ABL LSR EA ADDL 100SQCM	-	-	7/1/2018	Not Allowed	\$0.00
0481T	NJX AUTOL WBC CONCENTRATE	-	-	7/1/2018	Not Allowed	\$0.00
0483T	TMVI PERCUTANEOUS APPROACH	-	-	7/1/2018	Not Allowed	\$0.00
0484T	TMVI TRANSTHORACIC EXPOSURE	-	-	7/1/2018	Not Allowed	\$0.00
0485T	OCT MID EAR I&R UNILATERAL	-	-	7/1/2018	Not Allowed	\$0.00
0486T	OCT MID EAR I&R BILATERAL	-	-	7/1/2018	Not Allowed	\$0.00
0488T	DIABETES PREV ONLINE/ELEC	-	-	7/1/2018	Not Allowed	\$0.00
0505T	EV FEMPOP ARTL REVSC	-	-	1/1/2021	Not Allowed	\$0.00
0510T	RMVL SINUS TARSI IMPLANT	-	-	1/1/2019	Not Allowed	\$0.00
0511T	RMVL&RINSJ SINUS TARSI IMPLT	-	-	1/1/2019	Not Allowed	\$0.00
0512T	ESW INTEG WND HLG 1ST WND	-	-	1/1/2019	Not Allowed	\$0.00
0513T	ESW INTEG WND HLG EA ADDL	-	-	1/1/2019	Not Allowed	\$0.00
0515T	INSJ WCS LV COMPL SYS	-	-	1/1/2021	Not Allowed	\$0.00
0516T	INSJ WCS LV ELTRD ONLY	-	-	1/1/2021	Not Allowed	\$0.00
0517T	INSJ WCS LV BOTH COMPNT PG	-	-	1/1/2021	Not Allowed	\$0.00
0518T	RMVL PG WCS LV BATTERY ONLY	-	-	1/1/2021	Not Allowed	\$0.00
0519T	RMVL & RPLCMT PG COMPNT WCS	-	-	1/1/2021	Not Allowed	\$0.00
0520T	RMVL&RPLCMT PG WCS NEW ELTRD	-	-	1/1/2021	Not Allowed	\$0.00
0523T	NTRAPX C FFR W/3D FUNCJL MAP	-	-	1/1/2019	Not Allowed	\$0.00

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0524T	EV CATH DIR CHEM ABLTJ W/IMG	-	-	1/1/2019	Not Allowed	\$0.00
0525T	INSJ/RPLCMT COMPL IIMS	-	-	1/1/2019	Not Allowed	\$0.00
0526T	INSJ/RPLCMT IIMS ELTRD ONLY	-	-	1/1/2019	Not Allowed	\$0.00
0527T	INSJ/RPLCMT IIMS IMPLT MNTR	-	-	7/1/2019	Not Allowed	\$0.00
0530T	REMOVAL COMPLETE IIMS	-	-	7/1/2019	Not Allowed	\$0.00
0531T	REMOVAL IIMS ELECTRODE ONLY	-	-	7/1/2019	Not Allowed	\$0.00
0532T	REMOVAL IIMS IMPLT MNTR ONLY	-	-	7/1/2019	Not Allowed	\$0.00
0558T	CT SCAN F/BIOMCHN CT ALYS	-	-	7/1/2019	Not Allowed	\$0.00
0566T	AUTOL CELL IMPLT ADPS NJX	-	-	1/1/2020	Not Allowed	\$0.00
0581T	ABL TJ MAL BRST TUM PERQ CRTX	-	-	1/1/2023	Not Allowed	\$0.00
0582T	TRURL ABL TJ MAL PRST8 TISS	-	-	1/1/2026	Not Allowed	\$0.00
0583T	TMPST AUTO TUBE DLVR SYS	-	-	1/1/2021	Not Allowed	\$0.00
0587T	PERQ IMPL TJ/RPLCMT ISDNS PTN	-	-	1/1/2020	Not Allowed	\$0.00
0588T	REVISION/REMOVAL ISDNS PTN	-	-	1/1/2020	Not Allowed	\$0.00
0594T	OSTEOT HUM XTRNL LNGTH DEV	-	-	7/1/2020	Not Allowed	\$0.00
0596T	TEMP FML IU VLV-PMP 1ST INSJ	-	-	7/1/2020	Not Allowed	\$0.00
0597T	TEMP FML IU VALVE-PMP RPLCMT	-	-	7/1/2020	Not Allowed	\$0.00
0598T	R-T FLUOR WOUND IMG 1ST SITE	-	-	7/1/2020	Not Allowed	\$0.00
0599T	R-T FLUOR WOUND IMG EA ADDL	-	-	10/1/2020	Not Allowed	\$0.00
0600T	IRE ABL TJ 1+TUM ORGAN PERQ	-	-	7/1/2020	Not Allowed	\$0.00
0600U	NFCT DS WND INFCTJ 6SORGS&30	-	-	1/1/2026	Not Allowed	\$0.00
0601T	ABL TJ IRE 1+TUMORS OPEN	-	-	7/1/2020	Not Allowed	\$0.00
0601U	NFCT DS PJI ALYS 11 BMRKS IA	-	-	1/1/2026	Not Allowed	\$0.00
0602U	ENDOCRIN DM INS GEN MTHYL TN	-	-	1/1/2026	Not Allowed	\$0.00
0603U	RX ASY PRSMV 77RX/METABLT UR	-	-	1/1/2026	Not Allowed	\$0.00
0604U	ALL&IMMUNOLOGY CRAE 4BK PEP	-	-	1/1/2026	Not Allowed	\$0.00
0605U	ALL&IMMUNOLOGY HAT TPSAB1	-	-	1/1/2026	Not Allowed	\$0.00
0606U	HEM RED CLL MEMB DO RBC OGE	-	-	1/1/2026	Not Allowed	\$0.00
0607U	REPRDTVE MED EMA RTPCR 31BCT	-	-	1/1/2026	Not Allowed	\$0.00
0608U	REPRDTVE MED EMA RTPCR 10BCT	-	-	1/1/2026	Not Allowed	\$0.00
0609T	MRS DISC PAIN ACQUISJ DATA	-	-	1/1/2021	Not Allowed	\$0.00
0609U	ONC PROSTATE IA TOT&FREE PSA	-	-	1/1/2026	Not Allowed	\$0.00
0610U	NFCT DS ANTMCR SC PHENOTYPIC	-	-	1/1/2026	Not Allowed	\$0.00
0611T	MRS DISC PAIN ALG ALYS DATA	-	-	1/1/2021	Not Allowed	\$0.00
0611U	ONC LVR ALYS >1000 MR CFDNA	-	-	1/1/2026	Not Allowed	\$0.00
0612U	ONC LVR ALYS >1000 MR CFDNA	-	-	1/1/2026	Not Allowed	\$0.00
0613U	ONC UC DNA MTHYL TN&MUT 6BMRK	-	-	1/1/2026	Not Allowed	\$0.00
0614T	RMVL&RPLCMT SS IMPL DFB PG	-	-	7/1/2020	Not Allowed	\$0.00
0620T	EVASC VEN ARTLZ TIBL/PRNL VN	-	-	1/1/2021	Not Allowed	\$0.00
0621T	TRABECULOSTOMY INTERNO LASER	-	-	7/1/2024	Not Allowed	\$0.00
0627T	PERQ NJX ALGC FLUOR LMBR 1ST	-	-	1/1/2021	Not Allowed	\$0.00
0628T	PERQ NJX ALGC FLUOR LMBR EA	-	-	1/1/2021	Not Allowed	\$0.00
0629T	PERQ NJX ALGC CT LMBR 1ST	-	-	1/1/2021	Not Allowed	\$0.00
0630T	PERQ NJX ALGC CT LMBR EA	-	-	1/1/2021	Not Allowed	\$0.00
0632T	PERQ TCAT US ABL TJ NRV P-ART	-	-	4/1/2021	Not Allowed	\$0.00
0633T	CT BREAST W/3D UNI C-	-	-	1/1/2021	Not Allowed	\$0.00
0634T	CT BREAST W/3D UNI C+	-	-	1/1/2021	Not Allowed	\$0.00
0635T	CT BREAST W/3D UNI C-/C+	-	-	1/1/2021	Not Allowed	\$0.00
0636T	CT BREAST W/3D BI C-	-	-	1/1/2021	Not Allowed	\$0.00
0637T	CT BREAST W/3D BI C+	-	-	1/1/2021	Not Allowed	\$0.00
0638T	CT BREAST W/3D BI C-/C+	-	-	1/1/2021	Not Allowed	\$0.00

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0644T	TCAT RMVL/DBLK ICAR MAS PERQ	-	-	7/1/2021	Not Allowed	\$0.00
0645T	TCAT IMPLTJ C SINS RDCTJ DEV	-	-	1/1/2026	Not Allowed	\$0.00
0647T	INSJ GTUBE PERQ MAG GASTRPXY	-	-	7/1/2021	Not Allowed	\$0.00
0648T	QUAN MR TIS WO MRI IORGN	-	-	7/1/2021	Not Allowed	\$0.00
0651T	MAG CTRLD CAPSULE ENDOSCOPY	-	-	7/1/2021	Not Allowed	\$0.00
0652T	EGD FLX TRANSNASAL DX BR/WA	-	-	7/1/2021	Not Allowed	\$0.00
0653T	EGD FLX TRANSNASAL BX 1/MLT	-	-	7/1/2021	Not Allowed	\$0.00
0654T	EGD FLX TRANSNASAL TUBE/CATH	-	-	7/1/2021	Not Allowed	\$0.00
0655T	TPRNL FOCAL ABLTJ MAL PRST8	-	-	7/1/2021	Not Allowed	\$0.00
0656T	ANT LMBR VRT BDY TETH <7 SEG	-	-	1/1/2026	Not Allowed	\$0.00
0657T	ANT LMBR VRT BDY TETH 8+ SEG	-	-	1/1/2026	Not Allowed	\$0.00
0660T	IMPLT ANT SGM IO NBIO RX SYS	-	-	4/1/2024	Not Allowed	\$0.00
0661T	RMVL&RIMPLTJ ANT SGM IMPLT	-	-	4/1/2024	Not Allowed	\$0.00
0671T	INSJ ANT SGM AQ DRG DEV 1+	-	-	1/1/2022	Not Allowed	\$0.00
0673T	ABLTJ B9 THYR NDUL PERQ LASR	-	-	1/1/2022	Not Allowed	\$0.00
0674T	LAPS INSJ NW/RPCMT PRM ISDSS	-	-	4/1/2025	Not Allowed	\$0.00
0675T	LAPS INSJ NW/RPCMT ISDSS 1LD	-	-	4/1/2025	Not Allowed	\$0.00
0676T	LAPS INSJ NW/RPCMT ISDSS EA	-	-	4/1/2025	Not Allowed	\$0.00
0677T	LAPS REPOS LEAD ISDSS 1ST LD	-	-	4/1/2025	Not Allowed	\$0.00
0678T	LAPS REPOS LEAD ISDSS EA ADD	-	-	4/1/2025	Not Allowed	\$0.00
0679T	LAPS RMVL LEAD ISDSS	-	-	4/1/2025	Not Allowed	\$0.00
0680T	INSJ/RPLCMT PG ONLY ISDSS	-	-	4/1/2025	Not Allowed	\$0.00
0681T	RLCJ PULSE GEN ONLY ISDSS	-	-	4/1/2025	Not Allowed	\$0.00
0682T	REMOVAL PULSE GEN ONLY ISDSS	-	-	4/1/2025	Not Allowed	\$0.00
0686T	HISTOTRIPSY MAL HEPATCEL TIS	-	-	1/1/2022	Not Allowed	\$0.00
0689T	QUAN US TIS CHARAC W/O DX US	-	-	1/1/2022	Not Allowed	\$0.00
0692T	THERAPEUTIC ULTRAFILTRATION	-	-	1/1/2026	Not Allowed	\$0.00
0697T	QUAN MR TIS WO MRI MLT ORGN	-	-	1/1/2022	Not Allowed	\$0.00
0698T	QUAN MR TISS W/MRI MLT ORGN	-	-	7/1/2023	Not Allowed	\$0.00
0699T	NJX PST CHMBR EYE MEDICATION	-	-	1/1/2022	Not Allowed	\$0.00
0707T	NJX B1 SUB MTRL SBCHDRL DFCT	-	-	1/1/2022	Not Allowed	\$0.00
0714T	TPLA B9 PRST8 HYPRPLSA<50ML	-	-	7/1/2022	Not Allowed	\$0.00
0717T	ADRC THER PRTL RC TEAR	-	-	4/1/2025	Not Allowed	\$0.00
0718T	ADRC THER PRTL RC TEAR NJX	-	-	4/1/2025	Not Allowed	\$0.00
0737T	XENOGRAFT IMPLTJ ARTCLR SURF	-	-	10/1/2024	Not Allowed	\$0.00
0744T	INSJ BIOPROSTC VLV FEM VN	-	-	1/1/2026	Not Allowed	\$0.00
0784T	INS/RPLMT ELTRD RA SPI NSTIM	-	-	1/1/2024	Not Allowed	\$0.00
0785T	REVJ/RMVL NEA SPI W/NSTIM	-	-	1/1/2024	Not Allowed	\$0.00
0786T	INSJ/RPLCMT PRQ RA SAC NSTIM	-	-	1/1/2024	Not Allowed	\$0.00
0787T	REVJ/RMVL NEA SAC W/NSTIM	-	-	1/1/2024	Not Allowed	\$0.00
0790T	REVJ RPLCMT/RMVL VRT TETHRG	-	-	1/1/2026	Not Allowed	\$0.00
0793T	PRQ TCAT THRM ABLT NRV P-ART	-	-	7/1/2023	Not Allowed	\$0.00
0797T	TCAT INS 2CHMBR LDLS PM RV	-	-	7/1/2023	Not Allowed	\$0.00
0800T	TCAT RMVL 2CHMBR LDLS PM RV	-	-	7/1/2023	Not Allowed	\$0.00
0803T	TCAT RMV&RPL2CHMB LDLS PM RV	-	-	7/1/2023	Not Allowed	\$0.00
0810T	SUBRTA NJX RX AGT W/VTRC	-	-	1/1/2024	Not Allowed	\$0.00
0813T	EGD VOL ADJMT BARIATRIC BALO	-	-	1/1/2024	Not Allowed	\$0.00
0816T	OPN INSJ/RPLCMT INS PTN SUBQ	-	-	1/1/2024	Not Allowed	\$0.00
0817T	OPN INSJ/RPLCMT INS PTN SUBF	-	-	1/1/2024	Not Allowed	\$0.00
0818T	REVJ/RMVL INS PTN SUBQ	-	-	1/1/2024	Not Allowed	\$0.00
0819T	REVJ/RMVL INS PTN SUBF	-	-	1/1/2024	Not Allowed	\$0.00

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0861T	RMVL PG WCS LV BOTH COMPNT	-	-	1/1/2026	Not Allowed	\$0.00
0862T	RLCJ PG WCS LV BATTERY ONLY	-	-	1/1/2026	Not Allowed	\$0.00
0863T	RLCJ PG WCS LV TRNSMTR ONLY	-	-	1/1/2026	Not Allowed	\$0.00
0864T	LOW NTSTY ESWT CORPUS CVRNSM	-	-	1/1/2024	Not Allowed	\$0.00
0865T	QUAN MRI ALYS BRN W/O DX MRI	-	-	1/1/2026	Not Allowed	\$0.00
0866T	QUAN MRI ALYS BRN W/DX MRI	-	-	1/1/2026	Not Allowed	\$0.00
0867T	TPLA B9 PRST8 HYPRPLSA>=50ML	-	-	7/1/2024	Not Allowed	\$0.00
0869T	NJX B1 SUB MTRL HW FIXJ AUG	-	-	7/1/2024	Not Allowed	\$0.00
0870T	IMP SUBQ PRTL ASCTS PMP SYS	-	-	7/1/2024	Not Allowed	\$0.00
0871T	RPLCMT SUBQ PRTL ASCITES PMP	-	-	7/1/2024	Not Allowed	\$0.00
0872T	RPLCMT NDWLLG BLDR&PRTL CATH	-	-	7/1/2024	Not Allowed	\$0.00
0873T	REVJ SUBQ PRTL ASCT PMP SYS	-	-	7/1/2024	Not Allowed	\$0.00
0874T	RMVL PERTL ASCITES PMP SYS	-	-	7/1/2024	Not Allowed	\$0.00
0875T	PRGRM SUBQ PRTL ASCT PMP SYS	-	-	7/1/2024	Not Allowed	\$0.00
0882T	INTRAOP THER ESTIM PN UE 1ST	-	-	10/1/2025	Not Allowed	\$0.00
0883T	INTRAOP THER ESTIM PN UE EA	-	-	10/1/2025	Not Allowed	\$0.00
0884T	ESPHGSC FLX 1ST TNDSC DILAT	-	-	7/1/2024	Not Allowed	\$0.00
0885T	COLSC FLX 1ST TNDSC DILAT	-	-	7/1/2024	Not Allowed	\$0.00
0886T	SGMDSC FLX 1ST TNDSC DILAT	-	-	7/1/2024	Not Allowed	\$0.00
0887T	END-TIDAL CTRL INHALED ANES	-	-	10/1/2025	Not Allowed	\$0.00
0888T	HISTOTRIPSY MAL RENAL TISSUE	-	-	7/1/2024	Not Allowed	\$0.00
0908T	OPN IMP INT NSTM SYS VGS NRV	-	-	1/1/2026	Not Allowed	\$0.00
0909T	RPLCMT INT NSTIM SYS VGS NRV	-	-	1/1/2026	Not Allowed	\$0.00
0910T	RMVL INT NSTIM SYS VAGUS NRV	-	-	1/1/2026	Not Allowed	\$0.00
0913T	PRQ TCAT THER RX NTRAC BALO1	-	-	4/1/2025	Not Allowed	\$0.00
0914T	PRQ TCAT THR RX NTRC BAL SEP	-	-	4/1/2025	Not Allowed	\$0.00
0915T	INSJ PERM CCM-D SYS PG&ELTRD	-	-	4/1/2025	Not Allowed	\$0.00
0916T	INSJ PERM CCM-D SYS PG ONLY	-	-	4/1/2025	Not Allowed	\$0.00
0917T	INSJ PERM CCM-D SYS 1 LEAD	-	-	4/1/2025	Not Allowed	\$0.00
0918T	INSJ PERM CCM-D SYS DUAL LD	-	-	4/1/2025	Not Allowed	\$0.00
0919T	RMVL PERM CCM-D SYS PG ONLY	-	-	4/1/2025	Not Allowed	\$0.00
0920T	RMVL PERM CCM-D SYS 1 PAC LD	-	-	4/1/2025	Not Allowed	\$0.00
0921T	RMVL PERM CCM-D SYS 1 DFB LD	-	-	4/1/2025	Not Allowed	\$0.00
0922T	RMVL PERM CCM-D SYS DUAL LD	-	-	4/1/2025	Not Allowed	\$0.00
0923T	RMVL&RPLCMT PERM CCM-D PG	-	-	4/1/2025	Not Allowed	\$0.00
0924T	RPOS PRV CCM-D TRNSVNS ELTRD	-	-	4/1/2025	Not Allowed	\$0.00
0925T	RLCJ SKIN POCKET CCM-D PG	-	-	4/1/2025	Not Allowed	\$0.00
0933T	TCAT IMPL WRLS L ATR PRS SNR	-	-	4/1/2025	Not Allowed	\$0.00
0946T	ORTHO IMPL MVMT ALYS PAIR CT	-	-	10/1/2025	Not Allowed	\$0.00
0950T	ABLTJ B9 PRST8 TISSUE HIFU	-	-	10/1/2025	Not Allowed	\$0.00
0956T	PRT CRN CH CR&TUN ELT S-SCLP	-	-	10/1/2025	Not Allowed	\$0.00
0957T	REV S-SCLP ELTR RA RCVR&TLMT	-	-	10/1/2025	Not Allowed	\$0.00
0958T	RMV S-SCLP ELTR RA RCVR&TLMT	-	-	10/1/2025	Not Allowed	\$0.00
0959T	RMV/RPLC MAGNET COIL ASSEM	-	-	10/1/2025	Not Allowed	\$0.00
0960T	RPL S-SCLP ELTR RA RCVR&TLMT	-	-	10/1/2025	Not Allowed	\$0.00
0962T	ASSTV ALG ALYS ACOUS&ECG REC	-	-	1/1/2026	Not Allowed	\$0.00
0963T	ANOSC SBMCSL NJX BULKING AGT	-	-	10/1/2025	Not Allowed	\$0.00
0964T	I&CUST PREP JAW XPNSJ IARCH	-	-	10/1/2025	Not Allowed	\$0.00
0965T	I&CST PRP JW XPN DL ARCH NON	-	-	10/1/2025	Not Allowed	\$0.00
0966T	I&CST PRP JW XPN DL ARCH FXD	-	-	10/1/2025	Not Allowed	\$0.00
0967T	TRANAL INS TMP CLRC ANST DEV	-	-	10/1/2025	Not Allowed	\$0.00

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
0970T	ABLT B9 BRST TUM PERQ LSR EA	-	-	10/1/2025	Not Allowed	\$0.00
0971T	ABLT MAL BRST TUM PQ LSR UNI	-	-	10/1/2025	Not Allowed	\$0.00
0973T	SLCTV NZMTC DBRDMT T/A/L 1ST	-	-	10/1/2025	Not Allowed	\$0.00
0975T	SLCTV NZMTC DBRDMT S/N/HF 1	-	-	10/1/2025	Not Allowed	\$0.00
0977T	UPR GI BLD DETCJ SNR CAPSULE	-	-	1/1/2026	Not Allowed	\$0.00
0981T	TCAT IMPL WRLS IVC SNR	-	-	10/1/2025	Not Allowed	\$0.00
0988T	OPN INS/RPLC INS PTN SBQ&SBF	-	-	1/1/2026	Not Allowed	\$0.00
0989T	REVJ/RMVL INS PTN SUBQ&SUBF	-	-	1/1/2026	Not Allowed	\$0.00
0990T	TRNCRV INST BIOD HYDRGL MTRL	-	-	1/1/2026	Not Allowed	\$0.00
0991T	CYSTO LO-NRG LITHTRP&MCRSPHR	-	-	1/1/2026	Not Allowed	\$0.00
0992T	N-INVAS ASSMT CAR RSK W/O CT	-	-	1/1/2026	Not Allowed	\$0.00
0993T	N-INVAS ASSMT CAR RSK W/CT	-	-	1/1/2026	Not Allowed	\$0.00
0994T	EVASC DLVR A-WAL STBL RX PRQ	-	-	1/1/2026	Not Allowed	\$0.00
0995T	EVASC DLVR A-WAL STBL RX OPN	-	-	1/1/2026	Not Allowed	\$0.00
0996T	INS&SCLR FIX CAPS BAG PROSTH	-	-	1/1/2026	Not Allowed	\$0.00
0997T	PRECUNEUS MAG STIMJ TX PLNG	-	-	1/1/2026	Not Allowed	\$0.00
0998T	PRECUNEUS MAG STIMJ TX DLVR	-	-	1/1/2026	Not Allowed	\$0.00
0999T	AUTOL MUSC CELL THERAPY HRVG	-	-	1/1/2026	Not Allowed	\$0.00
10004	FNA BX W/O IMG GDN EA ADDL	-	-	1/1/2019	No Separate Payment	\$0.00
10005	FNA BX W/US GDN 1ST LES	Y	-	1/1/2026	Fee Schedule	\$388.55
10006	FNA BX W/US GDN EA ADDL	-	-	1/1/2019	No Separate Payment	\$0.00
10007	FNA BX W/FLUOR GDN 1ST LES	Y	-	1/1/2026	Fee Schedule	\$277.94
10008	FNA BX W/FLUOR GDN EA ADDL	-	-	1/1/2019	No Separate Payment	\$0.00
10009	FNA BX W/CT GDN 1ST LES	Y	-	1/1/2026	Fee Schedule	\$388.55
1000T	AUTOL MUSC CELL THERAPY ADMN	-	-	1/1/2026	Not Allowed	\$0.00
10010	FNA BX W/CT GDN EA ADDL	-	-	1/1/2019	No Separate Payment	\$0.00
10011	FNA BX W/MR GDN 1ST LES	Y	-	1/1/2026	Fee Schedule	\$388.55
10012	FNA BX W/MR GDN EA ADDL	-	-	1/1/2019	No Separate Payment	\$0.00
1001T	AUTOL MUSC CELL THERAPY NJX	-	-	1/1/2026	Not Allowed	\$0.00
10021	FNA BX W/O IMG GDN 1ST LES	Y	-	1/1/2026	Fee Schedule	\$63.44
1002T	AIR DISPLACMNT PLETHYSMOGRAP	-	-	1/1/2026	Not Allowed	\$0.00
10030	IMG GID FLU COLL DRG SFT TIS	Y	-	1/1/2026	Fee Schedule	\$388.55
10035	PLMT SFT TISS LOCLZJ DEV 1ST	Y	-	1/1/2026	Fee Schedule	\$0.00
10036	PLMT SFT TISS LOCLZJ DEV EA	-	-	7/1/2018	No Separate Payment	\$0.00
1003T	ARTHRP 1ST CRP/MTCRPL PROSTC	-	-	1/1/2026	Not Allowed	\$0.00
10040	ACNE SURGERY	-	-	7/1/2018	No Separate Payment	\$0.00
1004T	ELEC ALYS S-SCL EEG WO PRGRM	-	-	1/1/2026	Not Allowed	\$0.00
1005T	ELEC ALYS S-SCL EEG PRGR 1ST	-	-	1/1/2026	Not Allowed	\$0.00
10060	I&D ABSCESS SIMPLE/SINGLE	Y	-	1/1/2026	Fee Schedule	\$84.93
10061	I&D ABSCESS COMP/MULTIPLE	Y	-	1/1/2026	Fee Schedule	\$129.91
1006T	ELEC ALYS S-SCL EEG PRGRM EA	-	-	1/1/2026	Not Allowed	\$0.00
1007T	EEG IMPL S-SCLP EEG W/O VID	-	-	1/1/2026	Not Allowed	\$0.00
10080	I&D PILONIDAL CYST SIMPLE	Y	-	1/1/2026	Fee Schedule	\$224.23
10081	I&D PILONIDAL CYST COMP	Y	-	1/1/2026	Fee Schedule	\$283.98
1008T	REM MNTR S-SCL EEG SYS SETUP	-	-	1/1/2026	Not Allowed	\$0.00
1009T	REM MNTR S-SCLP CONT EEG SYS	-	-	1/1/2026	Not Allowed	\$0.00
1010T	CPTR OPH ALYS MONOC EYE MVMT	-	-	1/1/2026	Not Allowed	\$0.00
1011T	PBM THERAPY OF ORAL CAVITY	-	-	1/1/2026	Not Allowed	\$0.00
10120	INC&RMVL FB SUBQ TISS SMPL	Y	-	1/1/2026	Fee Schedule	\$113.46
10121	INC&RMVL FB SUBQ TISS COMP	Y	-	1/1/2026	Fee Schedule	\$742.04
1012T	MTRZ AB NTRNO TRPH SCL/TR MW	-	-	1/1/2026	Not Allowed	\$0.00

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
1013T	LAP SRG IMP/RPL ESO NEA&PG/R	-	-	1/1/2026	Not Allowed	\$0.00
10140	I&D HMTMA SEROMA/FLUID COLLJ	Y	-	1/1/2026	Fee Schedule	\$116.48
1014T	LAP RV/RMV ESO SPH NSTM ELTR	-	-	1/1/2026	Not Allowed	\$0.00
1015T	REV/RMV LW ESOPH SPHNC NPG/R	-	-	1/1/2026	Not Allowed	\$0.00
10160	PNXR ASPIR ABSC HMTMA BULLA	Y	-	1/1/2026	Fee Schedule	\$85.93
1016T	ELEC ALYS NPGS ESOPH INTRAOP	-	-	1/1/2026	Not Allowed	\$0.00
1017T	ELEC ALY NPGS ESOPH SBSQ W/O	-	-	1/1/2026	Not Allowed	\$0.00
10180	I&D COMPLEX PO WOUND INFCTJ	Y	-	1/1/2026	Fee Schedule	\$1,248.36
1018T	ELEC ALYS NPGS ESOPH SBSQ W/	-	-	1/1/2026	Not Allowed	\$0.00
1019T	LYMPHOVENOUS BYPASS PER XTR	-	-	1/1/2026	Not Allowed	\$0.00
1020T	RAMAN SPECTROSCOPY 1+SKN LES	-	-	1/1/2026	Not Allowed	\$0.00
1021T	ACTIVE THRC IRRIGATION SPX	-	-	1/1/2026	Not Allowed	\$0.00
1022T	PRQ TIS DSPLMT NTRA-ABDL/PEL	-	-	1/1/2026	Not Allowed	\$0.00
1023T	PRQ TIS DSPLMT INTRATHORACIC	-	-	1/1/2026	Not Allowed	\$0.00
1024T	PERQ TISS DSPLMT SOFT TISSUE	-	-	1/1/2026	Not Allowed	\$0.00
1025T	ALT ELEC FLD DOS&DLV SIM MDL	-	-	1/1/2026	Not Allowed	\$0.00
11000	DBRDMT ECZ/INFECTED SKIN<10%	Y	-	1/1/2026	Fee Schedule	\$37.93
11001	DBRDMT ECZ/INFCT SKN EA ADDL	-	-	7/1/2018	No Separate Payment	\$0.00
11010	DEBRIDE SKIN AT FX SITE	Y	-	1/1/2026	Fee Schedule	\$388.55
11011	DEBRIDE SKIN MUSC AT FX SITE	Y	-	1/1/2026	Fee Schedule	\$388.55
11012	DEB SKIN BONE AT FX SITE	Y	-	1/1/2026	Fee Schedule	\$1,248.36
11042	DBRDMT SUBQ TIS 1ST 20SQCM/<	Y	-	1/1/2026	Fee Schedule	\$223.01
11043	DBRDMT MUSC&/FSCA 1ST 20/<	Y	-	1/1/2026	Fee Schedule	\$404.93
11044	DBRDMT BONE 1ST 20 SQ CM/<	Y	-	1/1/2026	Fee Schedule	\$742.04
11045	DBRDMT SUBQ TISS EACH ADDL	-	-	7/1/2018	No Separate Payment	\$0.00
11046	DBRDMT MUSC&/FSCA EA ADDL	-	-	7/1/2018	No Separate Payment	\$0.00
11047	DBRDMT BONE EACH ADDL	-	-	7/1/2018	No Separate Payment	\$0.00
11055	PARING/CUTG B9 HYPRKER LES 1	-	-	7/1/2018	No Separate Payment	\$0.00
11056	PARNG/CUTG B9 HYPRKR LES 2-4	-	-	7/1/2018	No Separate Payment	\$0.00
11057	PARNG/CUTG B9 HYPRKR LES >4	Y	-	1/1/2026	Fee Schedule	\$66.46
11102	TANGNTL BX SKIN SINGLE LES	Y	-	1/1/2026	Fee Schedule	\$72.51
11103	TANGNTL BX SKIN EA SEP/ADDL	-	-	1/1/2019	No Separate Payment	\$0.00
11104	PUNCH BX SKIN SINGLE LESION	Y	-	1/1/2026	Fee Schedule	\$91.64
11105	PUNCH BX SKIN EA SEP/ADDL	-	-	1/1/2019	No Separate Payment	\$0.00
11106	INCAL BX SKN SINGLE LES	Y	-	1/1/2026	Fee Schedule	\$115.14
11107	INCAL BX SKN EA SEP/ADDL	-	-	1/1/2019	No Separate Payment	\$0.00
11200	RMVL SKIN TAGS UP TO&INC 15	-	-	7/1/2018	No Separate Payment	\$0.00
11201	RMVL SKIN TAGS EA ADDL 10	-	-	7/1/2018	No Separate Payment	\$0.00
11300	SHAVE SKIN LESION 0.5 CM/<	-	-	7/1/2018	No Separate Payment	\$0.00
11301	SHAVE SKIN LESION 0.6-1.0 CM	-	-	7/1/2018	No Separate Payment	\$0.00
11302	SHAVE SKIN LESION 1.1-2.0 CM	-	-	7/1/2018	No Separate Payment	\$0.00
11303	SHAVE SKIN LESION >2.0 CM	-	-	7/1/2018	No Separate Payment	\$0.00
11305	SHAVE SKIN LESION 0.5 CM/<	-	-	7/1/2018	No Separate Payment	\$0.00
11306	SHAVE SKIN LESION 0.6-1.0 CM	-	-	7/1/2018	No Separate Payment	\$0.00
11307	SHAVE SKIN LESION 1.1-2.0 CM	Y	-	1/1/2026	Fee Schedule	\$89.96
11308	SHAVE SKIN LESION >2.0 CM	-	-	7/1/2018	No Separate Payment	\$0.00
11310	SHAVE SKIN LESION 0.5 CM/<	Y	-	1/1/2026	Fee Schedule	\$83.58
11311	SHAVE SKIN LESION 0.6-1.0 CM	Y	-	1/1/2026	Fee Schedule	\$93.32
11312	SHAVE SKIN LESION 1.1-2.0 CM	Y	-	1/1/2026	Fee Schedule	\$104.39
11313	SHAVE SKIN LESION >2.0 CM	Y	-	1/1/2026	Fee Schedule	\$116.81
11400	EXC TR-EXT B9+MARG 0.5 CM<	Y	-	1/1/2026	Fee Schedule	\$95.33

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
11401	EXC TR-EXT B9+MARG 0.6-1 CM	Y	-	1/1/2026	Fee Schedule	\$108.42
11402	EXC TR-EXT B9+MARG 1.1-2 CM	Y	-	1/1/2026	Fee Schedule	\$118.49
11403	EXC TR-EXT B9+MARG 2.1-3CM	Y	-	1/1/2026	Fee Schedule	\$132.26
11404	EXC TR-EXT B9+MARG 3.1-4 CM	Y	-	1/1/2026	Fee Schedule	\$742.04
11406	EXC TR-EXT B9+MARG >4.0 CM	Y	-	1/1/2026	Fee Schedule	\$742.04
11420	EXC H-F-NK-SP B9+MARG 0.5/<	Y	-	1/1/2026	Fee Schedule	\$88.28
11421	EXC H-F-NK-SP B9+MARG 0.6-1	Y	-	1/1/2026	Fee Schedule	\$106.41
11422	EXC H-F-NK-SP B9+MARG 1.1-2	Y	-	1/1/2026	Fee Schedule	\$118.49
11423	EXC H-F-NK-SP B9+MARG 2.1-3	Y	-	1/1/2026	Fee Schedule	\$133.26
11424	EXC H-F-NK-SP B9+MARG 3.1-4	Y	-	1/1/2026	Fee Schedule	\$742.04
11426	EXC H-F-NK-SP B9+MARG >4 CM	Y	-	1/1/2026	Fee Schedule	\$1,248.36
11440	EXC FACE-MM B9+MARG 0.5 CM/<	Y	-	1/1/2026	Fee Schedule	\$104.73
11441	EXC FACE-MM B9+MARG 0.6-1 CM	Y	-	1/1/2026	Fee Schedule	\$118.16
11442	EXC FACE-MM B9+MARG 1.1-2 CM	Y	-	1/1/2026	Fee Schedule	\$129.57
11443	EXC FACE-MM B9+MARG 2.1-3 CM	Y	-	1/1/2026	Fee Schedule	\$144.68
11444	EXC FACE-MM B9+MARG 3.1-4 CM	Y	-	1/1/2026	Fee Schedule	\$742.04
11446	EXC FACE-MM B9+MARG >4 CM	Y	-	1/1/2026	Fee Schedule	\$1,248.36
11450	EXC SKN HDRDNT AX SMPL/NTRM	Y	-	1/1/2026	Fee Schedule	\$1,248.36
11451	EXC SKN HDRDNT AX COMPLEX	Y	-	1/1/2026	Fee Schedule	\$1,248.36
11462	EXC SKN HDRDNT ING SMPL/NTRM	Y	-	1/1/2026	Fee Schedule	\$1,248.36
11463	EXC SKN HDRDNT ING COMPLEX	Y	-	1/1/2026	Fee Schedule	\$1,248.36
11470	EXC SKN H/P/P/U SMPL/NTRM	Y	-	1/1/2026	Fee Schedule	\$1,248.36
11471	EXC SKN H/P/P/U COMPLEX	Y	-	1/1/2026	Fee Schedule	\$1,248.36
11600	EXC TR-EXT MAL+MARG 0.5 CM/<	Y	-	1/1/2026	Fee Schedule	\$138.97
11601	EXC TR-EXT MAL+MARG 0.6-1 CM	Y	-	1/1/2026	Fee Schedule	\$152.40
11602	EXC TR-EXT MAL+MARG 1.1-2 CM	Y	-	1/1/2026	Fee Schedule	\$159.45
11603	EXC TR-EXT MAL+MARG 2.1-3 CM	Y	-	1/1/2026	Fee Schedule	\$174.22
11604	EXC TR-EXT MAL+MARG 3.1-4 CM	Y	-	1/1/2026	Fee Schedule	\$388.55
11606	EXC TR-EXT MAL+MARG >4 CM	Y	-	1/1/2026	Fee Schedule	\$742.04
11620	EXC H-F-NK-SP MAL+MARG 0.5/<	Y	-	1/1/2026	Fee Schedule	\$138.97
11621	EXC S/N/H/F/G MAL+MRG 0.6-1	Y	-	1/1/2026	Fee Schedule	\$153.40
11622	EXC S/N/H/F/G MAL+MRG 1.1-2	Y	-	1/1/2026	Fee Schedule	\$163.47
11623	EXC S/N/H/F/G MAL+MRG 2.1-3	Y	-	1/1/2026	Fee Schedule	\$182.27
11624	EXC S/N/H/F/G MAL+MRG 3.1-4	Y	-	1/1/2026	Fee Schedule	\$742.04
11626	EXC S/N/H/F/G MAL+MRG >4 CM	Y	-	1/1/2026	Fee Schedule	\$1,248.36
11640	EXC F/E/E/N/L MAL+MRG 0.5CM<	Y	-	1/1/2026	Fee Schedule	\$141.99
11641	EXC F/E/E/N/L MAL+MRG 0.6-1	Y	-	1/1/2026	Fee Schedule	\$158.44
11642	EXC F/E/E/N/L MAL+MRG 1.1-2	Y	-	1/1/2026	Fee Schedule	\$172.54
11643	EXC F/E/E/N/L MAL+MRG 2.1-3	Y	-	1/1/2026	Fee Schedule	\$191.33
11644	EXC F/E/E/N/L MAL+MRG 3.1-4	Y	-	1/1/2026	Fee Schedule	\$742.04
11646	EXC F/E/E/N/L MAL+MRG >4 CM	Y	-	1/1/2026	Fee Schedule	\$1,248.36
11719	TRIM NAIL(S) ANY NUMBER	-	-	7/1/2018	No Separate Payment	\$0.00
11720	DEBRIDE NAIL 1-5	-	-	7/1/2018	No Separate Payment	\$0.00
11721	DEBRIDE NAIL 6 OR MORE	-	-	7/1/2018	No Separate Payment	\$0.00
11730	AVULSION NAIL PLATE SIMPLE 1	-	-	7/1/2018	No Separate Payment	\$0.00
11732	AVLSN NAIL PLATE SIMPLE EACH	-	-	7/1/2018	No Separate Payment	\$0.00
11740	EVACUATION SUBUNGUAL HMTMA	-	-	7/1/2018	No Separate Payment	\$0.00
11750	EXCISION NAIL&NAIL MATRIX	Y	-	1/1/2026	Fee Schedule	\$102.05
11755	BIOPSY NAIL UNIT	Y	-	1/1/2026	Fee Schedule	\$75.53
11760	REPAIR OF NAIL BED	Y	-	1/1/2026	Fee Schedule	\$127.89
11762	RECONSTRUCTION OF NAIL BED	Y	-	1/1/2026	Fee Schedule	\$187.98

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

Montana Healthcare Programs Fee Schedule
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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
11765	WEDGE EXCISION SKN NAIL FOLD	-	-	7/1/2018	No Separate Payment	\$0.00
11770	EXC PILONIDAL CYST SIMPLE	Y	-	1/1/2026	Fee Schedule	\$1,248.36
11771	EXC PILONIDAL CYST XTNSV	Y	-	1/1/2026	Fee Schedule	\$1,248.36
11772	EXC PILONIDAL CYST COMP	Y	-	1/1/2026	Fee Schedule	\$1,248.36
11900	INJECT SKIN LESIONS </W 7	-	-	7/1/2018	No Separate Payment	\$0.00
11901	INJECT SKIN LESIONS >7	-	-	7/1/2018	No Separate Payment	\$0.00
11920	CORRECT SKIN COLOR 6.0 CM/<	Y	-	1/1/2026	Fee Schedule	\$155.42
11921	CORRECT SKN COLOR 6.1-20.0CM	Y	-	1/1/2026	Fee Schedule	\$159.78
11922	CORRECT SKIN COLOR EA 20.0CM	-	-	7/1/2018	No Separate Payment	\$0.00
11950	SUBQ NJX FILLING MATRL 1CC/<	-	-	4/1/2024	Not Allowed	\$0.00
11951	SUBQ NJX FIL MATRL 1.1-5.0CC	-	-	4/1/2024	Not Allowed	\$0.00
11952	SUBQ NJX FIL MATRL 5.1-10CC	-	-	4/1/2024	Not Allowed	\$0.00
11954	SUBQ NJX FIL MATRL>10.0 CC	-	-	4/1/2024	Not Allowed	\$0.00
11960	INSERT TISSUE EXPANDER(S)	Y	Y	1/1/2026	Fee Schedule	\$1,940.78
11970	RPLCMT TISS XPNDR PERM IMPLT	Y	Y	1/1/2026	Fee Schedule	\$3,695.53
11971	RMVL TIS XPNDR WO INSJ IMPLT	-	Y	1/1/2026	Fee Schedule	\$1,248.36
11976	REMOVE CONTRACEPTIVE CAPSULE	-	-	1/1/2026	Fee Schedule	\$78.88
11980	IMPLANT HORMONE PELLET(S)	-	-	7/1/2018	No Separate Payment	\$0.00
11981	INSERTION DRUG DLVR IMPLANT	-	-	7/1/2018	No Separate Payment	\$0.00
11982	REMOVE DRUG IMPLANT DEVICE	-	-	7/1/2018	No Separate Payment	\$0.00
11983	REMOVE/INSERT DRUG IMPLANT	-	-	7/1/2018	No Separate Payment	\$0.00
12001	RPR S/N/AX/GEN/TRNK 2.5CM/<	-	-	7/1/2018	No Separate Payment	\$0.00
12002	RPR S/N/AX/GEN/TRNK2.6-7.5CM	-	-	7/1/2018	No Separate Payment	\$0.00
12004	RPR S/N/AX/GEN/TRK7.6-12.5CM	-	-	7/1/2018	No Separate Payment	\$0.00
12005	RPR S/N/A/GEN/TRK12.6-20.0CM	-	-	1/1/2026	Fee Schedule	\$223.01
12006	RPR S/N/A/GEN/TRK20.1-30.0CM	-	-	1/1/2026	Fee Schedule	\$223.01
12007	RPR S/N/AX/GEN/TRNK >30.0 CM	Y	-	1/1/2026	Fee Schedule	\$110.23
12011	RPR F/E/E/N/L/M 2.5 CM/<	-	-	7/1/2018	No Separate Payment	\$0.00
12013	RPR F/E/E/N/L/M 2.6-5.0 CM	-	-	7/1/2018	No Separate Payment	\$0.00
12014	RPR F/E/E/N/L/M 5.1-7.5 CM	-	-	7/1/2018	No Separate Payment	\$0.00
12015	RPR F/E/E/N/L/M 7.6-12.5 CM	-	-	1/1/2026	Fee Schedule	\$110.23
12016	RPR FE/E/EN/L/M 12.6-20.0 CM	-	-	1/1/2026	Fee Schedule	\$223.01
12017	RPR FE/E/EN/L/M 20.1-30.0 CM	-	-	1/1/2026	Fee Schedule	\$223.01
12018	RPR F/E/E/N/L/M >30.0 CM	-	-	1/1/2026	Fee Schedule	\$110.23
12020	TX SUPFC WND DEHSN SMPL CLSR	Y	-	1/1/2026	Fee Schedule	\$404.93
12021	TX SUPFC WND DEHSN W/PACKING	Y	-	1/1/2026	Fee Schedule	\$223.01
12031	INTMD RPR S/A/T/EXT 2.5 CM/<	Y	-	1/1/2026	Fee Schedule	\$187.98
12032	INTMD RPR S/A/T/EXT 2.6-7.5	Y	-	1/1/2026	Fee Schedule	\$209.80
12034	INTMD RPR S/TR/EXT 7.6-12.5	Y	-	1/1/2026	Fee Schedule	\$223.01
12035	INTMD RPR S/A/T/EXT 12.6-20	Y	-	1/1/2026	Fee Schedule	\$223.01
12036	INTMD RPR S/A/T/EXT 20.1-30	Y	-	1/1/2026	Fee Schedule	\$404.93
12037	INTMD RPR S/TR/EXT >30.0 CM	Y	-	1/1/2026	Fee Schedule	\$1,128.57
12041	INTMD RPR N-HF/GENIT 2.5CM/<	-	-	1/1/2026	Fee Schedule	\$186.97
12042	INTMD RPR N-HF/GENIT2.6-7.5	Y	-	1/1/2026	Fee Schedule	\$205.10
12044	INTMD RPR N-HF/GENIT7.6-12.5	Y	-	1/1/2026	Fee Schedule	\$404.93
12045	INTMD RPR N-HF/GENIT12.6-20	Y	-	1/1/2026	Fee Schedule	\$404.93
12046	INTMD RPR N-HF/GENIT20.1-30	Y	-	1/1/2026	Fee Schedule	\$404.93
12047	INTMD RPR N-HF/GENIT >30.0CM	Y	-	1/1/2026	Fee Schedule	\$1,128.57
12051	INTMD RPR FACE/MM 2.5 CM/<	Y	-	1/1/2026	Fee Schedule	\$198.38
12052	INTMD RPR FACE/MM 2.6-5.0 CM	Y	-	1/1/2026	Fee Schedule	\$208.12
12053	INTMD RPR FACE/MM 5.1-7.5 CM	Y	-	1/1/2026	Fee Schedule	\$223.01

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

Montana Healthcare Programs Fee Schedule **ASC Covered Surgical and Ancillary Services** **January 1, 2026**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
12054	INTMD RPR FACE/MM 7.6-12.5CM	-	-	1/1/2026	Fee Schedule	\$223.01
12055	INTMD RPR FACE/MM 12.6-20 CM	Y	-	1/1/2026	Fee Schedule	\$223.01
12056	INTMD RPR FACE/MM 20.1-30.0	-	-	1/1/2026	Fee Schedule	\$223.01
12057	INTMD RPR FACE/MM >30.0 CM	Y	-	1/1/2026	Fee Schedule	\$223.01
13100	CMPLX RPR TRUNK 1.1-2.5 CM	Y	-	1/1/2026	Fee Schedule	\$404.93
13101	CMPLX RPR TRUNK 2.6-7.5 CM	Y	-	1/1/2026	Fee Schedule	\$404.93
13102	CMPLX RPR TRUNK ADDL 5CM/<	-	-	7/1/2018	No Separate Payment	\$0.00
13120	CMPLX RPR S/A/L 1.1-2.5 CM	Y	-	1/1/2026	Fee Schedule	\$223.01
13121	CMPLX RPR S/A/L 2.6-7.5 CM	Y	-	1/1/2026	Fee Schedule	\$223.01
13122	CMPLX RPR S/A/L ADDL 5 CM/>	-	-	7/1/2018	No Separate Payment	\$0.00
13131	CMPLX RPR F/C/C/M/N/AX/G/H/F	Y	-	1/1/2026	Fee Schedule	\$223.01
13132	CMPLX RPR F/C/C/M/N/AX/G/H/F	Y	-	1/1/2026	Fee Schedule	\$223.01
13133	CMPLX RPR F/C/C/M/N/AX/G/H/F	-	-	7/1/2018	No Separate Payment	\$0.00
13151	CMPLX RPR E/N/E/L 1.1-2.5 CM	Y	-	1/1/2026	Fee Schedule	\$404.93
13152	CMPLX RPR E/N/E/L 2.6-7.5 CM	Y	-	1/1/2026	Fee Schedule	\$404.93
13153	CMPLX RPR E/N/E/L ADDL 5CM/<	-	-	7/1/2018	No Separate Payment	\$0.00
13160	SEC CLSR SURG WND/DEHSN XTN	Y	-	1/1/2026	Fee Schedule	\$1,940.78
14000	TIS TRNFR TRUNK 10 SQ CM/<	Y	-	1/1/2026	Fee Schedule	\$1,128.57
14001	TIS TRNFR TRUNK 10.1-30SQCM	Y	-	1/1/2026	Fee Schedule	\$1,128.57
14020	TIS TRNFR S/A/L 10 SQ CM/<	Y	-	1/1/2026	Fee Schedule	\$1,128.57
14021	TIS TRNFR S/A/L 10.1-30 SQCM	Y	-	1/1/2026	Fee Schedule	\$1,128.57
14040	TIS TRNFR F/C/C/M/N/A/G/H/F	Y	-	1/1/2026	Fee Schedule	\$1,128.57
14041	TIS TRNFR F/C/C/M/N/A/G/H/F	Y	-	1/1/2026	Fee Schedule	\$1,128.57
14060	TIS TRNFR E/N/E/L 10 SQ CM/<	Y	-	1/1/2026	Fee Schedule	\$1,128.57
14061	TIS TRNFR E/N/E/L10.1-30SQCM	Y	-	1/1/2026	Fee Schedule	\$1,128.57
14301	TIS TRNFR ANY 30.1-60 SQ CM	Y	-	1/1/2026	Fee Schedule	\$1,940.78
14302	TIS TRNFR ADDL 30 SQ CM	-	-	7/1/2018	No Separate Payment	\$0.00
14350	FILLETED FINGER/TOE FLAP	Y	-	1/1/2026	Fee Schedule	\$1,128.57
15002	WOUND PREP TRK/ARM/LEG	Y	-	1/1/2026	Fee Schedule	\$404.93
15003	WOUND PREP ADDL 100 CM	-	-	7/1/2018	No Separate Payment	\$0.00
15004	WOUND PREP F/N/HF/G	Y	-	1/1/2026	Fee Schedule	\$223.01
15005	WND PREP F/N/HF/G ADDL CM	-	-	7/1/2018	No Separate Payment	\$0.00
15011	HRV SKN CLL SSP AGRFT 1ST 25	Y	-	1/1/2026	Fee Schedule	\$1,128.57
15012	HRV SKN CLL SSP AGRFT EA ADD	-	-	1/1/2025	No Separate Payment	\$0.00
15013	PREPJ SKN CLL SSP AGRFT 1ST	-	-	1/1/2026	No Separate Payment	\$0.00
15014	PREPJ SKN CLL SSP AGRFT EA	-	-	1/1/2025	No Separate Payment	\$0.00
15015	APP SKN CL SSP AGRFT T/A/L 1	Y	-	1/1/2026	Fee Schedule	\$1,128.57
15016	APP SKN CL SSP AGRF T/A/L EA	-	-	1/1/2025	No Separate Payment	\$0.00
15017	APP SKN CLL SSP F/N/G/HF 1ST	Y	-	1/1/2026	Fee Schedule	\$1,128.57
15018	APP SKN CLL SSP F/N/G/HF EA	-	-	1/1/2025	No Separate Payment	\$0.00
15040	HARVEST CULTURED SKIN GRAFT	Y	-	1/1/2026	Fee Schedule	\$1,128.57
15050	PINCH GRAFT UP TO 2 CM DIAM	Y	-	1/1/2026	Fee Schedule	\$404.93
15100	SPLT AGRFT T/A/L 1ST 100SQCM	Y	-	1/1/2026	Fee Schedule	\$1,128.57
15101	SPLT AGRFT T/A/L EA ADDL 100	-	-	7/1/2018	No Separate Payment	\$0.00
15110	EPIDRM AGRFT T/A/L 1ST 100	Y	-	1/1/2026	Fee Schedule	\$1,128.57
15111	EPIDRM AGRFT T/A/L EA ADDL	-	-	7/1/2018	No Separate Payment	\$0.00
15115	EPDRM AGRFT F/S/N/H/F/G/M 1	Y	-	1/1/2026	Fee Schedule	\$1,128.57
15116	EPDRM AGRFT F/S/N/H/F/G/M EA	-	-	7/1/2018	No Separate Payment	\$0.00
15120	SPLT AGRFT F/S/N/H/F/G/M 1ST	Y	-	1/1/2026	Fee Schedule	\$1,940.78
15121	SPLT AGRFT F/S/N/H/F/G/M EA	-	-	7/1/2018	No Separate Payment	\$0.00
15130	DRM AGRFT T/A/L 1ST 100 SQCM	Y	-	1/1/2026	Fee Schedule	\$1,128.57

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

Montana Healthcare Programs Fee Schedule ASC Covered Surgical and Ancillary Services January 1, 2026

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
15131	DRM AGRFT T/A/L EA ADDL	-	-	7/1/2018	No Separate Payment	\$0.00
15135	DRM AGRFT F/S/N/H/F/G/M 1ST	Y	-	1/1/2026	Fee Schedule	\$1,940.78
15136	DRM AGRFT F/S/N/H/F/G/M EA	-	-	7/1/2018	No Separate Payment	\$0.00
15150	TIS CLTR SKN AGRFT T/A/L 1ST	Y	-	1/1/2026	Fee Schedule	\$1,128.57
15151	TIS CLTR SKN AGRFT T/A/L ADD	-	-	7/1/2018	No Separate Payment	\$0.00
15152	TIS CLTR SKN AGRFT T/A/L EA	-	-	7/1/2018	No Separate Payment	\$0.00
15155	TIS CLTR AGRFT F/S/N/H/F/G 1	Y	-	1/1/2026	Fee Schedule	\$1,940.78
15156	TIS CLT AGRFT F/S/N/H/F/G AD	-	-	7/1/2018	No Separate Payment	\$0.00
15157	TIS CLT AGRFT F/S/N/H/F/G EA	-	-	7/1/2018	No Separate Payment	\$0.00
15200	FTH/GFT FR TRNK 20 SQ CM/<	Y	-	1/1/2026	Fee Schedule	\$1,128.57
15201	FTH/GFT FR TRNK EACH ADDL	-	-	7/1/2018	No Separate Payment	\$0.00
15220	FTH/GFT FR S/A/L 20 SQ CM/<	Y	-	1/1/2026	Fee Schedule	\$1,128.57
15221	FTH/GFT FR S/A/L EACH ADDL	-	-	7/1/2018	No Separate Payment	\$0.00
15240	FTH/GFT F/C/C/M/N/AX/G/H/F20	Y	-	1/1/2026	Fee Schedule	\$1,128.57
15241	FTH/GFT F/C/C/M/N/A/G/H/F EA	-	-	7/1/2018	No Separate Payment	\$0.00
15260	FTH/GFT FR N/E/E/L 20 SQCM/<	Y	-	1/1/2026	Fee Schedule	\$1,128.57
15261	FTH/GFT FR N/E/E/L EACH ADDL	-	-	7/1/2018	No Separate Payment	\$0.00
15271	SKIN SUB GRAFT TRNK/ARM/LEG	Y	-	1/1/2026	Fee Schedule	\$404.93
15272	SKIN SUB GRAFT T/A/L ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
15273	SKIN SUB GRFT T/ARM/LG CHILD	Y	-	1/1/2026	Fee Schedule	\$1,128.57
15274	SKN SUB GRFT T/A/L CHILD ADD	-	-	7/1/2018	No Separate Payment	\$0.00
15275	SKIN SUB GRAFT FACE/NK/HF/G	Y	-	1/1/2026	Fee Schedule	\$94.66
15276	SKIN SUB GRAFT F/N/HF/G ADDL	-	-	7/1/2018	No Separate Payment	\$0.00
15277	SKN SUB GRFT F/N/HF/G CHILD	Y	-	1/1/2026	Fee Schedule	\$1,128.57
15278	SKN SUB GRFT F/N/HF/G CH ADD	-	-	7/1/2018	No Separate Payment	\$0.00
15570	SKIN PEDICLE FLAP TRUNK	Y	-	1/1/2026	Fee Schedule	\$1,128.57
15572	SKIN PEDICLE FLAP ARMS/LEGS	Y	-	1/1/2026	Fee Schedule	\$1,940.78
15574	PEDCLE FH/CH/CH/M/N/AX/G/H/F	Y	-	1/1/2026	Fee Schedule	\$1,128.57
15576	PEDICLE E/N/E/L/NTRORAL	Y	-	1/1/2026	Fee Schedule	\$1,128.57
15600	DELAY FLAP TRUNK	Y	-	1/1/2026	Fee Schedule	\$1,940.78
15610	DELAY FLAP ARMS/LEGS	Y	-	1/1/2026	Fee Schedule	\$1,128.57
15620	DELAY FLAP F/C/C/N/AX/G/H/F	Y	-	1/1/2026	Fee Schedule	\$1,128.57
15630	DELAY FLAP EYE/NOS/EAR/LIP	Y	-	1/1/2026	Fee Schedule	\$1,128.57
15650	TRANSFER SKIN PEDICLE FLAP	Y	-	1/1/2026	Fee Schedule	\$1,128.57
15730	MDFC FLAP W/PRSRV VASC PEDCL	Y	-	1/1/2026	Fee Schedule	\$1,940.78
15731	FOREHEAD FLAP W/VASC PEDICLE	Y	-	1/1/2026	Fee Schedule	\$1,940.78
15733	MUSC MYOQ/FSCQ FLP H&N PEDCL	Y	-	1/1/2026	Fee Schedule	\$1,940.78
15734	MUSCLE-SKIN GRAFT TRUNK	Y	-	1/1/2026	Fee Schedule	\$1,940.78
15736	MUSCLE-SKIN GRAFT ARM	Y	-	1/1/2026	Fee Schedule	\$1,128.57
15738	MUSCLE-SKIN GRAFT LEG	Y	-	1/1/2026	Fee Schedule	\$1,940.78
15740	ISLAND PEDICLE FLAP GRAFT	Y	-	1/1/2026	Fee Schedule	\$1,128.57
15750	NEUROVASCULAR PEDICLE FLAP	Y	-	1/1/2026	Fee Schedule	\$1,940.78
15760	COMPOSITE SKIN GRAFT	Y	-	1/1/2026	Fee Schedule	\$1,128.57
15769	GRFG AUTOL SOFT TISS DIR EXC	Y	-	1/1/2026	Fee Schedule	\$1,940.78
15770	DERMA-FAT-FASCIA GRAFT	Y	-	1/1/2026	Fee Schedule	\$1,940.78
15771	GRFG AUTOL FAT LIPO 50 CC/<	-	-	4/1/2024	Not Allowed	\$0.00
15773	GRFG AUTOL FAT LIPO 25 CC/<	-	-	4/1/2024	Not Allowed	\$0.00
15775	HAIR TRNSPL 1-15 PUNCH GRFTS	-	-	4/1/2024	Not Allowed	\$0.00
15776	HAIR TRNSPL >15 PUNCH GRAFTS	-	-	4/1/2024	Not Allowed	\$0.00
15777	ACELLULAR DERM MATRIX IMPLT	-	-	7/1/2018	No Separate Payment	\$0.00
15780	DERMABRASION TOTAL FACE	-	-	4/1/2024	Not Allowed	\$0.00

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

Montana Healthcare Programs Fee Schedule ASC Covered Surgical and Ancillary Services January 1, 2026

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
15781	DERMABRASION SEGMENTAL FACE	-	-	4/1/2024	Not Allowed	\$0.00
15782	DERMABRASION OTHER THAN FACE	-	-	4/1/2024	Not Allowed	\$0.00
15783	DERMABRASION SUPRFL ANY SITE	-	-	4/1/2024	Not Allowed	\$0.00
15786	ABRASION LESION SINGLE	-	-	7/1/2018	Not Allowed	\$0.00
15787	ABRASION LESIONS ADD-ON	-	-	7/1/2018	Not Allowed	\$0.00
15788	CHEMICAL PEEL FACIAL EPIDRM	-	-	7/1/2018	Not Allowed	\$0.00
15789	CHEMICAL PEEL FACIAL DERMAL	-	-	4/1/2024	Not Allowed	\$0.00
15792	CHEM PEEL NONFACIAL EPIDRM	-	-	7/1/2018	Not Allowed	\$0.00
15793	CHEMICAL PEEL NONFACIAL DRM	-	-	7/1/2018	Not Allowed	\$0.00
15820	BLEPHAROPLASTY LOWER EYELID	Y	Y	1/1/2026	Fee Schedule	\$1,128.57
15821	BLEPHARP LWR EYELID FAT PAD	Y	Y	1/1/2026	Fee Schedule	\$1,128.57
15822	BLEPHAROPLASTY UPPER EYELID	Y	Y	1/1/2026	Fee Schedule	\$1,128.57
15823	BLEPHARP UPR EYELID XCSV SKN	Y	Y	1/1/2026	Fee Schedule	\$1,128.57
15824	RHYTIDECTOMY FOREHEAD	-	-	4/1/2024	Not Allowed	\$0.00
15825	RHYTDCT NCK PLTYSML TGHTG	-	-	4/1/2024	Not Allowed	\$0.00
15826	RHYTIDECTOMY GLBLR FRN LINES	-	-	4/1/2024	Not Allowed	\$0.00
15828	RHYTIDECTOMY CHEEK CHN & NCK	-	-	4/1/2024	Not Allowed	\$0.00
15829	RHYTIDECTOMY SMAS FLAP	-	-	4/1/2024	Not Allowed	\$0.00
15830	EXC EXCESSIVE SKIN ABDOMEN	Y	Y	1/1/2026	Fee Schedule	\$2,848.20
15832	EXC EXCESSIVE SKIN THIGH	Y	Y	1/1/2026	Fee Schedule	\$1,248.36
15833	EXC EXCESSIVE SKIN LEG	Y	Y	1/1/2026	Fee Schedule	\$1,248.36
15834	EXC EXCESSIVE SKIN HIP	Y	Y	1/1/2026	Fee Schedule	\$1,248.36
15835	EXC EXCESSIVE SKIN BUTTOCK	Y	Y	1/1/2026	Fee Schedule	\$1,248.36
15836	EXC EXCESSIVE SKIN ARM	Y	Y	1/1/2026	Fee Schedule	\$1,248.36
15837	EXC EXCSV SKIN FOREARM/HAND	Y	Y	1/1/2026	Fee Schedule	\$1,248.36
15838	EXC EXCSV SUBMENTAL FAT PAD	Y	Y	1/1/2026	Fee Schedule	\$1,248.36
15839	EXC EXCESSIVE SKN OTHER AREA	Y	Y	1/1/2026	Fee Schedule	\$1,248.36
15840	NERVE PALSY FASCIAL GRAFT	Y	-	1/1/2026	Fee Schedule	\$1,940.78
15841	NERVE PALSY MUSCLE GRAFT	Y	-	1/1/2026	Fee Schedule	\$1,940.78
15842	NERVE PALSY MICROSURG GRAFT	Y	-	1/1/2026	Fee Schedule	\$1,128.57
15845	SKIN AND MUSCLE REPAIR FACE	Y	-	1/1/2026	Fee Schedule	\$1,940.78
15847	EXC SKIN ABD ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
15851	REMOVAL SUTR/STAPLE REQ ANES	Y	-	1/1/2026	Fee Schedule	\$1,128.57
15852	DRESSING CHANGE NOT FOR BURN	-	-	7/1/2018	No Separate Payment	\$0.00
15860	IV NJX TST VASC FLO FLAP/GRF	-	-	7/1/2018	No Separate Payment	\$0.00
15876	SUCTION LIPECTOMY HEAD&NECK	-	-	4/1/2024	Not Allowed	\$0.00
15877	SUCTION LIPECTOMY TRUNK	-	-	4/1/2024	Not Allowed	\$0.00
15878	SUCTION LIPECTOMY UPR EXTREM	-	-	4/1/2024	Not Allowed	\$0.00
15879	SUCTION LIPECTOMY LWR EXTREM	-	-	4/1/2024	Not Allowed	\$0.00
15920	EXC COCCYGL PR ULC PRIM SUTR	Y	-	1/1/2026	Fee Schedule	\$1,248.36
15922	EXC COCCYGL PR ULC FLAP CLSR	Y	-	1/1/2026	Fee Schedule	\$1,940.78
15931	EXC SACRAL PR ULC PRIM SUTR	Y	-	1/1/2026	Fee Schedule	\$1,248.36
15933	EXC SAC PR ULC PRIM STR OSTC	Y	-	1/1/2026	Fee Schedule	\$1,248.36
15934	EXC SACRAL PR ULC SKN FLAP	Y	-	1/1/2026	Fee Schedule	\$1,940.78
15935	EXC SAC PR ULC SKN FLP OSTC	Y	-	1/1/2026	Fee Schedule	\$1,940.78
15936	EXC SAC PR ULC PREP MUS FLAP	Y	-	1/1/2026	Fee Schedule	\$1,128.57
15937	EXC SAC PR ULC PREP MUS OSTC	Y	-	1/1/2026	Fee Schedule	\$1,128.57
15940	EXC ISCHIAL PR ULC PRIM SUTR	Y	-	1/1/2026	Fee Schedule	\$1,248.36
15941	EXC ISCH PR ULC PRM SUT OSTC	Y	-	1/1/2026	Fee Schedule	\$1,248.36
15944	EXC ISCH PR ULC SKN FLP CLSR	Y	-	1/1/2026	Fee Schedule	\$1,940.78
15945	EXC ISCH PR ULC SKN FLP OSTC	Y	-	1/1/2026	Fee Schedule	\$1,128.57

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

Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
January 1, 2026

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
15946	EXC ISCH PR ULC PREP MUS FLP	Y	-	1/1/2026	Fee Schedule	\$1,128.57
15950	EXC TRCHNTR PR ULC PRIM SUTR	Y	-	1/1/2026	Fee Schedule	\$742.04
15951	EXC TRCHNTR PR ULC OSTC	Y	-	1/1/2026	Fee Schedule	\$1,248.36
15952	EXC TRCHNTR PR ULC FLP CLSR	Y	-	1/1/2026	Fee Schedule	\$1,128.57
15953	EXC TRCHNTR PR ULC FLP OSTC	Y	-	1/1/2026	Fee Schedule	\$1,940.78
15956	EXC TRCHNTR PR ULC PREP FLAP	Y	-	1/1/2026	Fee Schedule	\$1,128.57
15958	EXC TRCHNTR PR ULC PREP OSTC	Y	-	1/1/2026	Fee Schedule	\$1,940.78
16000	INITIAL TREATMENT OF BURN(S)	-	-	7/1/2018	No Separate Payment	\$0.00
16020	DRESS/DEBRID P-THICK BURN S	-	-	7/1/2018	No Separate Payment	\$0.00
16025	DRESS/DEBRID P-THICK BURN M	Y	-	1/1/2026	Fee Schedule	\$110.23
16030	DRESS/DEBRID P-THICK BURN L	Y	-	1/1/2026	Fee Schedule	\$223.01
16035	ESCHAROTOMY 1ST INCISION	Y	-	1/1/2026	Fee Schedule	\$223.01
17000	DESTRUCT PREMALG LESION	-	-	7/1/2018	No Separate Payment	\$0.00
17003	DESTRUCT PREMALG LES 2-14	-	-	7/1/2018	No Separate Payment	\$0.00
17004	DESTROY PREMAL LESIONS 15/>	Y	-	1/1/2026	Fee Schedule	\$113.79
17106	DSTR CUT VSC PRLF LES<10SQCM	Y	-	1/1/2026	Fee Schedule	\$208.79
17107	DSTR CUT VSC PRLF LES10-50SQ	Y	-	1/1/2026	Fee Schedule	\$271.56
17108	DSTR CUT VSC PRLF LES>50SQCM	Y	-	1/1/2026	Fee Schedule	\$359.51
17110	DESTRUCTION B9 LES UP TO 14	-	-	7/1/2018	No Separate Payment	\$0.00
17111	DESTRUCTION B9 LESIONS 15/>	-	-	7/1/2018	No Separate Payment	\$0.00
17250	CHEM CAUT OF GRANLTJ TISSUE	-	-	7/1/2018	No Separate Payment	\$0.00
17260	DSTRJ MAL LES T/A/L 0.5 CM/<	-	-	7/1/2018	No Separate Payment	\$0.00
17261	DSTRJ MAL LES T/A/L .6-1.0CM	-	-	7/1/2018	No Separate Payment	\$0.00
17262	DSTRJ MAL LES T/A/L 1.1-2.0	-	-	7/1/2018	No Separate Payment	\$0.00
17263	DSTRJ MAL LES T/A/L 2.1-3.0	-	-	7/1/2018	No Separate Payment	\$0.00
17264	DSTRJ MAL LES T/A/L 3.1-4.0	Y	-	1/1/2026	Fee Schedule	\$131.58
17266	DSTRJ MAL LES T/A/L >4.0 CM	Y	-	1/1/2026	Fee Schedule	\$145.68
17270	DSTR MAL LES S/N/H/F/G .5 /<	Y	-	1/1/2026	Fee Schedule	\$98.35
17271	DSTR MAL LES S/N/H/F/G 0.6-1	Y	-	1/1/2026	Fee Schedule	\$107.42
17272	DSTR MAL LES S/N/H/F/G 1.1-2	-	-	7/1/2018	No Separate Payment	\$0.00
17273	DSTR MAL LES S/N/H/F/G 2.1-3	Y	-	1/1/2026	Fee Schedule	\$129.57
17274	DSTR MAL LES S/N/H/F/G 3.1-4	Y	-	1/1/2026	Fee Schedule	\$145.68
17276	DSTR MAL LES S/N/H/F/G >4.0	Y	-	1/1/2026	Fee Schedule	\$162.80
17280	DSTR MAL LS F/E/E/N/L/M .5/<	-	-	7/1/2018	No Separate Payment	\$0.00
17281	DSTR MAL LS F/E/E/N/L/M .6-1	Y	-	1/1/2026	Fee Schedule	\$110.23
17282	DSTR MAL LS F/E/E/N/L/M1.1-2	Y	-	1/1/2026	Fee Schedule	\$110.23
17283	DSTR MAL LS F/E/E/N/L/M2.1-3	Y	-	1/1/2026	Fee Schedule	\$141.99
17284	DSTR MAL LS F/E/E/N/L/M3.1-4	Y	-	1/1/2026	Fee Schedule	\$157.43
17286	DSTR MAL LS F/E/E/N/L/M>4.0	Y	-	1/1/2026	Fee Schedule	\$191.67
17311	MOHS 1 STAGE H/N/HF/G	Y	-	1/1/2026	Fee Schedule	\$404.93
17312	MOHS ADDL STAGE	-	-	7/1/2018	No Separate Payment	\$0.00
17313	MOHS 1 STAGE T/A/L	Y	-	1/1/2026	Fee Schedule	\$404.93
17314	MOHS ADDL STAGE T/A/L	-	-	7/1/2018	No Separate Payment	\$0.00
17315	MOHS SURG ADDL BLOCK	-	-	7/1/2018	No Separate Payment	\$0.00
17340	CRYOTHERAPY FOR ACNE	-	-	7/1/2018	No Separate Payment	\$0.00
17360	CHEMICAL EXFOLIATION ACNE	-	-	7/1/2018	No Separate Payment	\$0.00
17380	ELECTROLYSIS EPILATION EA 30	-	-	4/1/2024	Not Allowed	\$0.00
19000	PUNCTURE ASPIR CYST BREAST	Y	-	1/1/2026	Fee Schedule	\$65.46
19001	PUNCTURE ASPIR CYST BRST EA	-	-	7/1/2018	No Separate Payment	\$0.00
19020	MASTOTOMY EXPL DRG ABSC DP	Y	-	1/1/2026	Fee Schedule	\$742.04
19030	NJX PX ONLY MAM DUCTO/GLCTO	-	-	7/1/2018	No Separate Payment	\$0.00

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

Montana Healthcare Programs Fee Schedule ASC Covered Surgical and Ancillary Services January 1, 2026

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
19081	BX BREAST 1ST LESION STRTCTC	Y	-	1/1/2026	Fee Schedule	\$742.04
19082	BX BREAST ADD LESION STRTCTC	-	-	7/1/2018	No Separate Payment	\$0.00
19083	BX BREAST 1ST LESION US IMAG	Y	-	1/1/2026	Fee Schedule	\$742.04
19084	BX BREAST ADD LESION US IMAG	-	-	7/1/2018	No Separate Payment	\$0.00
19085	BX BREAST 1ST LESION MR IMAG	Y	-	1/1/2026	Fee Schedule	\$742.04
19086	BX BREAST ADD LESION MR IMAG	-	-	7/1/2018	No Separate Payment	\$0.00
19100	BX BREAST PERCUT W/O IMAGE	Y	-	1/1/2026	Fee Schedule	\$742.04
19101	BIOPSY OF BREAST OPEN	Y	-	1/1/2026	Fee Schedule	\$1,603.18
19105	CRYOSURG ABLATE FA EACH	Y	-	1/1/2026	Fee Schedule	\$2,387.38
19110	NIPPLE EXPLORATION	Y	-	1/1/2026	Fee Schedule	\$1,603.18
19112	EXCISE BREAST DUCT FISTULA	Y	-	1/1/2026	Fee Schedule	\$1,603.18
19120	REMOVAL OF BREAST LESION	Y	-	1/1/2026	Fee Schedule	\$1,603.18
19125	EXCISION BREAST LESION	Y	-	1/1/2026	Fee Schedule	\$1,603.18
19126	EXCISION ADDL BREAST LESION	-	-	7/1/2018	No Separate Payment	\$0.00
19281	PERQ DEVICE BREAST 1ST IMAG	-	-	7/1/2018	No Separate Payment	\$0.00
19282	PERQ DEVICE BREAST EA IMAG	-	-	7/1/2018	No Separate Payment	\$0.00
19283	PERQ DEV BREAST 1ST STRTCTC	-	-	7/1/2018	No Separate Payment	\$0.00
19284	PERQ DEV BREAST ADD STRTCTC	-	-	7/1/2018	No Separate Payment	\$0.00
19285	PERQ DEV BREAST 1ST US IMAG	-	-	7/1/2018	No Separate Payment	\$0.00
19286	PERQ DEV BREAST ADD US IMAG	-	-	7/1/2018	No Separate Payment	\$0.00
19287	PERQ DEV BREAST 1ST MR GUIDE	-	-	7/1/2018	No Separate Payment	\$0.00
19288	PERQ DEV BREAST ADD MR GUIDE	-	-	7/1/2018	No Separate Payment	\$0.00
19294	PREPJ TUM CAV IORT PRTL MAST	-	-	7/1/2018	No Separate Payment	\$0.00
19296	PLACE PO BREAST CATH FOR RAD	Y	-	1/1/2026	Fee Schedule	\$4,468.78
19297	PLACE BREAST CATH FOR RAD	-	-	7/1/2018	No Separate Payment	\$0.00
19298	PLACE BREAST RAD TUBE/CATHS	Y	-	1/1/2026	Fee Schedule	\$5,802.32
19300	MASTECTOMY FOR GYNECOMASTIA	Y	Y	1/1/2026	Fee Schedule	\$1,603.18
19301	PARTIAL MASTECTOMY	Y	Y	1/1/2026	Fee Schedule	\$1,603.18
19302	P-MASTECTOMY W/LN REMOVAL	Y	Y	1/1/2026	Fee Schedule	\$2,848.20
19303	MAST SIMPLE COMPLETE	Y	Y	1/1/2026	Fee Schedule	\$2,848.20
19307	MAST MOD RAD	Y	-	1/1/2026	Fee Schedule	\$2,848.20
19316	MASTOPEXY	Y	Y	1/1/2026	Fee Schedule	\$2,848.20
19318	BREAST REDUCTION	Y	Y	1/1/2026	Fee Schedule	\$2,848.20
19325	BREAST AUGMENTATION W/IMPLT	Y	Y	1/1/2026	Fee Schedule	\$3,171.50
19328	RMVL INTACT BREAST IMPLANT	-	Y	1/1/2026	Fee Schedule	\$1,603.18
19330	RMVL RUPTURED BREAST IMPLANT	-	Y	1/1/2026	Fee Schedule	\$1,603.18
19340	INSJ BREAST IMPLT SM D MAST	Y	Y	1/1/2026	Fee Schedule	\$3,171.50
19342	INSJ/RPLCMT BRST IMPLT SEP D	Y	Y	1/1/2026	Fee Schedule	\$3,171.50
19350	NIPPLE/AREOLA RECONSTRUCTION	Y	Y	1/1/2026	Fee Schedule	\$1,603.18
19355	CORRECT INVERTED NIPPLE(S)	-	-	4/1/2024	Not Allowed	\$0.00
19357	TISS XPNDR PLMT BRST RCNSTJ	Y	Y	1/1/2026	Fee Schedule	\$4,558.14
19370	REVJ PERI-IMPLT CAPSULE BRST	Y	Y	1/1/2026	Fee Schedule	\$1,603.18
19371	PERI-IMPLT CAPSLC BRST COMPL	Y	Y	1/1/2026	Fee Schedule	\$1,603.18
19380	REVJ RECONSTRUCTED BREAST	Y	Y	1/1/2026	Fee Schedule	\$2,848.20
19396	DESIGN CUSTOM BREAST IMPLANT	Y	Y	1/1/2026	Fee Schedule	\$1,603.18
19499	UNLISTED PROCEDURE BREAST	-	Y	1/1/2015	Not Allowed	\$0.00
20100	EXPL PENTRG WOUND NECK	Y	-	1/1/2026	Fee Schedule	\$295.47
20101	EXPL PENTRG WOUND CHEST	Y	-	1/1/2026	Fee Schedule	\$1,128.57
20102	EXPL PENTRG WND ABD/FLNK/BK	Y	-	1/1/2026	Fee Schedule	\$1,128.57
20103	EXPL PENTRG WOUND EXTREMITY	Y	-	1/1/2026	Fee Schedule	\$742.04
20150	EXCISION EPIPHYSEAL BAR	Y	-	1/1/2026	Fee Schedule	\$1,644.87

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

Montana Healthcare Programs Fee Schedule ASC Covered Surgical and Ancillary Services January 1, 2026

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
20200	MUSCLE BIOPSY SUPERFICIAL	Y	-	1/1/2026	Fee Schedule	\$742.04
20205	DEEP MUSCLE BIOPSY	Y	-	1/1/2026	Fee Schedule	\$1,248.36
20206	BIOPSY MUSCLE PERQ NEEDLE	Y	-	1/1/2026	Fee Schedule	\$742.04
20220	BONE BIOPSY TROCER/NDL SUPFC	Y	-	1/1/2026	Fee Schedule	\$742.04
20225	BONE BIOPSY TROCER/NDL DEEP	Y	-	1/1/2026	Fee Schedule	\$742.04
20240	BONE BIOPSY OPEN SUPERFICIAL	Y	-	1/1/2026	Fee Schedule	\$1,248.36
20245	BONE BIOPSY OPEN DEEP	Y	-	1/1/2026	Fee Schedule	\$1,248.36
20250	BIOPSY VRT BDY OPEN THORACIC	Y	-	1/1/2026	Fee Schedule	\$1,644.87
20251	BIOPSY VRT BDY OPEN LMBR/CRV	Y	-	1/1/2026	Fee Schedule	\$3,695.53
20500	NJX SINUS TRACT THERAPEUTIC	Y	-	1/1/2026	Fee Schedule	\$82.24
20501	NJX SINUS TRACT DIAGNOSTIC	-	-	7/1/2018	No Separate Payment	\$0.00
20520	RMVL FB MUSC/TDN SIMPLE	Y	-	1/1/2026	Fee Schedule	\$159.78
20525	RMVL FB MUSC/TDN DEEP/COMP	Y	-	1/1/2026	Fee Schedule	\$1,248.36
20526	THER INJECTION CARP TUNNEL	Y	-	1/1/2026	Fee Schedule	\$52.03
20527	NJX NZM PALMAR FASCIAL CORD	Y	-	1/1/2026	Fee Schedule	\$55.39
20550	NJX 1 TENDON SHEATH/LIGAMENT	Y	-	1/1/2026	Fee Schedule	\$33.23
20551	NJX 1 TENDON ORIGIN/INSJ	Y	-	1/1/2026	Fee Schedule	\$33.57
20552	NJX 1/MLT TRIGGER POINT 1/2	Y	-	1/1/2026	Fee Schedule	\$28.20
20553	NJX 1/MLT TRIGGER POINTS 3/>	Y	-	1/1/2026	Fee Schedule	\$32.90
20555	PLACE NDL MUSC/TIS FOR RT	Y	-	1/1/2026	Fee Schedule	\$1,644.87
20600	DRAIN/INJ JOINT/BURSA W/O US	Y	-	1/1/2026	Fee Schedule	\$32.22
20604	DRAIN/INJ JOINT/BURSA W/US	Y	-	1/1/2026	Fee Schedule	\$54.72
20605	DRAIN/INJ JOINT/BURSA W/O US	Y	-	1/1/2026	Fee Schedule	\$32.56
20606	DRAIN/INJ JOINT/BURSA W/US	Y	-	1/1/2026	Fee Schedule	\$57.74
20610	DRAIN/INJ JOINT/BURSA W/O US	Y	-	1/1/2026	Fee Schedule	\$38.94
20611	DRAIN/INJ JOINT/BURSA W/US	Y	-	1/1/2026	Fee Schedule	\$64.11
20612	ASPIRATE/INJ GANGLION CYST	Y	-	1/1/2026	Fee Schedule	\$42.30
20615	TREATMENT OF BONE CYST	Y	-	1/1/2026	Fee Schedule	\$166.16
20650	INSERT AND REMOVE BONE PIN	Y	-	1/1/2026	Fee Schedule	\$1,644.87
20660	APPLY REM FIXATION DEVICE	-	-	1/1/2026	No Separate Payment	\$0.00
20661	APPLICATION HALO CRANIAL	-	-	1/1/2026	No Separate Payment	\$0.00
20662	APPLICATION HALO PELVIC	Y	-	1/1/2026	Fee Schedule	\$872.87
20663	APPLICATION HALO FEMORAL	Y	-	1/1/2026	Fee Schedule	\$1,644.87
20664	APPL HALO CRANIAL 6+PINS	-	-	1/1/2026	No Separate Payment	\$0.00
20665	RMVL TONGS/HALO ANTHR INDIV	-	-	1/1/2026	Fee Schedule	\$241.78
20670	REMOVAL IMPLANT SUPERFICIAL	-	-	1/1/2026	Fee Schedule	\$742.04
20680	REMOVAL OF IMPLANT DEEP	-	-	1/1/2026	Fee Schedule	\$1,248.36
20690	APPL UNIPLN UNI EXT FIXJ SYS	Y	-	1/1/2026	Fee Schedule	\$5,273.70
20692	APPL MLTPLN UNI EXT FIXJ SYS	Y	-	1/1/2026	Fee Schedule	\$9,607.67
20693	ADJMT/REVJ EXT FIXJ SYS ANES	Y	-	1/1/2026	Fee Schedule	\$3,695.53
20694	RMVL EXT FIXJ SYS UNDER ANES	-	-	1/1/2026	Fee Schedule	\$872.87
20696	APP MLTPLN UNI XTRNL FIX 1ST	Y	-	1/1/2026	Fee Schedule	\$17,996.90
20697	APP MLTPLN UNI XTRNL FIX XCH	Y	-	1/1/2026	Fee Schedule	\$872.87
20700	MNL PREP&INSJ DP RX DLVR DEV	-	-	4/1/2023	No Separate Payment	\$0.00
20802	REPLANTATION ARM COMPLETE	Y	-	1/1/2026	Fee Schedule	\$13,933.19
20805	REPLANT FOREARM COMPLETE	Y	-	1/1/2026	Fee Schedule	\$13,933.19
20808	REPLANTATION HAND COMPLETE	Y	-	1/1/2026	Fee Schedule	\$13,933.19
20816	REPLANTATION DIGIT COMPLETE	Y	-	1/1/2026	Fee Schedule	\$1,105.94
20822	REPLANTATION DIGIT COMPLETE	Y	-	1/1/2026	Fee Schedule	\$872.87
20824	REPLANTATION THUMB COMPLETE	Y	-	1/1/2026	Fee Schedule	\$1,105.94
20827	REPLANTATION THUMB COMPLETE	Y	-	1/1/2026	Fee Schedule	\$872.87

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

Montana Healthcare Programs Fee Schedule ASC Covered Surgical and Ancillary Services January 1, 2026

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
20838	REPLANTATION FOOT COMPLETE	Y	-	1/1/2026	Fee Schedule	\$13,933.19
20900	REMOVAL OF BONE FOR GRAFT	Y	-	1/1/2026	Fee Schedule	\$4,682.29
20902	REMOVAL OF BONE FOR GRAFT	Y	-	1/1/2026	Fee Schedule	\$3,695.53
20910	REMOVE CARTILAGE FOR GRAFT	Y	-	1/1/2026	Fee Schedule	\$404.93
20912	REMOVE CARTILAGE FOR GRAFT	Y	-	1/1/2026	Fee Schedule	\$1,940.78
20920	REMOVAL OF FASCIA FOR GRAFT	Y	-	1/1/2026	Fee Schedule	\$1,128.57
20922	REMOVAL OF FASCIA FOR GRAFT	Y	-	1/1/2026	Fee Schedule	\$1,128.57
20924	REMOVAL OF TENDON FOR GRAFT	Y	-	1/1/2026	Fee Schedule	\$3,695.53
20930	SP BONE ALGRFT MORSEL ADD-ON	-	-	10/1/2020	No Separate Payment	\$0.00
20931	SP BONE ALGRFT STRUCT ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
20932	OSTEOART ALGRFT W/SURF & B1	-	-	1/1/2019	No Separate Payment	\$0.00
20933	HEMICRT INTRCLRY ALGRFT PRTL	-	-	1/1/2019	No Separate Payment	\$0.00
20934	INTERCALARY ALGRFT COMPL	-	-	1/1/2019	No Separate Payment	\$0.00
20936	SP BONE AGRFT LOCAL ADD-ON	-	-	10/1/2020	No Separate Payment	\$0.00
20937	SP BONE AGRFT MORSEL ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
20938	SP BONE AGRFT STRUCT ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
20939	BONE MARROW ASPIR BONE GRFG	-	-	7/1/2018	No Separate Payment	\$0.00
20950	MNTR INTRSTITIAL FLUID PRESS	Y	-	1/1/2026	Fee Schedule	\$388.55
20955	FIBULA BONE GRAFT MICROVASC	Y	-	1/1/2026	Fee Schedule	\$4,682.29
20956	ILIAC BONE GRAFT MICROVASC	Y	-	1/1/2026	Fee Schedule	\$4,682.29
20957	MT BONE GRAFT MICROVASC	Y	-	1/1/2026	Fee Schedule	\$4,682.29
20962	OTHER BONE GRAFT MICROVASC	Y	-	1/1/2026	Fee Schedule	\$4,682.29
20969	BONE/SKIN GRAFT MICROVASC	Y	-	1/1/2026	Fee Schedule	\$4,682.29
20970	BONE/SKIN GRAFT ILIAC CREST	Y	-	1/1/2026	Fee Schedule	\$4,682.29
20972	BONE/SKIN GRAFT METATARSAL	Y	-	1/1/2026	Fee Schedule	\$3,695.53
20973	BONE/SKIN GRAFT GREAT TOE	Y	-	1/1/2026	Fee Schedule	\$4,682.29
20975	ESTIM AID BONE HEALG INVASIV	-	-	7/1/2018	No Separate Payment	\$0.00
20979	LW NTSTY US STIMJ BONE HEALG	-	-	7/1/2018	No Separate Payment	\$0.00
20982	ABLATE BONE TUMOR(S) PERQ	Y	-	1/1/2026	Fee Schedule	\$9,255.83
20983	ABLATE BONE TUMOR(S) PERQ	Y	-	1/1/2026	Fee Schedule	\$5,274.34
20985	CPTR-ASST DIR MS PX	-	-	7/1/2018	No Separate Payment	\$0.00
21010	INCISION OF JAW JOINT	Y	-	1/1/2026	Fee Schedule	\$1,480.50
21011	EXC FACE LES SC <2 CM	Y	-	1/1/2026	Fee Schedule	\$281.30
21012	EXC FACE LES SBQ 2 CM/>	Y	-	1/1/2026	Fee Schedule	\$742.04
21013	EXC FACE TUM DEEP < 2 CM	Y	-	1/1/2026	Fee Schedule	\$358.17
21014	EXC FACE TUM DEEP 2 CM/>	Y	-	1/1/2026	Fee Schedule	\$1,248.36
21015	RESECT FACE/SCALP TUM < 2 CM	Y	-	1/1/2026	Fee Schedule	\$1,248.36
21016	RESECT FACE/SCALP TUM 2 CM/>	Y	-	1/1/2026	Fee Schedule	\$1,248.36
21025	EXCISION OF BONE LOWER JAW	Y	-	1/1/2026	Fee Schedule	\$3,025.62
21026	EXCISION OF FACIAL BONE(S)	Y	-	1/1/2026	Fee Schedule	\$3,025.62
21029	CONTOUR OF FACE BONE LESION	Y	-	1/1/2026	Fee Schedule	\$1,480.50
21030	EXCISE MAX/ZYGOMA B9 TUMOR	Y	-	1/1/2026	Fee Schedule	\$297.74
21031	REMOVE EXOSTOSIS MANDIBLE	Y	-	1/1/2026	Fee Schedule	\$269.21
21032	REMOVE EXOSTOSIS MAXILLA	Y	-	1/1/2026	Fee Schedule	\$262.16
21034	EXCISE MAX/ZYGOMA MAL TUMOR	Y	-	1/1/2026	Fee Schedule	\$3,025.62
21040	EXCISE MANDIBLE LESION	Y	-	1/1/2026	Fee Schedule	\$1,480.50
21044	REMOVAL OF JAW BONE LESION	Y	-	1/1/2026	Fee Schedule	\$3,025.62
21045	EXTENSIVE JAW SURGERY	Y	-	1/1/2026	Fee Schedule	\$3,025.62
21046	REMOVE MANDIBLE CYST COMPLEX	Y	-	1/1/2026	Fee Schedule	\$3,025.62
21047	EXCISE LWR JAW CYST W/REPAIR	Y	-	1/1/2026	Fee Schedule	\$3,025.62
21048	REMOVE MAXILLA CYST COMPLEX	Y	-	1/1/2026	Fee Schedule	\$3,025.62

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

Montana Healthcare Programs Fee Schedule **ASC Covered Surgical and Ancillary Services** **January 1, 2026**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
21049	EXCIS UPPR JAW CYST W/REPAIR	Y	-	1/1/2026	Fee Schedule	\$3,025.62
21050	REMOVAL OF JAW JOINT	Y	-	1/1/2026	Fee Schedule	\$3,025.62
21060	REMOVE JAW JOINT CARTILAGE	Y	-	1/1/2026	Fee Schedule	\$3,025.62
21070	REMOVE CORONOID PROCESS	Y	-	1/1/2026	Fee Schedule	\$3,025.62
21073	MNPJ OF TMJ W/ANESTH	Y	-	1/1/2026	Fee Schedule	\$303.11
21076	IMPRES&PREP SURG OBT PROSTH	Y	-	1/1/2026	Fee Schedule	\$429.66
21077	IMPRES&PREP ORBITAL PROSTH	Y	-	1/1/2026	Fee Schedule	\$975.81
21079	IMPRES&PREP INTRM OBT PROSTH	Y	-	1/1/2026	Fee Schedule	\$713.65
21080	IMPRES&PREP DEF OBT PROSTH	Y	-	1/1/2026	Fee Schedule	\$820.73
21081	IMPRES&PREP MNDBL RES PROSTH	Y	-	1/1/2026	Fee Schedule	\$762.32
21082	IMPRES&PREP PALTL AUG PROSTH	Y	-	1/1/2026	Fee Schedule	\$743.18
21083	IMPRES&PREP PALTL LFT PROSTH	Y	-	1/1/2026	Fee Schedule	\$715.99
21084	IMPRES&PREP SP AID PROSTH	Y	-	1/1/2026	Fee Schedule	\$798.91
21085	IMPRES&PREP ORAL SURG SPLINT	Y	-	1/1/2026	Fee Schedule	\$129.50
21086	IMPRES&PREP AURICULAR PROSTH	Y	-	1/1/2026	Fee Schedule	\$728.41
21087	IMPRES&PREP NASAL PROSTH	Y	-	1/1/2026	Fee Schedule	\$728.41
21088	IMPRES&PREP FACIAL PROSTH	Y	-	1/1/2026	Fee Schedule	\$1,480.50
21100	MAXILLOFACIAL FIXATION	Y	-	1/1/2026	Fee Schedule	\$3,025.62
21110	INTERDENTAL FIXATION	-	-	1/1/2026	Fee Schedule	\$657.59
21116	INJECTION JAW JOINT X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
21120	GENIOPLASTY AUGMENTATION	Y	Y	1/1/2026	Fee Schedule	\$3,025.62
21121	GENIOP SLDG OSTEOT 1	Y	Y	1/1/2026	Fee Schedule	\$2,153.56
21122	GENIOP SLDG OSTEOT 2/>	Y	Y	1/1/2026	Fee Schedule	\$3,025.62
21123	GENIOP SLDG AUGMENTATION	Y	Y	1/1/2026	Fee Schedule	\$1,480.50
21125	AUGMENTATION MNDBLR PROSTC	Y	Y	1/1/2026	Fee Schedule	\$3,833.49
21127	AUGMENTATION MNDBLR B1 GRF	Y	Y	1/1/2026	Fee Schedule	\$3,025.62
21137	RDCTJ FOREHEAD CNTRG ONLY	Y	Y	1/1/2026	Fee Schedule	\$1,480.50
21138	RDCTJ FOREHEAD CNTRG&PROSTC	Y	Y	1/1/2026	Fee Schedule	\$3,025.62
21139	RDCTJ FOREHEAD CNTRG&SETBACK	Y	Y	1/1/2026	Fee Schedule	\$3,025.62
21141	RCNSTJ MIDFACE LEFORT I 1PC	Y	-	1/1/2026	Fee Schedule	\$3,025.62
21142	RCNSTJ MIDFACE LEFORT I 2PCS	Y	-	1/1/2026	Fee Schedule	\$3,881.44
21143	RCNSTJ MDFACE LEFORT I 3/>PC	Y	-	1/1/2026	Fee Schedule	\$3,025.62
21145	RCNSTJ MDFC LEFORT I 1 W/GRF	Y	-	1/1/2026	Fee Schedule	\$4,007.31
21146	RCNSTJ MDFC LEFORT I 2 W/GRF	Y	-	1/1/2026	Fee Schedule	\$3,833.49
21147	RCNSTJ MDFC LEFORT I 3/>GRF	Y	-	1/1/2026	Fee Schedule	\$3,833.49
21150	RCNSTJ MDFC LEFRTII ANT NTRU	Y	Y	1/1/2026	Fee Schedule	\$3,833.49
21151	RCNSTJ MDFC LEFRTII W/B1 GRF	Y	-	1/1/2026	Fee Schedule	\$3,833.49
21154	RCNSTJ MDFC LEFORT III W/O I	Y	-	1/1/2026	Fee Schedule	\$3,833.49
21155	RCNSTJ MDFC LEFORT III W/I	Y	-	1/1/2026	Fee Schedule	\$3,833.49
21159	RCNST MDFC LFRTIII ADVN WO I	Y	-	1/1/2026	Fee Schedule	\$3,833.49
21160	RCNST MDFC LFRTIII ADVN W/I	Y	-	1/1/2026	Fee Schedule	\$3,833.49
21172	RECONSTRUCT ORBIT/FOREHEAD	Y	-	1/1/2026	Fee Schedule	\$3,025.62
21175	RECONSTRUCT ORBIT/FOREHEAD	Y	-	1/1/2026	Fee Schedule	\$3,025.62
21179	RCNSTJ FOREHEAD WITH GRAFTS	Y	-	1/1/2026	Fee Schedule	\$3,833.49
21180	RCNSTJ FOREHEAD W/AUTOGRAFT	Y	-	1/1/2026	Fee Schedule	\$3,833.49
21181	RCNST CNTRG B9 TUM CRNL XTRC	Y	Y	1/1/2026	Fee Schedule	\$3,025.62
21182	RECONSTRUCT CRANIAL BONE	Y	-	1/1/2026	Fee Schedule	\$3,833.49
21183	RECONSTRUCT CRANIAL BONE	Y	-	1/1/2026	Fee Schedule	\$3,833.49
21184	RECONSTRUCT CRANIAL BONE	Y	-	1/1/2026	Fee Schedule	\$3,833.49
21188	RECONSTRUCTION OF MIDFACE	Y	-	1/1/2026	Fee Schedule	\$3,833.49
21193	RECONST LWR JAW W/O GRAFT	Y	-	1/1/2026	Fee Schedule	\$3,025.62

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

Montana Healthcare Programs Fee Schedule **ASC Covered Surgical and Ancillary Services** **January 1, 2026**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
21194	RECONST LWR JAW/GRAFT	Y	-	1/1/2026	Fee Schedule	\$3,833.49
21195	RECONST LWR JAW W/O FIXATION	Y	-	1/1/2026	Fee Schedule	\$4,052.92
21196	RECONST LWR JAW W/FIXATION	Y	-	1/1/2026	Fee Schedule	\$3,025.62
21198	RECONSTR LWR JAW SEGMENT	Y	Y	1/1/2026	Fee Schedule	\$3,025.62
21199	RECONSTR LWR JAW W/ADVANCE	Y	Y	1/1/2026	Fee Schedule	\$3,025.62
21206	RECONSTRUCT UPPER JAW BONE	Y	Y	1/1/2026	Fee Schedule	\$3,025.62
21208	AUGMENTATION OF FACIAL BONES	Y	Y	1/1/2026	Fee Schedule	\$3,025.62
21209	REDUCTION OF FACIAL BONES	Y	Y	1/1/2026	Fee Schedule	\$3,025.62
21210	FACE BONE GRAFT	Y	Y	1/1/2026	Fee Schedule	\$3,025.62
21215	LOWER JAW BONE GRAFT	Y	Y	1/1/2026	Fee Schedule	\$3,025.62
21230	RIB CARTILAGE GRAFT	Y	Y	1/1/2026	Fee Schedule	\$3,025.62
21235	EAR CARTILAGE GRAFT	Y	Y	1/1/2026	Fee Schedule	\$3,025.62
21240	RECONSTRUCTION OF JAW JOINT	Y	Y	1/1/2026	Fee Schedule	\$3,025.62
21242	RECONSTRUCTION OF JAW JOINT	Y	Y	1/1/2026	Fee Schedule	\$3,025.62
21243	RECONSTRUCTION OF JAW JOINT	Y	Y	1/1/2026	Fee Schedule	\$19,506.64
21244	RECONSTRUCTION OF LOWER JAW	Y	Y	1/1/2026	Fee Schedule	\$4,139.44
21245	RECONSTRUCTION OF JAW	Y	Y	1/1/2026	Fee Schedule	\$4,422.46
21246	RECONSTRUCTION OF JAW	Y	Y	1/1/2026	Fee Schedule	\$5,000.74
21247	RECONSTRUCT LOWER JAW BONE	Y	-	1/1/2026	Fee Schedule	\$3,025.62
21248	RECONSTRUCTION OF JAW	Y	Y	1/1/2026	Fee Schedule	\$3,025.62
21249	RECONSTRUCTION OF JAW	Y	Y	1/1/2026	Fee Schedule	\$3,025.62
21255	RECONSTRUCT LOWER JAW BONE	Y	-	1/1/2026	Fee Schedule	\$3,833.49
21256	RECONSTRUCTION OF ORBIT	Y	-	1/1/2026	Fee Schedule	\$3,865.81
21260	REVISE EYE SOCKETS	Y	-	1/1/2026	Fee Schedule	\$3,025.62
21261	REVISE EYE SOCKETS	Y	-	1/1/2026	Fee Schedule	\$3,025.62
21263	REVISE EYE SOCKETS	Y	-	1/1/2026	Fee Schedule	\$3,025.62
21267	REVISE EYE SOCKETS	Y	-	1/1/2026	Fee Schedule	\$5,082.31
21268	REVISE EYE SOCKETS	Y	-	1/1/2026	Fee Schedule	\$3,833.49
21270	AUGMENTATION CHEEK BONE	Y	-	1/1/2026	Fee Schedule	\$4,122.76
21275	REVISION ORBITOFACIAL BONES	Y	-	1/1/2026	Fee Schedule	\$3,843.65
21280	MEDIAL CANTHOPEXY	Y	-	1/1/2026	Fee Schedule	\$1,480.50
21282	LATERAL CANTHOPEXY	Y	-	1/1/2026	Fee Schedule	\$1,480.50
21295	REVISION OF JAW MUSCLE/BONE	Y	-	1/1/2026	Fee Schedule	\$659.17
21296	REVISION OF JAW MUSCLE/BONE	Y	-	1/1/2026	Fee Schedule	\$1,480.50
21315	CLSD TX NSL FX MNPJ WO STBLJ	Y	-	1/1/2026	Fee Schedule	\$659.17
21320	CLSD TX NSL FX W/MNPJ&STABLJ	Y	-	1/1/2026	Fee Schedule	\$1,480.50
21325	OPEN TX NOSE FX UNCOMPLICATD	Y	-	1/1/2026	Fee Schedule	\$1,480.50
21330	OPEN TX NOSE FX W/SKELE FIXJ	Y	-	1/1/2026	Fee Schedule	\$3,025.62
21335	OPEN TX NOSE & SEPTAL FX	Y	-	1/1/2026	Fee Schedule	\$1,480.50
21336	OPEN TX SEPTAL FX W/NO STABJ	Y	-	1/1/2026	Fee Schedule	\$1,644.87
21337	CLOSED TX SEPTAL&NOSE FX	Y	-	1/1/2026	Fee Schedule	\$1,480.50
21338	OPEN NASOETHMOID FX W/O FIXJ	Y	-	1/1/2026	Fee Schedule	\$3,025.62
21339	OPEN NASOETHMOID FX W/ FIXJ	Y	-	1/1/2026	Fee Schedule	\$3,025.62
21340	PERQ TX NASOETHMOID FX	Y	-	1/1/2026	Fee Schedule	\$1,480.50
21343	OPEN TX DPRSD FRONT SINUS FX	Y	-	1/1/2026	Fee Schedule	\$4,077.94
21344	OPEN TX COMPL FRONT SINUS FX	Y	-	1/1/2026	Fee Schedule	\$3,025.62
21345	CLOSED TX NOSE/JAW FX	Y	-	1/1/2026	Fee Schedule	\$659.17
21346	OPN TX NASOMAX FX W/FIXJ	Y	-	1/1/2026	Fee Schedule	\$3,025.62
21347	OPN TX NASOMAX FX MULTPLE	Y	-	1/1/2026	Fee Schedule	\$3,873.89
21348	OPN TX NASOMAX FX W/GRAFT	Y	-	1/1/2026	Fee Schedule	\$3,833.49
21355	PERQ TX MALAR FRACTURE	Y	-	1/1/2026	Fee Schedule	\$1,480.50

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

Montana Healthcare Programs Fee Schedule **ASC Covered Surgical and Ancillary Services** **January 1, 2026**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
21356	OPN TX DPRSD ZYGOMATIC ARCH	Y	-	1/1/2026	Fee Schedule	\$3,025.62
21360	OPN TX DPRSD MALAR FRACTURE	Y	-	1/1/2026	Fee Schedule	\$3,025.62
21365	OPN TX COMPLX MALAR FX	Y	-	1/1/2026	Fee Schedule	\$3,025.62
21366	OPN TX COMPLX MALAR W/GRFT	Y	-	1/1/2026	Fee Schedule	\$3,833.49
21385	OPN TX ORBIT FX TRANSANTRAL	Y	-	1/1/2026	Fee Schedule	\$3,025.62
21386	OPN TX ORBIT FX PERIORBITAL	Y	-	1/1/2026	Fee Schedule	\$3,025.62
21387	OPN TX ORBIT FX COMBINED	Y	-	1/1/2026	Fee Schedule	\$3,025.62
21390	OPN TX ORBIT PERIORBTL IMPLT	Y	-	1/1/2026	Fee Schedule	\$3,025.62
21395	OPN TX ORBIT PERIORBT W/GRFT	Y	-	1/1/2026	Fee Schedule	\$3,025.62
21400	CLOSED TX ORBIT W/O MANIPULJ	Y	-	1/1/2026	Fee Schedule	\$295.47
21401	CLOSED TX ORBIT W/MANIPULJ	Y	-	1/1/2026	Fee Schedule	\$659.17
21406	OPN TX ORBIT FX W/O IMPLANT	Y	-	1/1/2026	Fee Schedule	\$3,025.62
21407	OPN TX ORBIT FX W/IMPLANT	Y	-	1/1/2026	Fee Schedule	\$3,025.62
21408	OPN TX ORBIT FX W/BONE GRFT	Y	-	1/1/2026	Fee Schedule	\$3,025.62
21421	CLTX PALATAL/MAX FX WIRE FIX	Y	-	1/1/2026	Fee Schedule	\$1,480.50
21422	OPTX PALATAL/MAX FRACTURE	Y	-	1/1/2026	Fee Schedule	\$3,926.27
21423	OPTX PALATAL/MAX FX COMP	Y	-	1/1/2026	Fee Schedule	\$4,839.69
21431	CLTX CRANIOFACIAL SEPARATION	Y	-	1/1/2026	Fee Schedule	\$3,833.49
21432	OPTX CRANFCL SEP W/WIRING	Y	-	1/1/2026	Fee Schedule	\$3,833.49
21433	OPTX CRANFCL SEP COMP MLT	Y	-	1/1/2026	Fee Schedule	\$3,833.49
21435	OPTX CRNFC SEP COMP INT&XTR	Y	-	1/1/2026	Fee Schedule	\$3,833.49
21436	OPTX CRNFCL SEP COMP MLT INT	Y	-	1/1/2026	Fee Schedule	\$3,833.49
21440	CLTX MNDBLR/MAX ALV RIDGE FX	Y	-	1/1/2026	Fee Schedule	\$670.01
21445	OPTX MNDBLR/MAX ALV RIDGE FX	Y	-	1/1/2026	Fee Schedule	\$3,025.62
21450	CLTX MNDBLR FX W/O MNPJ	Y	-	1/1/2026	Fee Schedule	\$295.47
21451	CLTX MNDBLR FX W/MNPJ	Y	-	1/1/2026	Fee Schedule	\$659.17
21452	PERQ TX MNDBLR FX XTRNL FIXJ	Y	-	1/1/2026	Fee Schedule	\$3,025.62
21453	CLTX MNDBLR FX NTRDNTL FIXJ	Y	-	1/1/2026	Fee Schedule	\$3,025.62
21454	OPTX MNDBLR FX XTRNL FIXJ	Y	-	1/1/2026	Fee Schedule	\$3,025.62
21461	OPTX MNDBLR FX WO NTRDNTL	Y	-	1/1/2026	Fee Schedule	\$3,833.49
21462	OPTX MNDBLR FX W/NTRDNTL	Y	-	1/1/2026	Fee Schedule	\$3,900.21
21465	OPTX MNDBLR CNDYLR FX	Y	-	1/1/2026	Fee Schedule	\$3,833.49
21470	OPTX COMPLICATED MNDBLR FX	Y	-	1/1/2026	Fee Schedule	\$3,913.76
21480	CLTX TMPRMAND DISLC 1ST/SBSQ	Y	-	1/1/2026	Fee Schedule	\$135.54
21485	CLTX TMPRMAND DISLC COMP	Y	-	1/1/2026	Fee Schedule	\$659.17
21490	OPTX TMPRMAND DISLOCATION	Y	-	1/1/2026	Fee Schedule	\$1,881.17
21497	INTERDENTAL WIRG OTH/THN FX	Y	-	1/1/2026	Fee Schedule	\$659.17
21501	I&D DP ABSC/HMTMA SFT TS NCK	Y	-	1/1/2026	Fee Schedule	\$1,248.36
21502	I&D DP ABS/HMTM NCK RIB OSTC	Y	-	1/1/2026	Fee Schedule	\$1,644.87
21510	INC DEEP OPNG B1 CRTX THORAX	Y	-	1/1/2026	Fee Schedule	\$1,644.87
21550	BIOPSY OF NECK/CHEST	Y	-	1/1/2026	Fee Schedule	\$742.04
21552	EXC NECK LES SC 3 CM/>	Y	-	1/1/2026	Fee Schedule	\$1,248.36
21554	EXC NECK TUM DEEP 5 CM/>	Y	-	1/1/2026	Fee Schedule	\$1,248.36
21555	EXC NECK LES SC < 3 CM	Y	-	1/1/2026	Fee Schedule	\$742.04
21556	EXC NECK TUM DEEP < 5 CM	Y	-	1/1/2026	Fee Schedule	\$1,248.36
21557	RESECT NECK THORAX TUMOR<5CM	Y	-	1/1/2026	Fee Schedule	\$1,248.36
21558	RESECT NECK TUMOR 5 CM/>	Y	-	1/1/2026	Fee Schedule	\$1,248.36
21600	PARTIAL REMOVAL OF RIB	Y	-	1/1/2026	Fee Schedule	\$3,695.53
21601	EXC CHEST WALL TUMOR W/RIBS	Y	-	1/1/2026	Fee Schedule	\$1,248.36
21602	EXC CH WAL TUM W/O LYMPHADEC	Y	-	1/1/2026	Fee Schedule	\$4,682.29
21603	EXC CH WAL TUM W/LYMPHADEC	Y	-	1/1/2026	Fee Schedule	\$4,682.29

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

Montana Healthcare Programs Fee Schedule ASC Covered Surgical and Ancillary Services January 1, 2026

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
21610	COSTOTRANSVERSECTOMY	Y	-	1/1/2026	Fee Schedule	\$1,644.87
21615	EXCISION 1ST &/CERVICAL RIB	Y	-	1/1/2026	Fee Schedule	\$3,695.53
21616	EXC 1ST&/CRV RIB W/SYMPH	Y	-	1/1/2026	Fee Schedule	\$3,695.53
21620	OSTECTOMY STERNUM PARTIAL	Y	-	1/1/2026	Fee Schedule	\$1,644.87
21627	STERNAL DEBRIDEMENT	Y	-	1/1/2026	Fee Schedule	\$1,644.87
21630	RADICAL RESECTION STERNUM	Y	-	1/1/2026	Fee Schedule	\$3,695.53
21685	HYOID MYOTOMY & SUSPENSION	Y	-	1/1/2026	Fee Schedule	\$4,039.11
21700	REVISION OF NECK MUSCLE	Y	-	1/1/2026	Fee Schedule	\$3,695.53
21705	REVISION OF NECK MUSCLE/RIB	Y	-	1/1/2026	Fee Schedule	\$3,695.53
21720	REVISION OF NECK MUSCLE	Y	-	1/1/2026	Fee Schedule	\$1,644.87
21725	REVISION OF NECK MUSCLE	Y	-	1/1/2026	Fee Schedule	\$388.55
21740	RECONSTRUCTION OF STERNUM	Y	-	1/1/2026	Fee Schedule	\$4,682.29
21742	REPAIR STERN/NUSS W/O SCOPE	Y	-	1/1/2026	Fee Schedule	\$2,084.06
21743	REPAIR STERNUM/NUSS W/SCOPE	Y	-	1/1/2026	Fee Schedule	\$2,084.06
21750	REPAIR OF STERNUM SEPARATION	Y	-	1/1/2026	Fee Schedule	\$4,682.29
21820	TREAT STERNUM FRACTURE	Y	-	1/1/2026	Fee Schedule	\$135.54
21825	TREAT STERNUM FRACTURE	Y	-	1/1/2026	Fee Schedule	\$4,682.29
21920	BIOPSY SOFT TISSUE OF BACK	Y	-	1/1/2026	Fee Schedule	\$185.96
21925	BIOPSY SOFT TISSUE OF BACK	Y	-	1/1/2026	Fee Schedule	\$742.04
21930	EXC BACK LES SC < 3 CM	Y	-	1/1/2026	Fee Schedule	\$345.75
21931	EXC BACK LES SC 3 CM/>	Y	-	1/1/2026	Fee Schedule	\$742.04
21932	EXC BACK TUM DEEP < 5 CM	Y	-	1/1/2026	Fee Schedule	\$1,248.36
21933	EXC BACK TUM DEEP 5 CM/>	Y	-	1/1/2026	Fee Schedule	\$1,248.36
21935	RESECT BACK TUM < 5 CM	Y	-	1/1/2026	Fee Schedule	\$1,248.36
21936	RESECT BACK TUM 5 CM/>	Y	-	1/1/2026	Fee Schedule	\$1,248.36
22010	I&D P-SPINE C/T/CERV-THOR	Y	-	1/1/2026	Fee Schedule	\$3,695.53
22015	I&D ABSCESS P-SPINE L/S/LS	Y	-	1/1/2026	Fee Schedule	\$3,695.53
22100	REMOVE PART OF NECK VERTEBRA	Y	-	1/1/2026	Fee Schedule	\$3,695.53
22101	REMOVE PART THORAX VERTEBRA	Y	-	1/1/2026	Fee Schedule	\$3,695.53
22102	REMOVE PART LUMBAR VERTEBRA	Y	-	1/1/2026	Fee Schedule	\$3,695.53
22103	REMOVE EXTRA SPINE SEGMENT	-	-	7/1/2018	No Separate Payment	\$0.00
22110	REMOVE PART OF NECK VERTEBRA	Y	-	1/1/2026	Fee Schedule	\$3,695.53
22112	REMOVE PART THORAX VERTEBRA	Y	-	1/1/2026	Fee Schedule	\$3,695.53
22114	REMOVE PART LUMBAR VERTEBRA	Y	-	1/1/2026	Fee Schedule	\$3,695.53
22116	REMOVE EXTRA SPINE SEGMENT	-	-	1/1/2026	No Separate Payment	\$0.00
22206	INCIS SPINE 3 COLUMN THORAC	Y	-	1/1/2026	Fee Schedule	\$3,695.53
22207	INCIS SPINE 3 COLUMN LUMBAR	Y	-	1/1/2026	Fee Schedule	\$3,695.53
22208	INCIS SPINE 3 COLUMN ADL SEG	-	-	1/1/2026	No Separate Payment	\$0.00
22210	INCIS 1 VERTEBRAL SEG CERV	Y	-	1/1/2026	Fee Schedule	\$4,682.29
22212	INCIS 1 VERTEBRAL SEG THORAC	Y	-	1/1/2026	Fee Schedule	\$5,677.95
22214	INCIS 1 VERTEBRAL SEG LUMBAR	Y	-	1/1/2026	Fee Schedule	\$5,666.81
22216	INCIS ADDL SPINE SEGMENT	-	-	1/1/2026	No Separate Payment	\$0.00
22220	OSTEOT DSC ANT 1 VRT SGM CRV	Y	-	1/1/2026	Fee Schedule	\$6,248.35
22222	OSTEOT DSC ANT 1VRT SGM THRC	Y	-	1/1/2026	Fee Schedule	\$3,695.53
22224	OSTEOT DSC ANT 1VRT SGM LMBR	Y	-	1/1/2026	Fee Schedule	\$3,695.53
22226	OSTEOT DSC ANT 1VRT SGM EA	-	-	1/1/2026	No Separate Payment	\$0.00
22310	CLOSED TX VERT FX W/O MANJ	Y	-	1/1/2026	Fee Schedule	\$135.54
22315	CLOSED TX VERT FX W/MANJ	Y	-	1/1/2026	Fee Schedule	\$1,644.87
22318	TREAT ODONTOID FX W/O GRAFT	Y	-	1/1/2026	Fee Schedule	\$6,804.43
22319	TREAT ODONTOID FX W/GRAFT	Y	-	1/1/2026	Fee Schedule	\$9,493.97
22325	TREAT SPINE FRACTURE	Y	-	1/1/2026	Fee Schedule	\$9,305.25

Montana Healthcare Programs Fee Schedule **ASC Covered Surgical and Ancillary Services** **January 1, 2026**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
22326	TREAT NECK SPINE FRACTURE	Y	-	1/1/2026	Fee Schedule	\$6,804.43
22327	TREAT THORAX SPINE FRACTURE	Y	-	1/1/2026	Fee Schedule	\$9,498.65
22328	TREAT EACH ADD SPINE FX	-	-	1/1/2026	No Separate Payment	\$0.00
22505	MANIPULATION OF SPINE	Y	-	1/1/2026	Fee Schedule	\$872.87
22510	PERQ CERVICOTHORACIC INJECT	Y	-	1/1/2026	Fee Schedule	\$1,644.87
22511	PERQ LUMBOSACRAL INJECTION	Y	-	1/1/2026	Fee Schedule	\$1,644.87
22512	VERTEBROPLASTY ADDL INJECT	-	-	7/1/2018	No Separate Payment	\$0.00
22513	PERQ VERTEBRAL AUGMENTATION	Y	-	1/1/2026	Fee Schedule	\$3,695.53
22514	PERQ VERTEBRAL AUGMENTATION	Y	-	1/1/2026	Fee Schedule	\$3,695.53
22515	PERQ VERTEBRAL AUGMENTATION	-	-	7/1/2018	No Separate Payment	\$0.00
22526	IDET SINGLE LEVEL	-	-	7/1/2018	Not Allowed	\$0.00
22527	IDET 1 OR MORE LEVELS	-	-	7/1/2018	Not Allowed	\$0.00
22532	ARTHRD LAT XTRCVTRY TQ THRC	Y	-	1/1/2026	Fee Schedule	\$6,804.43
22533	ARTHRD LAT XTRCVTRY TQ LMBR	Y	-	1/1/2026	Fee Schedule	\$9,255.83
22534	ARTHRD LAT XTRCVTRY TQ EA AD	-	-	1/1/2026	No Separate Payment	\$0.00
22548	ARTHRD ANT TORAL/XORAL C1-C2	Y	-	1/1/2026	Fee Schedule	\$9,493.97
22551	ARTHRD ANT NTRBDY CERVICAL	Y	-	1/1/2026	Fee Schedule	\$9,030.96
22552	ARTHRD ANT NTRBD CERVICAL EA	-	-	7/1/2018	No Separate Payment	\$0.00
22554	ARTHRD ANT NTRBD MIN DSC CRV	Y	-	1/1/2026	Fee Schedule	\$8,941.29
22556	ARTHRD ANT NTRBD MIN DSC THC	Y	-	1/1/2026	Fee Schedule	\$13,348.02
22558	ARTHRD ANT NTRBD MIN DSC LUM	Y	-	1/1/2026	Fee Schedule	\$20,101.23
22585	ARTHRD ANT NTRBD MIN DSC EA	-	-	7/1/2018	No Separate Payment	\$0.00
22586	ARTHRD PRE-SAC NTRBDY L5-S1	Y	-	1/1/2026	Fee Schedule	\$13,933.19
22590	ARTHRD PST TQ CRANIOCERVICAL	Y	-	1/1/2026	Fee Schedule	\$8,717.99
22595	ARTHRD PST TQ ATLAS-AXIS	Y	-	1/1/2026	Fee Schedule	\$6,804.43
22600	ARTHRD PST TQ INTRSPC CRV	Y	-	1/1/2026	Fee Schedule	\$13,103.27
22610	ARTHRD PST TQ INTRSPC THRC	Y	-	1/1/2026	Fee Schedule	\$13,131.97
22612	ARTHRD PST TQ INTRSPC LUMBAR	Y	-	1/1/2026	Fee Schedule	\$13,491.52
22614	ARTHRD PST TQ INTRSPC EA ADD	-	-	7/1/2018	No Separate Payment	\$0.00
22630	ARTHRD PST TQ INTRSPC LUM	Y	-	1/1/2026	Fee Schedule	\$20,858.55
22632	ARTHRD PST TQ INTRSPC LM EA	-	-	1/1/2026	No Separate Payment	\$0.00
22633	ARTHRD CMBN INTRSPC LUMBAR	Y	-	1/1/2026	Fee Schedule	\$20,841.42
22800	ARTHRD PST DFRM<6 VRT SGM	Y	-	1/1/2026	Fee Schedule	\$13,488.33
22802	ARTHRD PST DFRM 7-12 VRT SGM	Y	-	1/1/2026	Fee Schedule	\$13,933.19
22804	ARTHRD PST DFRM 13+ VRT SGM	Y	-	1/1/2026	Fee Schedule	\$13,933.19
22808	ARTHRD ANT DFRM 2-3 VRT SGM	Y	-	1/1/2026	Fee Schedule	\$13,717.93
22810	ARTHRD ANT DFRM 4-7 VRT SGM	Y	-	1/1/2026	Fee Schedule	\$13,933.19
22812	ARTHRD ANT DFRM 8+ VRT SGM	Y	-	1/1/2026	Fee Schedule	\$13,933.19
22818	KYPHECTOMY 1-2 SEGMENTS	Y	-	1/1/2026	Fee Schedule	\$9,255.83
22819	KYPHECTOMY 3 OR MORE	Y	-	1/1/2026	Fee Schedule	\$9,255.83
22830	EXPLORATION OF SPINAL FUSION	Y	-	1/1/2026	Fee Schedule	\$5,013.96
22836	ANT THRC VRT BODY TETHRG <7	Y	-	1/1/2026	Fee Schedule	\$13,933.19
22837	ANT THRC VRT BODY TETHRG 8+	Y	-	1/1/2026	Fee Schedule	\$13,933.19
22838	REV RPLC/RMV THRC VRT TETHRG	Y	-	1/1/2026	Fee Schedule	\$13,933.19
22840	INSERT SPINE FIXATION DEVICE	-	-	7/1/2018	No Separate Payment	\$0.00
22841	INSERT SPINE FIXATION DEVICE	-	-	1/1/2026	No Separate Payment	\$0.00
22842	INSERT SPINE FIXATION DEVICE	-	-	7/1/2018	No Separate Payment	\$0.00
22843	INSERT SPINE FIXATION DEVICE	-	-	1/1/2026	No Separate Payment	\$0.00
22844	INSERT SPINE FIXATION DEVICE	-	-	1/1/2026	No Separate Payment	\$0.00
22845	INSERT SPINE FIXATION DEVICE	-	-	7/1/2018	No Separate Payment	\$0.00
22846	INSERT SPINE FIXATION DEVICE	-	-	1/1/2026	No Separate Payment	\$0.00

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

Montana Healthcare Programs Fee Schedule ASC Covered Surgical and Ancillary Services January 1, 2026

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
22847	INSERT SPINE FIXATION DEVICE	-	-	1/1/2026	No Separate Payment	\$0.00
22848	INSERT PELV FIXATION DEVICE	-	-	1/1/2026	No Separate Payment	\$0.00
22849	REINSERT SPINAL FIXATION	Y	-	1/1/2026	Fee Schedule	\$9,215.58
22850	REMOVE SPINE FIXATION DEVICE	Y	-	1/1/2026	Fee Schedule	\$3,695.53
22852	REMOVE SPINE FIXATION DEVICE	Y	-	1/1/2026	Fee Schedule	\$3,695.53
22853	INSJ BIOMECHANICAL DEVICE	-	-	7/1/2018	No Separate Payment	\$0.00
22854	INSJ BIOMECHANICAL DEVICE	-	-	7/1/2018	No Separate Payment	\$0.00
22855	REMOVAL ANTERIOR INSTRMJ	Y	-	1/1/2026	Fee Schedule	\$3,695.53
22856	TOT DISC ARTHRP INTRSPC CRV	Y	-	1/1/2026	Fee Schedule	\$13,098.48
22857	TOT DISC ARTHRP INTRSPC LMBR	Y	-	1/1/2026	Fee Schedule	\$12,699.87
22858	TOT DISC ARTHRP 2ND LVL CRV	-	-	7/1/2018	No Separate Payment	\$0.00
22859	INSJ BIOMECHANICAL DEVICE	-	-	7/1/2018	No Separate Payment	\$0.00
22860	TOT DISC ARTHRP 2NTRSPC LMBR	-	-	1/1/2026	No Separate Payment	\$0.00
22861	REV RPLCM ARTHRP INTRSPC CRV	Y	-	1/1/2026	Fee Schedule	\$11,692.17
22862	REV RPLCM RTHRP INTRSPC LMBR	Y	-	1/1/2026	Fee Schedule	\$13,933.19
22864	RMVL TOT ARTHRP INTRSPC CRV	Y	-	1/1/2026	Fee Schedule	\$3,695.53
22865	RMVL TOT ARTHRP INTRSPC LMBR	Y	-	1/1/2026	Fee Schedule	\$3,695.53
22867	INSJ STABLJ DEV W/DCMPRN	Y	-	1/1/2026	Fee Schedule	\$13,800.05
22868	INSJ STABLJ DEV W/DCMPRN	-	-	7/1/2018	No Separate Payment	\$0.00
22869	INSJ STABLJ DEV W/O DCMPRN	Y	-	1/1/2026	Fee Schedule	\$11,179.54
22870	INSJ STABLJ DEV W/O DCMPRN	-	-	7/1/2018	No Separate Payment	\$0.00
22900	EXC ABDL TUM DEEP < 5 CM	Y	-	1/1/2026	Fee Schedule	\$1,248.36
22901	EXC ABDL TUM DEEP 5 CM/>	Y	-	1/1/2026	Fee Schedule	\$1,248.36
22902	EXC ABD LES SC < 3 CM	Y	-	1/1/2026	Fee Schedule	\$742.04
22903	EXC ABD LES SC 3 CM/>	Y	-	1/1/2026	Fee Schedule	\$1,248.36
22904	RADICAL RESECT ABD TUMOR<5CM	Y	-	1/1/2026	Fee Schedule	\$1,248.36
22905	RAD RESECT ABD TUMOR 5 CM/>	Y	-	1/1/2026	Fee Schedule	\$1,248.36
23000	RMVL SBDLTD CLCREOUS DEP OPN	Y	-	1/1/2026	Fee Schedule	\$1,248.36
23020	CAPSULAR CONTRACTURE RELEASE	Y	-	1/1/2026	Fee Schedule	\$1,644.87
23030	I&D SHOULDER DEEP ABSC/HMTMA	Y	-	1/1/2026	Fee Schedule	\$1,248.36
23031	I&D SHOULDER INFECTED BURSA	Y	-	1/1/2026	Fee Schedule	\$1,248.36
23035	INCISION BONE CORTEX SHO	Y	-	1/1/2026	Fee Schedule	\$872.87
23040	ARTHRT GH JT EXPL/DRG/RMV FB	Y	-	1/1/2026	Fee Schedule	\$1,644.87
23044	ARTHRT AC SC JT EXP/RMVL FB	Y	-	1/1/2026	Fee Schedule	\$1,644.87
23065	BIOPSY SHOULDER TISSUES	Y	-	1/1/2026	Fee Schedule	\$145.68
23066	BIOPSY SHOULDER TISSUES	Y	-	1/1/2026	Fee Schedule	\$1,248.36
23071	EXC SHOULDER LES SC 3 CM/>	Y	-	1/1/2026	Fee Schedule	\$742.04
23073	EXC SHOULDER TUM DEEP 5 CM/>	Y	-	1/1/2026	Fee Schedule	\$1,248.36
23075	EXC SHOULDER LES SC < 3 CM	Y	-	1/1/2026	Fee Schedule	\$742.04
23076	EXC SHOULDER TUM DEEP < 5 CM	Y	-	1/1/2026	Fee Schedule	\$1,248.36
23077	RAD RESCJ TUM SHOULDER<5 CM	Y	-	1/1/2026	Fee Schedule	\$1,248.36
23078	RAD RESCJ TUM SHOULDER 5CM/>	Y	-	1/1/2026	Fee Schedule	\$1,248.36
23100	ARTHROTOMY GLENHUMRL JT W/BX	Y	-	1/1/2026	Fee Schedule	\$1,644.87
23101	ARTHRT ACRMCLV/STRNCLAV JT	Y	-	1/1/2026	Fee Schedule	\$1,644.87
23105	ARTHROTOMY GLENOHUMERAL JT	Y	-	1/1/2026	Fee Schedule	\$3,695.53
23106	ARTHROTOMY STRNCLAV JOINT	Y	-	1/1/2026	Fee Schedule	\$1,644.87
23107	ARTHRT GLENHUMRL JT W/EXPL	Y	-	1/1/2026	Fee Schedule	\$3,695.53
23120	CLAVICULECTOMY PARTIAL	Y	-	1/1/2026	Fee Schedule	\$1,644.87
23125	CLAVICULECTOMY TOTAL	Y	-	1/1/2026	Fee Schedule	\$1,644.87
23130	ACROMP/ACROMIONECTOMY PRTL	Y	-	1/1/2026	Fee Schedule	\$1,644.87
23140	REMOVAL OF BONE LESION	Y	-	1/1/2026	Fee Schedule	\$1,644.87

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

Montana Healthcare Programs Fee Schedule ASC Covered Surgical and Ancillary Services January 1, 2026

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
23145	REMOVAL OF BONE LESION	Y	-	1/1/2026	Fee Schedule	\$1,644.87
23146	REMOVAL OF BONE LESION	Y	-	1/1/2026	Fee Schedule	\$3,695.53
23150	REMOVAL OF HUMERUS LESION	Y	-	1/1/2026	Fee Schedule	\$1,644.87
23155	REMOVAL OF HUMERUS LESION	Y	-	1/1/2026	Fee Schedule	\$3,695.53
23156	REMOVAL OF HUMERUS LESION	Y	-	1/1/2026	Fee Schedule	\$3,695.53
23170	SEQUESTRECTOMY CLAVICLE	Y	-	1/1/2026	Fee Schedule	\$2,310.74
23172	SEQUESTRECTOMY SCAPULA	Y	-	1/1/2026	Fee Schedule	\$2,171.33
23174	SQSTRCTMY HUMRL HEAD SRG NCK	Y	-	1/1/2026	Fee Schedule	\$3,695.53
23180	PRTL EXCISION BONE CLAVICLE	Y	-	1/1/2026	Fee Schedule	\$3,695.53
23182	PRTL EXCISION BONE SCAPULA	Y	-	1/1/2026	Fee Schedule	\$3,695.53
23184	PRTL EXCISION BONE PROX HUM	Y	-	1/1/2026	Fee Schedule	\$3,695.53
23190	OSTECTOMY SCAPULA PARTIAL	Y	-	1/1/2026	Fee Schedule	\$1,644.87
23195	RESECTION HUMERAL HEAD	Y	-	1/1/2026	Fee Schedule	\$4,682.29
23200	RADICAL RESCJ TUMOR CLAVICLE	Y	-	1/1/2026	Fee Schedule	\$3,695.53
23210	RADICAL RESCJ TUMOR SCAPULA	Y	-	1/1/2026	Fee Schedule	\$3,695.53
23220	RADICAL RESCJ TUMOR PROX HUM	Y	-	1/1/2026	Fee Schedule	\$3,695.53
23330	REMOVE SHOULDER FOREIGN BODY	Y	-	1/1/2026	Fee Schedule	\$742.04
23333	REMOVE SHOULDER FB DEEP	Y	-	1/1/2026	Fee Schedule	\$1,248.36
23334	SHOULDER PROSTHESIS REMOVAL	Y	-	1/1/2026	Fee Schedule	\$3,695.53
23335	SHOULDER PROSTHESIS REMOVAL	Y	-	1/1/2026	Fee Schedule	\$4,996.77
23350	INJECTION FOR SHOULDER X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
23395	MUSCLE TRANSFER SHOULDER/ARM	Y	-	1/1/2026	Fee Schedule	\$3,695.53
23397	MUSCLE TRANSFERS	Y	-	1/1/2026	Fee Schedule	\$3,695.53
23400	FIXATION OF SHOULDER BLADE	Y	-	1/1/2026	Fee Schedule	\$3,695.53
23405	INCISION OF TENDON & MUSCLE	Y	-	1/1/2026	Fee Schedule	\$3,695.53
23406	INCISE TENDON(S) & MUSCLE(S)	Y	-	1/1/2026	Fee Schedule	\$3,695.53
23410	REPAIR ROTATOR CUFF ACUTE	Y	-	1/1/2026	Fee Schedule	\$3,695.53
23412	REPAIR ROTATOR CUFF CHRONIC	Y	-	1/1/2026	Fee Schedule	\$3,695.53
23415	RELEASE OF SHOULDER LIGAMENT	Y	-	1/1/2026	Fee Schedule	\$3,695.53
23420	REPAIR OF SHOULDER	Y	-	1/1/2026	Fee Schedule	\$4,698.20
23430	REPAIR BICEPS TENDON	Y	-	1/1/2026	Fee Schedule	\$4,676.55
23440	REMOVE/TRANSPLANT TENDON	Y	-	1/1/2026	Fee Schedule	\$5,464.37
23450	REPAIR SHOULDER CAPSULE	Y	-	1/1/2026	Fee Schedule	\$4,682.29
23455	REPAIR SHOULDER CAPSULE	Y	-	1/1/2026	Fee Schedule	\$4,682.29
23460	REPAIR SHOULDER CAPSULE	Y	-	1/1/2026	Fee Schedule	\$5,339.27
23462	REPAIR SHOULDER CAPSULE	Y	-	1/1/2026	Fee Schedule	\$3,695.53
23465	REPAIR SHOULDER CAPSULE	Y	-	1/1/2026	Fee Schedule	\$3,695.53
23466	REPAIR SHOULDER CAPSULE	Y	-	1/1/2026	Fee Schedule	\$3,695.53
23470	RECONSTRUCT SHOULDER JOINT	Y	-	1/1/2026	Fee Schedule	\$9,694.41
23472	RECONSTRUCT SHOULDER JOINT	Y	-	1/1/2026	Fee Schedule	\$13,911.66
23473	REVIS RECONST SHOULDER JOINT	Y	-	1/1/2026	Fee Schedule	\$9,390.23
23474	REVIS RECONST SHOULDER JOINT	Y	-	1/1/2026	Fee Schedule	\$9,995.66
23480	REVISION OF COLLAR BONE	Y	-	1/1/2026	Fee Schedule	\$3,695.53
23485	REVISION OF COLLAR BONE	Y	-	1/1/2026	Fee Schedule	\$9,004.59
23490	REINFORCE CLAVICLE	Y	-	1/1/2026	Fee Schedule	\$3,695.53
23491	REINFORCE SHOULDER BONES	Y	-	1/1/2026	Fee Schedule	\$9,085.46
23500	CLTX CLAVICULAR FX W/O MNPJ	Y	-	1/1/2026	Fee Schedule	\$135.54
23505	CLTX CLAVICULAR FX W/MNPJ	Y	-	1/1/2026	Fee Schedule	\$872.87
23515	OPTX CLAVICULAR FX W/INT FIX	Y	-	1/1/2026	Fee Schedule	\$4,818.52
23520	CLTX STRNCLAV DISLC W/O MNPJ	Y	-	1/1/2026	Fee Schedule	\$872.87
23525	CLTX STRNCLAV DISLC W/MNPJ	Y	-	1/1/2026	Fee Schedule	\$135.54

Montana Healthcare Programs Fee Schedule ASC Covered Surgical and Ancillary Services January 1, 2026

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
23530	OPTX STRNCLAV DISLC AQT/CHRN	Y	-	1/1/2026	Fee Schedule	\$4,682.29
23532	OPTX STRCLV DSLC AQ/CHRN GRF	Y	-	1/1/2026	Fee Schedule	\$3,695.53
23540	CLTX ACROMCLAV DISLC WO MNPJ	Y	-	1/1/2026	Fee Schedule	\$135.54
23545	CLTX ACROMCLAV DISLC W/MNPJ	Y	-	1/1/2026	Fee Schedule	\$135.54
23550	OPTX ACROMCLV DISLC AQT/CHRN	Y	-	1/1/2026	Fee Schedule	\$4,903.83
23552	OPTX ACRCLV DSLC AQ/CHRN GRF	Y	-	1/1/2026	Fee Schedule	\$4,669.23
23570	CLTX SCAPULAR FX W/O MNPJ	Y	-	1/1/2026	Fee Schedule	\$135.54
23575	CLTX SCAP FX W/MNPJ +-TRACTJ	Y	-	1/1/2026	Fee Schedule	\$872.87
23585	OPTX SCAPULAR FX W/INT FIXJ	Y	-	1/1/2026	Fee Schedule	\$4,935.34
23600	CLTX PROX HUMRL FX W/O MNPJ	Y	-	1/1/2026	Fee Schedule	\$135.54
23605	CLTX PRX HMRL FX MNPJ+-TRACT	Y	-	1/1/2026	Fee Schedule	\$872.87
23615	OPTX PROX HUMRL FX W/INT FIX	Y	-	1/1/2026	Fee Schedule	\$9,193.89
23616	OPTX PRX HMRL FX FIX RPR RPL	Y	-	1/1/2026	Fee Schedule	\$13,437.31
23620	CLTX GR HMRL TBRS FX WO MNPJ	Y	-	1/1/2026	Fee Schedule	\$135.54
23625	CLTX GR HMRL TBRS FX W/MNPJ	Y	-	1/1/2026	Fee Schedule	\$872.87
23630	OPTX GR HMRL TBRS FX INT FIX	Y	-	1/1/2026	Fee Schedule	\$4,730.99
23650	CLTX SHO DSLC W/MNPJ WO ANES	Y	-	1/1/2026	Fee Schedule	\$135.54
23655	CLTX SHO DSLC W/MNPJ W/ANES	Y	-	1/1/2026	Fee Schedule	\$872.87
23660	OPTX ACUTE SHOULDER DISLC	Y	-	1/1/2026	Fee Schedule	\$3,695.53
23665	CLTX SHO DSLC FX GR HMRL TBR	Y	-	1/1/2026	Fee Schedule	\$872.87
23670	OPTX SHO DISLC FX	Y	-	1/1/2026	Fee Schedule	\$3,695.53
23675	CLTX SHO DISLC NECK FX MNPJ	Y	-	1/1/2026	Fee Schedule	\$872.87
23680	OPTX SHO DISLC NECK FX FIXJ	Y	-	1/1/2026	Fee Schedule	\$9,076.09
23700	MNPJ ANES SHO JT FIXJ APRATS	Y	-	1/1/2026	Fee Schedule	\$872.87
23800	ARTHRODESIS GLENOHUMERAL JT	Y	-	1/1/2026	Fee Schedule	\$3,695.53
23802	ARTHRD GLENOHUMERAL JT W/GRF	Y	-	1/1/2026	Fee Schedule	\$6,804.43
23900	INTERTHORACOSCPLR AMPUTATION	Y	-	1/1/2026	Fee Schedule	\$6,804.43
23920	DISARTICULATION SHOULDER	Y	-	1/1/2026	Fee Schedule	\$6,804.43
23921	DISARTICULATION SHO SEC CLSR	Y	-	1/1/2026	Fee Schedule	\$1,128.57
23930	I&D UPR A/E DP ABSC/HMTMA	Y	-	1/1/2026	Fee Schedule	\$1,248.36
23931	I&D UPR A/E BURSA	Y	-	1/1/2026	Fee Schedule	\$742.04
23935	INC DP OPN B1 CRTX HUM/ELBW	Y	-	1/1/2026	Fee Schedule	\$1,644.87
24000	ARTHRT ELBW EXPL DRG/RMVL FB	Y	-	1/1/2026	Fee Schedule	\$1,644.87
24006	ARTHRT ELBW CAPSL EXC RLS	Y	-	1/1/2026	Fee Schedule	\$1,644.87
24065	BIOPSY ARM/ELBOW SOFT TISSUE	Y	-	1/1/2026	Fee Schedule	\$184.29
24066	BIOPSY ARM/ELBOW SOFT TISSUE	Y	-	1/1/2026	Fee Schedule	\$1,248.36
24071	EXC ARM/ELBOW LES SC 3 CM/>	Y	-	1/1/2026	Fee Schedule	\$1,248.36
24073	EX ARM/ELBOW TUM DEEP 5 CM/>	Y	-	1/1/2026	Fee Schedule	\$1,248.36
24075	EXC ARM/ELBOW LES SC < 3 CM	Y	-	1/1/2026	Fee Schedule	\$742.04
24076	EX ARM/ELBOW TUM DEEP < 5 CM	Y	-	1/1/2026	Fee Schedule	\$1,248.36
24077	RAD RESCJ TUM TISS A/E <5CM	Y	-	1/1/2026	Fee Schedule	\$1,248.36
24079	RAD RESCJ TUM TISS A/E 5 CM+	Y	-	1/1/2026	Fee Schedule	\$1,248.36
24100	ARTHRT ELBW SYNOVIAL BX ONLY	Y	-	1/1/2026	Fee Schedule	\$1,644.87
24101	ARTHRT ELBW JT EXPL BX RMVL	Y	-	1/1/2026	Fee Schedule	\$1,644.87
24102	ARTHRT ELBOW W/SYNOVECTOMY	Y	-	1/1/2026	Fee Schedule	\$1,644.87
24105	EXCISION OLECRANON BURSA	Y	-	1/1/2026	Fee Schedule	\$1,644.87
24110	EXC/CURTG B1 CST/B9 TUM HUM	Y	-	1/1/2026	Fee Schedule	\$1,644.87
24115	EXC/CRTG B1 CST/TUM HUM AGRF	Y	-	1/1/2026	Fee Schedule	\$3,695.53
24116	EXC/CRTG B1 CST/TUM HUM ALGR	Y	-	1/1/2026	Fee Schedule	\$4,682.29
24120	EXC/CRTG B1 CST/B9 TUM RDS	Y	-	1/1/2026	Fee Schedule	\$1,644.87
24125	EXC/CRTG B1 CST/TUM RDS AGRF	Y	-	1/1/2026	Fee Schedule	\$1,644.87

Montana Healthcare Programs Fee Schedule ASC Covered Surgical and Ancillary Services January 1, 2026

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
24126	EXC/CRTG B1 CST/TUM RDS ALGR	Y	-	1/1/2026	Fee Schedule	\$3,695.53
24130	EXCISION RADIAL HEAD	Y	-	1/1/2026	Fee Schedule	\$1,644.87
24134	SEQUESTRECTOMY SHFT/DSTL HUM	Y	-	1/1/2026	Fee Schedule	\$3,695.53
24136	SEQUESTRECTOMY RADIAL H/N	Y	-	1/1/2026	Fee Schedule	\$1,644.87
24138	SEQUESTRECTOMY OLECRN PROCES	Y	-	1/1/2026	Fee Schedule	\$3,695.53
24140	PARTIAL EXC BONE HUMERUS	Y	-	1/1/2026	Fee Schedule	\$1,644.87
24145	PRTL EXC BONE RADIAL H/N	Y	-	1/1/2026	Fee Schedule	\$3,695.53
24147	PRTL EXC BONE OLECRN PROCESS	Y	-	1/1/2026	Fee Schedule	\$1,644.87
24149	RADICAL RESECTION OF ELBOW	Y	-	1/1/2026	Fee Schedule	\$3,695.53
24150	RAD RESCJ TUM DSTL/SHFT HUM	Y	-	1/1/2026	Fee Schedule	\$3,695.53
24152	RAD RESECTION TUM RADIAL H/N	Y	-	1/1/2026	Fee Schedule	\$4,948.07
24155	RESECTION OF ELBOW JOINT	Y	-	1/1/2026	Fee Schedule	\$2,084.06
24160	RMVL PROSTHHUMRL&ULNAR CMPNT	-	-	1/1/2026	Fee Schedule	\$1,644.87
24164	REMOVAL PROSTH RADIAL HEAD	-	-	1/1/2026	Fee Schedule	\$1,644.87
24200	RMVL FB UPPER ARM/ELBW SUBQ	Y	-	1/1/2026	Fee Schedule	\$173.21
24201	RMVL FB UPPER ARM/ELBW DEEP	Y	-	1/1/2026	Fee Schedule	\$1,248.36
24220	INJECTION PX FOR ELBOW ARTHG	-	-	7/1/2018	No Separate Payment	\$0.00
24300	MNPJ ELBOW UNDER ANES	Y	-	1/1/2026	Fee Schedule	\$872.87
24301	MUSC/TDN TRANSFER UPR A/E 1	Y	-	1/1/2026	Fee Schedule	\$3,695.53
24305	TENDON LNGTH UPR A/E EA TDN	Y	-	1/1/2026	Fee Schedule	\$1,644.87
24310	TNOT OPN ELBW TO SHO EA TDN	Y	-	1/1/2026	Fee Schedule	\$1,644.87
24320	TENOPLASTY ELBOW TO SHO 1	Y	-	1/1/2026	Fee Schedule	\$3,695.53
24330	FLEXOR-PLASTY ELBOW	Y	-	1/1/2026	Fee Schedule	\$3,695.53
24331	FLEXOR-PLASTY ELBW W/ADVMNT	Y	-	1/1/2026	Fee Schedule	\$4,682.29
24332	TENOLYSIS TRICEPS	Y	-	1/1/2026	Fee Schedule	\$1,644.87
24340	TENODESIS BICEPS TDN AT ELBW	Y	-	1/1/2026	Fee Schedule	\$3,695.53
24341	RPR TDN/MUSC UPR A/E EACH	Y	-	1/1/2026	Fee Schedule	\$3,695.53
24342	REPAIR OF RUPTURED TENDON	Y	-	1/1/2026	Fee Schedule	\$3,695.53
24343	REPR ELBOW LAT LIGMNT W/TISS	Y	-	1/1/2026	Fee Schedule	\$1,644.87
24344	RECONSTRUCT ELBOW LAT LIGMNT	Y	-	1/1/2026	Fee Schedule	\$4,868.49
24345	REPR ELBW MED LIGMNT W/TISSU	Y	-	1/1/2026	Fee Schedule	\$3,695.53
24346	RECONSTRUCT ELBOW MED LIGMNT	Y	-	1/1/2026	Fee Schedule	\$6,804.43
24357	REPAIR ELBOW PERC	Y	-	1/1/2026	Fee Schedule	\$1,644.87
24358	REPAIR ELBOW W/DEB OPEN	Y	-	1/1/2026	Fee Schedule	\$1,644.87
24359	REPAIR ELBOW DEB/ATTCH OPEN	Y	-	1/1/2026	Fee Schedule	\$1,644.87
24360	RECONSTRUCT ELBOW JOINT	Y	-	1/1/2026	Fee Schedule	\$5,207.17
24361	RECONSTRUCT ELBOW JOINT	Y	-	1/1/2026	Fee Schedule	\$14,723.24
24362	RECONSTRUCT ELBOW JOINT	Y	-	1/1/2026	Fee Schedule	\$9,667.45
24363	REPLACE ELBOW JOINT	Y	-	1/1/2026	Fee Schedule	\$13,753.01
24365	RECONSTRUCT HEAD OF RADIUS	Y	-	1/1/2026	Fee Schedule	\$10,016.17
24366	RECONSTRUCT HEAD OF RADIUS	Y	-	1/1/2026	Fee Schedule	\$9,945.25
24370	REVISE RECONST ELBOW JOINT	Y	-	1/1/2026	Fee Schedule	\$8,621.29
24371	REVISE RECONST ELBOW JOINT	Y	-	1/1/2026	Fee Schedule	\$12,023.02
24400	OSTEOT HUMERUS W/VO INT FIXJ	Y	-	1/1/2026	Fee Schedule	\$3,695.53
24410	MLT OSTEOT RLGNM IMED RD HUM	Y	-	1/1/2026	Fee Schedule	\$6,804.43
24420	OSTEOPLASTY HUMERUS	Y	-	1/1/2026	Fee Schedule	\$3,695.53
24430	RPR NON/MAL HUMERUS WO GRAFT	Y	-	1/1/2026	Fee Schedule	\$8,966.49
24435	RPR NON/MAL HUM WITH AGRFT	Y	-	1/1/2026	Fee Schedule	\$9,054.40
24470	HEMIEPIPHYSEAL ARREST	Y	-	1/1/2026	Fee Schedule	\$1,644.87
24495	DECOMPRESSION FASCT FOREARM	Y	-	1/1/2026	Fee Schedule	\$3,695.53
24498	PROPH TX W/VO MTHYLMTHCRYLT	Y	-	1/1/2026	Fee Schedule	\$8,923.12

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

Montana Healthcare Programs Fee Schedule ASC Covered Surgical and Ancillary Services January 1, 2026

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
24500	CLTX HUMRL SHFT FX W/O MNPJ	Y	-	1/1/2026	Fee Schedule	\$135.54
24505	CLTX HUMRL SHFT FX W/MNPJ	Y	-	1/1/2026	Fee Schedule	\$872.87
24515	OPTX HUMRL SHFT FX PLATE/SCR	Y	-	1/1/2026	Fee Schedule	\$8,818.21
24516	TX HUMRL SHAFT FX IMED IMPLT	Y	-	1/1/2026	Fee Schedule	\$8,962.97
24530	CLTX SPRCNDYLR HUMERAL FX WO	Y	-	1/1/2026	Fee Schedule	\$135.54
24535	CLTX SPRCNDYLR HUMERAL FX W/	Y	-	1/1/2026	Fee Schedule	\$872.87
24538	PRQ SKEL FIX SPRCNDLR HUM FX	Y	-	1/1/2026	Fee Schedule	\$3,695.53
24545	OPTX HUM FX WO NTRCNDYLR XTN	Y	-	1/1/2026	Fee Schedule	\$9,131.77
24546	OPTX HUM FX W/NTRCNDYLR XTN	Y	-	1/1/2026	Fee Schedule	\$9,148.76
24560	CLTX HUM EPCNDYLR FX WO MNPJ	Y	-	1/1/2026	Fee Schedule	\$135.54
24565	CLTX HUM EPCNDYLR FX W/MNPJ	Y	-	1/1/2026	Fee Schedule	\$872.87
24566	PRQ SKEL FIX EPCNDYLR HUM FX	Y	-	1/1/2026	Fee Schedule	\$872.87
24575	OPTX HUMERAL EPCNDYLR FX	Y	-	1/1/2026	Fee Schedule	\$8,621.29
24576	CLTX HUMRL CNDYLR FX WO MNPJ	Y	-	1/1/2026	Fee Schedule	\$135.54
24577	CLTX HUMRL CNDYLR FX W/MNPJ	Y	-	1/1/2026	Fee Schedule	\$872.87
24579	OPTX HUMRL CNDYLR FRACTURE	Y	-	1/1/2026	Fee Schedule	\$8,821.14
24582	PRQ SKEL FIX HUMRL CNDYLR FX	Y	-	1/1/2026	Fee Schedule	\$4,717.30
24586	OPTX PARTCLR FX&/DISLC ELBOW	Y	-	1/1/2026	Fee Schedule	\$9,087.81
24587	OPTX PARTCLR FX&/DSLC ELBW W	Y	-	1/1/2026	Fee Schedule	\$9,558.44
24600	TX CLSD ELBOW DISLC W/O ANES	Y	-	1/1/2026	Fee Schedule	\$135.54
24605	TX CLSD ELBOW DISLC REQ ANES	Y	-	1/1/2026	Fee Schedule	\$872.87
24615	OPTX AQT/CHRNC ELBOW DISLC	Y	-	1/1/2026	Fee Schedule	\$5,397.52
24620	CLTX MONTEGGIA FX DISLC ELBW	Y	-	1/1/2026	Fee Schedule	\$872.87
24635	OPTX MONTEGGIA FX DISLC ELBW	Y	-	1/1/2026	Fee Schedule	\$4,869.13
24640	CLTX RDL HEAD SUBLXTJ NRSEMD	Y	-	1/1/2026	Fee Schedule	\$61.76
24650	CLTX RDL HEAD/NCK FX WO MNPJ	Y	-	1/1/2026	Fee Schedule	\$135.54
24655	CLTX RDL HEAD/NCK FX W/MNPJ	Y	-	1/1/2026	Fee Schedule	\$872.87
24665	OPTX RADIAL HEAD/NECK FX	Y	-	1/1/2026	Fee Schedule	\$3,695.53
24666	OPTX RADIAL HEAD/NCK FX RPLC	Y	-	1/1/2026	Fee Schedule	\$9,673.31
24670	CLTX ULNAR FX PROX W/O MNPJ	Y	-	1/1/2026	Fee Schedule	\$135.54
24675	CLTX ULNAR FX PROX W/MNPJ	Y	-	1/1/2026	Fee Schedule	\$872.87
24685	OPTX ULNAR FX PROX END W/FIX	Y	-	1/1/2026	Fee Schedule	\$4,719.21
24800	ARTHRODESIS ELBW JOINT LOCAL	Y	-	1/1/2026	Fee Schedule	\$3,695.53
24802	ARTHRD ELBOW JT AUTOG GRAFT	Y	-	1/1/2026	Fee Schedule	\$6,804.43
24900	AMPUTATION OF UPPER ARM	Y	-	1/1/2026	Fee Schedule	\$6,804.43
24920	AMPUTATION OF UPPER ARM	Y	-	1/1/2026	Fee Schedule	\$6,804.43
24925	AMPUTATION FOLLOW-UP SURGERY	Y	-	1/1/2026	Fee Schedule	\$1,644.87
24930	AMPUTATION FOLLOW-UP SURGERY	Y	-	1/1/2026	Fee Schedule	\$3,695.53
24931	AMPUTATE UPPER ARM & IMPLANT	Y	-	1/1/2026	Fee Schedule	\$9,493.97
24935	REVISION OF AMPUTATION	Y	-	1/1/2026	Fee Schedule	\$3,695.53
24940	REVISION OF UPPER ARM	Y	-	1/1/2026	Fee Schedule	\$9,493.97
25000	INCISION OF TENDON SHEATH	Y	-	1/1/2026	Fee Schedule	\$872.87
25001	INCISE FLEXOR CARPI RADIALIS	Y	-	1/1/2026	Fee Schedule	\$1,644.87
25020	DECOMPRESS FOREARM 1 SPACE	Y	-	1/1/2026	Fee Schedule	\$872.87
25023	DECOMPRESS FOREARM 1 SPACE	Y	-	1/1/2026	Fee Schedule	\$1,644.87
25024	DECOMPRESS FOREARM 2 SPACES	Y	-	1/1/2026	Fee Schedule	\$1,644.87
25025	DECOMPRESS FOREARM 2 SPACES	Y	-	1/1/2026	Fee Schedule	\$872.87
25028	I&D F/ARM&/WRST DP ABSC/HMTM	Y	-	1/1/2026	Fee Schedule	\$1,644.87
25031	I&D FOREARM&/WRIST BURSA	Y	-	1/1/2026	Fee Schedule	\$872.87
25035	INC DP BONE CRTX F/ARM&/WRST	Y	-	1/1/2026	Fee Schedule	\$3,695.53
25040	ARTHRT RDCRPL/MIDCARPL JT	Y	-	1/1/2026	Fee Schedule	\$1,644.87

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

Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
January 1, 2026

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
25065	BIOPSY FOREARM SOFT TISSUES	Y	-	1/1/2026	Fee Schedule	\$186.97
25066	BIOPSY FOREARM SOFT TISSUES	Y	-	1/1/2026	Fee Schedule	\$1,248.36
25071	EXC FOREARM LES SC 3 CM/>	Y	-	1/1/2026	Fee Schedule	\$742.04
25073	EXC FOREARM TUM DEEP 3 CM/>	Y	-	1/1/2026	Fee Schedule	\$1,248.36
25075	EXC FOREARM LES SC < 3 CM	Y	-	1/1/2026	Fee Schedule	\$742.04
25076	EXC FOREARM TUM DEEP < 3 CM	Y	-	1/1/2026	Fee Schedule	\$742.04
25077	RESECT FOREARM/WRIST TUM<3CM	Y	-	1/1/2026	Fee Schedule	\$1,248.36
25078	RESECT FORARM/WRIST TUM 3CM>	Y	-	1/1/2026	Fee Schedule	\$1,248.36
25085	INCISION OF WRIST CAPSULE	Y	-	1/1/2026	Fee Schedule	\$1,644.87
25100	BIOPSY OF WRIST JOINT	Y	-	1/1/2026	Fee Schedule	\$1,644.87
25101	EXPLORE/TREAT WRIST JOINT	Y	-	1/1/2026	Fee Schedule	\$1,644.87
25105	REMOVE WRIST JOINT LINING	Y	-	1/1/2026	Fee Schedule	\$1,644.87
25107	REMOVE WRIST JOINT CARTILAGE	Y	-	1/1/2026	Fee Schedule	\$1,644.87
25109	EXCISE TENDON FOREARM/WRIST	Y	-	1/1/2026	Fee Schedule	\$1,644.87
25110	REMOVE WRIST TENDON LESION	Y	-	1/1/2026	Fee Schedule	\$872.87
25111	REMOVE WRIST TENDON LESION	Y	-	1/1/2026	Fee Schedule	\$872.87
25112	REREMOVE WRIST TENDON LESION	Y	-	1/1/2026	Fee Schedule	\$872.87
25115	REMOVE WRIST/FOREARM LESION	Y	-	1/1/2026	Fee Schedule	\$872.87
25116	REMOVE WRIST/FOREARM LESION	Y	-	1/1/2026	Fee Schedule	\$1,644.87
25118	EXCISE WRIST TENDON SHEATH	Y	-	1/1/2026	Fee Schedule	\$872.87
25119	PARTIAL REMOVAL OF ULNA	Y	-	1/1/2026	Fee Schedule	\$1,644.87
25120	REMOVAL OF FOREARM LESION	Y	-	1/1/2026	Fee Schedule	\$1,644.87
25125	REMOVE/GRAFT FOREARM LESION	Y	-	1/1/2026	Fee Schedule	\$872.87
25126	REMOVE/GRAFT FOREARM LESION	Y	-	1/1/2026	Fee Schedule	\$1,644.87
25130	REMOVAL OF WRIST LESION	Y	-	1/1/2026	Fee Schedule	\$1,644.87
25135	REMOVE & GRAFT WRIST LESION	Y	-	1/1/2026	Fee Schedule	\$3,695.53
25136	REMOVE & GRAFT WRIST LESION	Y	-	1/1/2026	Fee Schedule	\$3,695.53
25145	REMOVE FOREARM BONE LESION	Y	-	1/1/2026	Fee Schedule	\$1,644.87
25150	PARTIAL REMOVAL OF ULNA	Y	-	1/1/2026	Fee Schedule	\$1,644.87
25151	PARTIAL REMOVAL OF RADIUS	Y	-	1/1/2026	Fee Schedule	\$1,644.87
25170	RESECT RADIUS/ULNAR TUMOR	Y	-	1/1/2026	Fee Schedule	\$3,695.53
25210	REMOVAL OF WRIST BONE	Y	-	1/1/2026	Fee Schedule	\$1,644.87
25215	REMOVAL OF WRIST BONES	Y	-	1/1/2026	Fee Schedule	\$1,644.87
25230	PARTIAL REMOVAL OF RADIUS	Y	-	1/1/2026	Fee Schedule	\$1,644.87
25240	PARTIAL REMOVAL OF ULNA	Y	-	1/1/2026	Fee Schedule	\$1,644.87
25246	INJECTION FOR WRIST X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
25248	REMOVE FOREARM FOREIGN BODY	Y	-	1/1/2026	Fee Schedule	\$872.87
25250	REMOVAL OF WRIST PROSTHESIS	-	-	1/1/2026	Fee Schedule	\$872.87
25251	REMOVAL OF WRIST PROSTHESIS	-	-	1/1/2026	Fee Schedule	\$1,644.87
25259	MANIPULATE WRIST W/ANESTHES	Y	-	1/1/2026	Fee Schedule	\$872.87
25260	REPAIR FOREARM TENDON/MUSCLE	Y	-	1/1/2026	Fee Schedule	\$1,644.87
25263	REPAIR FOREARM TENDON/MUSCLE	Y	-	1/1/2026	Fee Schedule	\$3,695.53
25265	REPAIR FOREARM TENDON/MUSCLE	Y	-	1/1/2026	Fee Schedule	\$1,644.87
25270	REPAIR FOREARM TENDON/MUSCLE	Y	-	1/1/2026	Fee Schedule	\$1,644.87
25272	REPAIR FOREARM TENDON/MUSCLE	Y	-	1/1/2026	Fee Schedule	\$1,644.87
25274	REPAIR FOREARM TENDON/MUSCLE	Y	-	1/1/2026	Fee Schedule	\$1,644.87
25275	REPAIR FOREARM TENDON SHEATH	Y	-	1/1/2026	Fee Schedule	\$1,644.87
25280	REVISE WRIST/FOREARM TENDON	Y	-	1/1/2026	Fee Schedule	\$1,644.87
25290	INCISE WRIST/FOREARM TENDON	Y	-	1/1/2026	Fee Schedule	\$1,644.87
25295	RELEASE WRIST/FOREARM TENDON	Y	-	1/1/2026	Fee Schedule	\$1,644.87
25300	FUSION OF TENDONS AT WRIST	Y	-	1/1/2026	Fee Schedule	\$1,644.87

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

Montana Healthcare Programs Fee Schedule ASC Covered Surgical and Ancillary Services January 1, 2026

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
25301	FUSION OF TENDONS AT WRIST	Y	-	1/1/2026	Fee Schedule	\$1,644.87
25310	TRANSPLANT FOREARM TENDON	Y	-	1/1/2026	Fee Schedule	\$1,644.87
25312	TRANSPLANT FOREARM TENDON	Y	-	1/1/2026	Fee Schedule	\$1,644.87
25315	REVISE PALSY HAND TENDON(S)	Y	-	1/1/2026	Fee Schedule	\$3,695.53
25316	REVISE PALSY HAND TENDON(S)	Y	-	1/1/2026	Fee Schedule	\$3,695.53
25320	REPAIR/REVISE WRIST JOINT	Y	-	1/1/2026	Fee Schedule	\$3,695.53
25332	REVISE WRIST JOINT	Y	-	1/1/2026	Fee Schedule	\$2,101.35
25335	CENTRALIZATION WRIST ON ULNA	Y	-	1/1/2026	Fee Schedule	\$1,644.87
25337	RECONSTRUCT ULNA/RADIOULNAR	Y	-	1/1/2026	Fee Schedule	\$3,695.53
25350	REVISION OF RADIUS	Y	-	1/1/2026	Fee Schedule	\$4,756.45
25355	REVISION OF RADIUS	Y	-	1/1/2026	Fee Schedule	\$1,644.87
25360	REVISION OF ULNA	Y	-	1/1/2026	Fee Schedule	\$5,074.44
25365	REVISE RADIUS & ULNA	Y	-	1/1/2026	Fee Schedule	\$6,804.43
25370	REVISE RADIUS OR ULNA	Y	-	1/1/2026	Fee Schedule	\$1,644.87
25375	REVISE RADIUS & ULNA	Y	-	1/1/2026	Fee Schedule	\$1,644.87
25390	SHORTEN RADIUS OR ULNA	Y	-	1/1/2026	Fee Schedule	\$4,769.82
25391	LENGTHEN RADIUS OR ULNA	Y	-	1/1/2026	Fee Schedule	\$9,709.64
25392	SHORTEN RADIUS & ULNA	Y	-	1/1/2026	Fee Schedule	\$3,695.53
25393	LENGTHEN RADIUS & ULNA	Y	-	1/1/2026	Fee Schedule	\$4,727.17
25394	REPAIR CARPAL BONE SHORTEN	Y	-	1/1/2026	Fee Schedule	\$1,644.87
25400	REPAIR RADIUS OR ULNA	Y	-	1/1/2026	Fee Schedule	\$4,900.96
25405	REPAIR/GRAFT RADIUS OR ULNA	Y	-	1/1/2026	Fee Schedule	\$4,893.00
25415	REPAIR RADIUS & ULNA	Y	-	1/1/2026	Fee Schedule	\$4,925.79
25420	REPAIR/GRAFT RADIUS & ULNA	Y	-	1/1/2026	Fee Schedule	\$5,129.51
25425	REPAIR/GRAFT RADIUS OR ULNA	Y	-	1/1/2026	Fee Schedule	\$5,860.34
25426	REPAIR/GRAFT RADIUS & ULNA	Y	-	1/1/2026	Fee Schedule	\$2,169.21
25430	VASC GRAFT INTO CARPAL BONE	Y	-	1/1/2026	Fee Schedule	\$1,644.87
25431	REPAIR NONUNION CARPAL BONE	Y	-	1/1/2026	Fee Schedule	\$5,390.52
25440	REPAIR NONU SCPHD CARPL B1	Y	-	1/1/2026	Fee Schedule	\$3,695.53
25441	ARTHRP W/PROSTC DSTL RDS	Y	-	1/1/2026	Fee Schedule	\$11,157.28
25442	ARTHRP W/PROSTC DSTL ULNA	Y	-	1/1/2026	Fee Schedule	\$14,178.74
25443	ARTHRP PROSTC DSTL SCPH CRPL	Y	-	1/1/2026	Fee Schedule	\$5,312.85
25444	ARTHRP W/PROSTC LUNATE	Y	-	1/1/2026	Fee Schedule	\$11,037.13
25445	ARTHRP W/PROSTC TRAPEZIUM	Y	-	1/1/2026	Fee Schedule	\$5,097.36
25446	ARTHRP W/PROSTC DST RDS&CRPS	Y	-	1/1/2026	Fee Schedule	\$14,530.31
25447	ARTHRP NTRCRP/CRP/MTCR NTRPS	Y	-	1/1/2026	Fee Schedule	\$1,644.87
25448	ARTHRP NTRCRPL/CRP/MTCRP SSP	Y	-	1/1/2026	Fee Schedule	\$1,644.87
25449	REVJ ARTHRP WRIST JOINT	Y	-	1/1/2026	Fee Schedule	\$3,695.53
25450	EPIPHYSL ARRST DSTL RDS/ULNA	Y	-	1/1/2026	Fee Schedule	\$1,644.87
25455	EPIPHYSL ARRST DSTL RDS&ULNA	Y	-	1/1/2026	Fee Schedule	\$1,644.87
25490	PROPHYLACTIC TX RADIUS	Y	-	1/1/2026	Fee Schedule	\$3,695.53
25491	PROPHYLACTIC TX ULNA	Y	-	1/1/2026	Fee Schedule	\$8,621.29
25492	PROPHYLACTIC TX RADIUS&ULNA	Y	-	1/1/2026	Fee Schedule	\$1,644.87
25500	CLTX RDL SHFT FX W/O MNPJ	Y	-	1/1/2026	Fee Schedule	\$135.54
25505	CLTX RDL SHFT FX W/MNPJ	Y	-	1/1/2026	Fee Schedule	\$872.87
25515	OPTX RADIAL SHAFT FRACTURE	Y	-	1/1/2026	Fee Schedule	\$4,654.59
25520	CLTX RDL SHFT FX&DISLC	Y	-	1/1/2026	Fee Schedule	\$872.87
25525	OPTX RDL SHFT FX&CLTX RAD/UL	Y	-	1/1/2026	Fee Schedule	\$4,941.39
25526	OPTX RDL SHFT FX&DSTL RAD/UL	Y	-	1/1/2026	Fee Schedule	\$4,817.88
25530	CLTX ULNAR SHFT FX W/O MNPJ	Y	-	1/1/2026	Fee Schedule	\$135.54
25535	CLTX ULNAR SHFT FX W/MNPJ	Y	-	1/1/2026	Fee Schedule	\$135.54

Montana Healthcare Programs Fee Schedule

ASC Covered Surgical and Ancillary Services

January 1, 2026

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
25545	OPTX ULNAR SHFT FX INT FIXJ	Y	-	1/1/2026	Fee Schedule	\$4,653.00
25560	CLTX RDL&ULN SHFT FX WO MNPJ	Y	-	1/1/2026	Fee Schedule	\$135.54
25565	CLTX RDL&ULN SHFT FX W/MNPJ	Y	-	1/1/2026	Fee Schedule	\$872.87
25574	OPTX RDL&ULN SHFT FX RDS/ULN	Y	-	1/1/2026	Fee Schedule	\$5,158.47
25575	OPTX RDL&ULN SHFT FX RDS&ULN	Y	-	1/1/2026	Fee Schedule	\$4,852.90
25600	CLTX DST RDL FX/EPHYS SEP WO	Y	-	1/1/2026	Fee Schedule	\$135.54
25605	CLTX DST RDL FX/EPHYS SEP W/	Y	-	1/1/2026	Fee Schedule	\$872.87
25606	PERQ SKEL FIXJ DSTL RDL FX	Y	-	1/1/2026	Fee Schedule	\$1,644.87
25607	OPTX DST RD XARTC FX/EPI SEP	Y	-	1/1/2026	Fee Schedule	\$4,970.99
25608	OPTX DST RD XART FX/EPI SEP2	Y	-	1/1/2026	Fee Schedule	\$4,980.54
25609	OPTX DST RD XART FX/EP SEP3+	Y	-	1/1/2026	Fee Schedule	\$5,014.28
25622	CLTX CARPL SCPHD FX W/O MNPJ	Y	-	1/1/2026	Fee Schedule	\$135.54
25624	CLTX CARPL SCPHD FX W/MNPJ	Y	-	1/1/2026	Fee Schedule	\$872.87
25628	OPTX CARPL SCPHD FX INT FIXJ	Y	-	1/1/2026	Fee Schedule	\$3,695.53
25630	CLTX CARPL FX W/O MNPJ EA B1	Y	-	1/1/2026	Fee Schedule	\$135.54
25635	CLTX CARPL FX W/MNPJ EA B1	Y	-	1/1/2026	Fee Schedule	\$872.87
25645	OPTX CRPL FX OTH/THN SCPH EA	Y	-	1/1/2026	Fee Schedule	\$1,644.87
25650	CLTX ULNAR STYLOID FRACTURE	Y	-	1/1/2026	Fee Schedule	\$135.54
25651	PERQ SKEL FIX ULNAR STYLD FX	Y	-	1/1/2026	Fee Schedule	\$2,334.41
25652	OPTX ULNAR STYLOID FRACTURE	Y	-	1/1/2026	Fee Schedule	\$4,706.79
25660	CLTX RDCRPL/NTRCRPL DISLC 1+	Y	-	1/1/2026	Fee Schedule	\$135.54
25670	OPTX RDCRPL/NTRCRPL DISLC 1+	Y	-	1/1/2026	Fee Schedule	\$4,682.29
25671	PERQ SKEL FIX RAD/ULN DISLC	Y	-	1/1/2026	Fee Schedule	\$1,644.87
25675	CLTX DSTL RAD/ULN DISLC MNPJ	Y	-	1/1/2026	Fee Schedule	\$135.54
25676	OPTX RAD/ULN DISLC AQT/CHRN	Y	-	1/1/2026	Fee Schedule	\$3,695.53
25680	CLTX TRNS-SCPHRLNR FX MNPJ	Y	-	1/1/2026	Fee Schedule	\$135.54
25685	OPTX TRNS-SCPHRLNR FX DISLC	Y	-	1/1/2026	Fee Schedule	\$3,695.53
25690	CLTX LUNATE DISLC W/MNPJ	Y	-	1/1/2026	Fee Schedule	\$872.87
25695	OPTX LUNATE DISLOCATION	Y	-	1/1/2026	Fee Schedule	\$3,695.53
25800	ARTHRD WRIST COMPLETE WO GRF	Y	-	1/1/2026	Fee Schedule	\$5,187.76
25805	ARTHRD WRIST W/SLIDING GRAFT	Y	-	1/1/2026	Fee Schedule	\$3,695.53
25810	ARTHRD WRST ILIAC/OTH AGRFT	Y	-	1/1/2026	Fee Schedule	\$9,107.15
25820	ARTHRD WRIST LMTD W/O B1 GRF	Y	-	1/1/2026	Fee Schedule	\$5,064.57
25825	ARTHRD WRIST WITH AUTOGRAFT	Y	-	1/1/2026	Fee Schedule	\$4,708.07
25830	ARTHRD DST RAD/UL JT SGM RSC	Y	-	1/1/2026	Fee Schedule	\$3,695.53
25900	AMPUTATION OF FOREARM	Y	-	1/1/2026	Fee Schedule	\$3,695.53
25905	AMPUTATION OF FOREARM	Y	-	1/1/2026	Fee Schedule	\$3,695.53
25907	AMPUTATION FOLLOW-UP SURGERY	Y	-	1/1/2026	Fee Schedule	\$1,644.87
25909	AMPUTATION FOLLOW-UP SURGERY	Y	-	1/1/2026	Fee Schedule	\$3,695.53
25915	AMPUTATION OF FOREARM	Y	-	1/1/2026	Fee Schedule	\$3,695.53
25920	AMPUTATE HAND AT WRIST	Y	-	1/1/2026	Fee Schedule	\$1,644.87
25922	AMPUTATE HAND AT WRIST	Y	-	1/1/2026	Fee Schedule	\$872.87
25924	AMPUTATION FOLLOW-UP SURGERY	Y	-	1/1/2026	Fee Schedule	\$1,644.87
25927	AMPUTATION OF HAND	Y	-	1/1/2026	Fee Schedule	\$1,644.87
25929	AMPUTATION FOLLOW-UP SURGERY	Y	-	1/1/2026	Fee Schedule	\$1,128.57
25931	AMPUTATION FOLLOW-UP SURGERY	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26010	DRAINAGE OF FINGER ABSCESS	Y	-	1/1/2026	Fee Schedule	\$110.23
26011	DRAINAGE OF FINGER ABSCESS	Y	-	1/1/2026	Fee Schedule	\$742.04
26020	DRAIN HAND TENDON SHEATH	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26025	DRAINAGE OF PALM BURSA	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26030	DRAINAGE OF PALM BURSAS	Y	-	1/1/2026	Fee Schedule	\$1,644.87

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

Montana Healthcare Programs Fee Schedule ASC Covered Surgical and Ancillary Services January 1, 2026

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
26034	TREAT HAND BONE LESION	Y	-	1/1/2026	Fee Schedule	\$872.87
26035	DECOMPRESS FINGERS/HAND	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26037	DECOMPRESS FINGERS/HAND	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26040	RELEASE PALM CONTRACTURE	Y	-	1/1/2026	Fee Schedule	\$872.87
26045	RELEASE PALM CONTRACTURE	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26055	INCISE FINGER TENDON SHEATH	Y	-	1/1/2026	Fee Schedule	\$872.87
26060	INCISION OF FINGER TENDON	Y	-	1/1/2026	Fee Schedule	\$872.87
26070	EXPLORE/TREAT HAND JOINT	Y	-	1/1/2026	Fee Schedule	\$872.87
26075	EXPLORE/TREAT FINGER JOINT	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26080	EXPLORE/TREAT FINGER JOINT	Y	-	1/1/2026	Fee Schedule	\$872.87
26100	BIOPSY HAND JOINT LINING	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26105	BIOPSY FINGER JOINT LINING	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26110	BIOPSY FINGER JOINT LINING	Y	-	1/1/2026	Fee Schedule	\$872.87
26111	EXC HAND LES SC 1.5 CM/>	Y	-	1/1/2026	Fee Schedule	\$742.04
26113	EXC HAND TUM DEEP 1.5 CM/>	Y	-	1/1/2026	Fee Schedule	\$742.04
26115	EXC HAND LES SC < 1.5 CM	Y	-	1/1/2026	Fee Schedule	\$742.04
26116	EXC HAND TUM DEEP < 1.5 CM	Y	-	1/1/2026	Fee Schedule	\$742.04
26117	RAD RESECT HAND TUMOR < 3 CM	Y	-	1/1/2026	Fee Schedule	\$1,248.36
26118	RAD RESECT HAND TUMOR 3 CM/>	Y	-	1/1/2026	Fee Schedule	\$1,248.36
26121	RELEASE PALM CONTRACTURE	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26123	RELEASE PALM CONTRACTURE	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26125	RELEASE PALM CONTRACTURE	-	-	7/1/2018	No Separate Payment	\$0.00
26130	REMOVE WRIST JOINT LINING	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26135	REVISE FINGER JOINT EACH	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26140	REVISE FINGER JOINT EACH	Y	-	1/1/2026	Fee Schedule	\$872.87
26145	TENDON EXCISION PALM/FINGER	Y	-	1/1/2026	Fee Schedule	\$872.87
26160	REMOVE TENDON SHEATH LESION	Y	-	1/1/2026	Fee Schedule	\$872.87
26170	REMOVAL OF PALM TENDON EACH	Y	-	1/1/2026	Fee Schedule	\$872.87
26180	REMOVAL OF FINGER TENDON	Y	-	1/1/2026	Fee Schedule	\$872.87
26185	REMOVE FINGER BONE	Y	-	1/1/2026	Fee Schedule	\$872.87
26200	REMOVE HAND BONE LESION	Y	-	1/1/2026	Fee Schedule	\$872.87
26205	REMOVE/GRAFT BONE LESION	Y	-	1/1/2026	Fee Schedule	\$3,695.53
26210	REMOVAL OF FINGER LESION	Y	-	1/1/2026	Fee Schedule	\$872.87
26215	REMOVE/GRAFT FINGER LESION	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26230	PARTIAL REMOVAL OF HAND BONE	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26235	PARTIAL REMOVAL FINGER BONE	Y	-	1/1/2026	Fee Schedule	\$872.87
26236	PARTIAL REMOVAL FINGER BONE	Y	-	1/1/2026	Fee Schedule	\$872.87
26250	EXTENSIVE HAND SURGERY	Y	-	1/1/2026	Fee Schedule	\$2,363.73
26260	RESECT PROX FINGER TUMOR	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26262	RESECT DISTAL FINGER TUMOR	Y	-	1/1/2026	Fee Schedule	\$872.87
26320	REMOVAL OF IMPLANT FROM HAND	-	-	1/1/2026	Fee Schedule	\$742.04
26340	MANIPULATE FINGER W/ANESTH	Y	-	1/1/2026	Fee Schedule	\$872.87
26341	MANIPULAT PALM CORD POST INJ	Y	-	1/1/2026	Fee Schedule	\$89.63
26350	REPAIR FINGER/HAND TENDON	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26352	REPAIR/GRAFT HAND TENDON	Y	-	1/1/2026	Fee Schedule	\$3,695.53
26356	REPAIR FINGER/HAND TENDON	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26357	REPAIR FINGER/HAND TENDON	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26358	REPAIR/GRAFT HAND TENDON	Y	-	1/1/2026	Fee Schedule	\$3,695.53
26370	REPAIR FINGER/HAND TENDON	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26372	REPAIR/GRAFT HAND TENDON	Y	-	1/1/2026	Fee Schedule	\$3,695.53
26373	REPAIR FINGER/HAND TENDON	Y	-	1/1/2026	Fee Schedule	\$1,644.87

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

Montana Healthcare Programs Fee Schedule **ASC Covered Surgical and Ancillary Services** **January 1, 2026**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
26390	REVISE HAND/FINGER TENDON	Y	-	1/1/2026	Fee Schedule	\$4,682.29
26392	REPAIR/GRAFT HAND TENDON	Y	-	1/1/2026	Fee Schedule	\$3,695.53
26410	REPAIR HAND TENDON	Y	-	1/1/2026	Fee Schedule	\$872.87
26412	REPAIR/GRAFT HAND TENDON	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26415	EXCISION HAND/FINGER TENDON	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26416	GRAFT HAND OR FINGER TENDON	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26418	REPAIR FINGER TENDON	Y	-	1/1/2026	Fee Schedule	\$872.87
26420	REPAIR/GRAFT FINGER TENDON	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26426	REPAIR FINGER/HAND TENDON	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26428	REPAIR/GRAFT FINGER TENDON	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26432	REPAIR FINGER TENDON	Y	-	1/1/2026	Fee Schedule	\$872.87
26433	REPAIR FINGER TENDON	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26434	REPAIR/GRAFT FINGER TENDON	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26437	REALIGNMENT OF TENDONS	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26440	RELEASE PALM/FINGER TENDON	Y	-	1/1/2026	Fee Schedule	\$872.87
26442	RELEASE PALM & FINGER TENDON	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26445	RELEASE HAND/FINGER TENDON	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26449	RELEASE FOREARM/HAND TENDON	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26450	INCISION OF PALM TENDON	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26455	INCISION OF FINGER TENDON	Y	-	1/1/2026	Fee Schedule	\$872.87
26460	INCISE HAND/FINGER TENDON	Y	-	1/1/2026	Fee Schedule	\$872.87
26471	FUSION OF FINGER TENDONS	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26474	FUSION OF FINGER TENDONS	Y	-	1/1/2026	Fee Schedule	\$872.87
26476	TENDON LENGTHENING	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26477	TENDON SHORTENING	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26478	LENGTHENING OF HAND TENDON	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26479	SHORTENING OF HAND TENDON	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26480	TRANSPLANT HAND TENDON	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26483	TRANSPLANT/GRAFT HAND TENDON	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26485	TRANSPLANT PALM TENDON	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26489	TRANSPLANT/GRAFT PALM TENDON	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26490	REVISE THUMB TENDON	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26492	TENDON TRANSFER WITH GRAFT	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26494	HAND TENDON/MUSCLE TRANSFER	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26496	REVISE THUMB TENDON	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26497	FINGER TENDON TRANSFER	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26498	FINGER TENDON TRANSFER	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26499	CORRECTION CLAW FINGER OTHER	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26500	HAND TENDON RECONSTRUCTION	Y	-	1/1/2026	Fee Schedule	\$3,695.53
26502	HAND TENDON RECONSTRUCTION	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26508	RELEASE THUMB CONTRACTURE	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26510	THUMB TENDON TRANSFER	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26516	FUSION OF KNUCKLE JOINT	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26517	FUSION OF KNUCKLE JOINTS	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26518	FUSION OF KNUCKLE JOINTS	Y	-	1/1/2026	Fee Schedule	\$4,682.29
26520	RELEASE KNUCKLE CONTRACTURE	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26525	RELEASE FINGER CONTRACTURE	Y	-	1/1/2026	Fee Schedule	\$872.87
26530	REVISE KNUCKLE JOINT	Y	-	1/1/2026	Fee Schedule	\$4,977.04
26531	REVISE KNUCKLE WITH IMPLANT	Y	-	1/1/2026	Fee Schedule	\$5,002.82
26535	REVISE FINGER JOINT	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26536	REVISE/IMPLANT FINGER JOINT	Y	-	1/1/2026	Fee Schedule	\$4,782.55

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

Montana Healthcare Programs Fee Schedule **ASC Covered Surgical and Ancillary Services** **January 1, 2026**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
26540	REPAIR HAND JOINT	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26541	REPAIR HAND JOINT WITH GRAFT	Y	-	1/1/2026	Fee Schedule	\$2,194.00
26542	REPAIR HAND JOINT WITH GRAFT	Y	-	1/1/2026	Fee Schedule	\$2,118.91
26545	RECONSTRUCT FINGER JOINT	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26546	REPAIR NONUNION HAND	Y	-	1/1/2026	Fee Schedule	\$3,695.53
26548	RECONSTRUCT FINGER JOINT	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26550	POLLICIZATION DIGIT	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26551	GREAT TOE-HAND TRANSFER	Y	-	1/1/2026	Fee Schedule	\$4,682.29
26553	SINGLE TRANSFER TOE-HAND	Y	-	1/1/2026	Fee Schedule	\$4,682.29
26554	DOUBLE TRANSFER TOE-HAND	Y	-	1/1/2026	Fee Schedule	\$4,682.29
26555	POSITIONAL CHANGE OF FINGER	Y	-	1/1/2026	Fee Schedule	\$3,695.53
26556	TOE JOINT TRANSFER	Y	-	1/1/2026	Fee Schedule	\$4,682.29
26560	REPAIR OF WEB FINGER	Y	-	1/1/2026	Fee Schedule	\$872.87
26561	REPAIR OF WEB FINGER	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26562	REPAIR OF WEB FINGER	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26565	CORRECT METACARPAL FLAW	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26567	CORRECT FINGER DEFORMITY	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26568	LENGTHEN METACARPAL/FINGER	Y	-	1/1/2026	Fee Schedule	\$5,165.80
26580	REPAIR CLEFT HAND	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26587	RECONSTRUCT EXTRA FINGER	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26590	REPAIR FINGER DEFORMITY	Y	-	1/1/2026	Fee Schedule	\$872.87
26591	REPAIR MUSCLES OF HAND	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26593	RELEASE MUSCLES OF HAND	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26596	EXCISION CONSTRICTING TISSUE	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26600	TREAT METACARPAL FRACTURE	Y	-	1/1/2026	Fee Schedule	\$135.54
26605	TREAT METACARPAL FRACTURE	Y	-	1/1/2026	Fee Schedule	\$135.54
26607	TREAT METACARPAL FRACTURE	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26608	TREAT METACARPAL FRACTURE	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26615	TREAT METACARPAL FRACTURE	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26641	TREAT THUMB DISLOCATION	Y	-	1/1/2026	Fee Schedule	\$135.54
26645	TREAT THUMB FRACTURE	Y	-	1/1/2026	Fee Schedule	\$872.87
26650	TREAT THUMB FRACTURE	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26665	TREAT THUMB FRACTURE	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26670	TREAT HAND DISLOCATION	Y	-	1/1/2026	Fee Schedule	\$135.54
26675	TREAT HAND DISLOCATION	Y	-	1/1/2026	Fee Schedule	\$872.87
26676	PIN HAND DISLOCATION	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26685	TREAT HAND DISLOCATION	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26686	TREAT HAND DISLOCATION	Y	-	1/1/2026	Fee Schedule	\$2,084.06
26700	TREAT KNUCKLE DISLOCATION	Y	-	1/1/2026	Fee Schedule	\$135.54
26705	TREAT KNUCKLE DISLOCATION	Y	-	1/1/2026	Fee Schedule	\$872.87
26706	PIN KNUCKLE DISLOCATION	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26715	TREAT KNUCKLE DISLOCATION	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26720	TREAT FINGER FRACTURE EACH	Y	-	1/1/2026	Fee Schedule	\$135.54
26725	TREAT FINGER FRACTURE EACH	Y	-	1/1/2026	Fee Schedule	\$135.54
26727	TREAT FINGER FRACTURE EACH	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26735	TREAT FINGER FRACTURE EACH	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26740	TREAT FINGER FRACTURE EACH	Y	-	1/1/2026	Fee Schedule	\$135.54
26742	TREAT FINGER FRACTURE EACH	Y	-	1/1/2026	Fee Schedule	\$872.87
26746	TREAT FINGER FRACTURE EACH	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26750	TREAT FINGER FRACTURE EACH	Y	-	1/1/2026	Fee Schedule	\$135.54
26755	TREAT FINGER FRACTURE EACH	Y	-	1/1/2026	Fee Schedule	\$135.54

Montana Healthcare Programs Fee Schedule ASC Covered Surgical and Ancillary Services January 1, 2026

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
26756	PIN FINGER FRACTURE EACH	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26765	TREAT FINGER FRACTURE EACH	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26770	TREAT FINGER DISLOCATION	Y	-	1/1/2026	Fee Schedule	\$135.54
26775	TREAT FINGER DISLOCATION	Y	-	1/1/2026	Fee Schedule	\$153.62
26776	PIN FINGER DISLOCATION	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26785	TREAT FINGER DISLOCATION	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26820	THUMB FUSION WITH GRAFT	Y	-	1/1/2026	Fee Schedule	\$3,695.53
26841	FUSION OF THUMB	Y	-	1/1/2026	Fee Schedule	\$3,695.53
26842	THUMB FUSION WITH GRAFT	Y	-	1/1/2026	Fee Schedule	\$3,695.53
26843	FUSION OF HAND JOINT	Y	-	1/1/2026	Fee Schedule	\$3,695.53
26844	FUSION/GRAFT OF HAND JOINT	Y	-	1/1/2026	Fee Schedule	\$5,104.04
26850	FUSION OF KNUCKLE	Y	-	1/1/2026	Fee Schedule	\$3,695.53
26852	FUSION OF KNUCKLE WITH GRAFT	Y	-	1/1/2026	Fee Schedule	\$3,695.53
26860	FUSION OF FINGER JOINT	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26861	FUSION OF FINGER JNT ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
26862	FUSION/GRAFT OF FINGER JOINT	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26863	FUSE/GRAFT ADDED JOINT	-	-	7/1/2018	No Separate Payment	\$0.00
26910	AMPUTATE METACARPAL BONE	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26951	AMPUTATION OF FINGER/THUMB	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26952	AMPUTATION OF FINGER/THUMB	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26990	DRAINAGE OF PELVIS LESION	Y	-	1/1/2026	Fee Schedule	\$1,644.87
26991	DRAINAGE OF PELVIS BURSA	Y	-	1/1/2026	Fee Schedule	\$872.87
26992	DRAINAGE OF BONE LESION	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27000	TENOTOMY ADDUCTOR HIP PERQ	Y	-	1/1/2026	Fee Schedule	\$872.87
27001	TENOTOMY ADDUCTOR HIP OPEN	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27003	TNOT ADDUCTR SUBQ OPN NEURCT	Y	-	1/1/2026	Fee Schedule	\$3,695.53
27005	TENOTOMY HIP FLEXOR OPEN	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27006	TENOTOMY ABDUCTOR&XTNSR HIP	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27025	FASCIOTOMY HIP/THIGH ANY TYP	Y	-	1/1/2026	Fee Schedule	\$2,101.63
27027	BUTTOCK FASCIOTOMY	Y	-	1/1/2026	Fee Schedule	\$3,695.53
27030	ARTHROTOMY HIP W/DRAINAGE	Y	-	1/1/2026	Fee Schedule	\$3,695.53
27033	ARTHRT HIP EXPL/RMV LOOSE/FB	Y	-	1/1/2026	Fee Schedule	\$3,695.53
27035	DENERVATION OF HIP JOINT	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27036	CAPSULECTOMY/CAPSULOTOMY HIP	Y	-	1/1/2026	Fee Schedule	\$3,695.53
27040	BIOPSY OF SOFT TISSUES	Y	-	1/1/2026	Fee Schedule	\$742.04
27041	BIOPSY OF SOFT TISSUES	Y	-	1/1/2026	Fee Schedule	\$742.04
27043	EXC HIP PELVIS LES SC 3 CM/>	Y	-	1/1/2026	Fee Schedule	\$1,248.36
27045	EXC HIP/PELV TUM DEEP 5 CM/>	Y	-	1/1/2026	Fee Schedule	\$1,248.36
27047	EXC HIP/PELVIS LES SC < 3 CM	Y	-	1/1/2026	Fee Schedule	\$1,248.36
27048	EXC HIP/PELV TUM DEEP < 5 CM	Y	-	1/1/2026	Fee Schedule	\$1,248.36
27049	RESECT HIP/PELV TUM < 5 CM	Y	-	1/1/2026	Fee Schedule	\$1,248.36
27050	BIOPSY OF SACROILIAC JOINT	Y	-	1/1/2026	Fee Schedule	\$872.87
27052	BIOPSY OF HIP JOINT	Y	-	1/1/2026	Fee Schedule	\$872.87
27054	REMOVAL OF HIP JOINT LINING	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27057	BUTTOCK FASCIOTOMY W/DBRDMT	Y	-	1/1/2026	Fee Schedule	\$1,179.92
27059	RESECT HIP/PELV TUM 5 CM/>	Y	-	1/1/2026	Fee Schedule	\$1,248.36
27060	REMOVAL OF ISCHIAL BURSA	Y	-	1/1/2026	Fee Schedule	\$4,682.29
27062	REMOVE FEMUR LESION/BURSA	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27065	REMOVE HIP BONE LES SUPER	Y	-	1/1/2026	Fee Schedule	\$3,695.53
27066	REMOVE HIP BONE LES DEEP	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27067	REMOVE/GRAFT HIP BONE LESION	Y	-	1/1/2026	Fee Schedule	\$5,244.73

Montana Healthcare Programs Fee Schedule ASC Covered Surgical and Ancillary Services January 1, 2026

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
27070	PART REMOVE HIP BONE SUPER	Y	-	1/1/2026	Fee Schedule	\$2,685.62
27071	PART REMOVAL HIP BONE DEEP	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27075	RESECT HIP TUMOR	Y	-	1/1/2026	Fee Schedule	\$4,682.29
27076	RESECT HIP TUM INCL ACETABUL	Y	-	1/1/2026	Fee Schedule	\$3,695.53
27077	RESECT HIP TUM W/INNOM BONE	Y	-	1/1/2026	Fee Schedule	\$3,695.53
27078	RSECT HIP TUM INCL FEMUR	Y	-	1/1/2026	Fee Schedule	\$3,695.53
27080	REMOVAL OF TAIL BONE	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27086	REMOVE HIP FOREIGN BODY	Y	-	1/1/2026	Fee Schedule	\$1,248.36
27087	REMOVE HIP FOREIGN BODY	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27090	REMOVAL OF HIP PROSTHESIS	Y	-	1/1/2026	Fee Schedule	\$3,695.53
27091	REMOVAL OF HIP PROSTHESIS	Y	-	1/1/2026	Fee Schedule	\$6,804.43
27093	INJECTION FOR HIP X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
27095	INJECTION FOR HIP X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
27097	REVISION OF HIP TENDON	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27098	TRANSFER TENDON TO PELVIS	Y	-	1/1/2026	Fee Schedule	\$2,136.34
27100	TRANSFER OF ABDOMINAL MUSCLE	Y	-	1/1/2026	Fee Schedule	\$4,754.22
27105	TRANSFER OF SPINAL MUSCLE	Y	-	1/1/2026	Fee Schedule	\$2,386.26
27110	TRANSFER OF ILIOPSOAS MUSCLE	Y	-	1/1/2026	Fee Schedule	\$4,968.76
27111	TRANSFER OF ILIOPSOAS MUSCLE	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27120	RECONSTRUCTION OF HIP SOCKET	Y	-	1/1/2026	Fee Schedule	\$9,493.97
27122	RECONSTRUCTION OF HIP SOCKET	Y	-	1/1/2026	Fee Schedule	\$3,695.53
27125	PARTIAL HIP REPLACEMENT	Y	-	1/1/2026	Fee Schedule	\$8,652.94
27130	TOTAL HIP ARTHROPLASTY	Y	-	1/1/2026	Fee Schedule	\$9,614.11
27132	TOTAL HIP ARTHROPLASTY	Y	-	1/1/2026	Fee Schedule	\$9,707.30
27134	REVISE HIP JOINT REPLACEMENT	Y	-	1/1/2026	Fee Schedule	\$9,325.76
27137	REVISE HIP JOINT REPLACEMENT	Y	-	1/1/2026	Fee Schedule	\$8,939.53
27138	REVISE HIP JOINT REPLACEMENT	Y	-	1/1/2026	Fee Schedule	\$9,113.60
27140	TRANSPLANT FEMUR RIDGE	Y	-	1/1/2026	Fee Schedule	\$3,695.53
27146	INCISION OF HIP BONE	Y	-	1/1/2026	Fee Schedule	\$4,682.29
27147	REVISION OF HIP BONE	Y	-	1/1/2026	Fee Schedule	\$4,682.29
27151	INCISION OF HIP BONES	Y	-	1/1/2026	Fee Schedule	\$4,682.29
27156	REVISION OF HIP BONES	Y	-	1/1/2026	Fee Schedule	\$4,682.29
27158	REVISION OF PELVIS	Y	-	1/1/2026	Fee Schedule	\$4,682.29
27161	INCISION OF NECK OF FEMUR	Y	-	1/1/2026	Fee Schedule	\$4,682.29
27165	INCISION/FIXATION OF FEMUR	Y	-	1/1/2026	Fee Schedule	\$4,682.29
27170	REPAIR/GRAFT FEMUR HEAD/NECK	Y	-	1/1/2026	Fee Schedule	\$4,822.66
27175	TREAT SLIPPED EPIPHYSIS	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27176	TREAT SLIPPED EPIPHYSIS	Y	-	1/1/2026	Fee Schedule	\$2,084.06
27177	TREAT SLIPPED EPIPHYSIS	Y	-	1/1/2026	Fee Schedule	\$2,084.06
27178	TREAT SLIPPED EPIPHYSIS	Y	-	1/1/2026	Fee Schedule	\$2,084.06
27179	REVISE HEAD/NECK OF FEMUR	Y	-	1/1/2026	Fee Schedule	\$3,695.53
27181	TREAT SLIPPED EPIPHYSIS	Y	-	1/1/2026	Fee Schedule	\$4,682.29
27185	REVISION OF FEMUR EPIPHYSIS	Y	-	1/1/2026	Fee Schedule	\$2,084.06
27187	REINFORCE HIP BONES	Y	-	1/1/2026	Fee Schedule	\$5,343.09
27197	CLSD TX PELVIC RING FX	Y	-	1/1/2026	Fee Schedule	\$135.54
27198	CLSD TX PELVIC RING FX	Y	-	1/1/2026	Fee Schedule	\$135.54
27200	TREAT TAIL BONE FRACTURE	Y	-	1/1/2026	Fee Schedule	\$135.54
27202	TREAT TAIL BONE FRACTURE	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27220	TREAT HIP SOCKET FRACTURE	Y	-	1/1/2026	Fee Schedule	\$135.54
27222	TREAT HIP SOCKET FRACTURE	Y	-	1/1/2026	Fee Schedule	\$135.54
27226	TREAT HIP WALL FRACTURE	Y	-	1/1/2026	Fee Schedule	\$5,675.08

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

Montana Healthcare Programs Fee Schedule ASC Covered Surgical and Ancillary Services January 1, 2026

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
27227	TREAT HIP FRACTURE(S)	Y	-	1/1/2026	Fee Schedule	\$4,897.46
27228	TREAT HIP FRACTURE(S)	Y	-	1/1/2026	Fee Schedule	\$5,321.13
27230	TREAT THIGH FRACTURE	Y	-	1/1/2026	Fee Schedule	\$135.54
27232	TREAT THIGH FRACTURE	Y	-	1/1/2026	Fee Schedule	\$872.87
27235	TREAT THIGH FRACTURE	Y	-	1/1/2026	Fee Schedule	\$3,695.53
27236	TREAT THIGH FRACTURE	Y	-	1/1/2026	Fee Schedule	\$4,881.55
27238	TREAT THIGH FRACTURE	Y	-	1/1/2026	Fee Schedule	\$872.87
27240	TREAT THIGH FRACTURE	Y	-	1/1/2026	Fee Schedule	\$872.87
27244	TREAT THIGH FRACTURE	Y	-	1/1/2026	Fee Schedule	\$4,784.46
27245	TREAT THIGH FRACTURE	Y	-	1/1/2026	Fee Schedule	\$4,831.57
27246	TREAT THIGH FRACTURE	Y	-	1/1/2026	Fee Schedule	\$135.54
27248	TREAT THIGH FRACTURE	Y	-	1/1/2026	Fee Schedule	\$3,695.53
27250	TREAT HIP DISLOCATION	Y	-	1/1/2026	Fee Schedule	\$135.54
27252	TREAT HIP DISLOCATION	Y	-	1/1/2026	Fee Schedule	\$872.87
27253	TREAT HIP DISLOCATION	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27254	TREAT HIP DISLOCATION	Y	-	1/1/2026	Fee Schedule	\$3,695.53
27256	TREAT HIP DISLOCATION	Y	-	1/1/2026	Fee Schedule	\$135.54
27257	TREAT HIP DISLOCATION	Y	-	1/1/2026	Fee Schedule	\$872.87
27258	TREAT HIP DISLOCATION	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27259	TREAT HIP DISLOCATION	Y	-	1/1/2026	Fee Schedule	\$2,084.06
27265	TREAT HIP DISLOCATION	Y	-	1/1/2026	Fee Schedule	\$135.54
27266	TREAT HIP DISLOCATION	Y	-	1/1/2026	Fee Schedule	\$872.87
27267	CLTX THIGH FX	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27268	CLTX THIGH FX W/MNPJ	Y	-	1/1/2026	Fee Schedule	\$872.87
27269	OPTX THIGH FX	Y	-	1/1/2026	Fee Schedule	\$4,682.29
27275	MANIPULATION OF HIP JOINT	Y	-	1/1/2026	Fee Schedule	\$872.87
27278	ARTHRD SI JT PRQ WO TFXJ DEV	Y	-	1/1/2026	Fee Schedule	\$15,047.71
27279	ARTHRD SI JT PERQ/MIN NVAS	Y	-	1/1/2026	Fee Schedule	\$14,517.56
27280	ARTHR SI JT OPN BIGRF INSTRM	Y	-	1/1/2026	Fee Schedule	\$13,808.82
27282	ARTHRODESIS SYMPHYSIS PUBIS	Y	-	1/1/2026	Fee Schedule	\$2,084.06
27284	ARTHRODESIS HIP JOINT	Y	-	1/1/2026	Fee Schedule	\$9,493.97
27286	ARTHRD HIP JT SBTRCHC OSTEOT	Y	-	1/1/2026	Fee Schedule	\$9,493.97
27290	AMPUTATION OF LEG AT HIP	Y	-	1/1/2026	Fee Schedule	\$9,255.83
27295	AMPUTATION OF LEG AT HIP	Y	-	1/1/2026	Fee Schedule	\$9,255.83
27301	DRAIN THIGH/KNEE LESION	Y	-	1/1/2026	Fee Schedule	\$1,248.36
27303	DRAINAGE OF BONE LESION	Y	-	1/1/2026	Fee Schedule	\$2,084.06
27305	INCISE THIGH TENDON & FASCIA	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27306	INCISION OF THIGH TENDON	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27307	INCISION OF THIGH TENDONS	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27310	EXPLORATION OF KNEE JOINT	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27323	BIOPSY THIGH SOFT TISSUES	Y	-	1/1/2026	Fee Schedule	\$742.04
27324	BIOPSY THIGH SOFT TISSUES	Y	-	1/1/2026	Fee Schedule	\$1,248.36
27325	NEURECTOMY HAMSTRING	Y	-	1/1/2026	Fee Schedule	\$948.66
27326	NEURECTOMY POPLITEAL	Y	-	1/1/2026	Fee Schedule	\$948.66
27327	EXC THIGH/KNEE LES SC < 3 CM	Y	-	1/1/2026	Fee Schedule	\$742.04
27328	EXC THIGH/KNEE TUM DEEP <5CM	Y	-	1/1/2026	Fee Schedule	\$1,248.36
27329	RESECT THIGH/KNEE TUM < 5 CM	Y	-	1/1/2026	Fee Schedule	\$1,248.36
27330	BIOPSY KNEE JOINT LINING	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27331	EXPLORE/TREAT KNEE JOINT	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27332	REMOVAL OF KNEE CARTILAGE	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27333	REMOVAL OF KNEE CARTILAGE	Y	-	1/1/2026	Fee Schedule	\$1,644.87

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

Montana Healthcare Programs Fee Schedule **ASC Covered Surgical and Ancillary Services** **January 1, 2026**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
27334	REMOVE KNEE JOINT LINING	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27335	REMOVE KNEE JOINT LINING	Y	-	1/1/2026	Fee Schedule	\$3,695.53
27337	EXC THIGH/KNEE LES SC 3 CM/>	Y	-	1/1/2026	Fee Schedule	\$1,248.36
27339	EXC THIGH/KNEE TUM DEP 5CM/>	Y	-	1/1/2026	Fee Schedule	\$1,248.36
27340	REMOVAL OF KNEECAP BURSA	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27345	REMOVAL OF KNEE CYST	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27347	REMOVE KNEE CYST	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27350	REMOVAL OF KNEECAP	Y	-	1/1/2026	Fee Schedule	\$3,695.53
27355	REMOVE FEMUR LESION	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27356	REMOVE FEMUR LESION/GRAFT	Y	-	1/1/2026	Fee Schedule	\$8,621.29
27357	REMOVE FEMUR LESION/GRAFT	Y	-	1/1/2026	Fee Schedule	\$4,682.29
27358	REMOVE FEMUR LESION/FIXATION	-	-	7/1/2018	No Separate Payment	\$0.00
27360	PARTIAL REMOVAL LEG BONE(S)	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27364	RESECT THIGH/KNEE TUM 5 CM/>	Y	-	1/1/2026	Fee Schedule	\$1,248.36
27365	RESECT FEMUR/KNEE TUMOR	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27369	NJX CNTRST KNE ARTHG/CT/MRI	-	-	1/1/2019	No Separate Payment	\$0.00
27372	REMOVAL OF FOREIGN BODY	Y	-	1/1/2026	Fee Schedule	\$1,248.36
27380	REPAIR OF KNEECAP TENDON	Y	-	1/1/2026	Fee Schedule	\$3,695.53
27381	REPAIR/GRAFT KNEECAP TENDON	Y	-	1/1/2026	Fee Schedule	\$3,695.53
27385	REPAIR OF THIGH MUSCLE	Y	-	1/1/2026	Fee Schedule	\$3,695.53
27386	REPAIR/GRAFT OF THIGH MUSCLE	Y	-	1/1/2026	Fee Schedule	\$3,695.53
27390	INCISION OF THIGH TENDON	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27391	INCISION OF THIGH TENDONS	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27392	INCISION OF THIGH TENDONS	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27393	LENGTHENING OF THIGH TENDON	Y	-	1/1/2026	Fee Schedule	\$4,682.29
27394	LENGTHENING OF THIGH TENDONS	Y	-	1/1/2026	Fee Schedule	\$3,695.53
27395	LENGTHENING OF THIGH TENDONS	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27396	TRANSPLANT OF THIGH TENDON	Y	-	1/1/2026	Fee Schedule	\$3,695.53
27397	TRANSPLANTS OF THIGH TENDONS	Y	-	1/1/2026	Fee Schedule	\$5,459.27
27400	REVISE THIGH MUSCLES/TENDONS	Y	-	1/1/2026	Fee Schedule	\$3,695.53
27403	REPAIR OF KNEE CARTILAGE	Y	-	1/1/2026	Fee Schedule	\$5,480.92
27405	REPAIR OF KNEE LIGAMENT	Y	-	1/1/2026	Fee Schedule	\$3,695.53
27407	REPAIR OF KNEE LIGAMENT	Y	-	1/1/2026	Fee Schedule	\$5,256.83
27409	REPAIR OF KNEE LIGAMENTS	Y	-	1/1/2026	Fee Schedule	\$3,695.53
27412	AUTOCHONDROCYTE IMPLANT KNEE	Y	-	1/1/2026	Fee Schedule	\$3,695.53
27415	OSTEOCHONDRAL KNEE ALLOGRAFT	Y	-	1/1/2026	Fee Schedule	\$10,492.07
27416	OSTEOCHONDRAL KNEE AUTOGRAFT	Y	-	1/1/2026	Fee Schedule	\$3,695.53
27418	REPAIR DEGENERATED KNEECAP	Y	-	1/1/2026	Fee Schedule	\$3,695.53
27420	REVISION OF UNSTABLE KNEECAP	Y	-	1/1/2026	Fee Schedule	\$3,695.53
27422	REVISION OF UNSTABLE KNEECAP	Y	-	1/1/2026	Fee Schedule	\$3,695.53
27424	REVISION/REMOVAL OF KNEECAP	Y	-	1/1/2026	Fee Schedule	\$3,695.53
27425	LAT RETINACULAR RELEASE OPEN	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27427	RECONSTRUCTION KNEE	Y	-	1/1/2026	Fee Schedule	\$4,859.27
27428	RECONSTRUCTION KNEE	Y	-	1/1/2026	Fee Schedule	\$8,621.29
27429	RECONSTRUCTION KNEE	Y	-	1/1/2026	Fee Schedule	\$9,649.87
27430	REVISION OF THIGH MUSCLES	Y	-	1/1/2026	Fee Schedule	\$3,695.53
27435	INCISION OF KNEE JOINT	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27437	REVISE KNEECAP	Y	-	1/1/2026	Fee Schedule	\$3,695.53
27438	REVISE KNEECAP WITH IMPLANT	Y	-	1/1/2026	Fee Schedule	\$6,804.43
27440	REVISION OF KNEE JOINT	Y	-	1/1/2026	Fee Schedule	\$8,621.29
27441	REVISION OF KNEE JOINT	Y	-	1/1/2026	Fee Schedule	\$6,804.43

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

Montana Healthcare Programs Fee Schedule **ASC Covered Surgical and Ancillary Services** **January 1, 2026**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
27442	REVISION OF KNEE JOINT	Y	-	1/1/2026	Fee Schedule	\$9,055.58
27443	REVISION OF KNEE JOINT	Y	-	1/1/2026	Fee Schedule	\$10,208.40
27446	REVISION OF KNEE JOINT	Y	-	1/1/2026	Fee Schedule	\$9,213.82
27447	TOTAL KNEE ARTHROPLASTY	Y	-	1/1/2026	Fee Schedule	\$9,393.16
27448	INCISION OF THIGH	Y	-	1/1/2026	Fee Schedule	\$3,695.53
27450	INCISION OF THIGH	Y	-	1/1/2026	Fee Schedule	\$4,682.29
27454	REALIGNMENT OF THIGH BONE	Y	-	1/1/2026	Fee Schedule	\$4,682.29
27455	REALIGNMENT OF KNEE	Y	-	1/1/2026	Fee Schedule	\$3,695.53
27457	REALIGNMENT OF KNEE	Y	-	1/1/2026	Fee Schedule	\$3,695.53
27458	OSTEOT FEMUR IMED LNGTH DEV	Y	-	1/1/2026	Fee Schedule	\$4,682.29
27465	SHORTENING OF THIGH BONE	Y	-	1/1/2026	Fee Schedule	\$4,682.29
27466	LENGTHENING OF THIGH BONE	Y	-	1/1/2026	Fee Schedule	\$4,682.29
27470	REPAIR OF THIGH	Y	-	1/1/2026	Fee Schedule	\$3,695.53
27472	REPAIR/GRAFT OF THIGH	Y	-	1/1/2026	Fee Schedule	\$4,816.61
27475	SURGERY TO STOP LEG GROWTH	Y	-	1/1/2026	Fee Schedule	\$3,695.53
27477	SURGERY TO STOP LEG GROWTH	Y	-	1/1/2026	Fee Schedule	\$5,078.26
27479	SURGERY TO STOP LEG GROWTH	Y	-	1/1/2026	Fee Schedule	\$3,695.53
27485	SURGERY TO STOP LEG GROWTH	Y	-	1/1/2026	Fee Schedule	\$3,695.53
27486	REVISE/REPLACE KNEE JOINT	Y	-	1/1/2026	Fee Schedule	\$6,804.43
27487	REVISE/REPLACE KNEE JOINT	Y	-	1/1/2026	Fee Schedule	\$13,964.28
27488	REMOVAL OF KNEE PROSTHESIS	Y	-	1/1/2026	Fee Schedule	\$9,493.97
27495	REINFORCE THIGH	Y	-	1/1/2026	Fee Schedule	\$4,971.95
27496	DECOMPRESSION OF THIGH/KNEE	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27497	DECOMPRESSION OF THIGH/KNEE	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27498	DECOMPRESSION OF THIGH/KNEE	Y	-	1/1/2026	Fee Schedule	\$872.87
27499	DECOMPRESSION OF THIGH/KNEE	Y	-	1/1/2026	Fee Schedule	\$3,695.53
27500	TREATMENT OF THIGH FRACTURE	Y	-	1/1/2026	Fee Schedule	\$135.54
27501	TREATMENT OF THIGH FRACTURE	Y	-	1/1/2026	Fee Schedule	\$135.54
27502	TREATMENT OF THIGH FRACTURE	Y	-	1/1/2026	Fee Schedule	\$872.87
27503	TREATMENT OF THIGH FRACTURE	Y	-	1/1/2026	Fee Schedule	\$872.87
27506	TREATMENT OF THIGH FRACTURE	Y	-	1/1/2026	Fee Schedule	\$4,699.15
27507	TREATMENT OF THIGH FRACTURE	Y	-	1/1/2026	Fee Schedule	\$5,057.25
27508	TREATMENT OF THIGH FRACTURE	Y	-	1/1/2026	Fee Schedule	\$135.54
27509	TREATMENT OF THIGH FRACTURE	Y	-	1/1/2026	Fee Schedule	\$4,899.69
27510	TREATMENT OF THIGH FRACTURE	Y	-	1/1/2026	Fee Schedule	\$872.87
27511	TREATMENT OF THIGH FRACTURE	Y	-	1/1/2026	Fee Schedule	\$9,256.60
27513	TREATMENT OF THIGH FRACTURE	Y	-	1/1/2026	Fee Schedule	\$9,030.96
27514	TREATMENT OF THIGH FRACTURE	Y	-	1/1/2026	Fee Schedule	\$9,239.02
27516	TREAT THIGH FX GROWTH PLATE	Y	-	1/1/2026	Fee Schedule	\$135.54
27517	TREAT THIGH FX GROWTH PLATE	Y	-	1/1/2026	Fee Schedule	\$872.87
27519	TREAT THIGH FX GROWTH PLATE	Y	-	1/1/2026	Fee Schedule	\$4,682.29
27520	TREAT KNEECAP FRACTURE	Y	-	1/1/2026	Fee Schedule	\$135.54
27524	TREAT KNEECAP FRACTURE	Y	-	1/1/2026	Fee Schedule	\$3,695.53
27530	TREAT KNEE FRACTURE	Y	-	1/1/2026	Fee Schedule	\$135.54
27532	TREAT KNEE FRACTURE	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27535	TREAT KNEE FRACTURE	Y	-	1/1/2026	Fee Schedule	\$5,060.12
27536	TREAT KNEE FRACTURE	Y	-	1/1/2026	Fee Schedule	\$5,042.29
27538	TREAT KNEE FRACTURE(S)	Y	-	1/1/2026	Fee Schedule	\$135.54
27540	TREAT KNEE FRACTURE	Y	-	1/1/2026	Fee Schedule	\$3,695.53
27550	TREAT KNEE DISLOCATION	Y	-	1/1/2026	Fee Schedule	\$135.54
27552	TREAT KNEE DISLOCATION	Y	-	1/1/2026	Fee Schedule	\$872.87

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

Montana Healthcare Programs Fee Schedule

ASC Covered Surgical and Ancillary Services

January 1, 2026

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
27556	TREAT KNEE DISLOCATION	Y	-	1/1/2026	Fee Schedule	\$3,695.53
27557	TREAT KNEE DISLOCATION	Y	-	1/1/2026	Fee Schedule	\$4,682.29
27558	TREAT KNEE DISLOCATION	Y	-	1/1/2026	Fee Schedule	\$4,682.29
27560	TREAT KNEECAP DISLOCATION	Y	-	1/1/2026	Fee Schedule	\$135.54
27562	TREAT KNEECAP DISLOCATION	Y	-	1/1/2026	Fee Schedule	\$135.54
27566	TREAT KNEECAP DISLOCATION	Y	-	1/1/2026	Fee Schedule	\$3,695.53
27570	FIXATION OF KNEE JOINT	Y	-	1/1/2026	Fee Schedule	\$872.87
27580	FUSION OF KNEE	Y	-	1/1/2026	Fee Schedule	\$8,796.53
27590	AMPUTATE LEG AT THIGH	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27591	AMPUTATE LEG AT THIGH	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27592	AMPUTATE LEG AT THIGH	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27594	AMPUTATION FOLLOW-UP SURGERY	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27596	AMPUTATION FOLLOW-UP SURGERY	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27598	AMPUTATE LOWER LEG AT KNEE	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27600	DECOMPRESSION OF LOWER LEG	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27601	DECOMPRESSION OF LOWER LEG	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27602	DECOMPRESSION OF LOWER LEG	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27603	DRAIN LOWER LEG LESION	Y	-	1/1/2026	Fee Schedule	\$1,248.36
27604	DRAIN LOWER LEG BURSA	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27605	INCISION OF ACHILLES TENDON	Y	-	1/1/2026	Fee Schedule	\$872.87
27606	INCISION OF ACHILLES TENDON	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27607	TREAT LOWER LEG BONE LESION	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27610	EXPLORE/TREAT ANKLE JOINT	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27612	EXPLORATION OF ANKLE JOINT	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27613	BIOPSY LOWER LEG SOFT TISSUE	Y	-	1/1/2026	Fee Schedule	\$178.91
27614	BIOPSY LOWER LEG SOFT TISSUE	Y	-	1/1/2026	Fee Schedule	\$1,248.36
27615	RESECT LEG/ANKLE TUM < 5 CM	Y	-	1/1/2026	Fee Schedule	\$1,248.36
27616	RESECT LEG/ANKLE TUM 5 CM/>	Y	-	1/1/2026	Fee Schedule	\$1,248.36
27618	EXC LEG/ANKLE TUM < 3 CM	Y	-	1/1/2026	Fee Schedule	\$742.04
27619	EXC LEG/ANKLE TUM DEEP <5 CM	Y	-	1/1/2026	Fee Schedule	\$1,248.36
27620	EXPLORE/TREAT ANKLE JOINT	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27625	REMOVE ANKLE JOINT LINING	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27626	REMOVE ANKLE JOINT LINING	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27630	REMOVAL OF TENDON LESION	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27632	EXC LEG/ANKLE LES SC 3 CM/>	Y	-	1/1/2026	Fee Schedule	\$1,248.36
27634	EXC LEG/ANKLE TUM DEP 5 CM/>	Y	-	1/1/2026	Fee Schedule	\$1,248.36
27635	REMOVE LOWER LEG BONE LESION	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27637	REMOVE/GRAFT LEG BONE LESION	Y	-	1/1/2026	Fee Schedule	\$4,665.10
27638	REMOVE/GRAFT LEG BONE LESION	Y	-	1/1/2026	Fee Schedule	\$3,695.53
27640	PARTIAL REMOVAL OF TIBIA	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27641	PARTIAL REMOVAL OF FIBULA	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27645	RESECT TIBIA TUMOR	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27646	RESECT FIBULA TUMOR	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27647	RESECT TALUS/CALCANEUS TUM	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27648	INJECTION FOR ANKLE X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
27650	REPAIR ACHILLES TENDON	Y	-	1/1/2026	Fee Schedule	\$4,682.29
27652	REPAIR/GRAFT ACHILLES TENDON	Y	-	1/1/2026	Fee Schedule	\$4,914.65
27654	REPAIR OF ACHILLES TENDON	Y	-	1/1/2026	Fee Schedule	\$4,714.43
27656	REPAIR LEG FASCIA DEFECT	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27658	REPAIR OF LEG TENDON EACH	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27659	REPAIR OF LEG TENDON EACH	Y	-	1/1/2026	Fee Schedule	\$3,695.53

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

Montana Healthcare Programs Fee Schedule

ASC Covered Surgical and Ancillary Services

January 1, 2026

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
27664	REPAIR OF LEG TENDON EACH	Y	-	1/1/2026	Fee Schedule	\$3,695.53
27665	REPAIR OF LEG TENDON EACH	Y	-	1/1/2026	Fee Schedule	\$4,836.35
27675	REPAIR LOWER LEG TENDONS	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27676	REPAIR LOWER LEG TENDONS	Y	-	1/1/2026	Fee Schedule	\$3,695.53
27680	RELEASE OF LOWER LEG TENDON	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27681	RELEASE OF LOWER LEG TENDONS	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27685	REVISION OF LOWER LEG TENDON	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27686	REVISE LOWER LEG TENDONS	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27687	REVISION OF CALF TENDON	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27690	REVISE LOWER LEG TENDON	Y	-	1/1/2026	Fee Schedule	\$3,695.53
27691	REVISE LOWER LEG TENDON	Y	-	1/1/2026	Fee Schedule	\$3,695.53
27692	REVISE ADDITIONAL LEG TENDON	-	-	7/1/2018	No Separate Payment	\$0.00
27695	REPAIR OF ANKLE LIGAMENT	Y	-	1/1/2026	Fee Schedule	\$5,054.38
27696	REPAIR OF ANKLE LIGAMENTS	Y	-	1/1/2026	Fee Schedule	\$5,352.64
27698	REPAIR OF ANKLE LIGAMENT	Y	-	1/1/2026	Fee Schedule	\$4,982.77
27700	REVISION OF ANKLE JOINT	Y	-	1/1/2026	Fee Schedule	\$5,124.73
27702	RECONSTRUCT ANKLE JOIN	Y	-	1/1/2026	Fee Schedule	\$21,837.31
27703	RECONSTRUCTION ANKLE JOINT	Y	-	1/1/2026	Fee Schedule	\$14,025.67
27704	REMOVAL OF ANKLE IMPLANT	-	-	1/1/2026	Fee Schedule	\$1,644.87
27705	OSTEOTOMY TIBIA	Y	-	1/1/2026	Fee Schedule	\$5,157.52
27707	OSTEOTOMY FIBULA	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27709	OSTEOTOMY TIBIA & FIBULA	Y	-	1/1/2026	Fee Schedule	\$8,873.30
27712	OSTEOT MLT RELIGNMT IMED ROD	Y	-	1/1/2026	Fee Schedule	\$9,493.97
27713	OSTEOT TIBIA IMED LNGTH DEV	Y	-	1/1/2026	Fee Schedule	\$4,682.29
27715	OSTPL TIBFIB LNGTH/SHRT	Y	-	1/1/2026	Fee Schedule	\$9,493.97
27720	REPAIR OF TIBIA	Y	-	1/1/2026	Fee Schedule	\$4,845.90
27722	REPAIR/GRAFT OF TIBIA	Y	-	1/1/2026	Fee Schedule	\$4,737.67
27724	REPAIR/GRAFT OF TIBIA	Y	-	1/1/2026	Fee Schedule	\$4,974.17
27725	REPAIR OF LOWER LEG	Y	-	1/1/2026	Fee Schedule	\$4,801.02
27726	REPAIR FIBULA NONUNION	Y	-	1/1/2026	Fee Schedule	\$4,746.58
27727	REPAIR OF LOWER LEG	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27730	REPAIR OF TIBIA EPIPHYSIS	Y	-	1/1/2026	Fee Schedule	\$2,084.06
27732	REPAIR OF FIBULA EPIPHYSIS	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27734	REPAIR LOWER LEG EPIPHYSES	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27740	REPAIR OF LEG EPIPHYSES	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27742	REPAIR OF LEG EPIPHYSES	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27745	REINFORCE TIBIA	Y	-	1/1/2026	Fee Schedule	\$4,847.17
27750	TREATMENT OF TIBIA FRACTURE	Y	-	1/1/2026	Fee Schedule	\$135.54
27752	TREATMENT OF TIBIA FRACTURE	Y	-	1/1/2026	Fee Schedule	\$872.87
27756	TREATMENT OF TIBIA FRACTURE	Y	-	1/1/2026	Fee Schedule	\$5,452.27
27758	TREATMENT OF TIBIA FRACTURE	Y	-	1/1/2026	Fee Schedule	\$8,872.72
27759	TREATMENT OF TIBIA FRACTURE	Y	-	1/1/2026	Fee Schedule	\$8,846.34
27760	CLTX MEDIAL ANKLE FX	Y	-	1/1/2026	Fee Schedule	\$135.54
27762	CLTX MED ANKLE FX W/MNPJ	Y	-	1/1/2026	Fee Schedule	\$872.87
27766	OPTX MEDIAL ANKLE FX	Y	-	1/1/2026	Fee Schedule	\$3,695.53
27767	CLTX POST ANKLE FX	Y	-	1/1/2026	Fee Schedule	\$135.54
27768	CLTX POST ANKLE FX W/MNPJ	Y	-	1/1/2026	Fee Schedule	\$872.87
27769	OPTX POST ANKLE FX	Y	-	1/1/2026	Fee Schedule	\$4,682.29
27780	TREATMENT OF FIBULA FRACTURE	Y	-	1/1/2026	Fee Schedule	\$135.54
27781	TREATMENT OF FIBULA FRACTURE	Y	-	1/1/2026	Fee Schedule	\$872.87
27784	TREATMENT OF FIBULA FRACTURE	Y	-	1/1/2026	Fee Schedule	\$3,695.53

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

Montana Healthcare Programs Fee Schedule ASC Covered Surgical and Ancillary Services January 1, 2026

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
27786	TREATMENT OF ANKLE FRACTURE	Y	-	1/1/2026	Fee Schedule	\$135.54
27788	TREATMENT OF ANKLE FRACTURE	Y	-	1/1/2026	Fee Schedule	\$135.54
27792	TREATMENT OF ANKLE FRACTURE	Y	-	1/1/2026	Fee Schedule	\$4,813.11
27808	TREATMENT OF ANKLE FRACTURE	Y	-	1/1/2026	Fee Schedule	\$135.54
27810	TREATMENT OF ANKLE FRACTURE	Y	-	1/1/2026	Fee Schedule	\$872.87
27814	TREATMENT OF ANKLE FRACTURE	Y	-	1/1/2026	Fee Schedule	\$4,843.35
27816	TREATMENT OF ANKLE FRACTURE	Y	-	1/1/2026	Fee Schedule	\$135.54
27818	TREATMENT OF ANKLE FRACTURE	Y	-	1/1/2026	Fee Schedule	\$872.87
27822	TREATMENT OF ANKLE FRACTURE	Y	-	1/1/2026	Fee Schedule	\$4,821.39
27823	TREATMENT OF ANKLE FRACTURE	Y	-	1/1/2026	Fee Schedule	\$4,829.98
27824	TREAT LOWER LEG FRACTURE	Y	-	1/1/2026	Fee Schedule	\$135.54
27825	TREAT LOWER LEG FRACTURE	Y	-	1/1/2026	Fee Schedule	\$872.87
27826	TREAT LOWER LEG FRACTURE	Y	-	1/1/2026	Fee Schedule	\$4,682.29
27827	TREAT LOWER LEG FRACTURE	Y	-	1/1/2026	Fee Schedule	\$8,938.36
27828	TREAT LOWER LEG FRACTURE	Y	-	1/1/2026	Fee Schedule	\$9,196.24
27829	TREAT LOWER LEG JOINT	Y	-	1/1/2026	Fee Schedule	\$4,876.77
27830	TREAT LOWER LEG DISLOCATION	Y	-	1/1/2026	Fee Schedule	\$135.54
27831	TREAT LOWER LEG DISLOCATION	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27832	TREAT LOWER LEG DISLOCATION	Y	-	1/1/2026	Fee Schedule	\$4,947.12
27840	TREAT ANKLE DISLOCATION	Y	-	1/1/2026	Fee Schedule	\$135.54
27842	TREAT ANKLE DISLOCATION	Y	-	1/1/2026	Fee Schedule	\$872.87
27846	TREAT ANKLE DISLOCATION	Y	-	1/1/2026	Fee Schedule	\$5,523.25
27848	TREAT ANKLE DISLOCATION	Y	-	1/1/2026	Fee Schedule	\$4,682.29
27860	FIXATION OF ANKLE JOINT	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27870	FUSION OF ANKLE JOINT OPEN	Y	-	1/1/2026	Fee Schedule	\$9,693.82
27871	FUSION OF TIBIOFIBULAR JOINT	Y	-	1/1/2026	Fee Schedule	\$9,492.21
27880	AMPUTATION OF LOWER LEG	Y	-	1/1/2026	Fee Schedule	\$3,695.53
27881	AMPUTATION OF LOWER LEG	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27882	AMPUTATION OF LOWER LEG	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27884	AMPUTATION FOLLOW-UP SURGERY	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27886	AMPUTATION FOLLOW-UP SURGERY	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27888	AMPUTATION OF FOOT AT ANKLE	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27889	ANKLE DISARTICULATION	Y	-	1/1/2026	Fee Schedule	\$3,695.53
27892	DECOMPRESSION OF LEG	Y	-	1/1/2026	Fee Schedule	\$1,644.87
27893	DECOMPRESSION OF LEG	Y	-	1/1/2026	Fee Schedule	\$4,682.29
27894	DECOMPRESSION OF LEG	Y	-	1/1/2026	Fee Schedule	\$1,644.87
28001	DRAINAGE OF BURSA OF FOOT	Y	-	1/1/2026	Fee Schedule	\$96.67
28002	TREATMENT OF FOOT INFECTION	Y	-	1/1/2026	Fee Schedule	\$872.87
28003	TREATMENT OF FOOT INFECTION	Y	-	1/1/2026	Fee Schedule	\$1,644.87
28005	TREAT FOOT BONE LESION	Y	-	1/1/2026	Fee Schedule	\$1,644.87
28008	INCISION OF FOOT FASCIA	Y	-	1/1/2026	Fee Schedule	\$1,644.87
28010	INCISION OF TOE TENDON	Y	-	1/1/2026	Fee Schedule	\$130.91
28011	INCISION OF TOE TENDONS	Y	-	1/1/2026	Fee Schedule	\$872.87
28020	EXPLORATION OF FOOT JOINT	Y	-	1/1/2026	Fee Schedule	\$1,644.87
28022	EXPLORATION OF FOOT JOINT	Y	-	1/1/2026	Fee Schedule	\$1,644.87
28024	EXPLORATION OF TOE JOINT	Y	-	1/1/2026	Fee Schedule	\$872.87
28035	DECOMPRESSION OF TIBIA NERVE	Y	-	1/1/2026	Fee Schedule	\$948.66
28039	EXC FOOT/TOE TUM SC 1.5 CM/>	Y	-	1/1/2026	Fee Schedule	\$1,248.36
28041	EXC FOOT/TOE TUM DEP 1.5CM/>	Y	-	1/1/2026	Fee Schedule	\$1,248.36
28043	EXC FOOT/TOE TUM SC < 1.5 CM	Y	-	1/1/2026	Fee Schedule	\$742.04
28045	EXC FOOT/TOE TUM DEEP <1.5CM	Y	-	1/1/2026	Fee Schedule	\$1,248.36

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

Montana Healthcare Programs Fee Schedule ASC Covered Surgical and Ancillary Services January 1, 2026

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
28046	RESECT FOOT/TOE TUMOR < 3 CM	Y	-	1/1/2026	Fee Schedule	\$1,248.36
28047	RESECT FOOT/TOE TUMOR 3 CM/>	Y	-	1/1/2026	Fee Schedule	\$1,248.36
28050	BIOPSY OF FOOT JOINT LINING	Y	-	1/1/2026	Fee Schedule	\$1,644.87
28052	BIOPSY OF FOOT JOINT LINING	Y	-	1/1/2026	Fee Schedule	\$1,644.87
28054	BIOPSY OF TOE JOINT LINING	Y	-	1/1/2026	Fee Schedule	\$1,644.87
28055	NEURECTOMY FOOT	Y	-	1/1/2026	Fee Schedule	\$948.66
28060	PARTIAL REMOVAL FOOT FASCIA	Y	-	1/1/2026	Fee Schedule	\$1,644.87
28062	REMOVAL OF FOOT FASCIA	Y	-	1/1/2026	Fee Schedule	\$1,644.87
28070	REMOVAL OF FOOT JOINT LINING	Y	-	1/1/2026	Fee Schedule	\$3,695.53
28072	REMOVAL OF FOOT JOINT LINING	Y	-	1/1/2026	Fee Schedule	\$1,644.87
28080	REMOVAL OF FOOT LESION	Y	-	1/1/2026	Fee Schedule	\$872.87
28086	EXCISE FOOT TENDON SHEATH	Y	-	1/1/2026	Fee Schedule	\$1,644.87
28088	EXCISE FOOT TENDON SHEATH	Y	-	1/1/2026	Fee Schedule	\$1,644.87
28090	REMOVAL OF FOOT LESION	Y	-	1/1/2026	Fee Schedule	\$872.87
28092	REMOVAL OF TOE LESIONS	Y	-	1/1/2026	Fee Schedule	\$872.87
28100	REMOVAL OF ANKLE/HEEL LESION	Y	-	1/1/2026	Fee Schedule	\$1,644.87
28102	REMOVE/GRAFT FOOT LESION	Y	-	1/1/2026	Fee Schedule	\$5,297.25
28103	REMOVE/GRAFT FOOT LESION	Y	-	1/1/2026	Fee Schedule	\$4,961.12
28104	REMOVAL OF FOOT LESION	Y	-	1/1/2026	Fee Schedule	\$1,644.87
28106	REMOVE/GRAFT FOOT LESION	Y	-	1/1/2026	Fee Schedule	\$4,682.29
28107	REMOVE/GRAFT FOOT LESION	Y	-	1/1/2026	Fee Schedule	\$3,695.53
28108	REMOVAL OF TOE LESIONS	Y	-	1/1/2026	Fee Schedule	\$872.87
28110	PART REMOVAL OF METATARSAL	Y	-	1/1/2026	Fee Schedule	\$1,644.87
28111	PART REMOVAL OF METATARSAL	Y	-	1/1/2026	Fee Schedule	\$1,644.87
28112	PART REMOVAL OF METATARSAL	Y	-	1/1/2026	Fee Schedule	\$1,644.87
28113	PART REMOVAL OF METATARSAL	Y	-	1/1/2026	Fee Schedule	\$1,644.87
28114	REMOVAL OF METATARSAL HEADS	Y	-	1/1/2026	Fee Schedule	\$1,644.87
28116	REVISION OF FOOT	Y	-	1/1/2026	Fee Schedule	\$1,644.87
28118	REMOVAL OF HEEL BONE	Y	-	1/1/2026	Fee Schedule	\$1,644.87
28119	REMOVAL OF HEEL SPUR	Y	-	1/1/2026	Fee Schedule	\$1,644.87
28120	PART REMOVAL OF ANKLE/HEEL	Y	-	1/1/2026	Fee Schedule	\$1,644.87
28122	PARTIAL REMOVAL OF FOOT BONE	Y	-	1/1/2026	Fee Schedule	\$1,644.87
28124	PARTIAL REMOVAL OF TOE	Y	-	1/1/2026	Fee Schedule	\$297.07
28126	PARTIAL REMOVAL OF TOE	Y	-	1/1/2026	Fee Schedule	\$1,644.87
28130	REMOVAL OF ANKLE BONE	Y	-	1/1/2026	Fee Schedule	\$4,988.50
28140	REMOVAL OF METATARSAL	Y	-	1/1/2026	Fee Schedule	\$1,644.87
28150	REMOVAL OF TOE	Y	-	1/1/2026	Fee Schedule	\$1,644.87
28153	PARTIAL REMOVAL OF TOE	Y	-	1/1/2026	Fee Schedule	\$1,644.87
28160	PARTIAL REMOVAL OF TOE	Y	-	1/1/2026	Fee Schedule	\$1,644.87
28171	RESECT TARSAL TUMOR	Y	-	1/1/2026	Fee Schedule	\$1,644.87
28173	RESECT METATARSAL TUMOR	Y	-	1/1/2026	Fee Schedule	\$1,644.87
28175	RESECT PHALANX OF TOE TUMOR	Y	-	1/1/2026	Fee Schedule	\$872.87
28190	REMOVAL OF FOOT FOREIGN BODY	Y	-	1/1/2026	Fee Schedule	\$167.84
28192	REMOVAL OF FOOT FOREIGN BODY	Y	-	1/1/2026	Fee Schedule	\$742.04
28193	REMOVAL OF FOOT FOREIGN BODY	Y	-	1/1/2026	Fee Schedule	\$742.04
28200	REPAIR OF FOOT TENDON	Y	-	1/1/2026	Fee Schedule	\$1,644.87
28202	REPAIR/GRAFT OF FOOT TENDON	Y	-	1/1/2026	Fee Schedule	\$4,895.55
28208	REPAIR OF FOOT TENDON	Y	-	1/1/2026	Fee Schedule	\$1,644.87
28210	REPAIR/GRAFT OF FOOT TENDON	Y	-	1/1/2026	Fee Schedule	\$4,832.53
28220	RELEASE OF FOOT TENDON	Y	-	1/1/2026	Fee Schedule	\$281.63
28222	RELEASE OF FOOT TENDONS	Y	-	1/1/2026	Fee Schedule	\$1,644.87

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
28225	RELEASE OF FOOT TENDON	Y	-	1/1/2026	Fee Schedule	\$1,644.87
28226	RELEASE OF FOOT TENDONS	Y	-	1/1/2026	Fee Schedule	\$1,644.87
28230	INCISION OF FOOT TENDON(S)	Y	-	1/1/2026	Fee Schedule	\$275.92
28232	INCISION OF TOE TENDON	Y	-	1/1/2026	Fee Schedule	\$250.08
28234	INCISION OF FOOT TENDON	Y	-	1/1/2026	Fee Schedule	\$872.87
28238	REVISION OF FOOT TENDON	Y	-	1/1/2026	Fee Schedule	\$3,695.53
28240	RELEASE OF BIG TOE	Y	-	1/1/2026	Fee Schedule	\$1,644.87
28250	REVISION OF FOOT FASCIA	Y	-	1/1/2026	Fee Schedule	\$1,644.87
28260	RELEASE OF MIDFOOT JOINT	Y	-	1/1/2026	Fee Schedule	\$1,644.87
28261	REVISION OF FOOT TENDON	Y	-	1/1/2026	Fee Schedule	\$872.87
28262	REVISION OF FOOT AND ANKLE	Y	-	1/1/2026	Fee Schedule	\$4,682.29
28264	RELEASE OF MIDFOOT JOINT	Y	-	1/1/2026	Fee Schedule	\$872.87
28270	RELEASE OF FOOT CONTRACTURE	Y	-	1/1/2026	Fee Schedule	\$1,644.87
28272	RELEASE OF TOE JOINT EACH	Y	-	1/1/2026	Fee Schedule	\$239.34
28280	FUSION OF TOES	Y	-	1/1/2026	Fee Schedule	\$1,644.87
28285	REPAIR OF HAMMERTOES	Y	-	1/1/2026	Fee Schedule	\$1,644.87
28286	REPAIR OF HAMMERTOES	Y	-	1/1/2026	Fee Schedule	\$1,644.87
28288	PARTIAL REMOVAL OF FOOT BONE	Y	-	1/1/2026	Fee Schedule	\$1,644.87
28289	CORRJ HALUX RIGDUS W/O IMPLT	Y	-	1/1/2026	Fee Schedule	\$1,644.87
28291	CORRJ HALUX RIGDUS W/IMPLT	Y	-	1/1/2026	Fee Schedule	\$4,970.03
28292	COR HLX VLGS RSC PRX PHLX BS	Y	-	1/1/2026	Fee Schedule	\$1,644.87
28295	COR HLX VLGS PRX MTAR OSTEOT	Y	-	1/1/2026	Fee Schedule	\$1,644.87
28296	COR HLX VLGS DSTL MTAR OSTEOT	Y	-	1/1/2026	Fee Schedule	\$1,644.87
28297	COR HLX VLGS JT ARTHRD	Y	-	1/1/2026	Fee Schedule	\$10,002.69
28298	COR HLX VLGS PRX PHLX OSTEOT	Y	-	1/1/2026	Fee Schedule	\$4,682.29
28299	COR HLX VLGS DOUBLE OSTEOT	Y	-	1/1/2026	Fee Schedule	\$4,751.04
28300	INCISION OF HEEL BONE	Y	-	1/1/2026	Fee Schedule	\$4,682.29
28302	INCISION OF ANKLE BONE	Y	-	1/1/2026	Fee Schedule	\$5,761.02
28304	INCISION OF MIDFOOT BONES	Y	-	1/1/2026	Fee Schedule	\$3,695.53
28305	INCISE/GRAFT MIDFOOT BONES	Y	-	1/1/2026	Fee Schedule	\$5,952.96
28306	INCISION OF METATARSAL	Y	-	1/1/2026	Fee Schedule	\$3,695.53
28307	INCISION OF METATARSAL	Y	-	1/1/2026	Fee Schedule	\$3,695.53
28308	INCISION OF METATARSAL	Y	-	1/1/2026	Fee Schedule	\$1,644.87
28309	INCISION OF METATARSALS	Y	-	1/1/2026	Fee Schedule	\$3,695.53
28310	REVISION OF BIG TOE	Y	-	1/1/2026	Fee Schedule	\$3,695.53
28312	REVISION OF TOE	Y	-	1/1/2026	Fee Schedule	\$1,644.87
28313	REPAIR DEFORMITY OF TOE	Y	-	1/1/2026	Fee Schedule	\$1,644.87
28315	REMOVAL OF SESAMOID BONE	Y	-	1/1/2026	Fee Schedule	\$1,644.87
28320	REPAIR OF FOOT BONES	Y	-	1/1/2026	Fee Schedule	\$9,557.85
28322	REPAIR OF METATARSALS	Y	-	1/1/2026	Fee Schedule	\$4,734.49
28340	RESECT ENLARGED TOE TISSUE	Y	-	1/1/2026	Fee Schedule	\$1,644.87
28341	RESECT ENLARGED TOE	Y	-	1/1/2026	Fee Schedule	\$1,644.87
28344	REPAIR EXTRA TOE(S)	Y	-	1/1/2026	Fee Schedule	\$1,644.87
28345	REPAIR WEBBED TOE(S)	Y	-	1/1/2026	Fee Schedule	\$872.87
28360	RECONSTRUCT CLEFT FOOT	Y	-	1/1/2026	Fee Schedule	\$4,682.29
28400	CLTX CALCANEAL FX W/O MNPJ	Y	-	1/1/2026	Fee Schedule	\$135.54
28405	CLTX CALCANEAL FX W/MNPJ	Y	-	1/1/2026	Fee Schedule	\$135.54
28406	PRQ SKEL FIX CLCNL FX W/MNPJ	Y	-	1/1/2026	Fee Schedule	\$3,695.53
28415	OPTX CALCANEAL FRACTURE	Y	-	1/1/2026	Fee Schedule	\$4,871.04
28420	OPTX CALCANEAL FX W/BONE GRF	Y	-	1/1/2026	Fee Schedule	\$8,879.17
28430	CLTX TALUS FRACTURE W/O MNPJ	Y	-	1/1/2026	Fee Schedule	\$135.54

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
28435	CLTX TALUS FRACTURE W/MNPJ	Y	-	1/1/2026	Fee Schedule	\$872.87
28436	PRQ SKEL FIX TALUS FX W/MNPJ	Y	-	1/1/2026	Fee Schedule	\$5,135.87
28445	OPTX TALUS FRACTURE	Y	-	1/1/2026	Fee Schedule	\$4,701.39
28446	OPN OSTEOCHONDRIL AGRFT TALUS	Y	-	1/1/2026	Fee Schedule	\$4,775.23
28450	TX TARSAL B1 FX W/O MNPJ EA	Y	-	1/1/2026	Fee Schedule	\$135.54
28455	TX TARSAL B1 FX W/MNPJ EACH	Y	-	1/1/2026	Fee Schedule	\$146.69
28456	PRQ SKEL FIX TARSL FX W/MNPJ	Y	-	1/1/2026	Fee Schedule	\$4,784.78
28465	OPTX TARSAL BONE FX EACH	Y	-	1/1/2026	Fee Schedule	\$4,671.46
28470	CLTX METATARSAL FX WO MNP EA	Y	-	1/1/2026	Fee Schedule	\$135.54
28475	CLTX METATARSAL FX W/MNPJ EA	Y	-	1/1/2026	Fee Schedule	\$135.54
28476	PRQ SKEL FIX METAR FX W/MNPJ	Y	-	1/1/2026	Fee Schedule	\$1,644.87
28485	OPTX METATARSAL FX EACH	Y	-	1/1/2026	Fee Schedule	\$4,755.18
28490	TREAT BIG TOE FRACTURE	Y	-	1/1/2026	Fee Schedule	\$115.47
28495	TREAT BIG TOE FRACTURE	Y	-	1/1/2026	Fee Schedule	\$134.94
28496	TREAT BIG TOE FRACTURE	Y	-	1/1/2026	Fee Schedule	\$1,644.87
28505	TREAT BIG TOE FRACTURE	Y	-	1/1/2026	Fee Schedule	\$1,644.87
28510	TREATMENT OF TOE FRACTURE	Y	-	1/1/2026	Fee Schedule	\$88.28
28515	TREATMENT OF TOE FRACTURE	Y	-	1/1/2026	Fee Schedule	\$118.16
28525	TREAT TOE FRACTURE	Y	-	1/1/2026	Fee Schedule	\$1,644.87
28530	TREAT SESAMOID BONE FRACTURE	Y	-	1/1/2026	Fee Schedule	\$83.92
28531	TREAT SESAMOID BONE FRACTURE	Y	-	1/1/2026	Fee Schedule	\$4,682.29
28540	TREAT FOOT DISLOCATION	Y	-	1/1/2026	Fee Schedule	\$122.19
28545	TREAT FOOT DISLOCATION	Y	-	1/1/2026	Fee Schedule	\$1,644.87
28546	TREAT FOOT DISLOCATION	Y	-	1/1/2026	Fee Schedule	\$1,173.60
28555	REPAIR FOOT DISLOCATION	Y	-	1/1/2026	Fee Schedule	\$5,297.57
28570	TREAT FOOT DISLOCATION	Y	-	1/1/2026	Fee Schedule	\$135.54
28575	TREAT FOOT DISLOCATION	Y	-	1/1/2026	Fee Schedule	\$1,644.87
28576	TREAT FOOT DISLOCATION	Y	-	1/1/2026	Fee Schedule	\$3,695.53
28585	REPAIR FOOT DISLOCATION	Y	-	1/1/2026	Fee Schedule	\$5,290.57
28600	TREAT FOOT DISLOCATION	Y	-	1/1/2026	Fee Schedule	\$119.84
28605	TREAT FOOT DISLOCATION	Y	-	1/1/2026	Fee Schedule	\$135.54
28606	TREAT FOOT DISLOCATION	Y	-	1/1/2026	Fee Schedule	\$1,644.87
28615	REPAIR FOOT DISLOCATION	Y	-	1/1/2026	Fee Schedule	\$4,682.29
28630	TREAT TOE DISLOCATION	Y	-	1/1/2026	Fee Schedule	\$105.74
28635	TREAT TOE DISLOCATION	Y	-	1/1/2026	Fee Schedule	\$872.87
28636	TREAT TOE DISLOCATION	Y	-	1/1/2026	Fee Schedule	\$1,644.87
28645	REPAIR TOE DISLOCATION	Y	-	1/1/2026	Fee Schedule	\$1,644.87
28660	TREAT TOE DISLOCATION	Y	-	1/1/2026	Fee Schedule	\$99.70
28665	TREAT TOE DISLOCATION	Y	-	1/1/2026	Fee Schedule	\$153.62
28666	TREAT TOE DISLOCATION	Y	-	1/1/2026	Fee Schedule	\$1,644.87
28675	REPAIR OF TOE DISLOCATION	Y	-	1/1/2026	Fee Schedule	\$1,644.87
28705	ARTHRODESIS PANTALAR	Y	-	1/1/2026	Fee Schedule	\$13,461.22
28715	ARTHRODESIS TRIPLE	Y	-	1/1/2026	Fee Schedule	\$9,510.96
28725	ARTHRODESIS SUBTALAR	Y	-	1/1/2026	Fee Schedule	\$9,367.96
28730	FUSION OF FOOT BONES	Y	-	1/1/2026	Fee Schedule	\$10,044.89
28735	FUSION OF FOOT BONES	Y	-	1/1/2026	Fee Schedule	\$10,232.44
28737	REVISION OF FOOT BONES	Y	-	1/1/2026	Fee Schedule	\$9,646.35
28740	FUSION OF FOOT BONES	Y	-	1/1/2026	Fee Schedule	\$5,216.09
28750	FUSION OF BIG TOE JOINT	Y	-	1/1/2026	Fee Schedule	\$5,187.12
28755	FUSION OF BIG TOE JOINT	Y	-	1/1/2026	Fee Schedule	\$3,695.53
28760	FUSION OF BIG TOE JOINT	Y	-	1/1/2026	Fee Schedule	\$4,705.52

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
28800	AMPUTATION OF MIDFOOT	Y	-	1/1/2026	Fee Schedule	\$1,644.87
28805	AMPUTATION THRU METATARSAL	Y	-	1/1/2026	Fee Schedule	\$1,644.87
28810	AMPUTATION TOE & METATARSAL	Y	-	1/1/2026	Fee Schedule	\$1,644.87
28820	AMPUTATION OF TOE	Y	-	1/1/2026	Fee Schedule	\$1,644.87
28825	PARTIAL AMPUTATION OF TOE	Y	-	1/1/2026	Fee Schedule	\$1,644.87
28890	HI ENRGY ESWT PLANTAR FASCIA	Y	-	1/1/2026	Fee Schedule	\$182.94
29000	APPL HALO TYPE BODY CAST	Y	-	1/1/2026	Fee Schedule	\$153.62
29010	APPL RISSER JACKET BODY ONLY	Y	-	1/1/2026	Fee Schedule	\$153.62
29015	APPL RISSR JACKET BDY W/HEAD	Y	-	1/1/2026	Fee Schedule	\$153.62
29035	APPL BODY CAST SHO TO HIPS	Y	-	1/1/2026	Fee Schedule	\$153.62
29040	APPL BDY CST SHO TO HIP HEAD	Y	-	1/1/2026	Fee Schedule	\$153.62
29044	APPL BDY CST SHO TO HIP 1THI	Y	-	1/1/2026	Fee Schedule	\$89.12
29046	APPL BDY CST SHO TO HIP B TH	Y	-	1/1/2026	Fee Schedule	\$153.62
29049	APPL CAST FIGURE-OF-EIGHT	Y	-	1/1/2026	Fee Schedule	\$78.88
29055	APPL CAST SHOULDER SPICA	Y	-	1/1/2026	Fee Schedule	\$153.62
29058	APPL CAST PLASTER VELPEAU	Y	-	1/1/2026	Fee Schedule	\$87.28
29065	APPL CST SHO TO HAND LNG ARM	Y	-	1/1/2026	Fee Schedule	\$74.52
29075	APPL CST ELBW FNGR SHORT ARM	Y	-	1/1/2026	Fee Schedule	\$68.14
29085	APPL CAST HAND&LWR FOREARM	Y	-	1/1/2026	Fee Schedule	\$73.51
29086	APPLICATION CAST FINGER	Y	-	1/1/2026	Fee Schedule	\$61.09
29105	APPLICATION LONG ARM SPLINT	Y	-	1/1/2026	Fee Schedule	\$65.79
29125	APPL SHORT ARM SPLINT STATIC	-	-	7/1/2018	No Separate Payment	\$0.00
29126	APPL SHORT ARM SPLINT DYN	-	-	7/1/2018	No Separate Payment	\$0.00
29130	APPL FINGER SPLINT STATIC	-	-	7/1/2018	No Separate Payment	\$0.00
29131	APPL FINGER SPLINT DYNAMIC	-	-	7/1/2018	No Separate Payment	\$0.00
29200	STRAPPING THORAX	Y	-	1/1/2026	Fee Schedule	\$18.46
29240	STRAPPING OF SHOULDER	-	-	7/1/2018	No Separate Payment	\$0.00
29260	STRAPPING OF ELBOW OR WRIST	-	-	7/1/2018	No Separate Payment	\$0.00
29280	STRAPPING OF HAND OR FINGER	-	-	7/1/2018	No Separate Payment	\$0.00
29305	APPL HIP SPICA CAST 1 LEG	Y	-	1/1/2026	Fee Schedule	\$153.62
29325	APPL HIP SPICA CAST1&1/2	Y	-	1/1/2026	Fee Schedule	\$153.62
29345	APPLICATION OF LONG LEG CAST	Y	-	1/1/2026	Fee Schedule	\$95.00
29355	APPL LONG LEG CAST WALKER	Y	-	1/1/2026	Fee Schedule	\$96.00
29358	APPL LONG LEG CAST BRACE	Y	-	1/1/2026	Fee Schedule	\$127.56
29365	APPL CYLINDER CAST	Y	-	1/1/2026	Fee Schedule	\$93.32
29405	APPL SHORT LEG CAST	Y	-	1/1/2026	Fee Schedule	\$57.74
29425	APPL SHORT LEG CAST WALKING	Y	-	1/1/2026	Fee Schedule	\$52.03
29435	APPL PATLLR TDN BEARING CAST	Y	-	1/1/2026	Fee Schedule	\$93.65
29440	ADDING WALKER TO PREV CAST	Y	-	1/1/2026	Fee Schedule	\$23.83
29445	APPL RIGID TOT CNTC LEG CAST	Y	-	1/1/2026	Fee Schedule	\$68.14
29450	APPLICATION CLUBFOOT CAST	Y	-	1/1/2026	Fee Schedule	\$71.16
29505	APPLICATION LONG LEG SPLINT	Y	-	1/1/2026	Fee Schedule	\$83.25
29515	APPLICATION SHORT LEG SPLINT	Y	-	1/1/2026	Fee Schedule	\$55.39
29520	STRAPPING OF HIP	-	-	7/1/2018	No Separate Payment	\$0.00
29530	STRAPPING OF KNEE	-	-	7/1/2018	No Separate Payment	\$0.00
29540	STRAPPING ANKLE &/FOOT	Y	-	1/1/2026	Fee Schedule	\$14.43
29550	STRAPPING OF TOES	-	-	7/1/2018	No Separate Payment	\$0.00
29580	STRAPPING UNNA BOOT	Y	-	1/1/2026	Fee Schedule	\$42.97
29581	APPL MULTLAYER CMPRN SYS LEG	Y	-	1/1/2026	Fee Schedule	\$63.78
29584	APPL MLTLAY CMPRN SYS UP ARM	Y	-	1/1/2026	Fee Schedule	\$63.44
29700	RMVL/BIVLV GAUNTLET BOOT/CST	Y	-	1/1/2026	Fee Schedule	\$47.67

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
29705	RMVL/BIVLV FULL ARM/LEG CAST	Y	-	1/1/2026	Fee Schedule	\$40.62
29710	RMVL/BIVLV SHO/HIP SPICA	Y	-	1/1/2026	Fee Schedule	\$84.25
29720	REPAIR SPICA BODY CST/JACKET	Y	-	1/1/2026	Fee Schedule	\$71.83
29730	WINDOWING OF CAST	Y	-	1/1/2026	Fee Schedule	\$38.94
29740	WEDGING OF CAST	Y	-	1/1/2026	Fee Schedule	\$66.13
29750	WEDGING OF CLUBFOOT CAST	Y	-	1/1/2026	Fee Schedule	\$69.15
29800	JAW ARTHROSCOPY/SURGERY	Y	Y	1/1/2026	Fee Schedule	\$1,644.87
29804	JAW ARTHROSCOPY/SURGERY	Y	Y	1/1/2026	Fee Schedule	\$1,644.87
29805	SHO ARTHRS DX +- SYNOVIAL BX	Y	-	1/1/2026	Fee Schedule	\$1,644.87
29806	SHO ARTHRS SRG CAPSULORRAPHY	Y	-	1/1/2026	Fee Schedule	\$3,695.53
29807	SHO ARTHRS SRG RPR SLAP LES	Y	-	1/1/2026	Fee Schedule	\$3,695.53
29819	SHO ARTHRS SRG RMVL LOOSE/FB	Y	-	1/1/2026	Fee Schedule	\$1,644.87
29820	SHO ARTHRS SRG PRTL SYNVT	Y	-	1/1/2026	Fee Schedule	\$3,695.53
29821	SHO ARTHRS SRG COMPL SYNVT	Y	-	1/1/2026	Fee Schedule	\$1,644.87
29822	SHO ARTHRS SRG LMTD DBRDMT	Y	-	1/1/2026	Fee Schedule	\$1,644.87
29823	SHO ARTHRS SRG XTNSV DBRDMT	Y	-	1/1/2026	Fee Schedule	\$1,644.87
29824	SHO ARTHRS SRG DSTL CLAVICLC	Y	-	1/1/2026	Fee Schedule	\$1,644.87
29825	SHO ARTHRS SRG LSS&RESCJ ADS	Y	-	1/1/2026	Fee Schedule	\$1,644.87
29826	SHO ARTHRS SRG DECOMPRESSION	-	-	7/1/2018	No Separate Payment	\$0.00
29827	SHO ARTHRS SRG RT8TR CUF RPR	Y	-	1/1/2026	Fee Schedule	\$3,695.53
29828	SHO ARTHRS SRG BICP TENODSIS	Y	-	1/1/2026	Fee Schedule	\$3,695.53
29830	ELBOW ARTHROSCOPY	Y	-	1/1/2026	Fee Schedule	\$1,644.87
29834	ELBOW ARTHROSCOPY/SURGERY	Y	-	1/1/2026	Fee Schedule	\$1,644.87
29835	ELBOW ARTHROSCOPY/SURGERY	Y	-	1/1/2026	Fee Schedule	\$1,644.87
29836	ELBOW ARTHROSCOPY/SURGERY	Y	-	1/1/2026	Fee Schedule	\$3,695.53
29837	ELBOW ARTHROSCOPY/SURGERY	Y	-	1/1/2026	Fee Schedule	\$1,644.87
29838	ELBOW ARTHROSCOPY/SURGERY	Y	-	1/1/2026	Fee Schedule	\$1,644.87
29840	WRIST ARTHROSCOPY	Y	-	1/1/2026	Fee Schedule	\$1,644.87
29843	WRIST ARTHROSCOPY/SURGERY	Y	-	1/1/2026	Fee Schedule	\$1,644.87
29844	WRIST ARTHROSCOPY/SURGERY	Y	-	1/1/2026	Fee Schedule	\$1,644.87
29845	WRIST ARTHROSCOPY/SURGERY	Y	-	1/1/2026	Fee Schedule	\$1,644.87
29846	WRIST ARTHROSCOPY/SURGERY	Y	-	1/1/2026	Fee Schedule	\$1,644.87
29847	WRIST ARTHROSCOPY/SURGERY	Y	-	1/1/2026	Fee Schedule	\$3,695.53
29848	WRIST ENDOSCOPY/SURGERY	Y	-	1/1/2026	Fee Schedule	\$872.87
29850	KNEE ARTHROSCOPY/SURGERY	Y	-	1/1/2026	Fee Schedule	\$872.87
29851	KNEE ARTHROSCOPY/SURGERY	Y	-	1/1/2026	Fee Schedule	\$872.87
29855	TIBIAL ARTHROSCOPY/SURGERY	Y	-	1/1/2026	Fee Schedule	\$5,132.37
29856	TIBIAL ARTHROSCOPY/SURGERY	Y	-	1/1/2026	Fee Schedule	\$10,268.18
29860	HIP ARTHROSCOPY DX	Y	-	1/1/2026	Fee Schedule	\$3,695.53
29861	HIP ARTHRO W/FB REMOVAL	Y	-	1/1/2026	Fee Schedule	\$3,695.53
29862	HIP ARTHRO W/DEBRIDEMENT	Y	-	1/1/2026	Fee Schedule	\$3,695.53
29863	HIP ARTHRO W/SYNOVECTOMY	Y	-	1/1/2026	Fee Schedule	\$1,644.87
29866	AUTGRFT IMPLNT KNEE W/SCOPE	Y	-	1/1/2026	Fee Schedule	\$3,695.53
29867	ALLGRFT IMPLNT KNEE W/SCOPE	Y	-	1/1/2026	Fee Schedule	\$8,621.29
29868	MENISCAL TRNSPL KNEE W/SCPE	Y	-	1/1/2026	Fee Schedule	\$3,695.53
29870	ARTHRS KNEE DX W/VO SYN BX	Y	-	1/1/2026	Fee Schedule	\$1,644.87
29871	ARTHRS KNEE SURG FOR INFCTJ	Y	-	1/1/2026	Fee Schedule	\$1,644.87
29873	ARTHRS KNEE SURG W/LAT RLS	Y	-	1/1/2026	Fee Schedule	\$1,644.87
29874	ARTHRS KNEE SURG RMV LOOS/FB	Y	-	1/1/2026	Fee Schedule	\$1,644.87
29875	ARTHRS KNEE SURG SYNVT LMTD	Y	-	1/1/2026	Fee Schedule	\$1,644.87
29876	ARTHRS KNEE SURG SYNVT MAJ	Y	-	1/1/2026	Fee Schedule	\$1,644.87

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

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
29877	ARTHRS KNEE SURG DBRDMT/SHVG	Y	-	1/1/2026	Fee Schedule	\$1,644.87
29879	ARTHRS KNE SRG ABRASJ ARTHRP	Y	-	1/1/2026	Fee Schedule	\$1,644.87
29880	ARTHRS KNE SRG MNISECTMY M&L	Y	-	1/1/2026	Fee Schedule	\$1,644.87
29881	ARTHRS KNE SRG MNISECTMY M/L	Y	-	1/1/2026	Fee Schedule	\$1,644.87
29882	ARTHRS KNE SRG MNISC RPR M/L	Y	-	1/1/2026	Fee Schedule	\$1,644.87
29883	ARTHRS KNE SRG MNISC RPR M&L	Y	-	1/1/2026	Fee Schedule	\$1,644.87
29884	ARTHRS KNEE SURG LYSIS ADS	Y	-	1/1/2026	Fee Schedule	\$1,644.87
29885	ARTHRS KNE SRG DRLG OST DISS	Y	-	1/1/2026	Fee Schedule	\$4,990.40
29886	ARTHRS KNEE SURG DRLG OD LES	Y	-	1/1/2026	Fee Schedule	\$1,644.87
29887	ARTHRS KNEE SRG DRLG OD FIXJ	Y	-	1/1/2026	Fee Schedule	\$5,298.84
29888	ARTHRS AID ACL RPR/AGMNTJ	Y	-	1/1/2026	Fee Schedule	\$4,817.25
29889	ARTHRS AID PCL RPR/AGMNTJ	Y	-	1/1/2026	Fee Schedule	\$9,934.11
29891	ARTHR ANK OSTCHN DF TAL&/TIB	Y	-	1/1/2026	Fee Schedule	\$1,644.87
29892	ARTHRS AID RPR OD LES/TIB FX	Y	-	1/1/2026	Fee Schedule	\$3,695.53
29893	ENDOSCOPIC PLANTR FASCIOTOMY	Y	-	1/1/2026	Fee Schedule	\$1,644.87
29894	ANKLE ARTHROSCOPY/SURGERY	Y	-	1/1/2026	Fee Schedule	\$1,644.87
29895	ANKLE ARTHROSCOPY/SURGERY	Y	-	1/1/2026	Fee Schedule	\$1,644.87
29897	ANKLE ARTHROSCOPY/SURGERY	Y	-	1/1/2026	Fee Schedule	\$1,644.87
29898	ANKLE ARTHROSCOPY/SURGERY	Y	-	1/1/2026	Fee Schedule	\$1,644.87
29899	ANKLE ARTHROSCOPY/SURGERY	Y	-	1/1/2026	Fee Schedule	\$5,100.54
29900	MCP JOINT ARTHROSCOPY DX	Y	-	1/1/2026	Fee Schedule	\$1,644.87
29901	MCP JOINT ARTHROSCOPY SURG	Y	-	1/1/2026	Fee Schedule	\$1,644.87
29902	MCP JOINT ARTHROSCOPY SURG	Y	-	1/1/2026	Fee Schedule	\$872.87
29904	SUBTALAR ARTHRO W/FB RMVL	Y	-	1/1/2026	Fee Schedule	\$1,644.87
29905	SUBTALAR ARTHRO W/EXC	Y	-	1/1/2026	Fee Schedule	\$3,695.53
29906	SUBTALAR ARTHRO W/DEB	Y	-	1/1/2026	Fee Schedule	\$1,644.87
29907	SUBTALAR ARTHRO W/FUSION	Y	-	1/1/2026	Fee Schedule	\$9,799.32
29914	HIP ARTHRO W/FEMOROPLASTY	Y	-	1/1/2026	Fee Schedule	\$3,695.53
29915	HIP ARTHRO ACETABULOPLASTY	Y	-	1/1/2026	Fee Schedule	\$3,695.53
29916	HIP ARTHRO W/LABRAL REPAIR	Y	-	1/1/2026	Fee Schedule	\$3,695.53
30000	DRAINAGE OF NOSE LESION	Y	-	1/1/2026	Fee Schedule	\$129.50
30020	DRAINAGE OF NOSE LESION	Y	-	1/1/2026	Fee Schedule	\$213.15
30100	INTRANASAL BIOPSY	Y	-	1/1/2026	Fee Schedule	\$106.74
30110	REMOVAL OF NOSE POLYP(S)	Y	-	1/1/2026	Fee Schedule	\$185.29
30115	REMOVAL OF NOSE POLYP(S)	Y	-	1/1/2026	Fee Schedule	\$1,480.50
30117	REMOVAL OF INTRANASAL LESION	Y	-	1/1/2026	Fee Schedule	\$1,480.50
30118	REMOVAL OF INTRANASAL LESION	Y	-	1/1/2026	Fee Schedule	\$1,480.50
30120	REVISION OF NOSE	Y	-	1/1/2026	Fee Schedule	\$1,480.50
30124	REMOVAL OF NOSE LESION	Y	-	1/1/2026	Fee Schedule	\$659.17
30125	REMOVAL OF NOSE LESION	Y	-	1/1/2026	Fee Schedule	\$3,025.62
30130	EXCISE INFERIOR TURBINATE	Y	-	1/1/2026	Fee Schedule	\$1,480.50
30140	RESECT INFERIOR TURBINATE	Y	-	1/1/2026	Fee Schedule	\$1,480.50
30150	RHINECTOMY PARTIAL	Y	-	1/1/2026	Fee Schedule	\$3,025.62
30160	RHINECTOMY TOTAL	Y	-	1/1/2026	Fee Schedule	\$3,025.62
30200	INJECTION TREATMENT OF NOSE	Y	-	1/1/2026	Fee Schedule	\$82.91
30210	NASAL SINUS THERAPY	Y	-	1/1/2026	Fee Schedule	\$114.47
30220	INSERT NASAL SEPTAL BUTTON	Y	-	1/1/2026	Fee Schedule	\$659.17
30300	REMOVE NASAL FOREIGN BODY	-	-	7/1/2018	No Separate Payment	\$0.00
30310	REMOVE NASAL FOREIGN BODY	Y	-	1/1/2026	Fee Schedule	\$1,480.50
30320	REMOVE NASAL FOREIGN BODY	Y	-	1/1/2026	Fee Schedule	\$659.17
30400	RECONSTRUCTION OF NOSE	Y	Y	1/1/2026	Fee Schedule	\$3,025.62

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

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
30410	RECONSTRUCTION OF NOSE	Y	Y	1/1/2026	Fee Schedule	\$3,025.62
30420	RECONSTRUCTION OF NOSE	Y	Y	1/1/2026	Fee Schedule	\$3,025.62
30430	REVISION OF NOSE	Y	Y	1/1/2026	Fee Schedule	\$3,025.62
30435	REVISION OF NOSE	Y	Y	1/1/2026	Fee Schedule	\$3,025.62
30450	REVISION OF NOSE	Y	Y	1/1/2026	Fee Schedule	\$3,025.62
30460	REVISION OF NOSE	Y	Y	1/1/2026	Fee Schedule	\$3,025.62
30462	REVISION OF NOSE	Y	Y	1/1/2026	Fee Schedule	\$3,025.62
30465	REPAIR NASAL STENOSIS	Y	Y	1/1/2026	Fee Schedule	\$3,025.62
30468	RPR NSL VLV COLLAPSE W/IMPLT	Y	-	1/1/2026	Fee Schedule	\$4,186.87
30469	RPR NSL VLV COLLAPSE W/RMDLG	Y	-	1/1/2026	Fee Schedule	\$4,041.19
30520	REPAIR OF NASAL SEPTUM	Y	-	1/1/2026	Fee Schedule	\$1,480.50
30540	RPR CHOANAL ATRESIA NTRANASL	Y	-	1/1/2026	Fee Schedule	\$3,025.62
30545	RPR CHOANAL ATRESIA TRSNPLTN	Y	-	1/1/2026	Fee Schedule	\$3,025.62
30560	LYSIS INTRANASAL SYNECHIA	Y	-	1/1/2026	Fee Schedule	\$295.47
30580	REPAIR UPPER JAW FISTULA	Y	-	1/1/2026	Fee Schedule	\$3,025.62
30600	REPAIR MOUTH/NOSE FISTULA	Y	-	1/1/2026	Fee Schedule	\$3,025.62
30620	INTRANASAL RECONSTRUCTION	Y	-	1/1/2026	Fee Schedule	\$3,025.62
30630	REPAIR NASAL SEPTUM DEFECT	Y	-	1/1/2026	Fee Schedule	\$1,480.50
30801	ABLATE INF TURBINATE SUPERF	Y	-	1/1/2026	Fee Schedule	\$659.17
30802	ABLATE INF TURBINATE SUBMUC	Y	-	1/1/2026	Fee Schedule	\$659.17
30901	CONTROL OF NOSEBLEED	-	-	7/1/2018	No Separate Payment	\$0.00
30903	CONTROL OF NOSEBLEED	Y	-	1/1/2026	Fee Schedule	\$73.54
30905	CONTROL OF NOSEBLEED	Y	-	1/1/2026	Fee Schedule	\$73.54
30906	REPEAT CONTROL OF NOSEBLEED	Y	-	1/1/2026	Fee Schedule	\$129.50
30915	LIGATION NASAL SINUS ARTERY	Y	-	1/1/2026	Fee Schedule	\$1,623.69
30920	LIGATION UPPER JAW ARTERY	Y	-	1/1/2026	Fee Schedule	\$1,623.69
30930	THER FX NASAL INF TURBINATE	Y	-	1/1/2026	Fee Schedule	\$1,480.50
31000	IRRIGATION MAXILLARY SINUS	Y	-	1/1/2026	Fee Schedule	\$129.50
31002	IRRIGATION SPHENOID SINUS	Y	-	1/1/2026	Fee Schedule	\$659.17
31020	EXPLORATION MAXILLARY SINUS	Y	-	1/1/2026	Fee Schedule	\$1,480.50
31030	EXPLORATION MAXILLARY SINUS	Y	-	1/1/2026	Fee Schedule	\$3,025.62
31032	EXPLORE SINUS REMOVE POLYPS	Y	-	1/1/2026	Fee Schedule	\$3,025.62
31040	EXPLORATION BEHIND UPPER JAW	Y	-	1/1/2026	Fee Schedule	\$3,025.62
31050	EXPLORATION SPHENOID SINUS	Y	-	1/1/2026	Fee Schedule	\$3,025.62
31051	SPHENOID SINUS SURGERY	Y	-	1/1/2026	Fee Schedule	\$3,025.62
31070	EXPLORATION OF FRONTAL SINUS	Y	-	1/1/2026	Fee Schedule	\$3,025.62
31075	EXPLORATION OF FRONTAL SINUS	Y	-	1/1/2026	Fee Schedule	\$3,025.62
31080	REMOVAL OF FRONTAL SINUS	Y	-	1/1/2026	Fee Schedule	\$3,025.62
31081	REMOVAL OF FRONTAL SINUS	Y	-	1/1/2026	Fee Schedule	\$3,025.62
31084	REMOVAL OF FRONTAL SINUS	Y	-	1/1/2026	Fee Schedule	\$3,833.49
31085	REMOVAL OF FRONTAL SINUS	Y	-	1/1/2026	Fee Schedule	\$3,938.51
31086	REMOVAL OF FRONTAL SINUS	Y	-	1/1/2026	Fee Schedule	\$3,025.62
31087	REMOVAL OF FRONTAL SINUS	Y	-	1/1/2026	Fee Schedule	\$4,294.24
31090	EXPLORATION OF SINUSES	Y	-	1/1/2026	Fee Schedule	\$3,025.62
31200	REMOVAL OF ETHMOID SINUS	Y	-	1/1/2026	Fee Schedule	\$3,025.62
31201	REMOVAL OF ETHMOID SINUS	Y	-	1/1/2026	Fee Schedule	\$659.17
31205	REMOVAL OF ETHMOID SINUS	Y	-	1/1/2026	Fee Schedule	\$1,480.50
31231	NASAL ENDOSCOPY DX	Y	-	1/1/2026	Fee Schedule	\$109.73
31233	NSL/SINS NDSC DX MAX SINUSC	Y	-	1/1/2026	Fee Schedule	\$214.82
31235	NSL/SINS NDSC DX SPHN SINUSC	Y	-	1/1/2026	Fee Schedule	\$843.77
31237	NSL/SINS NDSC SURG BX POLYPC	Y	-	1/1/2026	Fee Schedule	\$843.77

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
31238	NSL/SINS NDSC SRG NSL HEMRRG	Y	-	1/1/2026	Fee Schedule	\$843.77
31239	NSL/SINUS ENDOSCOPY SURG DCR	Y	-	1/1/2026	Fee Schedule	\$1,696.42
31240	NSL/SNS NDSC CNCH BULL RESCJ	Y	-	1/1/2026	Fee Schedule	\$843.77
31241	NSL/SNS NDSC LIG SPHNPTN ART	Y	-	1/1/2026	Fee Schedule	\$843.77
31242	NSL/SINUS NDSC RF ABLTJ PNN	Y	-	1/1/2026	Fee Schedule	\$4,114.68
31243	NSL/SINUS NDSC CRYOABLTJ PNN	Y	-	1/1/2026	Fee Schedule	\$4,104.26
31253	NSL/SINS NDSC TOTAL	Y	-	1/1/2026	Fee Schedule	\$2,451.02
31254	NSL/SINS NDSC W/PRTL ETHMDCT	Y	-	1/1/2026	Fee Schedule	\$2,451.02
31255	NSL/SINS NDSC W/TOT ETHMDCT	Y	-	1/1/2026	Fee Schedule	\$2,451.02
31256	EXPLORATION MAXILLARY SINUS	Y	-	1/1/2026	Fee Schedule	\$1,696.42
31257	NSL/SINS NDSC TOT W/SPHENDT	Y	-	1/1/2026	Fee Schedule	\$2,451.02
31259	NSL/SINS NDSC SPHN TISS RMVL	Y	-	1/1/2026	Fee Schedule	\$2,451.02
31267	ENDOSCOPY MAXILLARY SINUS	Y	-	1/1/2026	Fee Schedule	\$2,451.02
31276	NSL/SINS NDSC FRNT TISS RMVL	Y	-	1/1/2026	Fee Schedule	\$2,451.02
31287	NASAL/SINUS ENDOSCOPY SURG	Y	-	1/1/2026	Fee Schedule	\$2,451.02
31288	NASAL/SINUS ENDOSCOPY SURG	Y	-	1/1/2026	Fee Schedule	\$2,451.02
31292	NSL/SINS NDSC MED/INF DCMPRN	Y	-	1/1/2026	Fee Schedule	\$2,451.02
31293	NSL/SINS NDSC MED&INF DCMPRN	Y	-	1/1/2026	Fee Schedule	\$2,451.02
31294	NSL/SINS NDSC SURG ON DCMPRN	Y	-	1/1/2026	Fee Schedule	\$2,451.02
31295	NSL/SINS NDSC SURG MAX SINS	Y	-	1/1/2026	Fee Schedule	\$3,105.48
31296	NSL/SINS NDSC SURG FRNT SINS	Y	-	1/1/2026	Fee Schedule	\$1,496.44
31297	NSL/SINS NDSC SURG SPHN SINS	Y	-	1/1/2026	Fee Schedule	\$3,112.87
31298	NSL/SINS NDSC SURG FRNT&SPHN	Y	-	1/1/2026	Fee Schedule	\$2,451.02
31300	REMOVAL OF LARYNX LESION	Y	-	1/1/2026	Fee Schedule	\$1,480.50
31400	REVISION OF LARYNX	Y	-	1/1/2026	Fee Schedule	\$3,025.62
31420	EPIGLOTTIDECTOMY	Y	-	1/1/2026	Fee Schedule	\$3,025.62
31500	INSERT EMERGENCY AIRWAY	Y	-	1/1/2026	Fee Schedule	\$129.50
31502	CHANGE OF WINDPIPE AIRWAY	Y	-	1/1/2026	Fee Schedule	\$129.50
31505	DIAGNOSTIC LARYNGOSCOPY	Y	-	1/1/2026	Fee Schedule	\$66.80
31510	LARYNGOSCOPY WITH BIOPSY	Y	-	1/1/2026	Fee Schedule	\$1,696.42
31511	REMOVE FOREIGN BODY LARYNX	Y	-	1/1/2026	Fee Schedule	\$109.73
31512	REMOVAL OF LARYNX LESION	Y	-	1/1/2026	Fee Schedule	\$1,696.42
31513	INJECTION INTO VOCAL CORD	Y	-	1/1/2026	Fee Schedule	\$214.82
31515	LARYNGOSCOPY FOR ASPIRATION	Y	-	1/1/2026	Fee Schedule	\$214.82
31520	DX LARYNGOSCOPY NEWBORN	Y	-	1/1/2026	Fee Schedule	\$214.82
31525	DX LARYNGOSCOPY EXCL NB	Y	-	1/1/2026	Fee Schedule	\$843.77
31526	DX LARYNGOSCOPY W/OPER SCOPE	Y	-	1/1/2026	Fee Schedule	\$843.77
31527	LARYNGOSCOPY FOR TREATMENT	Y	-	1/1/2026	Fee Schedule	\$1,696.42
31528	LARYNGOSCOPY AND DILATION	Y	-	1/1/2026	Fee Schedule	\$1,696.42
31529	LARYNGOSCOPY AND DILATION	Y	-	1/1/2026	Fee Schedule	\$1,696.42
31530	LARYNGOSCOPY W/FB REMOVAL	Y	-	1/1/2026	Fee Schedule	\$843.77
31531	LARYNGOSCOPY W/FB & OP SCOPE	Y	-	1/1/2026	Fee Schedule	\$1,696.42
31535	LARYNGOSCOPY W/BIOPSY	Y	-	1/1/2026	Fee Schedule	\$1,696.42
31536	LARYNGOSCOPY W/BX & OP SCOPE	Y	-	1/1/2026	Fee Schedule	\$1,696.42
31540	LARYNGOSCOPY W/EXC OF TUMOR	Y	-	1/1/2026	Fee Schedule	\$1,696.42
31541	LARYNSCOP W/TUMR EXC + SCOPE	Y	-	1/1/2026	Fee Schedule	\$1,696.42
31545	REMOVE VC LESION W/SCOPE	Y	-	1/1/2026	Fee Schedule	\$1,696.42
31546	REMOVE VC LESION SCOPE/GRAFT	Y	-	1/1/2026	Fee Schedule	\$2,451.02
31551	LARYNGOPLASTY LARYNGEAL STEN	Y	-	1/1/2026	Fee Schedule	\$3,025.62
31552	LARYNGOPLASTY LARYNGEAL STEN	Y	-	1/1/2026	Fee Schedule	\$3,025.62
31553	LARYNGOPLASTY LARYNGEAL STEN	Y	-	1/1/2026	Fee Schedule	\$3,025.62

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
31554	LARYNGOPLASTY LARYNGEAL STEN	Y	-	1/1/2026	Fee Schedule	\$3,025.62
31560	LARYNGOSCOPY W/ARYTENOIDECTOM	Y	-	1/1/2026	Fee Schedule	\$2,451.02
31561	LARYNSCOP REMVE CART + SCOP	Y	-	1/1/2026	Fee Schedule	\$2,451.02
31570	LARYNGOSCOPE W/VC INJ	Y	-	1/1/2026	Fee Schedule	\$1,696.42
31571	LARYNGOSCOPY W/VC INJ + SCOPE	Y	-	1/1/2026	Fee Schedule	\$1,696.42
31572	LARGSC W/LASER DSTRJ LES	Y	-	1/1/2026	Fee Schedule	\$1,696.42
31573	LARGSC W/THER INJECTION	Y	-	1/1/2026	Fee Schedule	\$197.04
31574	LARGSC W/NJX AUGMENTATION	Y	-	1/1/2026	Fee Schedule	\$815.02
31575	DIAGNOSTIC LARYNGOSCOPY	Y	-	1/1/2026	Fee Schedule	\$92.65
31576	LARYNGOSCOPY WITH BIOPSY	Y	-	1/1/2026	Fee Schedule	\$843.77
31577	LARGSC W/RMVL FOREIGN BDY(S)	Y	-	1/1/2026	Fee Schedule	\$214.82
31578	LARGSC W/REMOVAL LESION	Y	-	1/1/2026	Fee Schedule	\$1,696.42
31579	LARYNGOSCOPY TELESCOPIC	Y	-	1/1/2026	Fee Schedule	\$126.55
31580	LARYNGOPLASTY LARYNGEAL WEB	Y	-	1/1/2026	Fee Schedule	\$3,025.62
31584	LARYNGOPLASTY FX RDCTJ FIXJ	Y	-	1/1/2026	Fee Schedule	\$3,025.62
31587	LARYNGOPLASTY CRICOID SPLIT	Y	-	1/1/2026	Fee Schedule	\$3,025.62
31590	REINNERVATE LARYNX	Y	-	1/1/2026	Fee Schedule	\$3,025.62
31591	LARYNGOPLASTY MEDIALIZATION	Y	-	1/1/2026	Fee Schedule	\$3,025.62
31592	CRICOTRACHEAL RESECTION	Y	-	1/1/2026	Fee Schedule	\$3,025.62
31600	PLANNED TRACHEOSTOMY	Y	-	1/1/2026	Fee Schedule	\$1,480.50
31601	PLANNED TRACHEOSTOMY<2 YRS	Y	-	1/1/2026	Fee Schedule	\$3,025.62
31603	EMER TRACHEOSTOMY TTRACH	Y	-	1/1/2026	Fee Schedule	\$659.17
31605	EMER TRACHEOSTOMY CTHYR MEM	Y	-	1/1/2026	Fee Schedule	\$129.50
31610	TRACHEOSTOMY FENEST SKIN FLP	Y	-	1/1/2026	Fee Schedule	\$3,025.62
31611	CONSTJ TRACHESOPHGL FSTL	Y	-	1/1/2026	Fee Schedule	\$1,480.50
31612	PERQ TRCHL PNXR TTRACH ASPIR	Y	-	1/1/2026	Fee Schedule	\$1,480.50
31613	TRACHEOSTOMA REVJ SIMPLE	Y	-	1/1/2026	Fee Schedule	\$1,480.50
31614	TRACHEOSTOMA REVJ COMPLEX	Y	-	1/1/2026	Fee Schedule	\$3,025.62
31615	TRCHEOBRNCHSC EST TRACHS INC	Y	-	1/1/2026	Fee Schedule	\$295.47
31622	DX BRONCHOSCOPE/WASH	Y	-	1/1/2026	Fee Schedule	\$843.77
31623	DX BRONCHOSCOPE/BRUSH	Y	-	1/1/2026	Fee Schedule	\$843.77
31624	DX BRONCHOSCOPE/LAVAGE	Y	-	1/1/2026	Fee Schedule	\$843.77
31625	BRONCHOSCOPY W/BIOPSY(S)	Y	-	1/1/2026	Fee Schedule	\$843.77
31626	BRONCHOSCOPY W/MARKERS	Y	-	1/1/2026	Fee Schedule	\$2,451.02
31627	NAVIGATIONAL BRONCHOSCOPY	-	-	7/1/2018	No Separate Payment	\$0.00
31628	BRONCHOSCOPY/LUNG BX EACH	Y	-	1/1/2026	Fee Schedule	\$1,696.42
31629	BRONCHOSCOPY/NEEDLE BX EACH	Y	-	1/1/2026	Fee Schedule	\$1,696.42
31630	BRONCHOSCOPY DILATE/FX REPR	Y	-	1/1/2026	Fee Schedule	\$1,696.42
31631	BRONCHOSCOPY DILATE W/STENT	Y	-	1/1/2026	Fee Schedule	\$2,451.02
31632	BRONCHOSCOPY/LUNG BX ADDL	-	-	7/1/2018	No Separate Payment	\$0.00
31633	BRONCHOSCOPY/NEEDLE BX ADDL	-	-	7/1/2018	No Separate Payment	\$0.00
31634	BRONCH W/BALLOON OCCLUSION	Y	-	1/1/2026	Fee Schedule	\$2,451.02
31635	BRONCHOSCOPY W/FB REMOVAL	Y	-	1/1/2026	Fee Schedule	\$843.77
31636	BRONCHOSCOPY BRONCH STENTS	Y	-	1/1/2026	Fee Schedule	\$3,505.54
31637	BRONCHOSCOPY STENT ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
31638	BRONCHOSCOPY REVISE STENT	Y	-	1/1/2026	Fee Schedule	\$2,451.02
31640	BRONCHOSCOPY W/TUMOR EXCISE	Y	-	1/1/2026	Fee Schedule	\$1,696.42
31641	BRONCHOSCOPY TREAT BLOCKAGE	Y	-	1/1/2026	Fee Schedule	\$1,696.42
31643	DIAG BRONCHOSCOPE/CATHETER	Y	-	1/1/2026	Fee Schedule	\$843.77
31645	BRNCHSC W/THER ASPIR 1ST	Y	-	1/1/2026	Fee Schedule	\$843.77
31646	BRNCHSC W/THER ASPIR SBSQ	Y	-	1/1/2026	Fee Schedule	\$214.82

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
31647	BRONCHIAL VALVE INIT INSERT	Y	-	1/1/2026	Fee Schedule	\$3,144.96
31648	BRONCHIAL VALVE REMOV INIT	Y	-	1/1/2026	Fee Schedule	\$1,696.42
31649	BRONCHIAL VALVE REMOV ADDL	-	-	1/1/2026	Fee Schedule	\$843.77
31651	BRONCHIAL VALVE ADDL INSERT	-	-	7/1/2018	No Separate Payment	\$0.00
31652	BRONCH EBUS SAMPLNG 1/2 NODE	Y	-	1/1/2026	Fee Schedule	\$1,696.42
31653	BRONCH EBUS SAMPLNG 3/> NODE	Y	-	1/1/2026	Fee Schedule	\$1,696.42
31654	BRONCH EBUS IVNTJ PERPH LES	-	-	7/1/2018	No Separate Payment	\$0.00
31660	BRONCH THERMOPLSTY 1 LOBE	Y	-	1/1/2026	Fee Schedule	\$3,842.69
31661	BRONCH THERMOPLSTY 2/> LOBES	Y	-	1/1/2026	Fee Schedule	\$3,513.98
31717	BRONCHIAL BRUSH BIOPSY	Y	-	1/1/2026	Fee Schedule	\$214.82
31720	CLEARANCE OF AIRWAYS	-	-	7/1/2018	No Separate Payment	\$0.00
31730	INTRO WINDPIPE WIRE/TUBE	Y	-	1/1/2026	Fee Schedule	\$843.77
31750	TRACHEOPLASTY CERVICAL	Y	-	1/1/2026	Fee Schedule	\$3,025.62
31755	TRACHPLSTY TRCHPHRYNGL FSTLJ	Y	-	1/1/2026	Fee Schedule	\$3,025.62
31785	REMOVE WINDPIPE LESION	Y	-	1/1/2026	Fee Schedule	\$3,025.62
31820	CLOSURE OF WINDPIPE LESION	Y	-	1/1/2026	Fee Schedule	\$1,480.50
31825	REPAIR OF WINDPIPE DEFECT	Y	-	1/1/2026	Fee Schedule	\$1,480.50
31830	REVISE WINDPIPE SCAR	Y	-	1/1/2026	Fee Schedule	\$1,480.50
32400	NEEDLE BIOPSY CHEST LINING	Y	-	1/1/2026	Fee Schedule	\$742.04
32408	CORE NDL BX LNG/MED PERQ	Y	-	1/1/2026	Fee Schedule	\$742.04
32550	INSERT PLEURAL CATH	Y	-	1/1/2026	Fee Schedule	\$2,270.65
32551	INSERTION OF CHEST TUBE	Y	-	1/1/2026	Fee Schedule	\$649.99
32552	REMOVE LUNG CATHETER	-	-	1/1/2026	Fee Schedule	\$344.58
32553	INS MARK THOR FOR RT PERQ	-	-	1/1/2026	No Separate Payment	\$0.00
32554	ASPIRATE PLEURA W/O IMAGING	Y	-	1/1/2026	Fee Schedule	\$344.58
32555	ASPIRATE PLEURA W/ IMAGING	Y	-	1/1/2026	Fee Schedule	\$344.58
32556	INSERT CATH PLEURA W/O IMAGE	Y	-	1/1/2026	Fee Schedule	\$894.33
32557	INSERT CATH PLEURA W/ IMAGE	Y	-	1/1/2026	Fee Schedule	\$649.99
32560	TREAT PLEURODESIS W/AGENT	Y	-	1/1/2026	Fee Schedule	\$344.58
32561	LYSE CHEST FIBRIN INIT DAY	Y	-	1/1/2026	Fee Schedule	\$344.58
32562	LYSE CHEST FIBRIN SUBQ DAY	Y	-	1/1/2026	Fee Schedule	\$344.58
32601	THORACOSCOPY DIAGNOSTIC	Y	-	1/1/2026	Fee Schedule	\$3,030.97
32604	THORACOSCOPY WBX SAC	Y	-	1/1/2026	Fee Schedule	\$5,120.50
32606	THORACOSCOPY W/BX MED SPACE	Y	-	1/1/2026	Fee Schedule	\$3,030.97
32607	THORACOSCOPY W/BX INFILTRATE	Y	-	1/1/2026	Fee Schedule	\$5,120.50
32608	THORACOSCOPY W/BX NODULE	Y	-	1/1/2026	Fee Schedule	\$5,120.50
32609	THORACOSCOPY W/BX PLEURA	Y	-	1/1/2026	Fee Schedule	\$3,030.97
32960	THERAPEUTIC PNEUMOTHORAX	Y	-	1/1/2026	Fee Schedule	\$344.58
32994	ABLATE PULM TUMOR PERQ CRYBL	Y	-	1/1/2026	Fee Schedule	\$7,343.81
32998	ABLATE PULM TUMOR PERQ RF	Y	-	1/1/2026	Fee Schedule	\$3,030.97
33016	PERICARDIOCENTESIS W/IMAGING	Y	-	1/1/2026	Fee Schedule	\$649.99
33206	INSERT HEART PM ATRIAL	Y	-	1/1/2026	Fee Schedule	\$7,284.42
33207	INSERT HEART PM VENTRICULAR	Y	-	1/1/2026	Fee Schedule	\$7,564.81
33208	INSRT HEART PM ATRIAL & VENT	Y	-	1/1/2026	Fee Schedule	\$7,739.22
33210	INSERT ELECTRD/PM CATH SNGL	Y	-	1/1/2026	Fee Schedule	\$4,483.27
33211	INSERT CARD ELECTRODES DUAL	Y	-	1/1/2026	Fee Schedule	\$7,611.14
33212	INSERT PULSE GEN SNGL LEAD	Y	-	1/1/2026	Fee Schedule	\$6,654.63
33213	INSERT PULSE GEN DUAL LEADS	Y	-	1/1/2026	Fee Schedule	\$7,681.08
33214	UPGRADE OF PACEMAKER SYSTEM	Y	-	1/1/2026	Fee Schedule	\$7,636.36
33215	REPOSITION PACING-DEFIB LEAD	Y	-	1/1/2026	Fee Schedule	\$1,623.69
33216	INSERT 1 ELECTRODE PM-DEFIB	Y	-	1/1/2026	Fee Schedule	\$5,909.35

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

Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
33217	INSERT 2 ELECTRODE PM-DEFIB	Y	-	1/1/2026	Fee Schedule	\$6,499.01
33218	REPAIR LEAD PACE-DEFIB ONE	Y	-	1/1/2026	Fee Schedule	\$2,092.20
33220	REPAIR LEAD PACE-DEFIB DUAL	Y	-	1/1/2026	Fee Schedule	\$2,650.84
33221	INSERT PULSE GEN MULT LEADS	Y	-	1/1/2026	Fee Schedule	\$13,015.77
33222	RELOCATION POCKET PACEMAKER	Y	-	1/1/2026	Fee Schedule	\$1,128.57
33223	RELOCATE POCKET FOR DEFIB	Y	-	1/1/2026	Fee Schedule	\$1,128.57
33224	INSERT PACING LEAD & CONNECT	Y	-	1/1/2026	Fee Schedule	\$7,698.52
33225	L VENTRIC PACING LEAD ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
33226	REPOSITION L VENTRIC LEAD	Y	-	1/1/2026	Fee Schedule	\$2,155.69
33227	REMOVE&REPLACE PM GEN SINGL	Y	-	1/1/2026	Fee Schedule	\$6,435.68
33228	REMOV&REPLC PM GEN DUAL LEAD	Y	-	1/1/2026	Fee Schedule	\$7,554.08
33229	REMOV&REPLC PM GEN MULT LEADS	Y	-	1/1/2026	Fee Schedule	\$13,527.51
33230	INSRT PULSE GEN W/DUAL LEADS	Y	-	1/1/2026	Fee Schedule	\$18,931.58
33231	INSRT PULSE GEN W/MULT LEADS	Y	-	1/1/2026	Fee Schedule	\$25,478.10
33233	REMOVAL OF PM GENERATOR	-	-	1/1/2026	No Separate Payment	\$0.00
33234	REMOVAL OF PACEMAKER SYSTEM	-	-	1/1/2026	Fee Schedule	\$2,092.20
33235	REMOVAL PACEMAKER ELECTRODE	-	-	1/1/2026	Fee Schedule	\$2,092.20
33240	INSRT PULSE GEN W/SINGL LEAD	Y	-	1/1/2026	Fee Schedule	\$18,580.78
33241	REMOVE PULSE GENERATOR	-	-	1/1/2026	Fee Schedule	\$2,092.20
33244	REMOVE ELCTRD TRANSVENOUSLY	-	-	1/1/2026	No Separate Payment	\$0.00
33249	INSJ/RPLCMT DEFIB W/LEAD(S)	Y	-	1/1/2026	Fee Schedule	\$24,775.72
33262	RMVL& REPLC PULSE GEN 1 LEAD	Y	-	1/1/2026	Fee Schedule	\$18,921.20
33263	RMVL & RPLCMT DFB GEN 2 LEAD	Y	-	1/1/2026	Fee Schedule	\$18,962.72
33264	RMVL & RPLCMT DFB GEN MLT LD	Y	-	1/1/2026	Fee Schedule	\$24,919.93
33270	INS/REP SUBQ DEFIBRILLATOR	Y	-	1/1/2026	Fee Schedule	\$25,174.98
33271	INSJ SUBQ IMPLTBL DFB ELCTRD	Y	-	1/1/2026	Fee Schedule	\$7,821.60
33272	RMVL OF SUBQ DEFIBRILLATOR	-	-	1/1/2026	No Separate Payment	\$0.00
33273	REPOS PREV IMPLTBL SUBQ DFB	Y	-	1/1/2026	Fee Schedule	\$2,092.20
33274	TCAT INSJ/RPL PERM LDLS PM	Y	-	1/1/2026	Fee Schedule	\$14,222.18
33275	TCAT RMVL PERM LDLS PM W/IMG	Y	-	1/1/2026	Fee Schedule	\$2,548.82
33276	INSJ PHRNC NRV STIM SYS	-	-	1/1/2026	Fee Schedule	\$39,223.94
33277	INSJ PHRNC NRV STIM TRANSVNS	-	-	1/1/2024	No Separate Payment	\$0.00
33278	RMVL PHRNC NRV STIM SYS	Y	-	1/1/2026	Fee Schedule	\$2,003.41
33279	RMVL PHRNC NRV STIM TRANSVNS	Y	-	1/1/2026	Fee Schedule	\$2,538.35
33280	RMVL PHRNC NRV STIM PG ONLY	Y	-	1/1/2026	Fee Schedule	\$2,003.41
33281	REPOSG PHRNC NRV STIM TRNSVN	Y	-	1/1/2026	Fee Schedule	\$2,003.41
33285	INSJ SUBQ CAR RHYTHM MNTR	Y	-	1/1/2026	Fee Schedule	\$7,175.95
33286	RMVL SUBQ CAR RHYTHM MNTR	-	-	1/1/2026	Fee Schedule	\$388.55
33287	RMV&RPLCMT PHRNC NRV STIM PG	Y	-	1/1/2026	Fee Schedule	\$27,008.77
33288	RMV&RPLCMT PHRNC NRV STIM LD	Y	-	1/1/2026	Fee Schedule	\$9,608.02
33289	TCAT IMPL WRLS P-ART PRS SNR	Y	-	1/1/2026	Fee Schedule	\$26,145.18
33419	REPAIR TCAT MITRAL VALVE	-	-	7/1/2018	No Separate Payment	\$0.00
33508	ENDOSCOPIC VEIN HARVEST	-	-	7/1/2018	No Separate Payment	\$0.00
33866	AORTIC HEMIARCH GRAFT	-	-	1/1/2019	No Separate Payment	\$0.00
33882	EVASC RPR TA DPLMT MLTPC SYS	-	-	1/1/2026	Not Allowed	\$0.00
33900	PERQ P-ART REVSC 1 NM NT UNI	Y	-	1/1/2026	Fee Schedule	\$7,438.31
33901	PERQ P-ART REVSC 1 NM NT BI	Y	-	1/1/2026	Fee Schedule	\$5,419.44
33902	PERQ P-ART REVSC 1 ABNOR UNI	Y	-	1/1/2026	Fee Schedule	\$11,682.42
33903	PERQ P-ART REVSC 1 ABNOR BI	Y	-	1/1/2026	Fee Schedule	\$8,569.81
33927	IMPLTJ TOT RPLCMT HRT SYS	-	-	7/1/2018	Not Allowed	\$0.00
34101	REMOVAL OF ARTERY CLOT	Y	-	1/1/2026	Fee Schedule	\$3,187.37

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
34111	REMOVAL OF ARM ARTERY CLOT	Y	-	1/1/2026	Fee Schedule	\$3,187.37
34201	REMOVAL OF ARTERY CLOT	Y	-	1/1/2026	Fee Schedule	\$4,038.44
34203	REMOVAL OF LEG ARTERY CLOT	Y	-	1/1/2026	Fee Schedule	\$4,038.44
34421	REMOVAL OF VEIN CLOT	Y	-	1/1/2026	Fee Schedule	\$2,575.39
34471	REMOVAL OF VEIN CLOT	Y	-	1/1/2026	Fee Schedule	\$344.58
34490	REMOVAL OF VEIN CLOT	Y	-	1/1/2026	Fee Schedule	\$1,623.69
34501	REPAIR VALVE FEMORAL VEIN	Y	-	1/1/2026	Fee Schedule	\$3,187.37
34510	TRANSPOSITION OF VEIN VALVE	Y	-	1/1/2026	Fee Schedule	\$3,187.37
34520	CROSS-OVER VEIN GRAFT	Y	-	1/1/2026	Fee Schedule	\$3,187.37
34530	LEG VEIN FUSION	Y	-	1/1/2026	Fee Schedule	\$1,623.69
34713	PERQ ACCESS & CLSR FEM ART	-	-	7/1/2018	No Separate Payment	\$0.00
34714	OPN FEM ART EXPOS CNDT CRTJ	-	-	7/1/2018	No Separate Payment	\$0.00
34715	OPN AX/SUBCLA ART EXPOS	-	-	7/1/2018	No Separate Payment	\$0.00
34716	OPN AX/SUBCLA ART EXPOS CNDT	-	-	7/1/2018	No Separate Payment	\$0.00
35011	REPAIR DEFECT OF ARTERY	Y	-	1/1/2026	Fee Schedule	\$3,187.37
35045	REPAIR DEFECT OF ARM ARTERY	Y	-	1/1/2026	Fee Schedule	\$3,187.37
35180	RPR CGEN AV FISTULA HEAD&NCK	Y	-	1/1/2026	Fee Schedule	\$649.99
35184	RPR CGEN AV FISTULA XTR	Y	-	1/1/2026	Fee Schedule	\$1,623.69
35188	RPR ACQ AV FISTULA HEAD&NECK	Y	-	1/1/2026	Fee Schedule	\$3,187.37
35190	REPAIR ACQ AV FISTULA XTR	Y	-	1/1/2026	Fee Schedule	\$3,187.37
35201	REPAIR BLOOD VESSEL DIR NECK	Y	-	1/1/2026	Fee Schedule	\$3,187.37
35206	REPAIR BLOOD VESSEL DIR UXTR	Y	-	1/1/2026	Fee Schedule	\$1,623.69
35207	RPR BLD VSL DIR HAND FINGER	Y	-	1/1/2026	Fee Schedule	\$1,623.69
35226	REPAIR BLOOD VESSEL DIR LXTR	Y	-	1/1/2026	Fee Schedule	\$388.55
35231	REPAIR BLVSL VN GRF NECK	Y	-	1/1/2026	Fee Schedule	\$1,623.69
35236	REPAIR BLVSL VN GRF UXTR	Y	-	1/1/2026	Fee Schedule	\$3,187.37
35256	REPAIR BLVSL VN GRF LXTR	Y	-	1/1/2026	Fee Schedule	\$3,187.37
35261	RPR BLVSL GRF OTH/THN VN NCK	Y	-	1/1/2026	Fee Schedule	\$1,623.69
35266	RPR BLVSL GRF OTH/TH VN UXTR	Y	-	1/1/2026	Fee Schedule	\$3,187.37
35286	RPR BLVSL GRF OTH/TH VN LXTR	Y	-	1/1/2026	Fee Schedule	\$3,187.37
35321	RECHANNELING OF ARTERY	Y	-	1/1/2026	Fee Schedule	\$3,187.37
35372	RECHANNELING OF ARTERY	Y	-	1/1/2026	Fee Schedule	\$4,200.97
35572	HARVEST FEMOROPOPLITEAL VEIN	-	-	7/1/2018	No Separate Payment	\$0.00
35602	BPG CRTD-CLAT CRTD	-	-	1/1/2026	Not Allowed	\$0.00
35800	EXPLORE NECK VESSELS	Y	-	1/1/2026	Fee Schedule	\$3,187.37
35860	EXPLORE LIMB VESSELS	Y	-	1/1/2026	Fee Schedule	\$1,623.69
35875	REMOVAL OF CLOT IN GRAFT	Y	-	1/1/2026	Fee Schedule	\$3,187.37
35876	REMOVAL OF CLOT IN GRAFT	Y	-	1/1/2026	Fee Schedule	\$3,187.37
35879	REVISE GRAFT W/VEIN	Y	-	1/1/2026	Fee Schedule	\$3,187.37
35881	REVISE GRAFT W/VEIN	Y	-	1/1/2026	Fee Schedule	\$4,038.44
35883	REVJ FEM ANAST NONAUTOGRF	Y	-	1/1/2026	Fee Schedule	\$3,187.37
35884	REVJ FEM ANAST AUTOGRF VN GRF	Y	-	1/1/2026	Fee Schedule	\$3,187.37
35903	EXCISION GRAFT EXTREMITY	Y	-	1/1/2026	Fee Schedule	\$1,623.69
36000	PLACE NEEDLE IN VEIN	-	-	7/1/2018	No Separate Payment	\$0.00
36002	PSEUDOANEURYSM INJECTION TRT	Y	-	1/1/2026	Fee Schedule	\$344.58
36005	INJECTION EXT VENOGRAPHY	-	-	7/1/2018	No Separate Payment	\$0.00
36010	PLACE CATHETER IN VEIN	-	-	7/1/2018	No Separate Payment	\$0.00
36011	PLACE CATHETER IN VEIN	-	-	7/1/2018	No Separate Payment	\$0.00
36012	PLACE CATHETER IN VEIN	-	-	7/1/2018	No Separate Payment	\$0.00
36013	PLACE CATHETER IN ARTERY	-	-	7/1/2018	No Separate Payment	\$0.00
36014	PLACE CATHETER IN ARTERY	-	-	7/1/2018	No Separate Payment	\$0.00

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ASC Covered Surgical and Ancillary Services
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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
36015	PLACE CATHETER IN ARTERY	-	-	7/1/2018	No Separate Payment	\$0.00
36100	ESTABLISH ACCESS TO ARTERY	-	-	7/1/2018	No Separate Payment	\$0.00
36140	INTRO NDL ICATH UPR/LXTR ART	-	-	7/1/2018	No Separate Payment	\$0.00
36160	ESTABLISH ACCESS TO AORTA	-	-	7/1/2018	No Separate Payment	\$0.00
36200	PLACE CATHETER IN AORTA	-	-	7/1/2018	No Separate Payment	\$0.00
36215	PLACE CATHETER IN ARTERY	-	-	7/1/2018	No Separate Payment	\$0.00
36216	PLACE CATHETER IN ARTERY	-	-	7/1/2018	No Separate Payment	\$0.00
36217	PLACE CATHETER IN ARTERY	-	-	7/1/2018	No Separate Payment	\$0.00
36218	PLACE CATHETER IN ARTERY	-	-	7/1/2018	No Separate Payment	\$0.00
36221	PLACE CATH THORACIC AORTA	-	-	7/1/2018	No Separate Payment	\$0.00
36222	PLACE CATH CAROTID/INOM ART	-	-	7/1/2018	No Separate Payment	\$0.00
36223	PLACE CATH CAROTID/INOM ART	-	-	7/1/2018	No Separate Payment	\$0.00
36224	PLACE CATH CAROTD ART	-	-	7/1/2018	No Separate Payment	\$0.00
36225	PLACE CATH SUBCLAVIAN ART	-	-	7/1/2018	No Separate Payment	\$0.00
36226	PLACE CATH VERTEBRAL ART	-	-	7/1/2018	No Separate Payment	\$0.00
36227	PLACE CATH XTRNL CAROTID	-	-	7/1/2018	No Separate Payment	\$0.00
36228	PLACE CATH INTRACRANIAL ART	-	-	7/1/2018	No Separate Payment	\$0.00
36245	INS CATH ABD/L-EXT ART 1ST	-	-	7/1/2018	No Separate Payment	\$0.00
36246	INS CATH ABD/L-EXT ART 2ND	-	-	7/1/2018	No Separate Payment	\$0.00
36247	INS CATH ABD/L-EXT ART 3RD	-	-	7/1/2018	No Separate Payment	\$0.00
36248	INS CATH ABD/L-EXT ART ADDL	-	-	7/1/2018	No Separate Payment	\$0.00
36251	INS CATH REN ART 1ST UNILAT	-	-	7/1/2018	No Separate Payment	\$0.00
36252	INS CATH REN ART 1ST BILAT	-	-	7/1/2018	No Separate Payment	\$0.00
36253	INS CATH REN ART 2ND+ UNILAT	-	-	7/1/2018	No Separate Payment	\$0.00
36254	INS CATH REN ART 2ND+ BILAT	-	-	7/1/2018	No Separate Payment	\$0.00
36260	INSERTION OF INFUSION PUMP	Y	-	1/1/2026	Fee Schedule	\$4,038.44
36261	REVISION OF INFUSION PUMP	Y	-	1/1/2026	Fee Schedule	\$2,923.68
36262	REMOVAL OF INFUSION PUMP	-	-	1/1/2026	Fee Schedule	\$2,092.20
36400	VNPNXR<3YRS PHY/QHP FEM/JUG	-	-	7/1/2018	No Separate Payment	\$0.00
36405	VNPNXR<3YRS PHY/QHP SCALP VN	-	-	7/1/2018	No Separate Payment	\$0.00
36406	VNPNXR<3YRS PHY/QHP OTHER VN	-	-	7/1/2018	No Separate Payment	\$0.00
36410	VNPNXR 3YR/> PHY/QHP DX/THER	-	-	7/1/2018	No Separate Payment	\$0.00
36415	COLL VENOUS BLD VENIPUNCTURE	-	-	7/1/2018	No Separate Payment	\$0.00
36416	COLLJ CAPILLARY BLOOD SPEC	-	-	7/1/2018	No Separate Payment	\$0.00
36420	VENIPUNCTURE CUTDOWN < 1 YR	-	-	7/1/2018	No Separate Payment	\$0.00
36425	VENIPUNCTURE CUTDOWN 1 YR/>	-	-	7/1/2018	No Separate Payment	\$0.00
36430	TRANSFUSION BLD/BLD COMPNT	-	-	1/1/2026	Fee Schedule	\$46.66
36440	BLD PUSH TFUJ 2 YR/<	-	-	1/1/2026	Fee Schedule	\$244.40
36450	BLD EXCHANGE TRUJ NEWBORN	-	-	1/1/2026	Fee Schedule	\$244.40
36455	BLD EXCHANGE TRUJ OTH THN NB	-	-	1/1/2026	Fee Schedule	\$244.40
36460	INTRAUTERINE TRANSFUSION FTL	-	-	1/1/2026	No Separate Payment	\$0.00
36465	NJX NONCMPND SCLRSNT 1 VEIN	Y	-	1/1/2026	Fee Schedule	\$1,128.57
36466	NJX NONCMPND SCLRSNT MLT VN	Y	-	1/1/2026	Fee Schedule	\$1,128.57
36468	NJX SCLRSNT SPIDER VEINS	-	-	7/1/2018	Not Allowed	\$0.00
36469	INJECTION(S) SPIDER VEINS	-	-	7/1/2018	Not Allowed	\$0.00
36470	NJX SCLRSNT 1 INCMPTNT VEIN	Y	-	1/1/2026	Fee Schedule	\$91.97
36471	NJX SCLRSNT MLT INCMPTNT VN	Y	-	1/1/2026	Fee Schedule	\$147.36
36473	ENDOVENOUS MCHNCHEM 1ST VEIN	Y	-	1/1/2026	Fee Schedule	\$1,040.93
36474	ENDOVENOUS MCHNCHEM ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
36475	ENDOVENOUS RF 1ST VEIN	Y	-	1/1/2026	Fee Schedule	\$1,623.69
36476	ENDOVENOUS RF VEIN ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00

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Montana Healthcare Programs Fee Schedule **ASC Covered Surgical and Ancillary Services** **January 1, 2026**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
36478	ENDOVENOUS LASER 1ST VEIN	Y	-	1/1/2026	Fee Schedule	\$1,623.69
36479	ENDOVENOUS LASER VEIN ADDON	-	-	7/1/2018	No Separate Payment	\$0.00
36481	INSERTION OF CATHETER VEIN	-	-	7/1/2018	No Separate Payment	\$0.00
36482	ENDOVEN THER CHEM ADHES 1ST	Y	-	1/1/2026	Fee Schedule	\$1,527.32
36483	ENDOVEN THER CHEM ADHES SBSQ	-	-	7/1/2018	No Separate Payment	\$0.00
36500	INSERTION OF CATHETER VEIN	-	-	7/1/2018	No Separate Payment	\$0.00
36510	INSERTION OF CATHETER VEIN	-	-	7/1/2018	No Separate Payment	\$0.00
36511	APHERESIS WBC	-	-	1/1/2026	Fee Schedule	\$854.76
36512	APHERESIS RBC	-	-	1/1/2026	Fee Schedule	\$854.76
36513	APHERESIS PLATELETS	-	-	1/1/2026	Fee Schedule	\$244.40
36514	APHERESIS PLASMA	-	-	1/1/2026	Fee Schedule	\$854.76
36516	APHERESIS IMMUNOADS SLCTV	-	-	1/1/2026	Fee Schedule	\$2,178.20
36522	PHOTOPHERESIS	-	-	1/1/2026	Fee Schedule	\$2,389.95
36555	INSERT NON-TUNNEL CV CATH	Y	-	1/1/2026	Fee Schedule	\$1,623.69
36556	INSERT NON-TUNNEL CV CATH	Y	-	1/1/2026	Fee Schedule	\$1,623.69
36557	INSERT TUNNELED CV CATH	Y	-	1/1/2026	Fee Schedule	\$3,187.37
36558	INSERT TUNNELED CV CATH	Y	-	1/1/2026	Fee Schedule	\$1,623.69
36560	INSERT TUNNELED CV CATH	Y	-	1/1/2026	Fee Schedule	\$1,623.69
36561	INSERT TUNNELED CV CATH	Y	-	1/1/2026	Fee Schedule	\$1,623.69
36563	INSERT TUNNELED CV CATH	Y	-	1/1/2026	Fee Schedule	\$3,187.37
36565	INSERT TUNNELED CV CATH	Y	-	1/1/2026	Fee Schedule	\$1,623.69
36566	INSERT TUNNELED CV CATH	Y	-	1/1/2026	Fee Schedule	\$3,187.37
36568	INSJ PICC <5 YR W/O IMAGING	Y	-	1/1/2026	Fee Schedule	\$649.99
36569	INSJ PICC 5 YR+ W/O IMAGING	Y	-	1/1/2026	Fee Schedule	\$649.99
36570	INSERT PICVAD CATH	Y	-	1/1/2026	Fee Schedule	\$1,623.69
36571	INSERT PICVAD CATH	Y	-	1/1/2026	Fee Schedule	\$1,623.69
36572	INSJ PICC RS&I <5 YR	Y	-	1/1/2026	Fee Schedule	\$344.58
36573	INSJ PICC RS&I 5 YR+	Y	-	1/1/2026	Fee Schedule	\$649.99
36575	REPAIR TUNNELED CV CATH	Y	-	1/1/2026	Fee Schedule	\$344.58
36576	REPAIR TUNNELED CV CATH	Y	-	1/1/2026	Fee Schedule	\$649.99
36578	REPLACE TUNNELED CV CATH	Y	-	1/1/2026	Fee Schedule	\$1,623.69
36580	REPLACE CVAD CATH	Y	-	1/1/2026	Fee Schedule	\$649.99
36581	REPLACE TUNNELED CV CATH	Y	-	1/1/2026	Fee Schedule	\$2,060.31
36582	REPLACE TUNNELED CV CATH	Y	-	1/1/2026	Fee Schedule	\$1,623.69
36583	REPLACE TUNNELED CV CATH	Y	-	1/1/2026	Fee Schedule	\$5,148.67
36584	COMPL RPLCMT PICC RS&I	Y	-	1/1/2026	Fee Schedule	\$649.99
36585	REPLACE PICVAD CATH	Y	-	1/1/2026	Fee Schedule	\$1,623.69
36589	REMOVAL TUNNELED CV CATH	-	-	1/1/2026	Fee Schedule	\$344.58
36590	REMOVAL TUNNELED CV CATH	-	-	1/1/2026	Fee Schedule	\$649.99
36591	DRAW BLOOD OFF VENOUS DEVICE	-	-	7/1/2018	No Separate Payment	\$0.00
36592	COLLECT BLOOD FROM PICC	-	-	7/1/2018	No Separate Payment	\$0.00
36593	DECLOT VASCULAR DEVICE	Y	-	1/1/2026	Fee Schedule	\$37.60
36595	MECH REMOV TUNNELED CV CATH	Y	-	1/1/2026	Fee Schedule	\$451.82
36596	MECH REMOV TUNNELED CV CATH	Y	-	1/1/2026	Fee Schedule	\$649.99
36597	REPOSITION VENOUS CATHETER	Y	-	1/1/2026	Fee Schedule	\$649.99
36598	INJ W/FLUOR EVAL CV DEVICE	Y	-	1/1/2026	Fee Schedule	\$90.30
36600	WITHDRAWAL OF ARTERIAL BLOOD	-	-	7/1/2018	No Separate Payment	\$0.00
36620	INSERTION CATHETER ARTERY	-	-	7/1/2018	No Separate Payment	\$0.00
36625	INSERTION CATHETER ARTERY	-	-	7/1/2018	No Separate Payment	\$0.00
36640	INSERTION CATHETER ARTERY	Y	-	1/1/2026	Fee Schedule	\$2,057.24
36680	INSERT NEEDLE BONE CAVITY	-	-	7/1/2018	No Separate Payment	\$0.00

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

Montana Healthcare Programs Fee Schedule **ASC Covered Surgical and Ancillary Services** **January 1, 2026**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
36800	INSERTION OF CANNULA	Y	-	1/1/2026	Fee Schedule	\$3,187.37
36810	INSERTION OF CANNULA	Y	-	1/1/2026	Fee Schedule	\$2,066.46
36815	INSERTION OF CANNULA	Y	-	1/1/2026	Fee Schedule	\$3,187.37
36818	AV FUSE UPPR ARM CEPHALIC	Y	-	1/1/2026	Fee Schedule	\$3,187.37
36819	AV FUSE UPPR ARM BASILIC	Y	-	1/1/2026	Fee Schedule	\$3,187.37
36820	AV FUSION/FOREARM VEIN	Y	-	1/1/2026	Fee Schedule	\$3,187.37
36821	AV FUSION DIRECT ANY SITE	Y	-	1/1/2026	Fee Schedule	\$1,623.69
36825	ARTERY-VEIN AUTOGRAFT	Y	-	1/1/2026	Fee Schedule	\$3,187.37
36830	ARTERY-VEIN NONAUTOGRAFT	Y	-	1/1/2026	Fee Schedule	\$3,187.37
36831	OPEN THROMBECT AV FISTULA	Y	-	1/1/2026	Fee Schedule	\$3,187.37
36832	AV FISTULA REVISION OPEN	Y	-	1/1/2026	Fee Schedule	\$3,187.37
36833	AV FISTULA REVISION	Y	-	1/1/2026	Fee Schedule	\$3,187.37
36835	INSERTION THOMAS SHUNT	Y	-	1/1/2026	Fee Schedule	\$2,324.91
36836	PRQ AV FSTL CRTJ UXTR 1 ACS	Y	-	1/1/2026	Fee Schedule	\$12,112.36
36837	PRQ AV FSTL CRT UXTR SEP ACS	Y	-	1/1/2026	Fee Schedule	\$11,158.50
36838	DIST REVAS LIGATION HEMO	Y	-	1/1/2026	Fee Schedule	\$3,187.37
36860	EXTERNAL CANNULA DECLOTTING	Y	-	1/1/2026	Fee Schedule	\$649.99
36861	CANNULA DECLOTTING	Y	-	1/1/2026	Fee Schedule	\$3,187.37
36901	INTRO CATH DIALYSIS CIRCUIT	Y	-	1/1/2026	Fee Schedule	\$562.93
36902	INTRO CATH DIALYSIS CIRCUIT	Y	-	1/1/2026	Fee Schedule	\$2,727.30
36903	INTRO CATH DIALYSIS CIRCUIT	Y	-	1/1/2026	Fee Schedule	\$7,799.14
36904	THRMBC/NFS DIALYSIS CIRCUIT	Y	-	1/1/2026	Fee Schedule	\$3,621.37
36905	THRMBC/NFS DIALYSIS CIRCUIT	Y	-	1/1/2026	Fee Schedule	\$6,894.50
36906	THRMBC/NFS DIALYSIS CIRCUIT	Y	-	1/1/2026	Fee Schedule	\$12,364.70
36907	BALO ANGIOP CTR DIALYSIS SEG	-	-	7/1/2018	No Separate Payment	\$0.00
36908	STENT PLMT CTR DIALYSIS SEG	-	-	7/1/2018	No Separate Payment	\$0.00
36909	DIALYSIS CIRCUIT EMBOLJ	-	-	7/1/2018	No Separate Payment	\$0.00
37182	INSERT HEPATIC SHUNT (TIPS)	Y	-	1/1/2026	Fee Schedule	\$13,283.78
37183	REVISION TIPS	Y	-	1/1/2026	Fee Schedule	\$3,548.55
37184	PRIM ART M-THRMBC 1ST VSL	Y	-	1/1/2026	Fee Schedule	\$12,458.68
37185	PRIM ART M-THRMBC SBSQ VSL	-	-	7/1/2018	No Separate Payment	\$0.00
37186	SEC ART THROMBECTOMY ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
37187	VENOUS MECH THROMBECTOMY	Y	-	1/1/2026	Fee Schedule	\$8,411.10
37188	VEN MECHNL THRMBC REPEAT TX	Y	-	1/1/2026	Fee Schedule	\$2,722.52
37191	INS ENDOVAS VENA CAVA FILTR	Y	-	1/1/2026	Fee Schedule	\$4,362.40
37192	REDO ENDOVAS VENA CAVA FILTR	Y	-	1/1/2026	Fee Schedule	\$2,210.93
37193	REM ENDOVAS VENA CAVA FILTER	Y	-	1/1/2026	Fee Schedule	\$1,623.69
37195	THROMBOLYTIC THERAPY STROKE	Y	-	1/1/2026	Fee Schedule	\$181.36
37197	REMOVE INTRVAS FOREIGN BODY	Y	-	1/1/2026	Fee Schedule	\$1,623.69
37200	TRANSCATHETER BIOPSY	Y	-	1/1/2026	Fee Schedule	\$3,187.37
37211	THROMBOLYTIC ART THERAPY	Y	-	1/1/2026	Fee Schedule	\$4,419.77
37212	THROMBOLYTIC VENOUS THERAPY	Y	-	1/1/2026	Fee Schedule	\$2,088.70
37213	THROMBLYTIC ART/VEN THERAPY	Y	-	1/1/2026	Fee Schedule	\$1,623.69
37214	CESSJ THERAPY CATH REMOVAL	Y	-	1/1/2026	Fee Schedule	\$1,623.69
37236	OPEN/PERQ PLACE STENT 1ST	Y	-	1/1/2026	Fee Schedule	\$7,532.13
37237	OPEN/PERQ PLACE STENT EA ADD	-	-	7/1/2018	No Separate Payment	\$0.00
37238	OPEN/PERQ PLACE STENT SAME	Y	-	1/1/2026	Fee Schedule	\$7,561.54
37239	OPEN/PERQ PLACE STENT EA ADD	-	-	7/1/2018	No Separate Payment	\$0.00
37241	VASC EMBOLIZE/OCCLUDE VENOUS	Y	-	1/1/2026	Fee Schedule	\$6,866.49
37242	VASC EMBOLIZE/OCCLUDE ARTERY	Y	-	1/1/2026	Fee Schedule	\$11,449.32
37243	VASC EMBOLIZE/OCCLUDE ORGAN	Y	-	1/1/2026	Fee Schedule	\$5,419.44

Montana Healthcare Programs Fee Schedule **ASC Covered Surgical and Ancillary Services** **January 1, 2026**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
37244	VASC EMBOLIZE/OCCLUDE BLEED	Y	-	1/1/2026	Fee Schedule	\$6,866.49
37246	TRLUML BALO ANGIOP 1ST ART	Y	-	1/1/2026	Fee Schedule	\$3,616.67
37247	TRLUML BALO ANGIOP ADDL ART	-	-	7/1/2018	No Separate Payment	\$0.00
37248	TRLUML BALO ANGIOP 1ST VEIN	Y	-	1/1/2026	Fee Schedule	\$3,499.22
37249	TRLUML BALO ANGIOP ADDL VEIN	-	-	7/1/2018	No Separate Payment	\$0.00
37252	INTRVASC US NONCORONARY 1ST	-	-	7/1/2018	No Separate Payment	\$0.00
37253	INTRVASC US NONCORONARY ADDL	-	-	7/1/2018	No Separate Payment	\$0.00
37254	REVSC EVASC IVT ANGIO SF 1ST	Y	-	1/1/2026	Fee Schedule	\$3,587.07
37255	REVSC EVASC IVT ANGIO SF EA	-	-	1/1/2026	No Separate Payment	\$0.00
37256	REVSC EVASC IVT ANGIO CPLX 1	Y	-	1/1/2026	Fee Schedule	\$3,587.07
37257	REVSC EVSC IVT ANGIO CPLX EA	-	-	1/1/2026	No Separate Payment	\$0.00
37258	REVSC EVASC IVT STENT SF 1ST	Y	-	1/1/2026	Fee Schedule	\$7,665.17
37259	REVSC EVASC IVT STENT SF EA	-	-	1/1/2026	No Separate Payment	\$0.00
37260	REVSC EVASC IVT ST CPLX 1ST	Y	-	1/1/2026	Fee Schedule	\$7,665.17
37261	REVSC EVASC IVT ST CPLX EA	-	-	1/1/2026	No Separate Payment	\$0.00
37262	IV LITHOTRP IVT W/IN SM ART	-	-	1/1/2026	No Separate Payment	\$0.00
37263	REVSC EVASC FPVT ANGIO SF 1	Y	-	1/1/2026	Fee Schedule	\$3,795.67
37264	REVSC EVASC FPVT ANGIO SF EA	-	-	1/1/2026	No Separate Payment	\$0.00
37265	REVSC EVSC FPVT ANGIO CPLX 1	Y	-	1/1/2026	Fee Schedule	\$3,795.67
37266	RVSC EVSC FPVT ANGIO CPLX EA	-	-	1/1/2026	No Separate Payment	\$0.00
37267	REVSC EVSC FPVT STENT SF 1ST	Y	-	1/1/2026	Fee Schedule	\$8,065.68
37268	REVSC EVASC FPVT STENT SF EA	-	-	1/1/2026	No Separate Payment	\$0.00
37269	REVSC EVASC FPVT ST CPLX 1ST	Y	-	1/1/2026	Fee Schedule	\$8,065.68
37270	REVSC EVASC FPVT ST CPLX EA	-	-	1/1/2026	No Separate Payment	\$0.00
37271	REVSC EVSC FPVT ATHRC SF 1ST	Y	-	1/1/2026	Fee Schedule	\$13,099.53
37272	REVSC EVSC FPVT ATHRC SF EA	-	-	1/1/2026	No Separate Payment	\$0.00
37273	REVSC EVSC FPVT ATHRC CPLX 1	Y	-	1/1/2026	Fee Schedule	\$13,099.53
37274	RVSC EVSC FPVT ATHRC CPLX EA	-	-	1/1/2026	No Separate Payment	\$0.00
37275	RVSC EVSC FPVT ST ATHRC SF 1	Y	-	1/1/2026	Fee Schedule	\$13,205.35
37276	RVSC EVSC FPVT ST ATHR SF EA	-	-	1/1/2026	No Separate Payment	\$0.00
37277	RVSC EVSC FPVT ST ATHR CPX 1	Y	-	1/1/2026	Fee Schedule	\$13,205.35
37278	RVSC EVSC FPVT ST ATH CPX EA	-	-	1/1/2026	No Separate Payment	\$0.00
37279	IV LITHOTRP FPVT W/IN SM ART	-	-	1/1/2026	No Separate Payment	\$0.00
37280	REVSC EVSC TPVT ANGIO SF 1ST	Y	-	1/1/2026	Fee Schedule	\$7,077.95
37281	REVSC EVSC TPVT ANGIO SF EA	-	-	1/1/2026	No Separate Payment	\$0.00
37282	RVSC EVSC TPVT ANGIO CPLX 1	Y	-	1/1/2026	Fee Schedule	\$7,077.95
37283	RVSC EVSC TPVT ANGIO CPLX EA	-	-	1/1/2026	No Separate Payment	\$0.00
37284	REVSC EVASC TPVT ST SF 1ST	Y	-	1/1/2026	Fee Schedule	\$12,207.08
37285	REVSC EVASC TPVT ST SF EA	-	-	1/1/2026	No Separate Payment	\$0.00
37286	REVSC EVASC TPVT ST CPLX 1ST	Y	-	1/1/2026	Fee Schedule	\$12,207.08
37287	REVSC EVASC TPVT ST CPLX EA	-	-	1/1/2026	No Separate Payment	\$0.00
37288	REVSC EVSC TPVT ATHRC SF 1ST	Y	-	1/1/2026	Fee Schedule	\$12,372.84
37289	REVSC EVSC TPVT ATHRC SF EA	-	-	1/1/2026	No Separate Payment	\$0.00
37290	REVSC EVSC TPVT ATHRC CPLX 1	Y	-	1/1/2026	Fee Schedule	\$12,372.84
37291	REVSC EVSC TPVT ATHR CPLX EA	-	-	1/1/2026	No Separate Payment	\$0.00
37292	RVSC EVSC TPVT ST ATHRC SF 1	Y	-	1/1/2026	Fee Schedule	\$12,901.21
37293	RVSC EVSC TPVT ST ATHR SF EA	-	-	1/1/2026	No Separate Payment	\$0.00
37294	RVSC EVSC TPVT ST ATHR CPX 1	Y	-	1/1/2026	Fee Schedule	\$12,901.21
37295	RVSC EVSC TPVT ST ATH CPX EA	-	-	1/1/2026	No Separate Payment	\$0.00
37296	REVSC EVASC IMVT ANGIO SF 1	Y	-	1/1/2026	Fee Schedule	\$7,077.95
37297	REVSC EVASC IMVT ANGIO SF EA	-	-	1/1/2026	No Separate Payment	\$0.00

Montana Healthcare Programs Fee Schedule ASC Covered Surgical and Ancillary Services January 1, 2026

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
37298	REVSC EVSC IMVT ANGIO CPLX 1	Y	-	1/1/2026	Fee Schedule	\$7,077.95
37299	REVSC EVSC IMVT ANGIO CPX EA	-	-	1/1/2026	No Separate Payment	\$0.00
37565	LIGATION INT JUGULAR VEIN	Y	-	1/1/2026	Fee Schedule	\$1,623.69
37600	LIGATION XTRNL CAROTID ART	Y	-	1/1/2026	Fee Schedule	\$1,623.69
37605	LIGATION INT/COM CAROTID ART	Y	-	1/1/2026	Fee Schedule	\$1,623.69
37606	LIG INT/COM CAROTID ART OCCL	Y	-	1/1/2026	Fee Schedule	\$1,623.69
37607	LIG/BANDING ANGIOACS AV FSTL	Y	-	1/1/2026	Fee Schedule	\$1,623.69
37609	LIGATION/BX TEMPORAL ARTERY	Y	-	1/1/2026	Fee Schedule	\$742.04
37615	LIGATION MAJOR ARTERY NECK	Y	-	1/1/2026	Fee Schedule	\$1,623.69
37617	LIGATION MAJOR ARTERY ABD	Y	-	1/1/2026	Fee Schedule	\$3,187.37
37619	LIGATION OF INF VENA CAVA	Y	-	1/1/2026	Fee Schedule	\$3,187.37
37650	LIGATION OF FEMORAL VEIN	Y	-	1/1/2026	Fee Schedule	\$1,623.69
37700	LIGATION&DIV LONG SAPH VEIN	Y	-	1/1/2026	Fee Schedule	\$1,623.69
37718	LIG DIV&STRPG SHORT SAPH VN	Y	-	1/1/2026	Fee Schedule	\$1,623.69
37722	LIG DIV&STRPG LONG SAPH VEIN	Y	-	1/1/2026	Fee Schedule	\$1,623.69
37735	LIG&DIV&COMPL STRPG SAPH VN	Y	-	1/1/2026	Fee Schedule	\$1,623.69
37760	LIG PRFRATR VN RADICAL 1 LEG	Y	-	1/1/2026	Fee Schedule	\$1,623.69
37761	LIGATE LEG VEINS OPEN	Y	-	1/1/2026	Fee Schedule	\$1,623.69
37765	STAB PHLEB VEINS XTR 10-20	Y	-	1/1/2026	Fee Schedule	\$222.89
37766	PHLEB VEINS - EXTREM 20+	Y	-	1/1/2026	Fee Schedule	\$252.76
37780	REVISION OF LEG VEIN	Y	-	1/1/2026	Fee Schedule	\$1,623.69
37785	LIGATE/DIVIDE/EXCISE VEIN	Y	-	1/1/2026	Fee Schedule	\$1,623.69
37790	PENILE VENOUS OCCLUSION	Y	-	1/1/2026	Fee Schedule	\$1,723.02
38120	LAPAROSCOPY SPLENECTOMY	Y	-	1/1/2026	Fee Schedule	\$5,120.50
38200	INJECTION FOR SPLEEN X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
38204	BL DONOR SEARCH MANAGEMENT	-	-	7/1/2018	No Separate Payment	\$0.00
38205	HARVEST ALLOGENEIC STEM CELL	-	-	7/1/2018	Not Allowed	\$0.00
38206	HARVEST AUTO STEM CELLS	-	Y	1/1/2026	Fee Schedule	\$854.76
38207	CRYOPRESERVE STEM CELLS	-	-	1/1/2022	Not Allowed	\$0.00
38208	THAW PRESERVED STEM CELLS	-	-	1/1/2022	Not Allowed	\$0.00
38209	WASH HARVEST STEM CELLS	-	-	1/1/2022	Not Allowed	\$0.00
38210	T-CELL DEPLETION OF HARVEST	-	-	1/1/2026	No Separate Payment	\$0.00
38211	TUMOR CELL DEplete OF HARVST	-	-	1/1/2026	No Separate Payment	\$0.00
38212	RBC DEPLETION OF HARVEST	-	-	1/1/2026	No Separate Payment	\$0.00
38213	PLATELET DEplete OF HARVEST	-	-	1/1/2026	No Separate Payment	\$0.00
38214	VOLUME DEplete OF HARVEST	-	-	1/1/2026	No Separate Payment	\$0.00
38215	HARVEST STEM CELL CONCENTRTE	-	-	1/1/2026	Fee Schedule	\$244.40
38220	DX BONE MARROW ASPIRATIONS	Y	-	1/1/2026	Fee Schedule	\$126.55
38221	DX BONE MARROW BIOPSIES	Y	-	1/1/2026	Fee Schedule	\$122.52
38222	DX BONE MARROW BX & ASPIR	Y	-	1/1/2026	Fee Schedule	\$1,248.36
38230	BONE MARROW HARVEST ALLOGEN	-	Y	1/1/2026	Fee Schedule	\$854.76
38232	BONE MARROW HARVEST AUTOLOG	-	-	1/1/2026	Fee Schedule	\$2,389.95
38240	TRANSPLT ALLO HCT/DONOR	Y	-	1/1/2026	Fee Schedule	\$13,892.33
38241	TRANSPLT AUTOL HCT/DONOR	-	Y	1/1/2026	Fee Schedule	\$854.76
38242	TRANSPLT ALLO LYMPHOCYTES	-	Y	1/1/2026	Fee Schedule	\$854.76
38243	TRANSPLJ HEMATOPOIETIC BOOST	-	-	1/1/2026	Fee Schedule	\$854.76
38300	DRAINAGE LYMPH NODE LESION	Y	-	1/1/2026	Fee Schedule	\$1,248.36
38305	DRAINAGE LYMPH NODE LESION	Y	-	1/1/2026	Fee Schedule	\$1,248.36
38308	INCISION OF LYMPH CHANNELS	Y	-	1/1/2026	Fee Schedule	\$1,603.18
38500	BIOPSY/REMOVAL LYMPH NODES	Y	-	1/1/2026	Fee Schedule	\$1,603.18
38505	NEEDLE BIOPSY LYMPH NODES	Y	-	1/1/2026	Fee Schedule	\$742.04

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

Montana Healthcare Programs Fee Schedule **ASC Covered Surgical and Ancillary Services** **January 1, 2026**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
38510	BIOPSY/REMOVAL LYMPH NODES	Y	-	1/1/2026	Fee Schedule	\$1,603.18
38520	BIOPSY/REMOVAL LYMPH NODES	Y	-	1/1/2026	Fee Schedule	\$1,603.18
38525	BIOPSY/REMOVAL LYMPH NODES	Y	-	1/1/2026	Fee Schedule	\$1,603.18
38530	BIOPSY/REMOVAL LYMPH NODES	Y	-	1/1/2026	Fee Schedule	\$1,603.18
38531	OPEN BX/EXC INGUINOFEM NODES	Y	-	1/1/2026	Fee Schedule	\$1,603.18
38542	EXPLORE DEEP NODE(S) NECK	Y	-	1/1/2026	Fee Schedule	\$3,030.97
38550	REMOVAL NECK/ARMPIT LESION	Y	-	1/1/2026	Fee Schedule	\$1,603.18
38555	REMOVAL NECK/ARMPIT LESION	Y	-	1/1/2026	Fee Schedule	\$2,848.20
38562	REMOVAL PELVIC LYMPH NODES	Y	-	1/1/2026	Fee Schedule	\$3,171.50
38570	LAPAROSCOPY LYMPH NODE BIOP	Y	-	1/1/2026	Fee Schedule	\$3,030.97
38571	LAPAROSCOPY LYMPHADENECTOMY	Y	-	1/1/2026	Fee Schedule	\$5,120.50
38572	LAPAROSCOPY LYMPHADENECTOMY	Y	-	1/1/2026	Fee Schedule	\$5,120.50
38573	LAPS PELVIC LYMPHADEC	Y	-	1/1/2026	Fee Schedule	\$5,120.50
38700	REMOVAL OF LYMPH NODES NECK	Y	-	1/1/2026	Fee Schedule	\$2,848.20
38720	REMOVAL OF LYMPH NODES NECK	Y	-	1/1/2026	Fee Schedule	\$2,848.20
38740	REMOVE ARMPIT LYMPH NODES	Y	-	1/1/2026	Fee Schedule	\$3,030.97
38745	REMOVE ARMPIT LYMPH NODES	Y	-	1/1/2026	Fee Schedule	\$3,030.97
38760	REMOVE GROIN LYMPH NODES	Y	-	1/1/2026	Fee Schedule	\$2,848.20
38790	INJECT FOR LYMPHATIC X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
38792	RA TRACER ID OF SENTINL NODE	-	-	7/1/2018	No Separate Payment	\$0.00
38794	ACCESS THORACIC LYMPH DUCT	-	-	7/1/2018	No Separate Payment	\$0.00
38900	IO MAP OF SENT LYMPH NODE	-	-	7/1/2018	No Separate Payment	\$0.00
39401	MEDIASTINOSCPY W/MEDSTNL BX	Y	-	1/1/2026	Fee Schedule	\$3,030.97
39402	MEDIASTINOSCPY W/LMPH NOD BX	Y	-	1/1/2026	Fee Schedule	\$3,030.97
40490	BIOPSY OF LIP	Y	-	1/1/2026	Fee Schedule	\$76.87
40500	PARTIAL EXCISION OF LIP	Y	-	1/1/2026	Fee Schedule	\$1,480.50
40510	PARTIAL EXCISION OF LIP	Y	-	1/1/2026	Fee Schedule	\$1,480.50
40520	PARTIAL EXCISION OF LIP	Y	-	1/1/2026	Fee Schedule	\$1,480.50
40525	RECONSTRUCT LIP WITH FLAP	Y	-	1/1/2026	Fee Schedule	\$1,480.50
40527	RECONSTRUCT LIP WITH FLAP	Y	-	1/1/2026	Fee Schedule	\$3,025.62
40530	PARTIAL REMOVAL OF LIP	Y	-	1/1/2026	Fee Schedule	\$1,480.50
40650	RPR LIP FTH VERMILION ONLY	Y	-	1/1/2026	Fee Schedule	\$295.47
40652	RPR LIP FTH<HALF VER HEIGHT	Y	-	1/1/2026	Fee Schedule	\$295.47
40654	RPR LIP FTH>1HALF VER HT/CPX	Y	-	1/1/2026	Fee Schedule	\$659.17
40700	REPAIR CLEFT LIP/NASAL	Y	-	1/1/2026	Fee Schedule	\$3,025.62
40701	REPAIR CLEFT LIP/NASAL	Y	-	1/1/2026	Fee Schedule	\$3,025.62
40702	REPAIR CLEFT LIP/NASAL	Y	-	1/1/2026	Fee Schedule	\$3,025.62
40720	REPAIR CLEFT LIP/NASAL	Y	-	1/1/2026	Fee Schedule	\$1,480.50
40761	REPAIR CLEFT LIP/NASAL	Y	-	1/1/2026	Fee Schedule	\$3,025.62
40800	DRAINAGE OF MOUTH LESION	Y	-	1/1/2026	Fee Schedule	\$165.15
40801	DRAINAGE OF MOUTH LESION	Y	-	1/1/2026	Fee Schedule	\$295.47
40804	REMOVAL FOREIGN BODY MOUTH	-	-	7/1/2018	No Separate Payment	\$0.00
40805	REMOVAL FOREIGN BODY MOUTH	Y	-	1/1/2026	Fee Schedule	\$191.67
40806	INCISION OF LIP FOLD	Y	-	1/1/2026	Fee Schedule	\$89.63
40808	BIOPSY OF MOUTH LESION	Y	-	1/1/2026	Fee Schedule	\$129.91
40810	EXCISION OF MOUTH LESION	Y	-	1/1/2026	Fee Schedule	\$166.49
40812	EXCISE/REPAIR MOUTH LESION	Y	-	1/1/2026	Fee Schedule	\$195.36
40814	EXCISE/REPAIR MOUTH LESION	Y	-	1/1/2026	Fee Schedule	\$1,480.50
40816	EXCISION OF MOUTH LESION	Y	-	1/1/2026	Fee Schedule	\$1,480.50
40818	EXCISE ORAL MUCOSA FOR GRAFT	Y	-	1/1/2026	Fee Schedule	\$295.47
40819	EXCISE LIP OR CHEEK FOLD	Y	-	1/1/2026	Fee Schedule	\$659.17

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

Montana Healthcare Programs Fee Schedule ASC Covered Surgical and Ancillary Services January 1, 2026

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
40820	TREATMENT OF MOUTH LESION	Y	-	1/1/2026	Fee Schedule	\$204.43
40830	REPAIR MOUTH LACERATION	Y	-	1/1/2026	Fee Schedule	\$129.50
40831	REPAIR MOUTH LACERATION	Y	-	1/1/2026	Fee Schedule	\$295.47
40840	RECONSTRUCTION OF MOUTH	Y	-	1/1/2026	Fee Schedule	\$3,025.62
40842	RECONSTRUCTION OF MOUTH	Y	-	1/1/2026	Fee Schedule	\$3,025.62
40843	RECONSTRUCTION OF MOUTH	Y	-	1/1/2026	Fee Schedule	\$3,025.62
40844	RECONSTRUCTION OF MOUTH	Y	-	1/1/2026	Fee Schedule	\$3,025.62
40845	RECONSTRUCTION OF MOUTH	Y	-	1/1/2026	Fee Schedule	\$3,025.62
41000	DRAINAGE OF MOUTH LESION	Y	-	1/1/2026	Fee Schedule	\$110.10
41005	DRAINAGE OF MOUTH LESION	Y	-	1/1/2026	Fee Schedule	\$129.50
41006	DRAINAGE OF MOUTH LESION	Y	-	1/1/2026	Fee Schedule	\$659.17
41007	DRAINAGE OF MOUTH LESION	Y	-	1/1/2026	Fee Schedule	\$659.17
41008	DRAINAGE OF MOUTH LESION	Y	-	1/1/2026	Fee Schedule	\$1,480.50
41009	DRAINAGE OF MOUTH LESION	Y	-	1/1/2026	Fee Schedule	\$295.47
41010	INCISION OF TONGUE FOLD	Y	-	1/1/2026	Fee Schedule	\$659.17
41015	DRAINAGE OF MOUTH LESION	Y	-	1/1/2026	Fee Schedule	\$295.47
41016	DRAINAGE OF MOUTH LESION	Y	-	1/1/2026	Fee Schedule	\$3,025.62
41017	DRAINAGE OF MOUTH LESION	Y	-	1/1/2026	Fee Schedule	\$1,480.50
41018	DRAINAGE OF MOUTH LESION	Y	-	1/1/2026	Fee Schedule	\$659.17
41019	PLACE NEEDLES H&N FOR RT	Y	-	1/1/2026	Fee Schedule	\$3,025.62
41100	BIOPSY OF TONGUE	Y	-	1/1/2026	Fee Schedule	\$136.28
41105	BIOPSY OF TONGUE	Y	-	1/1/2026	Fee Schedule	\$135.95
41108	BIOPSY OF FLOOR OF MOUTH	Y	-	1/1/2026	Fee Schedule	\$129.91
41110	EXCISION OF TONGUE LESION	Y	-	1/1/2026	Fee Schedule	\$169.85
41112	EXCISION OF TONGUE LESION	Y	-	1/1/2026	Fee Schedule	\$1,480.50
41113	EXCISION OF TONGUE LESION	Y	-	1/1/2026	Fee Schedule	\$1,480.50
41114	EXCISION OF TONGUE LESION	Y	-	1/1/2026	Fee Schedule	\$1,480.50
41115	EXCISION OF TONGUE FOLD	Y	-	1/1/2026	Fee Schedule	\$189.99
41116	EXCISION OF MOUTH LESION	Y	-	1/1/2026	Fee Schedule	\$1,480.50
41120	PARTIAL REMOVAL OF TONGUE	Y	-	1/1/2026	Fee Schedule	\$3,025.62
41250	REPAIR TONGUE LACERATION	-	-	7/1/2018	No Separate Payment	\$0.00
41251	REPAIR TONGUE LACERATION	Y	-	1/1/2026	Fee Schedule	\$129.50
41252	REPAIR TONGUE LACERATION	Y	-	1/1/2026	Fee Schedule	\$129.50
41510	TONGUE TO LIP SURGERY	Y	-	1/1/2026	Fee Schedule	\$1,480.50
41512	TONGUE SUSPENSION	Y	-	1/1/2026	Fee Schedule	\$3,833.49
41520	RECONSTRUCTION TONGUE FOLD	Y	-	1/1/2026	Fee Schedule	\$1,480.50
41530	TONGUE BASE VOL REDUCTION	Y	-	1/1/2026	Fee Schedule	\$794.21
41800	DRAINAGE OF GUM LESION	-	-	7/1/2018	No Separate Payment	\$0.00
41805	REMOVAL FOREIGN BODY GUM	Y	-	1/1/2026	Fee Schedule	\$270.55
41806	REMOVAL FOREIGN BODY JAWBONE	Y	-	1/1/2026	Fee Schedule	\$323.59
41820	EXCISION GUM EACH QUADRANT	Y	-	1/1/2026	Fee Schedule	\$1,480.50
41821	EXCISION OF GUM FLAP	Y	-	1/1/2026	Fee Schedule	\$659.17
41822	EXCISION OF GUM LESION	Y	-	1/1/2026	Fee Schedule	\$290.69
41823	EXCISION OF GUM LESION	Y	-	1/1/2026	Fee Schedule	\$431.34
41825	EXCISION OF GUM LESION	Y	-	1/1/2026	Fee Schedule	\$164.48
41826	EXCISION OF GUM LESION	Y	-	1/1/2026	Fee Schedule	\$213.15
41827	EXCISION OF GUM LESION	Y	-	1/1/2026	Fee Schedule	\$3,025.62
41828	EXCISION OF GUM LESION	Y	-	1/1/2026	Fee Schedule	\$259.81
41830	REMOVAL OF GUM TISSUE	Y	-	1/1/2026	Fee Schedule	\$373.61
41850	TREATMENT OF GUM LESION	Y	-	1/1/2026	Fee Schedule	\$659.17
41870	PERIODONTAL MUCOSAL GRAFTING	Y	-	1/1/2026	Fee Schedule	\$659.17

Montana Healthcare Programs Fee Schedule **ASC Covered Surgical and Ancillary Services** **January 1, 2026**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
41872	GINGIVOPLASTY EACH QUADRANT	Y	-	1/1/2026	Fee Schedule	\$399.79
41874	ALVEOLOPLASTY EACH QUADRANT	Y	-	1/1/2026	Fee Schedule	\$274.25
42000	DRAINAGE MOUTH ROOF LESION	Y	-	1/1/2026	Fee Schedule	\$129.50
42100	BIOPSY ROOF OF MOUTH	Y	-	1/1/2026	Fee Schedule	\$100.03
42104	EXCISION LESION MOUTH ROOF	Y	-	1/1/2026	Fee Schedule	\$156.76
42106	EXCISION LESION MOUTH ROOF	Y	-	1/1/2026	Fee Schedule	\$183.28
42107	EXCISION LESION MOUTH ROOF	Y	-	1/1/2026	Fee Schedule	\$3,025.62
42120	REMOVE PALATE/LESION	Y	-	1/1/2026	Fee Schedule	\$3,025.62
42140	EXCISION OF UVULA	Y	-	1/1/2026	Fee Schedule	\$1,480.50
42145	REPAIR PALATE PHARYNX/UVULA	Y	-	1/1/2026	Fee Schedule	\$3,025.62
42160	TREATMENT MOUTH ROOF LESION	Y	-	1/1/2026	Fee Schedule	\$165.82
42180	REPAIR LAC PALATE<2 CM	Y	-	1/1/2026	Fee Schedule	\$295.47
42182	REPAIR PALATE	Y	-	1/1/2026	Fee Schedule	\$3,025.62
42200	RECONSTRUCT CLEFT PALATE	Y	-	1/1/2026	Fee Schedule	\$3,025.62
42205	RECONSTRUCT CLEFT PALATE	Y	-	1/1/2026	Fee Schedule	\$1,480.50
42210	RECONSTRUCT CLEFT PALATE	Y	-	1/1/2026	Fee Schedule	\$3,025.62
42215	RECONSTRUCT CLEFT PALATE	Y	-	1/1/2026	Fee Schedule	\$3,025.62
42220	RECONSTRUCT CLEFT PALATE	Y	-	1/1/2026	Fee Schedule	\$3,025.62
42225	RECONSTRUCT CLEFT PALATE	Y	-	1/1/2026	Fee Schedule	\$3,025.62
42226	LENGTHENING OF PALATE	Y	-	1/1/2026	Fee Schedule	\$3,025.62
42227	LENGTHENING OF PALATE	Y	-	1/1/2026	Fee Schedule	\$3,025.62
42235	REPAIR PALATE	Y	-	1/1/2026	Fee Schedule	\$3,025.62
42260	REPAIR NOSE TO LIP FISTULA	Y	-	1/1/2026	Fee Schedule	\$3,025.62
42280	PREPARATION PALATE MOLD	Y	-	1/1/2026	Fee Schedule	\$126.55
42281	INSERTION PALATE PROSTHESIS	Y	-	1/1/2026	Fee Schedule	\$3,025.62
42300	DRAINAGE OF SALIVARY GLAND	Y	-	1/1/2026	Fee Schedule	\$659.17
42305	DRAINAGE OF SALIVARY GLAND	Y	-	1/1/2026	Fee Schedule	\$1,480.50
42310	DRAINAGE OF SALIVARY GLAND	Y	-	1/1/2026	Fee Schedule	\$295.47
42320	DRAINAGE OF SALIVARY GLAND	Y	-	1/1/2026	Fee Schedule	\$295.47
42330	REMOVAL OF SALIVARY STONE	Y	-	1/1/2026	Fee Schedule	\$154.07
42335	REMOVAL OF SALIVARY STONE	Y	-	1/1/2026	Fee Schedule	\$303.11
42340	REMOVAL OF SALIVARY STONE	Y	-	1/1/2026	Fee Schedule	\$1,480.50
42400	BIOPSY OF SALIVARY GLAND	Y	-	1/1/2026	Fee Schedule	\$67.14
42405	BIOPSY OF SALIVARY GLAND	Y	-	1/1/2026	Fee Schedule	\$659.17
42408	EXCISION OF SALIVARY CYST	Y	-	1/1/2026	Fee Schedule	\$1,480.50
42409	DRAINAGE OF SALIVARY CYST	Y	-	1/1/2026	Fee Schedule	\$1,480.50
42410	EXCISE PAROTID GLAND/LESION	Y	-	1/1/2026	Fee Schedule	\$3,025.62
42415	EXCISE PAROTID GLAND/LESION	Y	-	1/1/2026	Fee Schedule	\$3,025.62
42420	EXCISE PAROTID GLAND/LESION	Y	-	1/1/2026	Fee Schedule	\$3,025.62
42425	EXCISE PAROTID GLAND/LESION	Y	-	1/1/2026	Fee Schedule	\$3,025.62
42440	EXCISE SUBMAXILLARY GLAND	Y	-	1/1/2026	Fee Schedule	\$3,025.62
42450	EXCISE SUBLINGUAL GLAND	Y	-	1/1/2026	Fee Schedule	\$3,025.62
42500	REPAIR SALIVARY DUCT	Y	-	1/1/2026	Fee Schedule	\$3,025.62
42505	REPAIR SALIVARY DUCT	Y	-	1/1/2026	Fee Schedule	\$3,025.62
42507	PAROTID DUCT DIVERSION	Y	-	1/1/2026	Fee Schedule	\$3,025.62
42509	PAROTID DUCT DIVERSION	Y	-	1/1/2026	Fee Schedule	\$3,025.62
42510	PAROTID DUCT DIVERSION	Y	-	1/1/2026	Fee Schedule	\$1,480.50
42550	INJECTION FOR SALIVARY X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
42600	CLOSURE OF SALIVARY FISTULA	Y	-	1/1/2026	Fee Schedule	\$1,480.50
42650	DILATION OF SALIVARY DUCT	Y	-	1/1/2026	Fee Schedule	\$48.34
42660	DILATION OF SALIVARY DUCT	Y	-	1/1/2026	Fee Schedule	\$60.42

Montana Healthcare Programs Fee Schedule
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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
42665	LIGATION OF SALIVARY DUCT	Y	-	1/1/2026	Fee Schedule	\$1,480.50
42700	I&D ABSCESS PERITONSILLAR	Y	-	1/1/2026	Fee Schedule	\$129.50
42720	I&D ABSC PHRNGL NTRAORL APPR	Y	-	1/1/2026	Fee Schedule	\$1,480.50
42725	I&D ABSC PHRNGL XTRNL APPR	Y	-	1/1/2026	Fee Schedule	\$3,025.62
42800	BIOPSY OF THROAT	Y	-	1/1/2026	Fee Schedule	\$106.74
42804	BIOPSY OF UPPER NOSE/THROAT	Y	-	1/1/2026	Fee Schedule	\$1,480.50
42806	BIOPSY OF UPPER NOSE/THROAT	Y	-	1/1/2026	Fee Schedule	\$1,480.50
42808	EXCISE PHARYNX LESION	Y	-	1/1/2026	Fee Schedule	\$1,480.50
42809	REMOVE PHARYNX FOREIGN BODY	-	-	7/1/2018	No Separate Payment	\$0.00
42810	EXCISION OF NECK CYST	Y	-	1/1/2026	Fee Schedule	\$1,480.50
42815	EXCISION OF NECK CYST	Y	-	1/1/2026	Fee Schedule	\$3,025.62
42820	REMOVE TONSILS AND ADENOIDS	Y	-	1/1/2026	Fee Schedule	\$3,025.62
42821	REMOVE TONSILS AND ADENOIDS	Y	-	1/1/2026	Fee Schedule	\$1,480.50
42825	REMOVAL OF TONSILS	Y	-	1/1/2026	Fee Schedule	\$3,025.62
42826	REMOVAL OF TONSILS	Y	-	1/1/2026	Fee Schedule	\$1,480.50
42830	REMOVAL OF ADENOIDS	Y	-	1/1/2026	Fee Schedule	\$1,480.50
42831	REMOVAL OF ADENOIDS	Y	-	1/1/2026	Fee Schedule	\$1,480.50
42835	REMOVAL OF ADENOIDS	Y	-	1/1/2026	Fee Schedule	\$1,480.50
42836	REMOVAL OF ADENOIDS	Y	-	1/1/2026	Fee Schedule	\$1,480.50
42842	EXTENSIVE SURGERY OF THROAT	Y	-	1/1/2026	Fee Schedule	\$3,025.62
42844	EXTENSIVE SURGERY OF THROAT	Y	-	1/1/2026	Fee Schedule	\$3,025.62
42860	EXCISION OF TONSIL TAGS	Y	-	1/1/2026	Fee Schedule	\$1,480.50
42870	EXCISION OF LINGUAL TONSIL	Y	-	1/1/2026	Fee Schedule	\$3,025.62
42890	LIMITED PHARYNGECTOMY	Y	-	1/1/2026	Fee Schedule	\$3,025.62
42892	REVISION OF PHARYNGEAL WALLS	Y	-	1/1/2026	Fee Schedule	\$3,025.62
42900	REPAIR THROAT WOUND	Y	-	1/1/2026	Fee Schedule	\$1,110.55
42950	RECONSTRUCTION OF THROAT	Y	-	1/1/2026	Fee Schedule	\$3,025.62
42955	SURGICAL OPENING OF THROAT	Y	-	1/1/2026	Fee Schedule	\$659.17
42960	CONTROL THROAT BLEEDING	Y	-	1/1/2026	Fee Schedule	\$295.47
42962	CONTROL THROAT BLEEDING	Y	-	1/1/2026	Fee Schedule	\$1,480.50
42970	CONTROL NOSE/THROAT BLEEDING	Y	-	1/1/2026	Fee Schedule	\$129.50
42972	CONTROL NOSE/THROAT BLEEDING	Y	-	1/1/2026	Fee Schedule	\$1,480.50
42975	DISE EVAL SLP DO BRTH FLX DX	Y	-	1/1/2026	Fee Schedule	\$843.77
43020	INCISION OF ESOPHAGUS	Y	-	1/1/2026	Fee Schedule	\$659.17
43030	CRICOPHARYNGEAL MYOTOMY	Y	-	1/1/2026	Fee Schedule	\$3,025.62
43130	REMOVAL OF ESOPHAGUS POUCH	Y	-	1/1/2026	Fee Schedule	\$3,025.62
43180	ESOPHAGOSCOPY RIGID TRNSO	Y	-	1/1/2026	Fee Schedule	\$3,025.62
43191	ESOPHAGOSCOPY RIGID TRNSO DX	Y	-	1/1/2026	Fee Schedule	\$894.33
43192	ESOPHAGOSCP RIG TRNSO INJECT	Y	-	1/1/2026	Fee Schedule	\$894.33
43193	ESOPHAGOSCP RIG TRNSO BIOPSY	Y	-	1/1/2026	Fee Schedule	\$894.33
43194	ESOPHAGOSCP RIG TRNSO REM FB	Y	-	1/1/2026	Fee Schedule	\$894.33
43195	ESOPHAGOSCOPY RIGID BALLOON	Y	-	1/1/2026	Fee Schedule	\$1,986.55
43196	ESOPHAGOSCP GUIDE WIRE DILAT	Y	-	1/1/2026	Fee Schedule	\$894.33
43197	ESOPHAGOSCOPY FLEX DX BRUSH	Y	-	1/1/2026	Fee Schedule	\$141.32
43198	ESOPHAGOSC FLEX TRNSN BIOPSY	Y	-	1/1/2026	Fee Schedule	\$151.39
43200	ESOPHAGOSCOPY FLEXIBLE BRUSH	Y	-	1/1/2026	Fee Schedule	\$497.85
43201	ESOPH SCOPE W/SUBMUCOUS INJ	Y	-	1/1/2026	Fee Schedule	\$894.33
43202	ESOPHAGOSCOPY FLEX BIOPSY	Y	-	1/1/2026	Fee Schedule	\$894.33
43204	ESOPH SCOPE W/SCLEROSIS INJ	Y	-	1/1/2026	Fee Schedule	\$894.33
43205	ESOPHAGUS ENDOSCOPY/LIGATION	Y	-	1/1/2026	Fee Schedule	\$894.33
43206	ESOPH OPTICAL ENDOMICROSCOPY	Y	-	1/1/2026	Fee Schedule	\$894.33

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Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
43210	EGD ESOPHAGOGASTRC FNDOPLSTY	Y	-	1/1/2026	Fee Schedule	\$7,480.97
43211	ESOPHAGOSCOPY MUCOSAL RESECT	Y	-	1/1/2026	Fee Schedule	\$894.33
43212	ESOPHAGOSCOPY STENT PLACEMENT	Y	-	1/1/2026	Fee Schedule	\$4,174.09
43213	ESOPHAGOSCOPY RETRO BALLOON	Y	-	1/1/2026	Fee Schedule	\$894.33
43214	ESOPHAGOSC DILATE BALLOON 30	Y	-	1/1/2026	Fee Schedule	\$894.33
43215	ESOPHAGOSCOPY FLEX REMOVE FB	Y	-	1/1/2026	Fee Schedule	\$894.33
43216	ESOPHAGOSCOPY LESION REMOVAL	Y	-	1/1/2026	Fee Schedule	\$894.33
43217	ESOPHAGOSCOPY SNARE LES REMV	Y	-	1/1/2026	Fee Schedule	\$894.33
43220	ESOPHAGOSCOPY BALLOON <30MM	Y	-	1/1/2026	Fee Schedule	\$894.33
43226	ESOPH ENDOSCOPY DILATION	Y	-	1/1/2026	Fee Schedule	\$894.33
43227	ESOPHAGOSCOPY CONTROL BLEED	Y	-	1/1/2026	Fee Schedule	\$894.33
43229	ESOPHAGOSCOPY LESION ABLATE	Y	-	1/1/2026	Fee Schedule	\$2,897.01
43231	ESOPHAGOSCOPY ULTRASOUND EXAM	Y	-	1/1/2026	Fee Schedule	\$894.33
43232	ESOPHAGOSCOPY W/US NEEDLE BX	Y	-	1/1/2026	Fee Schedule	\$894.33
43233	EGD BALLOON DIL ESOPH30 MM/>	Y	-	1/1/2026	Fee Schedule	\$894.33
43235	EGD DIAGNOSTIC BRUSH WASH	Y	-	1/1/2026	Fee Schedule	\$497.85
43236	UPPR GI SCOPE W/SUBMUC INJ	Y	-	1/1/2026	Fee Schedule	\$497.85
43237	ENDOSCOPIC US EXAM ESOPH	Y	-	1/1/2026	Fee Schedule	\$894.33
43238	EGD US FINE NEEDLE BX/ASPIR	Y	-	1/1/2026	Fee Schedule	\$894.33
43239	EGD BIOPSY SINGLE/MULTIPLE	Y	-	1/1/2026	Fee Schedule	\$497.85
43240	EGD W/TRANSMURAL DRAIN CYST	Y	-	1/1/2026	Fee Schedule	\$4,462.60
43241	EGD TUBE/CATH INSERTION	Y	-	1/1/2026	Fee Schedule	\$894.33
43242	EGD US FINE NEEDLE BX/ASPIR	Y	-	1/1/2026	Fee Schedule	\$894.33
43243	EGD INJECTION VARICES	Y	-	1/1/2026	Fee Schedule	\$894.33
43244	EGD VARICES LIGATION	Y	-	1/1/2026	Fee Schedule	\$894.33
43245	EGD DILATE STRICTURE	Y	-	1/1/2026	Fee Schedule	\$894.33
43246	EGD PLACE GASTROSTOMY TUBE	Y	-	1/1/2026	Fee Schedule	\$894.33
43247	EGD REMOVE FOREIGN BODY	Y	-	1/1/2026	Fee Schedule	\$497.85
43248	EGD GUIDE WIRE INSERTION	Y	-	1/1/2026	Fee Schedule	\$497.85
43249	ESOPH EGD DILATION <30 MM	Y	-	1/1/2026	Fee Schedule	\$894.33
43250	EGD CAUTERY TUMOR POLYP	Y	-	1/1/2026	Fee Schedule	\$894.33
43251	EGD REMOVE LESION SNARE	Y	-	1/1/2026	Fee Schedule	\$894.33
43252	EGD OPTICAL ENDOMICROSCOPY	Y	-	1/1/2026	Fee Schedule	\$894.33
43253	EGD US TRANSMURAL INJXN/MARK	Y	-	1/1/2026	Fee Schedule	\$894.33
43254	EGD ENDO MUCOSAL RESECTION	Y	-	1/1/2026	Fee Schedule	\$894.33
43255	EGD CONTROL BLEEDING ANY	Y	-	1/1/2026	Fee Schedule	\$894.33
43257	EGD W/THRML TXMNT GERD	Y	-	1/1/2026	Fee Schedule	\$2,836.78
43259	EGD US EXAM DUODENUM/JEJUNUM	Y	-	1/1/2026	Fee Schedule	\$894.33
43260	ERCP W/SPECIMEN COLLECTION	Y	-	1/1/2026	Fee Schedule	\$1,986.55
43261	ENDO CHOLANGIOPANCREATOGRAPH	Y	-	1/1/2026	Fee Schedule	\$1,986.55
43262	ENDO CHOLANGIOPANCREATOGRAPH	Y	-	1/1/2026	Fee Schedule	\$1,986.55
43263	ERCP SPHINCTER PRESSURE MEAS	Y	-	1/1/2026	Fee Schedule	\$894.33
43264	ERCP REMOVE DUCT CALCULI	Y	-	1/1/2026	Fee Schedule	\$1,986.55
43265	ERCP LITHOTRIPSY CALCULI	Y	-	1/1/2026	Fee Schedule	\$2,819.48
43266	EGD ENDOSCOPIC STENT PLACE	Y	-	1/1/2026	Fee Schedule	\$4,354.28
43270	EGD LESION ABLATION	Y	-	1/1/2026	Fee Schedule	\$1,200.61
43273	ENDOSCOPIC PANCREATOSCOPY	-	-	7/1/2018	No Separate Payment	\$0.00
43274	ERCP DUCT STENT PLACEMENT	Y	-	1/1/2026	Fee Schedule	\$3,707.57
43275	ERCP REMOVE FORGN BODY DUCT	Y	-	1/1/2026	Fee Schedule	\$894.33
43276	ERCP STENT EXCHANGE W/DILATE	Y	-	1/1/2026	Fee Schedule	\$3,710.97
43277	ERCP EA DUCT/AMPULLA DILATE	Y	-	1/1/2026	Fee Schedule	\$1,986.55

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

Montana Healthcare Programs Fee Schedule **ASC Covered Surgical and Ancillary Services** **January 1, 2026**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
43278	ERCP LESION ABLATE W/DILATE	Y	-	1/1/2026	Fee Schedule	\$1,986.55
43280	LAPAROSCOPY FUNDOPLASTY	Y	-	1/1/2026	Fee Schedule	\$5,120.50
43281	LAP PARAESOPHAG HERN REPAIR	Y	-	1/1/2026	Fee Schedule	\$5,120.50
43282	LAP PARAESOPH HER RPR W/MESH	Y	-	1/1/2026	Fee Schedule	\$5,120.50
43284	LAPS ESOPHGL SPHNCTR AGMNTJ	Y	-	1/1/2026	Fee Schedule	\$7,282.50
43285	RMVL ESOPHGL SPHNCTR DEV	-	-	1/1/2026	Fee Schedule	\$3,030.97
43290	EGD FLX TRNSORL DPLMNT BALO	Y	-	1/1/2026	Fee Schedule	\$1,328.79
43291	EGD FLX TRNSORL RMVL BALO	Y	-	1/1/2026	Fee Schedule	\$497.85
43420	REPAIR ESOPHAGUS OPENING	Y	-	1/1/2026	Fee Schedule	\$1,480.50
43450	DILATE ESOPHAGUS 1/MULT PASS	Y	-	1/1/2026	Fee Schedule	\$497.85
43453	DILATE ESOPHAGUS	Y	-	1/1/2026	Fee Schedule	\$894.33
43497	TRANSORL LWR ESOPHGL MYOTOMY	Y	-	1/1/2026	Fee Schedule	\$2,819.48
43510	SURGICAL OPENING OF STOMACH	Y	-	1/1/2026	Fee Schedule	\$497.85
43647	LAP IMPL ELECTRODE ANTRUM	-	-	1/1/2026	No Separate Payment	\$0.00
43648	LAP REVISE/REMV ELTRD ANTRUM	Y	-	1/1/2026	Fee Schedule	\$5,120.50
43651	LAPAROSCOPY VAGUS NERVE	Y	-	1/1/2026	Fee Schedule	\$3,030.97
43652	LAPAROSCOPY VAGUS NERVE	Y	-	1/1/2026	Fee Schedule	\$3,030.97
43653	LAPAROSCOPY GASTROSTOMY	Y	-	1/1/2026	Fee Schedule	\$3,030.97
43752	NASAL/OROGASTRIC W/TUBE PLMT	-	-	1/1/2026	Fee Schedule	\$241.78
43753	TX GASTRO INTUB W/ASP	-	-	7/1/2018	No Separate Payment	\$0.00
43754	DX GASTR INTUB W/ASP SPEC	-	-	7/1/2018	No Separate Payment	\$0.00
43755	DX GASTR INTUB W/ASP SPECS	-	-	1/1/2026	Fee Schedule	\$74.38
43756	DX DUOD INTUB W/ASP SPEC	-	-	1/1/2026	Fee Schedule	\$497.85
43757	DX DUOD INTUB W/ASP SPECS	Y	-	1/1/2026	Fee Schedule	\$497.85
43761	REPOSITION GASTROSTOMY TUBE	Y	-	1/1/2026	Fee Schedule	\$137.79
43762	RPLC GTUBE NO REVJ TRC	Y	-	1/1/2026	Fee Schedule	\$137.79
43763	RPLC GTUBE REVJ GSTRST TRC	Y	-	1/1/2026	Fee Schedule	\$137.79
43770	LAP PLACE GASTR ADJ DEVICE	Y	-	1/1/2026	Fee Schedule	\$6,487.74
43772	LAP RMVL GASTR ADJ DEVICE	Y	-	1/1/2026	Fee Schedule	\$1,986.55
43773	LAP REPLACE GASTR ADJ DEVICE	Y	-	1/1/2026	Fee Schedule	\$3,030.97
43774	LAP RMVL GASTR ADJ ALL PARTS	-	-	4/1/2024	Not Allowed	\$0.00
43830	GSTRST OPEN WO CONSTJ TUBE	Y	-	1/1/2026	Fee Schedule	\$894.33
43831	GASTROSTOMY OPEN NEONATAL	Y	-	1/1/2026	Fee Schedule	\$497.85
43840	GSTRRPHY SUTR DUOL/GSTR ULCR	Y	-	1/1/2026	Fee Schedule	\$1,986.55
43870	CLOSURE GASTROSTOMY SURGICAL	Y	-	1/1/2026	Fee Schedule	\$1,986.55
43886	GSTR RSTCV PX OPN REVJ PORT	-	-	4/1/2024	Not Allowed	\$0.00
43887	GSTR RSTCV PX OPN RMVL PORT	-	-	4/1/2024	Not Allowed	\$0.00
43888	GSTR RSTCV PX OPN RMVL&RPLC	-	-	4/1/2024	Not Allowed	\$0.00
43889	GSTR RSTCV PX TRNSORL ESG	Y	-	1/1/2026	Fee Schedule	\$5,120.50
44100	BIOPSY OF BOWEL	Y	-	1/1/2026	Fee Schedule	\$497.85
44180	LAP ENTEROLYSIS	Y	-	1/1/2026	Fee Schedule	\$3,030.97
44186	LAP JEJUNOSTOMY	Y	-	1/1/2026	Fee Schedule	\$3,030.97
44300	OPEN BOWEL TO SKIN	Y	-	1/1/2026	Fee Schedule	\$894.33
44312	REVISION OF ILEOSTOMY	Y	-	1/1/2026	Fee Schedule	\$1,940.78
44314	REVISION OF ILEOSTOMY	Y	-	1/1/2026	Fee Schedule	\$1,940.78
44340	REVISION OF COLOSTOMY	Y	-	1/1/2026	Fee Schedule	\$1,940.78
44345	REVISION OF COLOSTOMY	Y	-	1/1/2026	Fee Schedule	\$1,940.78
44346	REVISION OF COLOSTOMY	Y	-	1/1/2026	Fee Schedule	\$1,940.78
44360	SMALL BOWEL ENDOSCOPY	Y	-	1/1/2026	Fee Schedule	\$894.33
44361	SMALL BOWEL ENDOSCOPY/BIOPSY	Y	-	1/1/2026	Fee Schedule	\$894.33
44363	SMALL BOWEL ENDOSCOPY	Y	-	1/1/2026	Fee Schedule	\$894.33

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Montana Healthcare Programs Fee Schedule **ASC Covered Surgical and Ancillary Services** **January 1, 2026**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
44364	SMALL BOWEL ENDOSCOPY	Y	-	1/1/2026	Fee Schedule	\$894.33
44365	SMALL BOWEL ENDOSCOPY	Y	-	1/1/2026	Fee Schedule	\$894.33
44366	SMALL BOWEL ENDOSCOPY	Y	-	1/1/2026	Fee Schedule	\$894.33
44369	SMALL BOWEL ENDOSCOPY	Y	-	1/1/2026	Fee Schedule	\$894.33
44370	SMALL BOWEL ENDOSCOPY/STENT	Y	-	1/1/2026	Fee Schedule	\$4,476.92
44372	SMALL BOWEL ENDOSCOPY	Y	-	1/1/2026	Fee Schedule	\$894.33
44373	SMALL BOWEL ENDOSCOPY	Y	-	1/1/2026	Fee Schedule	\$894.33
44376	SMALL BOWEL ENDOSCOPY	Y	-	1/1/2026	Fee Schedule	\$894.33
44377	SMALL BOWEL ENDOSCOPY/BIOPSY	Y	-	1/1/2026	Fee Schedule	\$894.33
44378	SMALL BOWEL ENDOSCOPY	Y	-	1/1/2026	Fee Schedule	\$894.33
44379	S BOWEL ENDOSCOPE W/STENT	Y	-	1/1/2026	Fee Schedule	\$4,576.98
44380	SMALL BOWEL ENDOSCOPY BR/WA	Y	-	1/1/2026	Fee Schedule	\$497.85
44381	SMALL BOWEL ENDOSCOPY BR/WA	Y	-	1/1/2026	Fee Schedule	\$894.33
44382	SMALL BOWEL ENDOSCOPY	Y	-	1/1/2026	Fee Schedule	\$497.85
44384	SMALL BOWEL ENDOSCOPY	Y	-	1/1/2026	Fee Schedule	\$894.33
44385	ENDOSCOPY OF BOWEL POUCH	Y	-	1/1/2026	Fee Schedule	\$510.49
44386	ENDOSCOPY BOWEL POUCH/BIOP	Y	-	1/1/2026	Fee Schedule	\$510.49
44388	COLONOSCOPY THRU STOMA SPX	Y	-	1/1/2026	Fee Schedule	\$510.49
44389	COLONOSCOPY WITH BIOPSY	Y	-	1/1/2026	Fee Schedule	\$656.75
44390	COLONOSCOPY FOR FOREIGN BODY	Y	-	1/1/2026	Fee Schedule	\$510.49
44391	COLONOSCOPY FOR BLEEDING	Y	-	1/1/2026	Fee Schedule	\$656.75
44392	COLONOSCOPY & POLYPECTOMY	Y	-	1/1/2026	Fee Schedule	\$656.75
44394	COLONOSCOPY W/SNARE	Y	-	1/1/2026	Fee Schedule	\$656.75
44401	COLONOSCOPY WITH ABLATION	Y	-	1/1/2026	Fee Schedule	\$656.75
44402	COLONOSCOPY W/STENT PLCMT	Y	-	1/1/2026	Fee Schedule	\$4,790.69
44403	COLONOSCOPY W/RESECTION	Y	-	1/1/2026	Fee Schedule	\$656.75
44404	COLONOSCOPY W/INJECTION	Y	-	1/1/2026	Fee Schedule	\$656.75
44405	COLONOSCOPY W/DILATION	Y	-	1/1/2026	Fee Schedule	\$656.75
44406	COLONOSCOPY W/ULTRASOUND	Y	-	1/1/2026	Fee Schedule	\$656.75
44407	COLONOSCOPY W/NDL ASPIR/BX	Y	-	1/1/2026	Fee Schedule	\$656.75
44408	COLONOSCOPY W/DECOMPRESSION	Y	-	1/1/2026	Fee Schedule	\$510.49
44500	INTRO GASTROINTESTINAL TUBE	Y	-	1/1/2026	Fee Schedule	\$497.85
44602	SUTURE SMALL INTESTINE	Y	-	1/1/2026	Fee Schedule	\$1,986.55
44701	INTRAOP COLON LAVAGE ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
44950	APPENDECTOMY	Y	-	1/1/2026	Fee Schedule	\$3,365.12
44955	APPENDECTOMY ADD-ON	-	-	1/1/2026	No Separate Payment	\$0.00
44970	LAPAROSCOPY APPENDECTOMY	Y	-	1/1/2026	Fee Schedule	\$3,030.97
45000	DRAINAGE OF PELVIC ABSCESS	Y	-	1/1/2026	Fee Schedule	\$656.75
45005	DRAINAGE OF RECTAL ABSCESS	Y	-	1/1/2026	Fee Schedule	\$656.75
45020	DRAINAGE OF RECTAL ABSCESS	Y	-	1/1/2026	Fee Schedule	\$1,432.51
45100	BIOPSY OF RECTUM	Y	-	1/1/2026	Fee Schedule	\$1,432.51
45108	ANORECTAL MYOMECTOMY	Y	-	1/1/2026	Fee Schedule	\$1,432.51
45150	EXCISION OF RECTAL STRICTURE	Y	-	1/1/2026	Fee Schedule	\$656.75
45160	EXCISION OF RECTAL LESION	Y	-	1/1/2026	Fee Schedule	\$1,432.51
45171	EXC RECT TUM TRANSANAL PART	Y	-	1/1/2026	Fee Schedule	\$1,432.51
45172	EXC RECT TUM TRANSANAL FULL	Y	-	1/1/2026	Fee Schedule	\$1,432.51
45190	DESTRUCTION RECTAL TUMOR	Y	-	1/1/2026	Fee Schedule	\$1,432.51
45300	PROCTOSIGMOIDOSCOPY DX	Y	-	1/1/2026	Fee Schedule	\$118.83
45303	PROCTOSIGMOIDOSCOPY DILATE	Y	-	1/1/2026	Fee Schedule	\$656.75
45305	PROCTOSIGMOIDOSCOPY W/BX	Y	-	1/1/2026	Fee Schedule	\$656.75
45307	PROCTOSIGMOIDOSCOPY FB	Y	-	1/1/2026	Fee Schedule	\$1,432.51

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Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
45308	PROCTOSIGMOIDOSCOPY REMOVAL	Y	-	1/1/2026	Fee Schedule	\$1,432.51
45309	PROCTOSIGMOIDOSCOPY REMOVAL	Y	-	1/1/2026	Fee Schedule	\$656.75
45315	PROCTOSIGMOIDOSCOPY REMOVAL	Y	-	1/1/2026	Fee Schedule	\$656.75
45317	PROCTOSIGMOIDOSCOPY BLEED	Y	-	1/1/2026	Fee Schedule	\$656.75
45320	PROCTOSIGMOIDOSCOPY ABLATE	Y	-	1/1/2026	Fee Schedule	\$1,432.51
45321	PROCTOSIGMOIDOSCOPY VOLVUL	Y	-	1/1/2026	Fee Schedule	\$1,432.51
45327	PROCTOSIGMOIDOSCOPY W/STENT	Y	-	1/1/2026	Fee Schedule	\$4,421.07
45330	DIAGNOSTIC SIGMOIDOSCOPY	Y	-	1/1/2026	Fee Schedule	\$184.96
45331	SIGMOIDOSCOPY AND BIOPSY	Y	-	1/1/2026	Fee Schedule	\$510.49
45332	SIGMOIDOSCOPY W/FB REMOVAL	Y	-	1/1/2026	Fee Schedule	\$656.75
45333	SIGMOIDOSCOPY & POLYPECTOMY	Y	-	1/1/2026	Fee Schedule	\$510.49
45334	SIGMOIDOSCOPY FOR BLEEDING	Y	-	1/1/2026	Fee Schedule	\$656.75
45335	SIGMOIDOSCOPY W/SUBMUC INJ	Y	-	1/1/2026	Fee Schedule	\$510.49
45337	SIGMOIDOSCOPY & DECOMPRESS	Y	-	1/1/2026	Fee Schedule	\$510.49
45338	SIGMOIDOSCOPY W/TUMR REMOVE	Y	-	1/1/2026	Fee Schedule	\$656.75
45340	SIG W/TNDSC BALLOON DILATION	Y	-	1/1/2026	Fee Schedule	\$656.75
45341	SIGMOIDOSCOPY W/ULTRASOUND	Y	-	1/1/2026	Fee Schedule	\$510.49
45342	SIGMOIDOSCOPY W/US GUIDE BX	Y	-	1/1/2026	Fee Schedule	\$656.75
45346	SIGMOIDOSCOPY W/ABLATION	Y	-	1/1/2026	Fee Schedule	\$656.75
45347	SIGMOIDOSCOPY W/PLCMT STENT	Y	-	1/1/2026	Fee Schedule	\$4,411.35
45349	SIGMOIDOSCOPY W/RESECTION	Y	-	1/1/2026	Fee Schedule	\$1,432.51
45350	SGMDSC W/BAND LIGATION	Y	-	1/1/2026	Fee Schedule	\$656.75
45378	DIAGNOSTIC COLONOSCOPY	Y	-	1/1/2026	Fee Schedule	\$510.49
45379	COLONOSCOPY W/FB REMOVAL	Y	-	1/1/2026	Fee Schedule	\$656.75
45380	COLONOSCOPY AND BIOPSY	Y	-	1/1/2026	Fee Schedule	\$656.75
45381	COLONOSCOPY SUBMUCOUS NJX	Y	-	1/1/2026	Fee Schedule	\$656.75
45382	COLONOSCOPY W/CONTROL BLEED	Y	-	1/1/2026	Fee Schedule	\$656.75
45384	COLONOSCOPY W/LESION REMOVAL	Y	-	1/1/2026	Fee Schedule	\$656.75
45385	COLONOSCOPY W/LESION REMOVAL	Y	-	1/1/2026	Fee Schedule	\$656.75
45386	COLONOSCOPY W/BALLOON DILAT	Y	-	1/1/2026	Fee Schedule	\$656.75
45388	COLONOSCOPY W/ABLATION	Y	-	1/1/2026	Fee Schedule	\$656.75
45389	COLONOSCOPY W/STENT PLCMT	Y	-	1/1/2026	Fee Schedule	\$4,462.60
45390	COLONOSCOPY W/RESECTION	Y	-	1/1/2026	Fee Schedule	\$1,432.51
45391	COLONOSCOPY W/ENDOSCOPE US	Y	-	1/1/2026	Fee Schedule	\$656.75
45392	COLONOSCOPY W/ENDOSCOPIC FNB	Y	-	1/1/2026	Fee Schedule	\$656.75
45393	COLONOSCOPY W/DECOMPRESSION	Y	-	1/1/2026	Fee Schedule	\$656.75
45398	COLONOSCOPY W/BAND LIGATION	Y	-	1/1/2026	Fee Schedule	\$656.75
45500	REPAIR OF RECTUM	Y	-	1/1/2026	Fee Schedule	\$1,432.51
45505	REPAIR OF RECTUM	Y	-	1/1/2026	Fee Schedule	\$1,432.51
45520	TREATMENT OF RECTAL PROLAPSE	-	-	7/1/2018	No Separate Payment	\$0.00
45541	CORRECT RECTAL PROLAPSE	Y	-	1/1/2026	Fee Schedule	\$1,432.51
45560	REPAIR OF RECTOCELE	Y	-	1/1/2026	Fee Schedule	\$1,432.51
45900	REDUCTION OF RECTAL PROLAPSE	Y	-	1/1/2026	Fee Schedule	\$510.49
45905	DILATION OF ANAL SPHINCTER	Y	-	1/1/2026	Fee Schedule	\$656.75
45910	DILATION OF RECTAL NARROWING	Y	-	1/1/2026	Fee Schedule	\$656.75
45915	REMOVE RECTAL OBSTRUCTION	Y	-	1/1/2026	Fee Schedule	\$656.75
45990	SURG DX EXAM ANORECTAL	Y	-	1/1/2026	Fee Schedule	\$1,432.51
46020	PLACEMENT OF SETON	Y	-	1/1/2026	Fee Schedule	\$1,432.51
46030	REMOVAL ANAL SETON OTH MRK	Y	-	1/1/2026	Fee Schedule	\$656.75
46040	I&D ISCHIORCT&/PERIRCT ABSC	Y	-	1/1/2026	Fee Schedule	\$656.75
46045	I&D ABSC TRANAL UNDER ANES	Y	-	1/1/2026	Fee Schedule	\$1,432.51

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
46050	I&D PERIANAL ABSCESS SUPFC	Y	-	1/1/2026	Fee Schedule	\$510.49
46060	I&D ISCHIORECTAL/NTRMRL ABSC	Y	-	1/1/2026	Fee Schedule	\$1,432.51
46070	INCISION ANAL SEPTUM INFANT	Y	-	1/1/2026	Fee Schedule	\$1,432.51
46080	SPHNCTROTMY ANAL DIV SPHNCTR	Y	-	1/1/2026	Fee Schedule	\$1,432.51
46083	INC THROMBOSED HROID XTRNL	Y	-	1/1/2026	Fee Schedule	\$137.79
46200	REMOVAL OF ANAL FISSURE	Y	-	1/1/2026	Fee Schedule	\$1,432.51
46220	EXCISE ANAL EXT TAG/PAPILLA	Y	-	1/1/2026	Fee Schedule	\$656.75
46221	LIGATION OF HEMORRHOID(S)	Y	-	1/1/2026	Fee Schedule	\$238.33
46230	REMOVAL OF ANAL TAGS	Y	-	1/1/2026	Fee Schedule	\$1,432.51
46250	REMOVE EXT HEM GROUPS 2+	Y	-	1/1/2026	Fee Schedule	\$1,432.51
46255	REMOVE INT/EXT HEM 1 GROUP	Y	-	1/1/2026	Fee Schedule	\$1,432.51
46257	REMOVE IN/EX HEM GRP & FISS	Y	-	1/1/2026	Fee Schedule	\$1,432.51
46258	REMOVE IN/EX HEM GRP W/FISTU	Y	-	1/1/2026	Fee Schedule	\$1,432.51
46260	REMOVE IN/EX HEM GROUPS 2+	Y	-	1/1/2026	Fee Schedule	\$1,432.51
46261	REMOVE IN/EX HEM GRPS & FISS	Y	-	1/1/2026	Fee Schedule	\$1,432.51
46262	REMOVE IN/EX HEM GRPS W/FIST	Y	-	1/1/2026	Fee Schedule	\$1,432.51
46270	REMOVE ANAL FIST SUBQ	Y	-	1/1/2026	Fee Schedule	\$1,432.51
46275	REMOVE ANAL FIST INTER	Y	-	1/1/2026	Fee Schedule	\$1,432.51
46280	REMOVE ANAL FIST COMPLEX	Y	-	1/1/2026	Fee Schedule	\$1,432.51
46285	REMOVE ANAL FIST 2 STAGE	Y	-	1/1/2026	Fee Schedule	\$1,432.51
46288	REPAIR ANAL FISTULA	Y	-	1/1/2026	Fee Schedule	\$1,432.51
46320	REMOVAL OF HEMORRHOID CLOT	Y	-	1/1/2026	Fee Schedule	\$170.86
46500	INJECTION INTO HEMORRHOID(S)	Y	-	1/1/2026	Fee Schedule	\$294.05
46505	CHEMODENERVATION ANAL MUSC	Y	-	1/1/2026	Fee Schedule	\$656.75
46600	DIAGNOSTIC ANOSCOPY SPX	-	-	7/1/2018	No Separate Payment	\$0.00
46601	DIAGNOSTIC ANOSCOPY	-	-	7/1/2018	No Separate Payment	\$0.00
46604	ANOSCOPY AND DILATION	Y	-	1/1/2026	Fee Schedule	\$655.24
46606	ANOSCOPY AND BIOPSY	Y	-	1/1/2026	Fee Schedule	\$262.50
46607	DIAGNOSTIC ANOSCOPY & BIOPSY	Y	-	1/1/2026	Fee Schedule	\$656.75
46608	ANOSCOPY REMOVE FOR BODY	Y	-	1/1/2026	Fee Schedule	\$510.49
46610	ANOSCOPY REMOVE LESION	Y	-	1/1/2026	Fee Schedule	\$1,432.51
46611	ANOSCOPY	Y	-	1/1/2026	Fee Schedule	\$510.49
46612	ANOSCOPY REMOVE LESIONS	Y	-	1/1/2026	Fee Schedule	\$1,432.51
46614	ANOSCOPY CONTROL BLEEDING	Y	-	1/1/2026	Fee Schedule	\$146.02
46615	ANOSCOPY	Y	-	1/1/2026	Fee Schedule	\$1,432.51
46700	REPAIR OF ANAL STRICTURE	Y	-	1/1/2026	Fee Schedule	\$1,432.51
46706	REPR OF ANAL FISTULA W/GLUE	Y	-	1/1/2026	Fee Schedule	\$1,432.51
46707	REPAIR ANORECTAL FIST W/PLUG	Y	-	1/1/2026	Fee Schedule	\$1,868.44
46750	REPAIR OF ANAL SPHINCTER	Y	-	1/1/2026	Fee Schedule	\$1,432.51
46753	RECONSTRUCTION OF ANUS	Y	-	1/1/2026	Fee Schedule	\$1,432.51
46754	REMOVAL OF SUTURE FROM ANUS	Y	-	1/1/2026	Fee Schedule	\$1,432.51
46760	REPAIR OF ANAL SPHINCTER	Y	-	1/1/2026	Fee Schedule	\$1,432.51
46761	REPAIR OF ANAL SPHINCTER	Y	-	1/1/2026	Fee Schedule	\$1,432.51
46900	DESTRUCTION ANAL LESION(S)	Y	-	1/1/2026	Fee Schedule	\$198.72
46910	DESTRUCTION ANAL LESION(S)	Y	-	1/1/2026	Fee Schedule	\$225.91
46916	CRYOSURGERY ANAL LESION(S)	Y	-	1/1/2026	Fee Schedule	\$110.23
46917	LASER SURGERY ANAL LESIONS	Y	-	1/1/2026	Fee Schedule	\$1,432.51
46922	EXCISION OF ANAL LESION(S)	Y	-	1/1/2026	Fee Schedule	\$1,432.51
46924	DESTRUCTION ANAL LESION(S)	Y	-	1/1/2026	Fee Schedule	\$1,432.51
46930	DESTROY INTERNAL HEMORRHOIDS	Y	-	1/1/2026	Fee Schedule	\$188.99
46940	TREATMENT OF ANAL FISSURE	Y	-	1/1/2026	Fee Schedule	\$203.42

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

Montana Healthcare Programs Fee Schedule ASC Covered Surgical and Ancillary Services January 1, 2026

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
46942	TREATMENT OF ANAL FISSURE	Y	-	1/1/2026	Fee Schedule	\$202.08
46945	INT HRHC LIG 1 HROID W/O IMG	Y	-	1/1/2026	Fee Schedule	\$1,432.51
46946	INT HRHC LIG 2+HROID W/O IMG	Y	-	1/1/2026	Fee Schedule	\$1,432.51
46947	HEMORRHOIDOPEXY BY STAPLING	Y	-	1/1/2026	Fee Schedule	\$1,432.51
46948	INT HRHC TRANAL DARTLZJ 2+	Y	-	1/1/2026	Fee Schedule	\$1,432.51
47000	NEEDLE BIOPSY OF LIVER PERQ	Y	-	1/1/2026	Fee Schedule	\$742.04
47001	NDL BIOPSY LVR TM OTH MAJ PX	-	-	7/1/2018	No Separate Payment	\$0.00
47370	LAPARO ABLATE LIVER TUMOR RF	Y	-	1/1/2026	Fee Schedule	\$5,120.50
47371	LAPARO ABLATE LIVER CRYOSURG	Y	-	1/1/2026	Fee Schedule	\$5,120.50
47382	PERCUT ABLATE LIVER RF	Y	-	1/1/2026	Fee Schedule	\$3,030.97
47383	PERQ ABLTJ LVR CRYOABLATION	Y	-	1/1/2026	Fee Schedule	\$7,683.85
47384	ABLTJ IRE LIVER 1+ TUM PERQ	Y	-	1/1/2026	Fee Schedule	\$7,609.75
47490	INCISION OF GALLBLADDER	Y	-	1/1/2026	Fee Schedule	\$1,744.22
47531	INJECTION FOR CHOLANGIOGRAM	-	-	7/1/2018	No Separate Payment	\$0.00
47532	INJECTION FOR CHOLANGIOGRAM	-	-	7/1/2018	No Separate Payment	\$0.00
47533	PLMT BILIARY DRAINAGE CATH	Y	-	1/1/2026	Fee Schedule	\$1,744.22
47534	PLMT BILIARY DRAINAGE CATH	Y	-	1/1/2026	Fee Schedule	\$1,744.22
47535	CONVERSION EXT BIL DRG CATH	Y	-	1/1/2026	Fee Schedule	\$1,744.22
47536	EXCHANGE BILIARY DRG CATH	Y	-	1/1/2026	Fee Schedule	\$1,744.22
47537	REMOVAL BILIARY DRG CATH	-	-	1/1/2026	Fee Schedule	\$497.85
47538	PERQ PLMT BILE DUCT STENT	Y	-	1/1/2026	Fee Schedule	\$4,264.51
47539	PERQ PLMT BILE DUCT STENT	Y	-	1/1/2026	Fee Schedule	\$4,500.25
47540	PERQ PLMT BILE DUCT STENT	Y	-	1/1/2026	Fee Schedule	\$4,014.67
47541	PLMT ACCESS BIL TREE SM BWL	Y	-	1/1/2026	Fee Schedule	\$3,365.12
47542	DILATE BILIARY DUCT/AMPULLA	-	-	7/1/2018	No Separate Payment	\$0.00
47543	ENDOLUMINAL BX BILIARY TREE	-	-	7/1/2018	No Separate Payment	\$0.00
47544	REMOVAL DUCT GLBLDR CALCULI	-	-	7/1/2018	No Separate Payment	\$0.00
47550	BILE DUCT ENDOSCOPY ADD-ON	-	-	1/1/2026	No Separate Payment	\$0.00
47552	BILIARY ENDO PERQ DX W/SPECI	Y	-	1/1/2026	Fee Schedule	\$3,365.12
47553	BILIARY ENDOSCOPY THRU SKIN	Y	-	1/1/2026	Fee Schedule	\$3,365.12
47554	BILIARY ENDOSCOPY THRU SKIN	Y	-	1/1/2026	Fee Schedule	\$5,120.50
47555	BILIARY ENDOSCOPY THRU SKIN	Y	-	1/1/2026	Fee Schedule	\$4,264.51
47556	BILIARY ENDOSCOPY THRU SKIN	Y	-	1/1/2026	Fee Schedule	\$6,862.19
47562	LAPAROSCOPIC CHOLECYSTECTOMY	Y	-	1/1/2026	Fee Schedule	\$3,030.97
47563	LAPARO CHOLECYSTECTOMY/GRAPH	Y	-	1/1/2026	Fee Schedule	\$3,030.97
47564	LAPARO CHOLECYSTECTOMY/EXPLR	Y	-	1/1/2026	Fee Schedule	\$5,120.50
48102	NEEDLE BIOPSY PANCREAS	Y	-	1/1/2026	Fee Schedule	\$742.04
49010	EXPLORATION BEHIND ABDOMEN	Y	-	1/1/2026	Fee Schedule	\$3,365.12
49082	ABD PARACENTESIS	Y	-	1/1/2026	Fee Schedule	\$497.85
49083	ABD PARACENTESIS W/IMAGING	Y	-	1/1/2026	Fee Schedule	\$497.85
49084	PERITONEAL LAVAGE	Y	-	1/1/2026	Fee Schedule	\$497.85
49180	BIOPSY ABDOMINAL MASS	Y	-	1/1/2026	Fee Schedule	\$742.04
49185	SCLEROTX FLUID COLLECTION	Y	-	1/1/2026	Fee Schedule	\$742.04
49250	EXCISION OF UMBILICUS	Y	-	1/1/2026	Fee Schedule	\$1,744.22
49255	REMOVAL OF OMENTUM	Y	-	1/1/2026	Fee Schedule	\$3,365.12
49320	DIAG LAPARO SEPARATE PROC	Y	-	1/1/2026	Fee Schedule	\$3,030.97
49321	LAPAROSCOPY BIOPSY	Y	-	1/1/2026	Fee Schedule	\$3,030.97
49322	LAPAROSCOPY ASPIRATION	Y	-	1/1/2026	Fee Schedule	\$3,030.97
49323	LAPARO DRAIN LYMPHOCELE	Y	-	1/1/2026	Fee Schedule	\$3,030.97
49324	LAP INSERT TUNNEL IP CATH	Y	-	1/1/2026	Fee Schedule	\$3,030.97
49325	LAP REVISION PERM IP CATH	Y	-	1/1/2026	Fee Schedule	\$3,030.97

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

Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
January 1, 2026

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
49326	LAP W/OMENTOPEXY ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
49327	LAP INS DEVICE FOR RT	-	-	7/1/2018	No Separate Payment	\$0.00
49400	AIR INJECTION INTO ABDOMEN	-	-	7/1/2018	No Separate Payment	\$0.00
49402	REMOVE FOREIGN BODY ADBOMEN	Y	-	1/1/2026	Fee Schedule	\$1,744.22
49405	IMAGE CATH FLUID COLXN VISC	Y	-	1/1/2026	Fee Schedule	\$742.04
49406	IMAGE CATH FLUID PERI/RETRO	Y	-	1/1/2026	Fee Schedule	\$742.04
49407	IMAGE CATH FLUID TRNS/VGNL	Y	-	1/1/2026	Fee Schedule	\$742.04
49411	INS MARK ABD/PEL FOR RT PERQ	-	-	1/1/2026	Fee Schedule	\$346.08
49418	INSERT TUN IP CATH PERC	Y	-	1/1/2026	Fee Schedule	\$1,744.22
49419	INSERT TUN IP CATH W/PORT	Y	-	1/1/2026	Fee Schedule	\$3,187.37
49421	INS TUN IP CATH FOR DIAL OPN	Y	-	1/1/2026	Fee Schedule	\$1,744.22
49422	REMOVE TUNNELED IP CATH	-	-	1/1/2026	Fee Schedule	\$1,623.69
49423	EXCHANGE DRAINAGE CATHETER	Y	-	1/1/2026	Fee Schedule	\$894.33
49424	ASSESS CYST CONTRAST INJECT	-	-	7/1/2018	No Separate Payment	\$0.00
49426	REVISE ABDOMEN-VENOUS SHUNT	Y	-	1/1/2026	Fee Schedule	\$1,744.22
49427	INJECTION ABDOMINAL SHUNT	-	-	7/1/2018	No Separate Payment	\$0.00
49429	REMOVAL OF SHUNT	-	-	1/1/2026	Fee Schedule	\$1,623.69
49435	INSERT SUBQ EXTEN TO IP CATH	-	-	7/1/2018	No Separate Payment	\$0.00
49436	EMBEDDED IP CATH EXIT-SITE	Y	-	1/1/2026	Fee Schedule	\$894.33
49440	PLACE GASTROSTOMY TUBE PERC	Y	-	1/1/2026	Fee Schedule	\$894.33
49441	PLACE DUOD/JEJ TUBE PERC	Y	-	1/1/2026	Fee Schedule	\$894.33
49442	PLACE CECOSTOMY TUBE PERC	Y	-	1/1/2026	Fee Schedule	\$656.75
49446	CHANGE G-TUBE TO G-J PERC	Y	-	1/1/2026	Fee Schedule	\$894.33
49450	REPLACE G/C TUBE PERC	Y	-	1/1/2026	Fee Schedule	\$497.85
49451	REPLACE DUOD/JEJ TUBE PERC	Y	-	1/1/2026	Fee Schedule	\$497.85
49452	REPLACE G-J TUBE PERC	Y	-	1/1/2026	Fee Schedule	\$497.85
49460	FIX G/COLON TUBE W/DEVICE	Y	-	1/1/2026	Fee Schedule	\$497.85
49465	FLUORO EXAM OF G/COLON TUBE	-	-	1/1/2026	Fee Schedule	\$131.48
49491	RPR HERN PREEMIE REDUC	Y	-	1/1/2026	Fee Schedule	\$3,030.97
49492	RPR ING HERN PREMIE BLOCKED	Y	-	1/1/2026	Fee Schedule	\$1,744.22
49495	RPR ING HERNIA BABY REDUC	Y	-	1/1/2026	Fee Schedule	\$1,744.22
49496	RPR ING HERNIA BABY BLOCKED	Y	-	1/1/2026	Fee Schedule	\$1,744.22
49500	RPR ING HERNIA INIT REDUCE	Y	-	1/1/2026	Fee Schedule	\$3,365.12
49501	RPR ING HERNIA INIT BLOCKED	Y	-	1/1/2026	Fee Schedule	\$1,744.22
49505	PRP I/HERN INIT REDUC >5 YR	Y	-	1/1/2026	Fee Schedule	\$1,744.22
49507	PRP I/HERN INIT BLOCK >5 YR	Y	-	1/1/2026	Fee Schedule	\$1,744.22
49520	REREPAIR ING HERNIA REDUCE	Y	-	1/1/2026	Fee Schedule	\$1,744.22
49521	REREPAIR ING HERNIA BLOCKED	Y	-	1/1/2026	Fee Schedule	\$3,365.12
49525	REPAIR ING HERNIA SLIDING	Y	-	1/1/2026	Fee Schedule	\$1,744.22
49540	REPAIR LUMBAR HERNIA	Y	-	1/1/2026	Fee Schedule	\$3,030.97
49550	RPR REM HERNIA INIT REDUCE	Y	-	1/1/2026	Fee Schedule	\$1,744.22
49553	RPR FEM HERNIA INIT BLOCKED	Y	-	1/1/2026	Fee Schedule	\$1,744.22
49555	REREPAIR FEM HERNIA REDUCE	Y	-	1/1/2026	Fee Schedule	\$1,744.22
49557	REREPAIR FEM HERNIA BLOCKED	Y	-	1/1/2026	Fee Schedule	\$1,744.22
49591	RPR AA HRN 1ST < 3 CM RDC	Y	-	1/1/2026	Fee Schedule	\$1,744.22
49592	RPR AA HRN 1ST < 3 NCR/STRN	Y	-	1/1/2026	Fee Schedule	\$3,030.97
49593	RPR AA HRN 1ST 3-10 RDC	Y	-	1/1/2026	Fee Schedule	\$3,365.12
49594	RPR AA HRN 1ST 3-10 NCR/STRN	Y	-	1/1/2026	Fee Schedule	\$3,030.97
49595	RPR AA HRN 1ST > 10 RDC	Y	-	1/1/2026	Fee Schedule	\$3,365.12
49600	REPAIR UMBILICAL LESION	Y	-	1/1/2026	Fee Schedule	\$1,744.22
49613	RPR AA HRN RCR < 3 RDC	Y	-	1/1/2026	Fee Schedule	\$1,744.22

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Montana Healthcare Programs Fee Schedule ASC Covered Surgical and Ancillary Services January 1, 2026

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
49614	RPR AA HRN RCR < 3 NCR/STRN	Y	-	1/1/2026	Fee Schedule	\$3,030.97
49615	RPR AA HRN RCR 3-10 RDC	Y	-	1/1/2026	Fee Schedule	\$3,365.12
49650	LAP ING HERNIA REPAIR INIT	Y	-	1/1/2026	Fee Schedule	\$3,030.97
49651	LAP ING HERNIA REPAIR RECUR	Y	-	1/1/2026	Fee Schedule	\$3,030.97
50020	DRG PERIRNL/RENAL ABSC OPEN	Y	-	1/1/2026	Fee Schedule	\$1,001.95
50080	PERQ NL/PL LITHOTRP SMPL<2CM	Y	-	1/1/2026	Fee Schedule	\$4,995.80
50081	PERQ NL/PL LITHOTRP CPLX>2CM	Y	-	1/1/2026	Fee Schedule	\$4,995.80
50200	RENAL BIOPSY PERQ	Y	-	1/1/2026	Fee Schedule	\$742.04
50382	CHANGE URETER STENT PERCUT	Y	-	1/1/2026	Fee Schedule	\$1,001.95
50384	REMOVE URETER STENT PERCUT	-	-	1/1/2026	Fee Schedule	\$1,001.95
50385	CHANGE STENT VIA TRANSURETH	Y	-	1/1/2026	Fee Schedule	\$1,001.95
50386	REMOVE STENT VIA TRANSURETH	-	-	1/1/2026	Fee Schedule	\$644.50
50387	CHANGE NEPHROURETERAL CATH	Y	-	1/1/2026	Fee Schedule	\$1,001.95
50389	REMOVE RENAL TUBE W/FLUORO	-	-	1/1/2026	Fee Schedule	\$310.63
50390	DRAINAGE OF KIDNEY LESION	Y	-	1/1/2026	Fee Schedule	\$388.55
50391	INSTLL RX AGNT INTO RNAL TUB	Y	-	1/1/2026	Fee Schedule	\$55.72
50396	MEASURE KIDNEY PRESSURE	Y	-	1/1/2026	Fee Schedule	\$310.63
50430	NJX PX NFROSGRM &/URTRGRM	-	-	7/1/2018	No Separate Payment	\$0.00
50431	NJX PX NFROSGRM &/URTRGRM	-	-	7/1/2018	No Separate Payment	\$0.00
50432	PLMT NEPHROSTOMY CATHETER	Y	-	1/1/2026	Fee Schedule	\$1,001.95
50433	PLMT NEPHROURETERAL CATHETER	Y	-	1/1/2026	Fee Schedule	\$1,723.02
50434	CONVERT NEPHROSTOMY CATHETER	Y	-	1/1/2026	Fee Schedule	\$1,001.95
50435	EXCHANGE NEPHROSTOMY CATH	Y	-	1/1/2026	Fee Schedule	\$1,001.95
50436	DILAT XST TRC NDURLGC PX	Y	-	1/1/2026	Fee Schedule	\$1,723.02
50437	DILAT XST TRC NEW ACCESS RCS	Y	-	1/1/2026	Fee Schedule	\$1,723.02
50541	LAPARO ABLATE RENAL CYST	Y	-	1/1/2026	Fee Schedule	\$5,120.50
50542	LAPARO ABLATE RENAL MASS	Y	-	1/1/2026	Fee Schedule	\$5,120.50
50543	LAPARO PARTIAL NEPHRECTOMY	Y	-	1/1/2026	Fee Schedule	\$5,120.50
50544	LAPAROSCOPY PYELOPLASTY	Y	-	1/1/2026	Fee Schedule	\$5,120.50
50551	KIDNEY ENDOSCOPY	Y	-	1/1/2026	Fee Schedule	\$2,729.66
50553	KIDNEY ENDOSCOPY	Y	-	1/1/2026	Fee Schedule	\$2,729.66
50555	KIDNEY ENDOSCOPY & BIOPSY	Y	-	1/1/2026	Fee Schedule	\$4,995.80
50557	KIDNEY ENDOSCOPY & TREATMENT	Y	-	1/1/2026	Fee Schedule	\$4,995.80
50561	KIDNEY ENDOSCOPY & TREATMENT	Y	-	1/1/2026	Fee Schedule	\$3,654.83
50562	RENAL SCOPE W/TUMOR RESECT	Y	-	1/1/2026	Fee Schedule	\$4,995.80
50570	KIDNEY ENDOSCOPY	Y	-	1/1/2026	Fee Schedule	\$1,723.02
50572	KIDNEY ENDOSCOPY	Y	-	1/1/2026	Fee Schedule	\$310.63
50574	KIDNEY ENDOSCOPY & BIOPSY	Y	-	1/1/2026	Fee Schedule	\$1,723.02
50575	KIDNEY ENDOSCOPY	Y	-	1/1/2026	Fee Schedule	\$2,729.66
50576	KIDNEY ENDOSCOPY & TREATMENT	Y	-	1/1/2026	Fee Schedule	\$4,995.80
50580	KIDNEY ENDOSCOPY & TREATMENT	Y	-	1/1/2026	Fee Schedule	\$2,729.66
50590	FRAGMENTING OF KIDNEY STONE	Y	-	1/1/2026	Fee Schedule	\$1,723.02
50592	PERC RF ABLATE RENAL TUMOR	Y	-	1/1/2026	Fee Schedule	\$3,030.97
50593	PERC CRYO ABLATE RENAL TUM	Y	-	1/1/2026	Fee Schedule	\$7,332.34
50606	ENDOLUMINAL BX URTR RNL PLVS	-	-	7/1/2018	No Separate Payment	\$0.00
5060F	FNDNGS MAMMO 2PT W/IN 3 DAYS	-	-	7/1/2018	No Separate Payment	\$0.00
50684	INJECTION FOR URETER X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
50686	MEASURE URETER PRESSURE	-	-	1/1/2026	No Separate Payment	\$0.00
50688	CHANGE OF URETER TUBE/STENT	Y	-	1/1/2026	Fee Schedule	\$1,001.95
50690	INJECTION FOR URETER X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
50693	PLMT URETERAL STENT PRQ	Y	-	1/1/2026	Fee Schedule	\$1,723.02

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

Montana Healthcare Programs Fee Schedule **ASC Covered Surgical and Ancillary Services** **January 1, 2026**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
50694	PLMT URETERAL STENT PRQ	Y	-	1/1/2026	Fee Schedule	\$1,723.02
50695	PLMT URETERAL STENT PRQ	Y	-	1/1/2026	Fee Schedule	\$1,723.02
50705	URETERAL EMBOLIZATION/OCCL	-	-	7/1/2018	No Separate Payment	\$0.00
50706	BALLOON DILATE URTRL STRIX	-	-	7/1/2018	No Separate Payment	\$0.00
50727	REVISE URETER	Y	-	1/1/2026	Fee Schedule	\$1,723.02
50945	LAPAROSCOPY URETEROLITHOTOMY	Y	-	1/1/2026	Fee Schedule	\$3,030.97
50947	LAPARO NEW URETER/BLADDER	Y	-	1/1/2026	Fee Schedule	\$5,120.50
50948	LAPARO NEW URETER/BLADDER	Y	-	1/1/2026	Fee Schedule	\$5,120.50
50951	ENDOSCOPY OF URETER	Y	-	1/1/2026	Fee Schedule	\$1,723.02
50953	ENDOSCOPY OF URETER	Y	-	1/1/2026	Fee Schedule	\$1,723.02
50955	URETER ENDOSCOPY & BIOPSY	Y	-	1/1/2026	Fee Schedule	\$2,729.66
50957	URETER ENDOSCOPY & TREATMENT	Y	-	1/1/2026	Fee Schedule	\$2,729.66
50961	URETER ENDOSCOPY & TREATMENT	Y	-	1/1/2026	Fee Schedule	\$2,729.66
50970	URETER ENDOSCOPY	Y	-	1/1/2026	Fee Schedule	\$2,183.08
50972	URETER ENDOSCOPY & CATHETER	Y	-	1/1/2026	Fee Schedule	\$1,723.02
50974	URETER ENDOSCOPY & BIOPSY	Y	-	1/1/2026	Fee Schedule	\$2,729.66
50976	URETER ENDOSCOPY & TREATMENT	Y	-	1/1/2026	Fee Schedule	\$2,729.66
50980	URETER ENDOSCOPY & TREATMENT	Y	-	1/1/2026	Fee Schedule	\$2,729.66
51020	CYSTOTOMY/CYSTOSTOMY W/FULG	Y	-	1/1/2026	Fee Schedule	\$1,723.02
51040	INCISE & DRAIN BLADDER	Y	-	1/1/2026	Fee Schedule	\$1,001.95
51045	INCISE BLADDER/DRAIN URETER	Y	-	1/1/2026	Fee Schedule	\$1,001.95
51050	REMOVAL OF BLADDER STONE	Y	-	1/1/2026	Fee Schedule	\$2,729.66
51060	REMOVAL OF URETER STONE	Y	-	1/1/2026	Fee Schedule	\$1,001.95
51065	REMOVE URETER CALCULUS	Y	-	1/1/2026	Fee Schedule	\$1,723.02
51080	DRAINAGE OF BLADDER ABSCESS	Y	-	1/1/2026	Fee Schedule	\$1,248.36
51100	DRAIN BLADDER BY NEEDLE	Y	-	1/1/2026	Fee Schedule	\$46.32
51101	DRAIN BLADDER BY TROCAR/CATH	-	-	1/1/2026	Fee Schedule	\$119.16
51102	DRAIN BL W/CATH INSERTION	Y	-	1/1/2026	Fee Schedule	\$1,001.95
51500	REMOVAL OF BLADDER CYST	Y	-	1/1/2026	Fee Schedule	\$3,030.97
51520	REMOVAL OF BLADDER LESION	Y	-	1/1/2026	Fee Schedule	\$1,723.02
51535	REPAIR OF URETER LESION	Y	-	1/1/2026	Fee Schedule	\$1,723.02
51600	INJECTION FOR BLADDER X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
51605	PREPARATION FOR BLADDER XRAY	-	-	7/1/2018	No Separate Payment	\$0.00
51610	INJECTION FOR BLADDER X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
51700	IRRIGATION OF BLADDER	Y	-	1/1/2026	Fee Schedule	\$56.39
51701	INSERT BLADDER CATHETER	-	-	7/1/2018	No Separate Payment	\$0.00
51702	INSERT TEMP BLADDER CATH	-	-	7/1/2018	No Separate Payment	\$0.00
51703	INSERT BLADDER CATH COMPLEX	-	-	1/1/2026	Fee Schedule	\$74.38
51705	CHANGE OF BLADDER TUBE	Y	-	1/1/2026	Fee Schedule	\$68.14
51710	CHANGE OF BLADDER TUBE	Y	-	1/1/2026	Fee Schedule	\$310.63
51715	ENDOSCOPIC INJECTION/IMPLANT	Y	-	1/1/2026	Fee Schedule	\$2,377.35
51720	TREATMENT OF BLADDER LESION	Y	-	1/1/2026	Fee Schedule	\$60.09
51725	SIMPLE CYSTOMETROGRAM	Y	-	1/1/2026	Fee Schedule	\$122.19
51726	COMPLEX CYSTOMETROGRAM	Y	-	1/1/2026	Fee Schedule	\$137.79
51727	CYSTOMETROGRAM W/UP	Y	-	1/1/2026	Fee Schedule	\$225.57
51728	CYSTOMETROGRAM W/VP	Y	-	1/1/2026	Fee Schedule	\$233.29
51729	CYSTOMETROGRAM W/VP&UP	Y	-	1/1/2026	Fee Schedule	\$228.26
51736	URINE FLOW MEASUREMENT	-	-	7/1/2018	No Separate Payment	\$0.00
51741	ELECTRO-UROFLOWMETRY FIRST	-	-	7/1/2018	No Separate Payment	\$0.00
51784	ANAL/URINARY MUSCLE STUDY	-	-	1/1/2026	Fee Schedule	\$29.20
51785	ANAL/URINARY MUSCLE STUDY	Y	-	1/1/2026	Fee Schedule	\$137.79

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Montana Healthcare Programs Fee Schedule **ASC Covered Surgical and Ancillary Services** **January 1, 2026**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
51792	URINARY REFLEX STUDY	-	-	7/1/2018	No Separate Payment	\$0.00
51797	INTRAABDOMINAL PRESSURE TEST	-	-	7/1/2018	No Separate Payment	\$0.00
51798	US URINE CAPACITY MEASURE	-	-	7/1/2018	No Separate Payment	\$0.00
51840	ATTACH BLADDER/URETHRA	Y	-	1/1/2026	Fee Schedule	\$2,295.55
51845	REPAIR BLADDER NECK	Y	-	1/1/2026	Fee Schedule	\$2,295.55
51860	REPAIR OF BLADDER WOUND	Y	-	1/1/2026	Fee Schedule	\$4,995.80
51880	REPAIR OF BLADDER OPENING	Y	-	1/1/2026	Fee Schedule	\$1,723.02
51990	LAPARO URETHRAL SUSPENSION	Y	-	1/1/2026	Fee Schedule	\$3,030.97
51992	LAPARO SLING OPERATION	Y	-	1/1/2026	Fee Schedule	\$4,168.43
52000	CYSTOURETHROSCOPY	Y	-	1/1/2026	Fee Schedule	\$310.63
52001	CYSTO W/IRRG&EVAC MLT CLOTS	Y	-	1/1/2026	Fee Schedule	\$1,723.02
52005	CYSTO W/URTRL CATHJ	Y	-	1/1/2026	Fee Schedule	\$1,001.95
52007	CYSTO URTRL CATHJ BRUSH BX	Y	-	1/1/2026	Fee Schedule	\$1,723.02
52010	CYSTOSCOPY & DUCT CATHETER	Y	-	1/1/2026	Fee Schedule	\$310.63
52204	CYSTOSCOPY W/BIOPSY(S)	Y	-	1/1/2026	Fee Schedule	\$1,001.95
52214	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2026	Fee Schedule	\$1,723.02
52224	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2026	Fee Schedule	\$1,723.02
52234	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2026	Fee Schedule	\$1,723.02
52235	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2026	Fee Schedule	\$1,723.02
52240	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2026	Fee Schedule	\$2,729.66
52250	CYSTOSCOPY AND RADIOTRACER	Y	-	1/1/2026	Fee Schedule	\$1,723.02
52260	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2026	Fee Schedule	\$1,001.95
52265	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2026	Fee Schedule	\$236.99
52270	CYSTOSCOPY & REVISE URETHRA	Y	-	1/1/2026	Fee Schedule	\$1,001.95
52275	CYSTOSCOPY & REVISE URETHRA	Y	-	1/1/2026	Fee Schedule	\$1,001.95
52276	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2026	Fee Schedule	\$1,001.95
52277	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2026	Fee Schedule	\$1,723.02
52281	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2026	Fee Schedule	\$1,001.95
52282	CYSTOSCOPY IMPLANT STENT	Y	-	1/1/2026	Fee Schedule	\$1,723.02
52283	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2026	Fee Schedule	\$1,001.95
52284	CYSTO RX BALO CATH URTRL STRX	Y	-	1/1/2026	Fee Schedule	\$3,884.07
52285	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2026	Fee Schedule	\$310.63
52287	CYSTOSCOPY CHEMODENERVATION	Y	-	1/1/2026	Fee Schedule	\$1,001.95
52290	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2026	Fee Schedule	\$1,001.95
52300	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2026	Fee Schedule	\$1,723.02
52301	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2026	Fee Schedule	\$1,723.02
52305	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2026	Fee Schedule	\$2,729.66
52310	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2026	Fee Schedule	\$1,001.95
52315	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2026	Fee Schedule	\$1,001.95
52317	REMOVE BLADDER STONE	Y	-	1/1/2026	Fee Schedule	\$1,723.02
52318	REMOVE BLADDER STONE	Y	-	1/1/2026	Fee Schedule	\$1,723.02
52320	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2026	Fee Schedule	\$1,723.02
52325	CYSTOSCOPY STONE REMOVAL	Y	-	1/1/2026	Fee Schedule	\$2,729.66
52327	CYSTOSCOPY INJECT MATERIAL	Y	-	1/1/2026	Fee Schedule	\$3,847.16
52330	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2026	Fee Schedule	\$1,723.02
52332	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2026	Fee Schedule	\$1,723.02
52334	CREATE PASSAGE TO KIDNEY	Y	-	1/1/2026	Fee Schedule	\$1,723.02
52341	CYSTO W/URETER STRICTURE TX	Y	-	1/1/2026	Fee Schedule	\$1,723.02
52342	CYSTO W/UP STRICTURE TX	Y	-	1/1/2026	Fee Schedule	\$1,723.02
52343	CYSTO W/RENAL STRICTURE TX	Y	-	1/1/2026	Fee Schedule	\$1,723.02
52344	CYSTO/URETERO STRICTURE TX	Y	-	1/1/2026	Fee Schedule	\$1,723.02

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

Montana Healthcare Programs Fee Schedule ASC Covered Surgical and Ancillary Services January 1, 2026

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
52345	CYSTO/URETERO W/UP STRICTURE	Y	-	1/1/2026	Fee Schedule	\$1,723.02
52346	CYSTOURETERO W/RENAL STRICT	Y	-	1/1/2026	Fee Schedule	\$2,729.66
52351	CYSTOURETERO & OR PYELOSCOPE	Y	-	1/1/2026	Fee Schedule	\$1,723.02
52352	CYSTOURETERO W/STONE REMOVE	Y	-	1/1/2026	Fee Schedule	\$1,723.02
52353	CYSTOURETERO W/LITHOTRIPSY	Y	-	1/1/2026	Fee Schedule	\$2,729.66
52354	CYSTOURETERO W/BIOPSY	Y	-	1/1/2026	Fee Schedule	\$2,729.66
52355	CYSTOURETERO W/EXCISE TUMOR	Y	-	1/1/2026	Fee Schedule	\$2,729.66
52356	CYSTO/URETERO W/LITHOTRIPSY	Y	-	1/1/2026	Fee Schedule	\$2,729.66
52400	CYSTO CGEN POST URTL VALVES	Y	-	1/1/2026	Fee Schedule	\$1,723.02
52402	CYSTO TRURL RESCJ EJACUL DUX	Y	-	1/1/2026	Fee Schedule	\$1,723.02
52443	CYSTO 1ST TRURL PRST8 COMIS	Y	-	1/1/2026	Fee Schedule	\$7,618.93
52450	TRANSURETHRAL INC PROSTATE	Y	-	1/1/2026	Fee Schedule	\$1,723.02
52500	TRURL RESECTION BLADDER NECK	Y	-	1/1/2026	Fee Schedule	\$1,723.02
52597	TRURL RBTC WTRJT RESCJ PRST8	Y	-	1/1/2026	Fee Schedule	\$6,949.81
52601	PROSTATECTOMY (TURP)	Y	-	1/1/2026	Fee Schedule	\$2,729.66
52630	REMOVE PROSTATE REGROWTH	Y	-	1/1/2026	Fee Schedule	\$2,729.66
52640	RELIEVE BLADDER CONTRACTURE	Y	-	1/1/2026	Fee Schedule	\$1,723.02
52648	LASER SURGERY OF PROSTATE	Y	-	1/1/2026	Fee Schedule	\$2,729.66
52649	PROSTATE LASER ENUCLEATION	Y	-	1/1/2026	Fee Schedule	\$2,729.66
52700	DRAINAGE OF PROSTATE ABSCESS	Y	-	1/1/2026	Fee Schedule	\$1,723.02
53000	INCISION OF URETHRA	Y	-	1/1/2026	Fee Schedule	\$1,001.95
53010	INCISION OF URETHRA	Y	-	1/1/2026	Fee Schedule	\$2,729.66
53020	INCISION OF URETHRA	Y	-	1/1/2026	Fee Schedule	\$1,001.95
53025	INCISION OF URETHRA	Y	-	1/1/2026	Fee Schedule	\$1,001.95
53040	DRAINAGE OF URETHRA ABSCESS	Y	-	1/1/2026	Fee Schedule	\$1,723.02
53060	DRAINAGE OF URETHRA ABSCESS	Y	-	1/1/2026	Fee Schedule	\$88.95
53080	DRAINAGE OF URINARY LEAKAGE	Y	-	1/1/2026	Fee Schedule	\$310.63
53085	DRAINAGE OF URINARY LEAKAGE	Y	-	1/1/2026	Fee Schedule	\$1,001.95
53200	BIOPSY OF URETHRA	Y	-	1/1/2026	Fee Schedule	\$1,001.95
53210	REMOVAL OF URETHRA	Y	-	1/1/2026	Fee Schedule	\$1,723.02
53215	REMOVAL OF URETHRA	Y	-	1/1/2026	Fee Schedule	\$2,729.66
53220	TREATMENT OF URETHRA LESION	Y	-	1/1/2026	Fee Schedule	\$1,723.02
53230	REMOVAL OF URETHRA LESION	Y	-	1/1/2026	Fee Schedule	\$2,729.66
53235	REMOVAL OF URETHRA LESION	Y	-	1/1/2026	Fee Schedule	\$2,729.66
53240	SURGERY FOR URETHRA POUCH	Y	-	1/1/2026	Fee Schedule	\$1,723.02
53250	REMOVAL OF URETHRA GLAND	Y	-	1/1/2026	Fee Schedule	\$1,723.02
53260	TREATMENT OF URETHRA LESION	Y	-	1/1/2026	Fee Schedule	\$1,723.02
53265	TREATMENT OF URETHRA LESION	Y	-	1/1/2026	Fee Schedule	\$1,001.95
53270	REMOVAL OF URETHRA GLAND	Y	-	1/1/2026	Fee Schedule	\$1,723.02
53275	REPAIR OF URETHRA DEFECT	Y	-	1/1/2026	Fee Schedule	\$1,723.02
53400	REVISE URETHRA STAGE 1	Y	-	1/1/2026	Fee Schedule	\$2,729.66
53405	REVISE URETHRA STAGE 2	Y	-	1/1/2026	Fee Schedule	\$2,729.66
53410	RECONSTRUCTION OF URETHRA	Y	-	1/1/2026	Fee Schedule	\$2,729.66
53420	RECONSTRUCT URETHRA STAGE 1	Y	-	1/1/2026	Fee Schedule	\$2,729.66
53425	RECONSTRUCT URETHRA STAGE 2	Y	-	1/1/2026	Fee Schedule	\$2,729.66
53430	RECONSTRUCTION OF URETHRA	Y	-	1/1/2026	Fee Schedule	\$2,729.66
53431	RECONSTRUCT URETHRA/BLADDER	Y	-	1/1/2026	Fee Schedule	\$2,729.66
53440	MALE SLING PROCEDURE	Y	-	1/1/2026	Fee Schedule	\$10,826.41
53442	REMOVE/REVISE MALE SLING	Y	-	1/1/2026	Fee Schedule	\$2,729.66
53444	INSERT TANDEM CUFF	Y	-	1/1/2026	Fee Schedule	\$17,531.65
53445	INSERT URO/VES NCK SPHINCTER	Y	-	1/1/2026	Fee Schedule	\$18,006.80

Montana Healthcare Programs Fee Schedule **ASC Covered Surgical and Ancillary Services** **January 1, 2026**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
53446	REMOVE URO SPHINCTER	-	-	1/1/2026	Fee Schedule	\$2,729.66
53447	REMOVE/REPLACE UR SPHINCTER	Y	-	1/1/2026	Fee Schedule	\$17,695.56
53449	REPAIR URO SPHINCTER	Y	-	1/1/2026	Fee Schedule	\$4,995.80
53450	REVISION OF URETHRA	Y	-	1/1/2026	Fee Schedule	\$1,723.02
53451	TPRNL BALO CNTNC DEV BI	Y	-	1/1/2026	Fee Schedule	\$11,096.11
53452	TPRNL BALO CNTNC DEV UNI	Y	-	1/1/2026	Fee Schedule	\$7,754.47
53453	TPRNL BALO CNTNC DEV RMVL EA	Y	-	1/1/2026	Fee Schedule	\$1,723.02
53454	TPRNL BALO CNTNC DEV ADJMT	Y	-	1/1/2026	Fee Schedule	\$137.79
53460	REVISION OF URETHRA	Y	-	1/1/2026	Fee Schedule	\$1,723.02
53500	URETHRLYS TRANSVAG W/ SCOPE	Y	-	1/1/2026	Fee Schedule	\$1,723.02
53502	REPAIR OF URETHRA INJURY	Y	-	1/1/2026	Fee Schedule	\$1,723.02
53505	REPAIR OF URETHRA INJURY	Y	-	1/1/2026	Fee Schedule	\$2,729.66
53510	REPAIR OF URETHRA INJURY	Y	-	1/1/2026	Fee Schedule	\$2,729.66
53515	REPAIR OF URETHRA INJURY	Y	-	1/1/2026	Fee Schedule	\$2,729.66
53520	REPAIR OF URETHRA DEFECT	Y	-	1/1/2026	Fee Schedule	\$2,729.66
53600	DILATE URETHRA STRICTURE	Y	-	1/1/2026	Fee Schedule	\$46.99
53601	DILATE URETHRA STRICTURE	-	-	7/1/2018	No Separate Payment	\$0.00
53605	DILATE URETHRA STRICTURE	Y	-	1/1/2026	Fee Schedule	\$1,723.02
53620	DILATE URETHRA STRICTURE	Y	-	1/1/2026	Fee Schedule	\$114.80
53621	DILATE URETHRA STRICTURE	Y	-	1/1/2026	Fee Schedule	\$117.82
53660	DILATION OF URETHRA	-	-	1/1/2026	Fee Schedule	\$53.37
53661	DILATION OF URETHRA	-	-	7/1/2018	No Separate Payment	\$0.00
53665	DILATION OF URETHRA	Y	-	1/1/2026	Fee Schedule	\$1,001.95
53850	PROSTATIC MICROWAVE THERMOTX	Y	-	1/1/2026	Fee Schedule	\$1,235.62
53852	PROSTATIC RF THERMOTX	Y	-	1/1/2026	Fee Schedule	\$1,184.93
53854	TRURL DSTRJ PRST8 TISS RF WV	Y	-	1/1/2026	Fee Schedule	\$1,723.02
53855	INSERT PROST URETHRAL STENT	Y	-	1/1/2026	Fee Schedule	\$1,595.00
53860	TRANSURETHRAL RF TREATMENT	Y	-	1/1/2026	Fee Schedule	\$1,001.95
53865	CYSTO INSJ DEV ISCHMC RMDLG	Y	-	1/1/2026	Fee Schedule	\$7,734.25
53866	CATHJ RMVL DEV ISCHMC RMDLG	Y	-	1/1/2026	Fee Schedule	\$91.64
54000	SLITTING OF PREPUCE	Y	-	1/1/2026	Fee Schedule	\$1,723.02
54001	SLITTING OF PREPUCE	Y	-	1/1/2026	Fee Schedule	\$1,001.95
54015	I&D PENIS DEEP	Y	-	1/1/2026	Fee Schedule	\$742.04
54050	DESTRUCTION PENIS LESION(S)	-	-	7/1/2018	No Separate Payment	\$0.00
54055	DESTRUCTION PENIS LESION(S)	Y	-	1/1/2026	Fee Schedule	\$94.32
54056	CRYOSURGERY PENIS LESION(S)	-	-	7/1/2018	No Separate Payment	\$0.00
54057	LASER SURG PENIS LESION(S)	Y	-	1/1/2026	Fee Schedule	\$1,128.57
54060	EXCISION OF PENIS LESION(S)	Y	-	1/1/2026	Fee Schedule	\$1,128.57
54065	DESTRUCTION PENIS LESION(S)	Y	-	1/1/2026	Fee Schedule	\$1,128.57
54100	BIOPSY OF PENIS	Y	-	1/1/2026	Fee Schedule	\$742.04
54105	BIOPSY OF PENIS	Y	-	1/1/2026	Fee Schedule	\$1,248.36
54110	TREATMENT OF PENIS LESION	Y	-	1/1/2026	Fee Schedule	\$1,723.02
54111	TREAT PENIS LESION GRAFT	Y	-	1/1/2026	Fee Schedule	\$2,729.66
54112	TREAT PENIS LESION GRAFT	Y	-	1/1/2026	Fee Schedule	\$4,995.80
54115	TREATMENT OF PENIS LESION	Y	-	1/1/2026	Fee Schedule	\$1,248.36
54120	PARTIAL REMOVAL OF PENIS	Y	-	1/1/2026	Fee Schedule	\$1,723.02
54150	CIRCUMCISION W/REGIONL BLOCK	Y	-	1/1/2026	Fee Schedule	\$1,001.95
54160	CIRCUMCISION NEONATE	Y	-	1/1/2026	Fee Schedule	\$310.63
54161	CIRCUM 28 DAYS OR OLDER	Y	-	1/1/2026	Fee Schedule	\$1,001.95
54162	LYSIS PENIL CIRCUMIC LESION	Y	-	1/1/2026	Fee Schedule	\$1,001.95
54163	REPAIR OF CIRCUMCISION	Y	-	1/1/2026	Fee Schedule	\$1,001.95

Montana Healthcare Programs Fee Schedule ASC Covered Surgical and Ancillary Services January 1, 2026

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
54164	FRENULOTOMY OF PENIS	Y	-	1/1/2026	Fee Schedule	\$1,001.95
54200	INJECTION PX PEYRONIE DS	Y	-	1/1/2026	Fee Schedule	\$80.90
54205	NJX PX PEYRONIE DS EXPS PLAQ	Y	-	1/1/2026	Fee Schedule	\$2,729.66
54220	IRRG CRPRA CAVRNOSA PRIAPISM	Y	-	1/1/2026	Fee Schedule	\$137.79
54230	NJX CORPORA CAVERNOSOGRAPY	-	-	7/1/2018	Not Allowed	\$0.00
54231	DYNAMIC CAVERNOSOMETRY	-	-	4/1/2024	Not Allowed	\$0.00
54235	NJX CORPORA CAVERNOSA RX AGT	-	-	4/1/2024	Not Allowed	\$0.00
54240	PENILE PLETHYSMOGRAPHY	-	-	4/1/2024	Not Allowed	\$0.00
54250	NCTRNL PEN TMSCN&/RGDITY TST	-	-	4/1/2024	Not Allowed	\$0.00
54300	REVISION OF PENIS	Y	-	1/1/2026	Fee Schedule	\$1,723.02
54304	REVISION OF PENIS	Y	-	1/1/2026	Fee Schedule	\$1,723.02
54308	RECONSTRUCTION OF URETHRA	Y	-	1/1/2026	Fee Schedule	\$2,729.66
54312	RECONSTRUCTION OF URETHRA	Y	-	1/1/2026	Fee Schedule	\$1,723.02
54316	RECONSTRUCTION OF URETHRA	Y	-	1/1/2026	Fee Schedule	\$4,995.80
54318	RECONSTRUCTION OF URETHRA	Y	-	1/1/2026	Fee Schedule	\$1,723.02
54322	RECONSTRUCTION OF URETHRA	Y	-	1/1/2026	Fee Schedule	\$1,723.02
54324	RECONSTRUCTION OF URETHRA	Y	-	1/1/2026	Fee Schedule	\$1,723.02
54326	RECONSTRUCTION OF URETHRA	Y	-	1/1/2026	Fee Schedule	\$1,723.02
54328	REVISE PENIS/URETHRA	Y	-	1/1/2026	Fee Schedule	\$1,723.02
54332	REVISE PENIS/URETHRA	-	-	1/1/2022	Not Allowed	\$0.00
54336	REVISE PENIS/URETHRA	-	-	1/1/2022	Not Allowed	\$0.00
54340	RPR HYPSPAD COMP SIMPLE	Y	-	1/1/2026	Fee Schedule	\$1,723.02
54344	RRP HYPSPAD COMP MOBLJ&URTP	Y	-	1/1/2026	Fee Schedule	\$4,995.80
54348	RPR HYPSPAD COMP DSJ & URTP	Y	-	1/1/2026	Fee Schedule	\$2,729.66
54352	REVJ PRIOR HYPSPAD REPAIR	Y	-	1/1/2026	Fee Schedule	\$2,729.66
54360	PENIS PLASTIC SURGERY	Y	Y	1/1/2026	Fee Schedule	\$1,723.02
54380	REPAIR PENIS	Y	-	1/1/2026	Fee Schedule	\$1,001.95
54385	REPAIR PENIS	Y	-	1/1/2026	Fee Schedule	\$1,001.95
54400	INSERT SEMI-RIGID PROSTHESIS	-	-	4/1/2024	Not Allowed	\$0.00
54401	INSERT SELF-CONTD PROSTHESIS	-	-	4/1/2024	Not Allowed	\$0.00
54405	INSERT MULTI-COMP PENIS PROS	-	-	4/1/2024	Not Allowed	\$0.00
54406	REMOVE MUTI-COMP PENIS PROS	-	-	4/1/2024	Not Allowed	\$0.00
54408	REPAIR MULTI-COMP PENIS PROS	-	-	4/1/2024	Not Allowed	\$0.00
54410	REMOVE/REPLACE PENIS PROSTH	-	-	4/1/2024	Not Allowed	\$0.00
54411	REMOV/REPLC PENIS PROS COMP	-	-	1/1/2022	Not Allowed	\$0.00
54415	REMOVE SELF-CONTD PENIS PROS	-	-	4/1/2024	Not Allowed	\$0.00
54416	REMV/REPL PENIS CONTAIN PROS	-	-	4/1/2024	Not Allowed	\$0.00
54417	REMV/REPLC PENIS PROS COMPL	-	-	1/1/2022	Not Allowed	\$0.00
54420	REVISION OF PENIS	Y	-	1/1/2026	Fee Schedule	\$1,723.02
54435	REVISION OF PENIS	Y	-	1/1/2026	Fee Schedule	\$1,723.02
54437	REPAIR CORPOREAL TEAR	Y	-	1/1/2026	Fee Schedule	\$1,723.02
54440	REPAIR OF PENIS	Y	-	1/1/2026	Fee Schedule	\$1,723.02
54450	PREPUTIAL STRETCHING	Y	-	1/1/2026	Fee Schedule	\$137.79
54500	BIOPSY OF TESTIS	Y	-	1/1/2026	Fee Schedule	\$1,248.36
54505	BIOPSY OF TESTIS	Y	-	1/1/2026	Fee Schedule	\$1,723.02
54512	EXCISE LESION TESTIS	Y	-	1/1/2026	Fee Schedule	\$1,723.02
54520	REMOVAL OF TESTIS	Y	-	1/1/2026	Fee Schedule	\$1,723.02
54522	ORCHIECTOMY PARTIAL	Y	-	1/1/2026	Fee Schedule	\$1,723.02
54530	REMOVAL OF TESTIS	Y	-	1/1/2026	Fee Schedule	\$1,744.22
54535	EXTENSIVE TESTIS SURGERY	-	-	1/1/2022	Not Allowed	\$0.00
54550	EXPLORATION FOR TESTIS	Y	-	1/1/2026	Fee Schedule	\$1,744.22

Montana Healthcare Programs Fee Schedule ASC Covered Surgical and Ancillary Services January 1, 2026

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
54560	EXPLORATION FOR TESTIS	Y	-	1/1/2026	Fee Schedule	\$1,001.95
54600	REDUCE TESTIS TORSION	Y	-	1/1/2026	Fee Schedule	\$1,723.02
54620	SUSPENSION OF TESTIS	Y	-	1/1/2026	Fee Schedule	\$1,723.02
54640	ORCHIOPEXY INGUN/SCROT APPR	Y	-	1/1/2026	Fee Schedule	\$1,744.22
54650	ORCHIOPEXY (FOWLER-STEPHENS)	Y	-	1/1/2026	Fee Schedule	\$1,744.22
54660	REVISION OF TESTIS	Y	-	1/1/2026	Fee Schedule	\$3,681.87
54670	REPAIR TESTIS INJURY	Y	-	1/1/2026	Fee Schedule	\$1,723.02
54680	RELOCATION OF TESTIS(ES)	Y	-	1/1/2026	Fee Schedule	\$1,723.02
54690	LAPAROSCOPY ORCHIECTOMY	Y	-	1/1/2026	Fee Schedule	\$3,030.97
54692	LAPAROSCOPY ORCHIOPEXY	Y	-	1/1/2026	Fee Schedule	\$3,030.97
54700	I&D EPIDIDYMS TSTIS&/SCROT SP	Y	-	1/1/2026	Fee Schedule	\$1,001.95
54800	BIOPSY OF EPIDIDYMIS	Y	-	1/1/2026	Fee Schedule	\$742.04
54830	REMOVE EPIDIDYMIS LESION	Y	-	1/1/2026	Fee Schedule	\$1,723.02
54840	REMOVE EPIDIDYMIS LESION	Y	-	1/1/2026	Fee Schedule	\$1,001.95
54860	REMOVAL OF EPIDIDYMIS	Y	-	1/1/2026	Fee Schedule	\$1,723.02
54861	REMOVAL OF EPIDIDYMIS	Y	-	1/1/2026	Fee Schedule	\$1,723.02
54865	EXPLORE EPIDIDYMIS	Y	-	1/1/2026	Fee Schedule	\$1,723.02
54900	FUSION OF SPERMATIC DUCTS	Y	-	1/1/2026	Fee Schedule	\$1,001.95
54901	FUSION OF SPERMATIC DUCTS	Y	-	1/1/2026	Fee Schedule	\$1,723.02
55000	DRAINAGE OF HYDROCELE	Y	-	1/1/2026	Fee Schedule	\$74.18
55040	REMOVAL OF HYDROCELE	Y	-	1/1/2026	Fee Schedule	\$1,744.22
55041	REMOVAL OF HYDROCELES	Y	-	1/1/2026	Fee Schedule	\$1,744.22
55060	REPAIR OF HYDROCELE	Y	-	1/1/2026	Fee Schedule	\$1,723.02
55100	DRAINAGE OF SCROTUM ABSCESS	Y	-	1/1/2026	Fee Schedule	\$742.04
55110	EXPLORE SCROTUM	Y	-	1/1/2026	Fee Schedule	\$1,723.02
55120	REMOVAL OF SCROTUM LESION	Y	-	1/1/2026	Fee Schedule	\$1,001.95
55150	REMOVAL OF SCROTUM	Y	-	1/1/2026	Fee Schedule	\$1,723.02
55175	REVISION OF SCROTUM	Y	-	1/1/2026	Fee Schedule	\$1,723.02
55180	REVISION OF SCROTUM	Y	-	1/1/2026	Fee Schedule	\$2,729.66
55200	INCISION OF SPERM DUCT	Y	-	1/1/2026	Fee Schedule	\$1,723.02
55250	REMOVAL OF SPERM DUCT(S)	Y	-	1/1/2026	Fee Schedule	\$1,001.95
55300	PREPARE SPERM DUCT X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
55400	REPAIR OF SPERM DUCT	Y	-	1/1/2026	Fee Schedule	\$1,723.02
55500	REMOVAL OF HYDROCELE	Y	-	1/1/2026	Fee Schedule	\$1,723.02
55520	REMOVAL OF SPERM CORD LESION	Y	-	1/1/2026	Fee Schedule	\$1,723.02
55530	REVISE SPERMATIC CORD VEINS	Y	-	1/1/2026	Fee Schedule	\$1,723.02
55535	REVISE SPERMATIC CORD VEINS	Y	-	1/1/2026	Fee Schedule	\$3,365.12
55540	REVISE HERNIA & SPERM VEINS	Y	-	1/1/2026	Fee Schedule	\$1,744.22
55550	LAPARO LIGATE SPERMATIC VEIN	Y	-	1/1/2026	Fee Schedule	\$3,030.97
55600	VESICULOTOMY	Y	-	1/1/2026	Fee Schedule	\$1,001.95
55680	REMOVE SPERM POUCH LESION	Y	-	1/1/2026	Fee Schedule	\$1,723.02
55705	BIOPSY OF PROSTATE	Y	-	1/1/2026	Fee Schedule	\$1,723.02
55706	BX PRST8 NDL SAT SAMPLING	Y	-	1/1/2026	Fee Schedule	\$1,723.02
55707	BX PRST8 TRCT US GUIDED	Y	-	1/1/2026	Fee Schedule	\$1,723.02
55708	BX PRST8 TRCT US W/MRI FUS 1	Y	-	1/1/2026	Fee Schedule	\$1,723.02
55709	BX PRST8 TPRNL US GUIDED	Y	-	1/1/2026	Fee Schedule	\$1,723.02
55710	BX PRST8 TPRN US W/MRI FUS 1	Y	-	1/1/2026	Fee Schedule	\$1,723.02
55711	BX PRST8 TRCT MRI-US 1ST	Y	-	1/1/2026	Fee Schedule	\$1,723.02
55712	BX PRST8 TPRNL MRI-US 1ST	Y	-	1/1/2026	Fee Schedule	\$1,723.02
55713	BX PRST8 IN-BORE CT/MRI BX 1	Y	-	1/1/2026	Fee Schedule	\$2,729.66
55714	BX PRST8 IN-BORE CT/MRI 1	Y	-	1/1/2026	Fee Schedule	\$2,729.66

Montana Healthcare Programs Fee Schedule ASC Covered Surgical and Ancillary Services January 1, 2026

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
55715	BX PRST8 EA ADD MRI-US/CT/MR	-	-	1/1/2026	No Separate Payment	\$0.00
55720	DRAINAGE OF PROSTATE ABSCESS	Y	-	1/1/2026	Fee Schedule	\$1,723.02
55725	DRAINAGE OF PROSTATE ABSCESS	Y	-	1/1/2026	Fee Schedule	\$1,723.02
55860	SURGICAL EXPOSURE PROSTATE	Y	-	1/1/2026	Fee Schedule	\$2,729.66
55866	LAPS SURG PRST8ECT RPBIC RAD	-	-	1/1/2022	Not Allowed	\$0.00
55867	LAPS SURG PRST8ECT SMPL STOT	Y	-	1/1/2026	Fee Schedule	\$5,120.50
55868	LAP SRG PRST8CT LYMPH NOD BX	Y	-	1/1/2026	Fee Schedule	\$5,120.50
55869	LAP SRG PRST8CT BI PL LMPHAD	Y	-	1/1/2026	Fee Schedule	\$5,120.50
55870	ELECTROEJACULATION	-	-	4/1/2024	Not Allowed	\$0.00
55873	CRYOABLATE PROSTATE	Y	-	1/1/2026	Fee Schedule	\$7,397.75
55874	TPRNL PLMT BIODEGRDABL MATRL	Y	-	1/1/2026	Fee Schedule	\$4,229.69
55875	TRANSPERI NEEDLE PLACE PROS	Y	-	1/1/2026	Fee Schedule	\$2,729.66
55876	PLACE RT DEVICE/MARKER PROS	-	-	1/1/2026	Fee Schedule	\$981.33
55877	ABLTJ IRE PRST8 1+ TUM PERQ	Y	-	1/1/2026	Fee Schedule	\$7,609.75
55880	ABLTJ MAL PRST8 TISS HIFU	Y	-	1/1/2026	Fee Schedule	\$4,995.80
55882	ABLT TRURL PRST8 TIS TRNSDCR	Y	-	1/1/2026	Fee Schedule	\$10,873.65
55920	PLACE NEEDLES PELVIC FOR RT	Y	-	1/1/2026	Fee Schedule	\$2,295.55
55970	SEX TRANSFORMATION M TO F	-	-	7/1/2021	Not Allowed	\$0.00
55980	SEX TRANSFORMATION F TO M	-	-	7/1/2021	Not Allowed	\$0.00
56405	I&D VULVA/PERINEAL ABSCESS	Y	-	1/1/2026	Fee Schedule	\$89.29
56420	I&D BARTHOLINS GLAND ABSCESS	Y	-	1/1/2026	Fee Schedule	\$111.71
56440	MRSPLZATN BRTHLNS GLND CST	Y	-	1/1/2026	Fee Schedule	\$1,738.07
56441	LYSIS OF LABIAL ADHESIONS	Y	-	1/1/2026	Fee Schedule	\$1,738.07
56442	HYMENOTOMY	Y	-	1/1/2026	Fee Schedule	\$1,738.07
56501	DESTROY VULVA LESIONS SIM	Y	-	1/1/2026	Fee Schedule	\$125.88
56515	DESTROY VULVA LESION/S COMPL	Y	-	1/1/2026	Fee Schedule	\$1,128.57
56605	BIOPSY OF VULVA/PERINEUM	Y	-	1/1/2026	Fee Schedule	\$52.03
56606	BIOPSY OF VULVA/PERINEUM	-	-	7/1/2018	No Separate Payment	\$0.00
56620	VULVECTOMY SIMPLE PARTIAL	Y	-	1/1/2026	Fee Schedule	\$1,738.07
56625	VULVECTOMY SIMPLE COMPLETE	Y	-	1/1/2026	Fee Schedule	\$1,738.07
56630	VULVECTOMY RADICAL PARTIAL	Y	-	1/1/2026	Fee Schedule	\$2,295.55
56700	PRTL HYMNCTMY/REVJ HYMNL RNG	Y	-	1/1/2026	Fee Schedule	\$1,738.07
56740	EXC BARTHOLINS GLAND/CYST	Y	-	1/1/2026	Fee Schedule	\$1,738.07
56800	PLASTIC REPAIR INTROITUS	Y	-	1/1/2026	Fee Schedule	\$1,738.07
56805	CLITOROPLASTY INTERSEX STATE	Y	-	1/1/2026	Fee Schedule	\$1,738.07
56810	PERINEOPLASTY RPR PER NONOB	Y	-	1/1/2026	Fee Schedule	\$1,738.07
56820	COLPOSCOPY VULVA	Y	-	1/1/2026	Fee Schedule	\$70.49
56821	COLPOSCOPY VULVA W/BIOPSY	Y	-	1/1/2026	Fee Schedule	\$91.97
57000	COLPOTOMY W/EXPLORATION	Y	-	1/1/2026	Fee Schedule	\$1,738.07
57010	COLPOTOMY DRG PEL ABSCESS	Y	-	1/1/2026	Fee Schedule	\$1,738.07
57020	COLPOCENTESIS SEP PX	Y	-	1/1/2026	Fee Schedule	\$2,295.55
57022	I&D VAGINAL HEMATOMA OB/PP	Y	-	1/1/2026	Fee Schedule	\$1,248.36
57023	I&D VAGINAL HEMATOMA NON-OB	Y	-	1/1/2026	Fee Schedule	\$1,248.36
57061	DESTRUCTION VAG LESIONS SMPL	Y	-	1/1/2026	Fee Schedule	\$114.13
57065	DESTRUCTION VAG LESION XTNSV	Y	-	1/1/2026	Fee Schedule	\$1,738.07
57100	BIOPSY VAGINAL MUCOSA SIMPLE	Y	-	1/1/2026	Fee Schedule	\$59.08
57105	BIOPSY VAGINAL MUCOSA XTNSV	Y	-	1/1/2026	Fee Schedule	\$1,738.07
57106	VAGNC PRTL RMVL VAG WALL	Y	-	1/1/2026	Fee Schedule	\$1,738.07
57107	VAGNC COMPL RMVL PARAVAG TIS	Y	-	1/1/2026	Fee Schedule	\$1,738.07
57109	VAGNC BI TOTAL PEL LYMPHADEC	Y	-	1/1/2026	Fee Schedule	\$1,738.07
57120	COLPOCLEISIS LE FORT TYPE	Y	-	1/1/2026	Fee Schedule	\$2,295.55

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

Montana Healthcare Programs Fee Schedule ASC Covered Surgical and Ancillary Services January 1, 2026

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
57130	EXCISION VAGINAL SEPTUM	Y	-	1/1/2026	Fee Schedule	\$1,738.07
57135	EXCISION VAGINAL CYST/TUMOR	Y	-	1/1/2026	Fee Schedule	\$1,738.07
57150	TREAT VAGINA INFECTION	-	-	7/1/2018	No Separate Payment	\$0.00
57155	INSERT UTERI TANDEM/OVOIDS	Y	-	1/1/2026	Fee Schedule	\$2,295.55
57156	INS VAG BRACHYTX DEVICE	Y	-	1/1/2026	Fee Schedule	\$166.92
57160	INSERT PESSARY/OTHER DEVICE	Y	-	1/1/2026	Fee Schedule	\$36.59
57170	FITTING OF DIAPHRAGM/CAP	Y	-	1/1/2026	Fee Schedule	\$37.93
57180	TREAT VAGINAL BLEEDING	Y	-	1/1/2026	Fee Schedule	\$111.71
57200	REPAIR OF VAGINA	Y	-	1/1/2026	Fee Schedule	\$1,738.07
57210	REPAIR VAGINA/PERINEUM	Y	-	1/1/2026	Fee Schedule	\$1,738.07
57220	REVISION OF URETHRA	Y	-	1/1/2026	Fee Schedule	\$2,295.55
57230	REPAIR OF URETHRAL LESION	Y	-	1/1/2026	Fee Schedule	\$1,738.07
57240	ANTERIOR COLPORRHAPHY	Y	-	1/1/2026	Fee Schedule	\$2,295.55
57250	REPAIR RECTUM & VAGINA	Y	-	1/1/2026	Fee Schedule	\$2,295.55
57260	CMBN ANT PST COLPRHY	Y	-	1/1/2026	Fee Schedule	\$2,295.55
57265	CMBN AP COLPRHY W/NTRCL RPR	Y	-	1/1/2026	Fee Schedule	\$2,295.55
57267	INSERT MESH/PELVIC FLR ADDON	-	-	7/1/2018	No Separate Payment	\$0.00
57268	REPAIR OF BOWEL BULGE	Y	-	1/1/2026	Fee Schedule	\$2,295.55
57282	COLPOPEXY EXTRAPERITONEAL	Y	-	1/1/2026	Fee Schedule	\$3,227.39
57283	COLPOPEXY INTRAPERITONEAL	Y	-	1/1/2026	Fee Schedule	\$3,227.39
57284	REPAIR PARAVAG DEFECT OPEN	Y	-	1/1/2026	Fee Schedule	\$3,031.87
57285	REPAIR PARAVAG DEFECT VAG	Y	-	1/1/2026	Fee Schedule	\$3,227.39
57287	REVISE/REMOVE SLING REPAIR	-	-	1/1/2026	Fee Schedule	\$1,738.07
57288	REPAIR BLADDER DEFECT	Y	-	1/1/2026	Fee Schedule	\$2,973.54
57289	REPAIR BLADDER & VAGINA	Y	-	1/1/2026	Fee Schedule	\$3,227.39
57291	CONSTRUCTION OF VAGINA	-	-	4/1/2024	Not Allowed	\$0.00
57292	CONSTRUCT VAGINA WITH GRAFT	-	-	1/1/2022	Not Allowed	\$0.00
57295	REVISE VAG GRAFT VIA VAGINA	Y	-	1/1/2026	Fee Schedule	\$1,738.07
57300	REPAIR RECTUM-VAGINA FISTULA	Y	-	1/1/2026	Fee Schedule	\$1,738.07
57310	REPAIR URETHROVAGINAL LESION	Y	-	1/1/2026	Fee Schedule	\$3,227.39
57320	REPAIR BLADDER-VAGINA LESION	Y	-	1/1/2026	Fee Schedule	\$2,295.55
57330	REPAIR BLADDER-VAGINA LESION	Y	-	1/1/2026	Fee Schedule	\$3,227.39
57335	REPAIR VAGINA	-	-	1/1/2022	Not Allowed	\$0.00
57400	DILATION OF VAGINA	Y	-	1/1/2026	Fee Schedule	\$1,738.07
57410	PELVIC EXAMINATION	Y	-	1/1/2026	Fee Schedule	\$1,738.07
57415	REMOVE VAGINAL FOREIGN BODY	Y	-	1/1/2026	Fee Schedule	\$1,738.07
57420	EXAM OF VAGINA W/SCOPE	Y	-	1/1/2026	Fee Schedule	\$75.86
57421	EXAM/BIOPSY OF VAG W/SCOPE	Y	-	1/1/2026	Fee Schedule	\$96.67
57423	REPAIR PARAVAG DEFECT LAP	Y	-	1/1/2026	Fee Schedule	\$5,120.50
57425	LAPAROSCOPY SURG COLPOPEXY	Y	-	1/1/2026	Fee Schedule	\$5,120.50
57426	REVISE PROSTH VAG GRAFT LAP	Y	-	1/1/2026	Fee Schedule	\$3,227.39
57452	EXAM OF CERVIX W/SCOPE	Y	-	1/1/2026	Fee Schedule	\$68.48
57454	BX/CURETT OF CERVIX W/SCOPE	Y	-	1/1/2026	Fee Schedule	\$77.54
57455	BIOPSY OF CERVIX W/SCOPE	Y	-	1/1/2026	Fee Schedule	\$84.59
57456	ENDOCERV CURETTAGE W/SCOPE	Y	-	1/1/2026	Fee Schedule	\$79.89
57460	BX OF CERVIX W/SCOPE LEEP	Y	-	1/1/2026	Fee Schedule	\$202.08
57461	CONZ OF CERVIX W/SCOPE LEEP	Y	-	1/1/2026	Fee Schedule	\$218.86
57500	BIOPSY OF CERVIX	Y	-	1/1/2026	Fee Schedule	\$106.07
57505	ENDOCERVICAL CURETTAGE	Y	-	1/1/2026	Fee Schedule	\$103.72
57510	CAUTERIZATION OF CERVIX	Y	-	1/1/2026	Fee Schedule	\$90.97
57511	CRYOCAUTERY OF CERVIX	Y	-	1/1/2026	Fee Schedule	\$115.81

Montana Healthcare Programs Fee Schedule **ASC Covered Surgical and Ancillary Services** **January 1, 2026**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
57513	LASER SURGERY OF CERVIX	Y	-	1/1/2026	Fee Schedule	\$1,738.07
57520	CONIZATION OF CERVIX	Y	-	1/1/2026	Fee Schedule	\$1,738.07
57522	CONIZATION OF CERVIX	Y	-	1/1/2026	Fee Schedule	\$1,738.07
57530	REMOVAL OF CERVIX	Y	-	1/1/2026	Fee Schedule	\$2,295.55
57550	REMOVAL OF RESIDUAL CERVIX	Y	-	1/1/2026	Fee Schedule	\$2,295.55
57555	REMOVE CERVIX/REPAIR VAGINA	Y	-	1/1/2026	Fee Schedule	\$2,295.55
57556	REMOVE CERVIX REPAIR BOWEL	Y	-	1/1/2026	Fee Schedule	\$2,295.55
57558	D&C OF CERVICAL STUMP	Y	-	1/1/2026	Fee Schedule	\$1,738.07
57700	REVISION OF CERVIX	Y	-	1/1/2026	Fee Schedule	\$1,738.07
57720	REVISION OF CERVIX	Y	-	1/1/2026	Fee Schedule	\$1,738.07
57800	DILATION OF CERVICAL CANAL	Y	-	1/1/2026	Fee Schedule	\$44.64
58100	BIOPSY OF UTERUS LINING	Y	-	1/1/2026	Fee Schedule	\$52.03
58110	BX DONE W/COLPOSCOPY ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
58120	DILATION AND CURETTAGE	Y	-	1/1/2026	Fee Schedule	\$1,738.07
58145	MYOMECTOMY VAG METHOD	Y	-	1/1/2026	Fee Schedule	\$1,738.07
58260	VAGINAL HYSTERECTOMY	Y	-	1/1/2026	Fee Schedule	\$2,295.55
58262	VAG HYST INCLUDING T/O	Y	-	1/1/2026	Fee Schedule	\$2,295.55
58263	VAG HYST W/T/O & VAG REPAIR	Y	-	1/1/2026	Fee Schedule	\$2,295.55
58270	VAG HYST W/ENTEROCELE REPAIR	Y	-	1/1/2026	Fee Schedule	\$2,295.55
58290	VAG HYST COMPLEX	Y	-	1/1/2026	Fee Schedule	\$3,227.39
58291	VAG HYST INCL T/O COMPLEX	Y	-	1/1/2026	Fee Schedule	\$2,295.55
58292	VAG HYST T/O & REPAIR COMPL	Y	-	1/1/2026	Fee Schedule	\$3,227.39
58294	VAG HYST W/ENTEROCELE COMPL	Y	-	1/1/2026	Fee Schedule	\$2,295.55
58301	REMOVE INTRAUTERINE DEVICE	-	-	1/1/2026	Fee Schedule	\$63.44
58321	ARTIFICIAL INSEMINATION	-	-	4/1/2024	Not Allowed	\$0.00
58322	ARTIFICIAL INSEMINATION	-	-	4/1/2024	Not Allowed	\$0.00
58323	SPERM WASHING	-	-	4/1/2024	Not Allowed	\$0.00
58340	CATHETER FOR HYSTEROGRAPHY	-	-	7/1/2018	No Separate Payment	\$0.00
58345	REOPEN FALLOPIAN TUBE	-	-	4/1/2024	Not Allowed	\$0.00
58346	INSERT HEYMAN UTERI CAPSULE	Y	-	1/1/2026	Fee Schedule	\$2,295.55
58350	REOPEN FALLOPIAN TUBE	Y	-	1/1/2026	Fee Schedule	\$2,295.55
58353	ENDOMETR ABLATE THERMAL	Y	-	1/1/2026	Fee Schedule	\$2,295.55
58356	ENDOMETRIAL CRYOABLATION	Y	-	1/1/2026	Fee Schedule	\$1,378.95
58541	LSH UTERUS 250 G OR LESS	Y	-	1/1/2026	Fee Schedule	\$5,120.50
58542	LSH W/T/O UT 250 G OR LESS	Y	-	1/1/2026	Fee Schedule	\$5,120.50
58543	LSH UTERUS ABOVE 250 G	Y	-	1/1/2026	Fee Schedule	\$5,120.50
58544	LSH W/T/O UTERUS ABOVE 250 G	Y	-	1/1/2026	Fee Schedule	\$5,120.50
58545	LAPAROSCOPIC MYOMECTOMY	Y	-	1/1/2026	Fee Schedule	\$3,030.97
58546	LAPARO-MYOMECTOMY COMPLEX	Y	-	1/1/2026	Fee Schedule	\$5,120.50
58550	LAPARO-ASST VAG HYSTERECTOMY	Y	-	1/1/2026	Fee Schedule	\$3,030.97
58552	LAPARO-VAG HYST INCL T/O	Y	-	1/1/2026	Fee Schedule	\$5,120.50
58553	LAPARO-VAG HYST COMPLEX	Y	-	1/1/2026	Fee Schedule	\$5,120.50
58554	LAPARO-VAG HYST W/T/O COMPL	Y	-	1/1/2026	Fee Schedule	\$5,120.50
58555	HYSTEROSCOPY DX SEP PROC	Y	-	1/1/2026	Fee Schedule	\$1,738.07
58558	HYSTEROSCOPY BIOPSY	Y	-	1/1/2026	Fee Schedule	\$1,738.07
58559	HYSTEROSCOPY LYSIS	Y	-	1/1/2026	Fee Schedule	\$2,295.55
58560	HYSTEROSCOPY RESECT SEPTUM	Y	-	1/1/2026	Fee Schedule	\$2,295.55
58561	HYSTEROSCOPY REMOVE MYOMA	Y	-	1/1/2026	Fee Schedule	\$2,295.55
58562	HYSTEROSCOPY REMOVE FB	Y	-	1/1/2026	Fee Schedule	\$1,738.07
58563	HYSTEROSCOPY ABLATION	Y	-	1/1/2026	Fee Schedule	\$2,295.55
58565	HYSTEROSCOPY STERILIZATION	Y	-	1/1/2026	Fee Schedule	\$2,908.49

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

Montana Healthcare Programs Fee Schedule **ASC Covered Surgical and Ancillary Services** **January 1, 2026**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
58570	TLH UTERUS 250 G OR LESS	Y	-	1/1/2026	Fee Schedule	\$5,120.50
58571	TLH W/T/O 250 G OR LESS	Y	-	1/1/2026	Fee Schedule	\$5,120.50
58572	TLH UTERUS OVER 250 G	Y	-	1/1/2026	Fee Schedule	\$5,120.50
58573	TLH W/T/O UTERUS OVER 250 G	Y	-	1/1/2026	Fee Schedule	\$5,120.50
58580	TRANSCRV ABLTJ UTRN FIBRD RF	Y	-	1/1/2026	Fee Schedule	\$4,284.56
58600	DIVISION OF FALLOPIAN TUBE	Y	-	1/1/2026	Fee Schedule	\$1,738.07
58615	OCCLUDE FALLOPIAN TUBE(S)	Y	-	1/1/2026	Fee Schedule	\$1,738.07
58660	LAPAROSCOPY LYSIS	Y	-	1/1/2026	Fee Schedule	\$3,030.97
58661	LAPAROSCOPY REMOVE ADNEXA	Y	-	1/1/2026	Fee Schedule	\$3,030.97
58662	LAPAROSCOPY EXCISE LESIONS	Y	-	1/1/2026	Fee Schedule	\$3,030.97
58670	LAPAROSCOPY TUBAL CAUTERY	Y	-	1/1/2026	Fee Schedule	\$3,030.97
58671	LAPAROSCOPY TUBAL BLOCK	Y	-	1/1/2026	Fee Schedule	\$3,030.97
58672	LAPAROSCOPY FIMBRIOPLASTY	Y	-	1/1/2026	Fee Schedule	\$3,030.97
58673	LAPAROSCOPY SALPINGOSTOMY	Y	-	1/1/2026	Fee Schedule	\$5,120.50
58674	LAPS ABLTJ UTERINE FIBROIDS	Y	-	1/1/2026	Fee Schedule	\$5,120.50
58770	CREATE NEW TUBAL OPENING	Y	-	1/1/2026	Fee Schedule	\$1,738.07
58800	DRAINAGE OF OVARIAN CYST(S)	Y	-	1/1/2026	Fee Schedule	\$1,738.07
58805	DRAINAGE OF OVARIAN CYST(S)	Y	-	1/1/2026	Fee Schedule	\$1,738.07
58820	DRAIN OVARY ABSCESS OPEN	Y	-	1/1/2026	Fee Schedule	\$1,738.07
58900	BIOPSY OF OVARY(S)	Y	-	1/1/2026	Fee Schedule	\$1,738.07
58920	PARTIAL REMOVAL OF OVARY(S)	Y	-	1/1/2026	Fee Schedule	\$3,227.39
58925	REMOVAL OF OVARIAN CYST(S)	Y	-	1/1/2026	Fee Schedule	\$2,295.55
58970	RETRIEVAL OF OOCYTE	-	-	4/1/2024	Not Allowed	\$0.00
58974	EMBRYO TRANSFER INTRAUTERINE	-	-	4/1/2024	Not Allowed	\$0.00
58976	TRANSFER OF EMBRYO	-	-	4/1/2024	Not Allowed	\$0.00
59000	AMNIOCENTESIS DIAGNOSTIC	Y	-	1/1/2026	Fee Schedule	\$64.11
59001	AMNIOCENTESIS THERAPEUTIC	Y	-	1/1/2026	Fee Schedule	\$166.92
59012	FETAL CORD PUNCTURE PRENATAL	Y	-	1/1/2026	Fee Schedule	\$166.92
59015	CHORION BIOPSY	Y	-	1/1/2026	Fee Schedule	\$66.46
59020	FETAL CONTRACT STRESS TEST	Y	-	1/1/2026	Fee Schedule	\$35.92
59025	FETAL NON-STRESS TEST	Y	-	1/1/2026	Fee Schedule	\$20.81
59030	FETAL SCALP BLOOD SAMPLING	Y	-	1/1/2026	Fee Schedule	\$166.92
59070	TRANSABDOM AMNIOINFUS W/US	Y	-	1/1/2026	Fee Schedule	\$166.92
59072	UMBILICAL CORD OCCLUD W/US	Y	-	1/1/2026	Fee Schedule	\$225.35
59074	FETAL FLUID DRAINAGE W/US	Y	-	1/1/2026	Fee Schedule	\$166.92
59076	FETAL SHUNT PLACEMENT W/US	Y	-	1/1/2026	Fee Schedule	\$166.92
59100	REMOVE UTERUS LESION	Y	-	1/1/2026	Fee Schedule	\$2,295.55
59150	TREAT ECTOPIC PREGNANCY	Y	-	1/1/2026	Fee Schedule	\$3,030.97
59151	TREAT ECTOPIC PREGNANCY	Y	-	1/1/2026	Fee Schedule	\$3,030.97
59160	D & C AFTER DELIVERY	Y	-	1/1/2026	Fee Schedule	\$1,738.07
59200	INSERT CERVICAL DILATOR	Y	-	1/1/2026	Fee Schedule	\$79.55
59300	EPISIOTOMY OR VAGINAL REPAIR	Y	-	1/1/2026	Fee Schedule	\$122.19
59320	REVISION OF CERVIX	Y	-	1/1/2026	Fee Schedule	\$1,738.07
59409	OBSTETRICAL CARE	Y	-	1/1/2026	Fee Schedule	\$1,738.07
59412	ANTEPARTUM MANIPULATION	Y	-	1/1/2026	Fee Schedule	\$1,738.07
59414	DELIVER PLACENTA	Y	-	1/1/2026	Fee Schedule	\$1,738.07
59612	VBAC DELIVERY ONLY	Y	-	1/1/2026	Fee Schedule	\$1,738.07
59812	TREATMENT OF MISCARRIAGE	Y	-	1/1/2026	Fee Schedule	\$1,738.07
59820	CARE OF MISCARRIAGE	Y	-	1/1/2026	Fee Schedule	\$1,738.07
59821	TREATMENT OF MISCARRIAGE	Y	-	1/1/2026	Fee Schedule	\$1,738.07
59840	INDUCED ABORTION D&C	Y	-	1/1/2026	Fee Schedule	\$1,738.07

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

Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
59841	INDUCED ABORTION DILAT&EVAC	Y	-	1/1/2026	Fee Schedule	\$1,738.07
59866	ABORTION (MPR)	Y	-	1/1/2026	Fee Schedule	\$166.92
59870	EVACUATE MOLE OF UTERUS	Y	-	1/1/2026	Fee Schedule	\$1,738.07
59871	REMOVE CERCLAGE SUTURE	-	-	1/1/2026	Fee Schedule	\$1,738.07
60000	I&D THYROGLSSL DUX CST INFCT	Y	-	1/1/2026	Fee Schedule	\$659.17
60100	BIOPSY OF THYROID	Y	-	1/1/2026	Fee Schedule	\$52.37
60200	REMOVE THYROID LESION	Y	-	1/1/2026	Fee Schedule	\$3,030.97
60210	PARTIAL THYROID EXCISION	Y	-	1/1/2026	Fee Schedule	\$3,030.97
60212	PARTIAL THYROID EXCISION	Y	-	1/1/2026	Fee Schedule	\$3,030.97
60220	PARTIAL REMOVAL OF THYROID	Y	-	1/1/2026	Fee Schedule	\$3,030.97
60225	PARTIAL REMOVAL OF THYROID	Y	-	1/1/2026	Fee Schedule	\$3,030.97
60240	REMOVAL OF THYROID	Y	-	1/1/2026	Fee Schedule	\$3,030.97
60252	REMOVAL OF THYROID	Y	-	1/1/2026	Fee Schedule	\$3,025.62
60260	REPEAT THYROID SURGERY	Y	-	1/1/2026	Fee Schedule	\$3,025.62
60271	REMOVAL OF THYROID	Y	-	1/1/2026	Fee Schedule	\$3,025.62
60280	REMOVE THYROID DUCT LESION	Y	-	1/1/2026	Fee Schedule	\$3,030.97
60281	REMOVE THYROID DUCT LESION	Y	-	1/1/2026	Fee Schedule	\$3,030.97
60300	ASPIR/INJ THYROID CYST	Y	-	1/1/2026	Fee Schedule	\$68.48
60500	EXPLORE PARATHYROID GLANDS	Y	-	1/1/2026	Fee Schedule	\$3,025.62
60502	RE-EXPLORE PARATHYROID	Y	-	1/1/2026	Fee Schedule	\$3,025.62
60512	AUTOTRANSPLANT PARATHYROID	-	-	1/1/2021	No Separate Payment	\$0.00
60520	REMOVAL OF THYMUS GLAND	Y	-	1/1/2026	Fee Schedule	\$3,025.62
60660	ABLTJ 1/+THYR NDUL ILOBE PRQ	Y	-	1/1/2026	Fee Schedule	\$742.04
60661	ABLTJ 1/+THYR NDUL ADDL PRQ	-	-	1/1/2025	No Separate Payment	\$0.00
61000	REMOVE CRANIAL CAVITY FLUID	Y	-	1/1/2026	Fee Schedule	\$387.46
61001	REMOVE CRANIAL CAVITY FLUID	Y	-	1/1/2026	Fee Schedule	\$387.46
61020	REMOVE BRAIN CAVITY FLUID	Y	-	1/1/2026	Fee Schedule	\$485.51
61026	INJECTION INTO BRAIN CANAL	Y	-	1/1/2026	Fee Schedule	\$387.46
61050	REMOVE BRAIN CANAL FLUID	Y	-	1/1/2026	Fee Schedule	\$168.50
61055	INJECTION INTO BRAIN CANAL	Y	-	1/1/2026	Fee Schedule	\$168.50
61070	BRAIN CANAL SHUNT PROCEDURE	Y	-	1/1/2026	Fee Schedule	\$387.46
61215	INS SUBQ RSVR PMP/NFS SYS	Y	-	1/1/2026	Fee Schedule	\$4,166.20
61330	DCMPRN ORBIT ONLY TRANSCRNL	Y	-	1/1/2026	Fee Schedule	\$1,480.50
61623	ENDOVASC TEMPORY VESSEL OCCL	Y	-	1/1/2026	Fee Schedule	\$7,395.83
61624	TCAT PERM OCCLS/EMBOLJ CNS	Y	-	1/1/2026	Fee Schedule	\$12,762.09
61626	TRANSCATH OCCLUSION NON-CNS	Y	-	1/1/2026	Fee Schedule	\$6,866.49
61720	INCISE SKULL/BRAIN SURGERY	Y	-	1/1/2026	Fee Schedule	\$4,166.20
61770	INCISE SKULL FOR TREATMENT	Y	-	1/1/2026	Fee Schedule	\$2,177.48
61781	SCAN PROC CRANIAL INTRA	-	-	7/1/2018	No Separate Payment	\$0.00
61782	SCAN PROC CRANIAL EXTRA	-	-	7/1/2018	No Separate Payment	\$0.00
61783	SCAN PROC SPINAL	-	-	7/1/2018	No Separate Payment	\$0.00
61790	TREAT TRIGEMINAL NERVE	Y	-	1/1/2026	Fee Schedule	\$948.66
61791	TREAT TRIGEMINAL TRACT	Y	-	1/1/2026	Fee Schedule	\$948.66
61880	REVISE/REMOVE NEUROELECTRODE	Y	-	1/1/2026	Fee Schedule	\$2,003.41
61885	INSRT/REDO NEUROSTIM 1 ARRAY	-	-	1/1/2026	Fee Schedule	\$27,984.85
61886	IMPLANT NEUROSTIM ARRAYS	-	-	1/1/2026	Fee Schedule	\$27,401.95
61888	REVISE/REMOVE NEURORECEIVER	Y	-	1/1/2026	Fee Schedule	\$8,687.98
61891	REV/RPLCMT SK-MNT CRNL NSTM	Y	-	1/1/2026	Fee Schedule	\$26,901.53
61892	RMV SK-MNT CRNL NSTM PG/RCVR	Y	-	1/1/2026	Fee Schedule	\$1,644.87
62000	TREAT SKULL FRACTURE	Y	-	1/1/2026	Fee Schedule	\$1,480.50
62160	NEUROENDOSCOPY ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00

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ASC Covered Surgical and Ancillary Services

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
62194	REPLACE/IRRIGATE CATHETER	Y	-	1/1/2026	Fee Schedule	\$948.66
62225	REPLACE/IRRIGATE CATHETER	Y	-	1/1/2026	Fee Schedule	\$2,177.48
62230	REPLACE/REVISE BRAIN SHUNT	Y	-	1/1/2026	Fee Schedule	\$4,166.20
62252	CSF SHUNT REPROGRAM	-	-	1/1/2026	Fee Schedule	\$54.38
62263	EPIDURAL LYSIS MULT SESSIONS	Y	-	1/1/2026	Fee Schedule	\$485.51
62264	EPIDURAL LYSIS ON SINGLE DAY	Y	-	1/1/2026	Fee Schedule	\$485.51
62267	INTERDISCAL PERQ ASPIR DX	Y	-	1/1/2026	Fee Schedule	\$388.55
62268	DRAIN SPINAL CORD CYST	Y	-	1/1/2026	Fee Schedule	\$485.51
62269	NEEDLE BIOPSY SPINAL CORD	Y	-	1/1/2026	Fee Schedule	\$742.04
62270	DX LMBR SPI PNXR	Y	-	1/1/2026	Fee Schedule	\$387.46
62272	THER SPI PNXR DRG CSF	Y	-	1/1/2026	Fee Schedule	\$387.46
62273	INJECT EPIDURAL PATCH	Y	-	1/1/2026	Fee Schedule	\$387.46
62280	TREAT SPINAL CORD LESION	Y	-	1/1/2026	Fee Schedule	\$485.51
62281	TREAT SPINAL CORD LESION	Y	-	1/1/2026	Fee Schedule	\$485.51
62282	TREAT SPINAL CANAL LESION	Y	-	1/1/2026	Fee Schedule	\$485.51
62284	INJECTION FOR MYELOGRAM	-	-	7/1/2018	No Separate Payment	\$0.00
62287	DCMPRN PQ NUC PUL 1/MLT LMBR	Y	-	1/1/2026	Fee Schedule	\$948.66
62290	NJX PX DISCOGRAPHY LUMBAR	-	-	7/1/2018	No Separate Payment	\$0.00
62291	NJX PX DISCOGRAPHY CRV/THRC	-	-	7/1/2018	No Separate Payment	\$0.00
62292	NJX CHEMONUCLEOLYSIS LMBR	Y	-	1/1/2026	Fee Schedule	\$948.66
62294	INJECTION INTO SPINAL ARTERY	Y	-	1/1/2026	Fee Schedule	\$485.51
62302	MYELOGRAPHY LUMBAR INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
62303	MYELOGRAPHY LUMBAR INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
62304	MYELOGRAPHY LUMBAR INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
62305	MYELOGRAPHY LUMBAR INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
62320	NJX INTERLAMINAR CRV/THRC	Y	-	1/1/2026	Fee Schedule	\$387.46
62321	NJX INTERLAMINAR CRV/THRC	Y	-	1/1/2026	Fee Schedule	\$387.46
62322	NJX INTERLAMINAR LMBR/SAC	Y	-	1/1/2026	Fee Schedule	\$485.51
62323	NJX INTERLAMINAR LMBR/SAC	Y	-	1/1/2026	Fee Schedule	\$387.46
62324	NJX INTERLAMINAR CRV/THRC	Y	-	1/1/2026	Fee Schedule	\$485.51
62325	NJX INTERLAMINAR CRV/THRC	Y	-	1/1/2026	Fee Schedule	\$485.51
62326	NJX INTERLAMINAR LMBR/SAC	Y	-	1/1/2026	Fee Schedule	\$485.51
62327	NJX INTERLAMINAR LMBR/SAC	Y	-	1/1/2026	Fee Schedule	\$485.51
62328	DX LMBR SPI PNXR W/FLUOR/CT	Y	-	1/1/2026	Fee Schedule	\$387.46
62329	THER SPI PNXR CSF FLUOR/CT	Y	-	1/1/2026	Fee Schedule	\$387.46
62330	DCMPRN PRQ RMV LIG FLV 1LMBR	Y	-	1/1/2026	Fee Schedule	\$5,610.15
62331	DCMPRN PRQ RMV LIG FLV ADDL	-	-	1/1/2026	No Separate Payment	\$0.00
62350	IMPLANT SPINAL CANAL CATH	Y	-	1/1/2026	Fee Schedule	\$5,690.58
62351	IMPLANT SPINAL CANAL CATH	Y	-	1/1/2026	Fee Schedule	\$4,682.29
62355	REMOVE SPINAL CANAL CATHETER	-	-	1/1/2026	Fee Schedule	\$948.66
62360	INSERT SPINE INFUSION DEVICE	Y	-	1/1/2026	Fee Schedule	\$15,522.45
62361	IMPLANT SPINE INFUSION PUMP	Y	-	1/1/2026	Fee Schedule	\$15,470.73
62362	IMPLANT SPINE INFUSION PUMP	Y	-	1/1/2026	Fee Schedule	\$15,470.73
62365	REMOVE SPINE INFUSION DEVICE	-	-	1/1/2026	Fee Schedule	\$2,177.48
62367	ANALYZE SPINE INFUS PUMP	-	-	1/1/2026	Fee Schedule	\$16.11
62368	ANALYZE SP INF PUMP W/REPROG	-	-	1/1/2026	Fee Schedule	\$22.49
62369	ANAL SP INF PMP W/REPRG&FILL	-	-	1/1/2026	Fee Schedule	\$73.51
62370	ANL SP INF PMP W/MDREPRG&FIL	-	-	1/1/2026	Fee Schedule	\$65.46
62380	NDSC DCMRN 1 NTRSPC LUMBAR	Y	-	1/1/2026	Fee Schedule	\$3,695.53
63001	REMOVE SPINE LAMINA 1/2 CRVL	Y	-	1/1/2026	Fee Schedule	\$3,695.53
63003	REMOVE SPINE LAMINA 1/2 THRC	Y	-	1/1/2026	Fee Schedule	\$3,695.53

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

Montana Healthcare Programs Fee Schedule **ASC Covered Surgical and Ancillary Services** **January 1, 2026**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
63005	REMOVE SPINE LAMINA 1/2 LMBR	Y	-	1/1/2026	Fee Schedule	\$3,695.53
63011	REMOVE SPINE LAMINA 1/2 SCRL	Y	-	1/1/2026	Fee Schedule	\$3,695.53
63012	REMOVE LAMINA/FACETS LUMBAR	Y	-	1/1/2026	Fee Schedule	\$3,695.53
63015	REMOVE SPINE LAMINA >2 CRVCL	Y	-	1/1/2026	Fee Schedule	\$3,695.53
63016	REMOVE SPINE LAMINA >2 THRC	Y	-	1/1/2026	Fee Schedule	\$3,695.53
63017	REMOVE SPINE LAMINA >2 LMBR	Y	-	1/1/2026	Fee Schedule	\$3,695.53
63020	LAMOT DCMPRN NRV RT 1 CERV	Y	-	1/1/2026	Fee Schedule	\$3,695.53
63030	LAMOT DCMPRN NRV RT 1 LMBR	Y	-	1/1/2026	Fee Schedule	\$3,695.53
63032	LAMOT RPR ANULR DFCT 1 LMBR	-	-	1/1/2026	Not Allowed	\$0.00
63035	LAMOT DCMPRN NRV RT EA ADDL	-	-	1/1/2026	No Separate Payment	\$0.00
63040	LAMINOTOMY SINGLE CERVICAL	Y	-	1/1/2026	Fee Schedule	\$3,695.53
63042	LAMINOTOMY SINGLE LUMBAR	Y	-	1/1/2026	Fee Schedule	\$3,695.53
63043	LAMINOTOMY ADDL CERVICAL	-	-	1/1/2026	No Separate Payment	\$0.00
63044	LAMINOTOMY ADDL LUMBAR	-	-	7/1/2018	No Separate Payment	\$0.00
63045	LAM FACETEC & FORAMOT CRV	Y	-	1/1/2026	Fee Schedule	\$3,695.53
63046	LAM FACETEC & FORAMOT THRC	Y	-	1/1/2026	Fee Schedule	\$3,695.53
63047	LAM FACETEC & FORAMOT LUMBAR	Y	-	1/1/2026	Fee Schedule	\$3,695.53
63048	REMOVE SPINAL LAMINA ADD-ON	-	-	1/1/2026	No Separate Payment	\$0.00
63055	DECOMPRESS SPINAL CORD THRC	Y	-	1/1/2026	Fee Schedule	\$3,695.53
63056	DECOMPRESS SPINAL CORD LMBR	Y	-	1/1/2026	Fee Schedule	\$3,695.53
63057	DECOMPRESS SPINE CORD ADD-ON	-	-	1/1/2026	No Separate Payment	\$0.00
63064	DECOMPRESS SPINAL CORD THRC	Y	-	1/1/2026	Fee Schedule	\$3,695.53
63066	DECOMPRESS SPINE CORD ADD-ON	-	-	1/1/2026	No Separate Payment	\$0.00
63075	NECK SPINE DISK SURGERY	Y	-	1/1/2026	Fee Schedule	\$3,695.53
63076	NECK SPINE DISK SURGERY	-	-	1/1/2026	No Separate Payment	\$0.00
63265	EXCISE INTRASPINL LESION CRV	Y	-	1/1/2026	Fee Schedule	\$3,695.53
63266	EXCISE INTRSPINL LESION THRC	Y	-	1/1/2026	Fee Schedule	\$3,695.53
63267	EXCISE INTRSPINL LESION LMBR	Y	-	1/1/2026	Fee Schedule	\$3,695.53
63268	EXCISE INTRSPINL LESION SCRL	Y	-	1/1/2026	Fee Schedule	\$3,695.53
63600	REMOVE SPINAL CORD LESION	Y	-	1/1/2026	Fee Schedule	\$948.66
63610	STIMULATION OF SPINAL CORD	Y	-	1/1/2026	Fee Schedule	\$1,416.28
63650	IMPLANT NEUROELECTRODES	-	-	1/1/2026	Fee Schedule	\$5,030.95
63655	IMPLANT NEUROELECTRODES	-	-	1/1/2026	Fee Schedule	\$14,405.66
63661	REMOVE SPINE ELTRD PERQ ARAY	-	-	1/1/2026	Fee Schedule	\$948.66
63662	REMOVE SPINE ELTRD PLATE	Y	-	1/1/2026	Fee Schedule	\$2,003.41
63663	REVISE SPINE ELTRD PERQ ARAY	-	-	1/1/2026	Fee Schedule	\$5,076.32
63664	REVISE SPINE ELTRD PLATE	-	-	1/1/2026	Fee Schedule	\$7,930.10
63685	INS/RPLC SPI NPG/RCVR POCKET	-	-	1/1/2026	Fee Schedule	\$27,485.81
63688	REV/RMV IMP SP NPG/R DTCH CN	Y	-	1/1/2026	Fee Schedule	\$2,003.41
63741	INSTALL SPINAL SHUNT	Y	-	1/1/2026	Fee Schedule	\$5,308.06
63744	REVISION OF SPINAL SHUNT	Y	-	1/1/2026	Fee Schedule	\$2,826.22
63746	REMOVAL OF SPINAL SHUNT	-	-	1/1/2026	Fee Schedule	\$948.66
64400	NJX AA&/STRD TRIGEMINAL NRV	Y	-	1/1/2026	Fee Schedule	\$90.97
64405	NJX AA&/STRD GR OCPL NRV	Y	-	1/1/2026	Fee Schedule	\$41.29
64408	NJX AA&/STRD VAGUS NRV	Y	-	1/1/2026	Fee Schedule	\$52.03
64415	NJX AA&/STRD BRCH PLXS IMG	Y	-	1/1/2026	Fee Schedule	\$485.51
64416	NJX AA&/STRD BRCH PL NFS IMG	Y	-	1/1/2026	Fee Schedule	\$615.14
64417	NJX AA&/STRD AX NERVE IMG	Y	-	1/1/2026	Fee Schedule	\$485.51
64418	NJX AA&/STRD SPRSCAP NRV	Y	-	1/1/2026	Fee Schedule	\$50.69
64420	NJX AA&/STRD NTRCOST NRV 1	Y	-	1/1/2026	Fee Schedule	\$387.46
64421	NJX AA&/STRD NTRCOST NRV EA	Y	-	1/1/2026	Fee Schedule	\$485.51

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ASC Covered Surgical and Ancillary Services
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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
64425	NJX AA&/STRD II IH NERVES	Y	-	1/1/2026	Fee Schedule	\$85.60
64430	NJX AA&/STRD PUDENDAL NERVE	Y	-	1/1/2026	Fee Schedule	\$485.51
64435	NJX AA&/STRD PARACRV NRV	Y	-	1/1/2026	Fee Schedule	\$46.66
64445	NJX AA&/STRD SCIATIC NRV IMG	Y	-	1/1/2026	Fee Schedule	\$123.53
64446	NJX AA&/STRD SC NRV NFS IMG	Y	-	1/1/2026	Fee Schedule	\$485.51
64447	NJX AA&/STRD FEMORAL NRV IMG	Y	-	1/1/2026	Fee Schedule	\$86.94
64448	NJX AA&/STRD FEM NRV NFS IMG	Y	-	1/1/2026	Fee Schedule	\$648.46
64449	NJX AA&/STRD LMBR PLEX NFS	Y	-	1/1/2026	Fee Schedule	\$485.51
64450	NJX AA&/STRD OTHER PN/BRANCH	Y	-	1/1/2026	Fee Schedule	\$54.38
64451	NJX AA&/STRD NRV NRV TG SI JT	Y	-	1/1/2026	Fee Schedule	\$387.46
64454	NJX AA&/STRD GNCLR NRV BRNCH	Y	-	1/1/2026	Fee Schedule	\$387.46
64455	NJX AA&/STRD PLTR COM DG NRV	Y	-	1/1/2026	Fee Schedule	\$23.50
64461	PVB THORACIC SINGLE INJ SITE	Y	-	1/1/2026	Fee Schedule	\$387.46
64462	PVB THORACIC 2ND+ INJ SITE	-	-	7/1/2018	No Separate Payment	\$0.00
64463	PVB THORACIC CONT INFUSION	Y	-	1/1/2026	Fee Schedule	\$387.46
64466	THRC FASCIAL PLN BLK UNI NJX	-	-	1/1/2025	No Separate Payment	\$0.00
64467	THRC FASCIAL PLN BLK UNI NFS	-	-	1/1/2025	No Separate Payment	\$0.00
64468	THRC FASCIAL PLN BLK BI NJX	-	-	1/1/2025	No Separate Payment	\$0.00
64469	THRC FASCIAL PLN BLK BI NFS	-	-	1/1/2025	No Separate Payment	\$0.00
64473	LWR XTR FSCL PLN BLK UNI NJX	-	-	1/1/2025	No Separate Payment	\$0.00
64474	LWR XTR FSCL PLN BLK UNI NFS	-	-	1/1/2025	No Separate Payment	\$0.00
64479	NJX AA&/STRD TFRM EPI C/T 1	Y	-	1/1/2026	Fee Schedule	\$485.51
64480	NJX AA&/STRD TFRM EPI C/T EA	-	-	7/1/2018	No Separate Payment	\$0.00
64483	NJX AA&/STRD TFRM EPI L/S 1	Y	-	1/1/2026	Fee Schedule	\$485.51
64484	NJX AA&/STRD TFRM EPI L/S EA	-	-	7/1/2018	No Separate Payment	\$0.00
64486	TAP BLOCK UNIL BY INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
64487	TAP BLOCK UNI BY INFUSION	-	-	7/1/2018	No Separate Payment	\$0.00
64488	TAP BLOCK BI INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
64489	TAP BLOCK BI BY INFUSION	-	-	7/1/2018	No Separate Payment	\$0.00
64490	INJ PARAVERT F JNT C/T 1 LEV	Y	-	1/1/2026	Fee Schedule	\$485.51
64491	INJ PARAVERT F JNT C/T 2 LEV	-	-	7/1/2018	No Separate Payment	\$0.00
64492	INJ PARAVERT F JNT C/T 3 LEV	-	-	7/1/2018	No Separate Payment	\$0.00
64493	INJ PARAVERT F JNT L/S 1 LEV	Y	-	1/1/2026	Fee Schedule	\$485.51
64494	INJ PARAVERT F JNT L/S 2 LEV	-	-	7/1/2018	No Separate Payment	\$0.00
64495	INJ PARAVERT F JNT L/S 3 LEV	-	-	7/1/2018	No Separate Payment	\$0.00
64505	N BLOCK SPENOPALATINE GANGL	Y	-	1/1/2026	Fee Schedule	\$93.65
64510	N BLOCK STELLATE GANGLION	Y	-	1/1/2026	Fee Schedule	\$485.51
64517	N BLOCK INJ HYPOGAS PLXS	Y	-	1/1/2026	Fee Schedule	\$485.51
64520	N BLOCK LUMBAR/THORACIC	Y	-	1/1/2026	Fee Schedule	\$485.51
64530	N BLOCK INJ CELIAC PELUS	Y	-	1/1/2026	Fee Schedule	\$485.51
64553	IMPLANT NEUROELECTRODES	-	-	1/1/2026	Fee Schedule	\$8,646.30
64555	IMPLANT NEUROELECTRODES	-	-	1/1/2026	Fee Schedule	\$5,774.91
64561	IMPLANT NEUROELECTRODES	-	-	1/1/2026	Fee Schedule	\$5,112.92
64566	NEUROELTRD STIM POST TIBIAL	Y	-	1/1/2026	Fee Schedule	\$95.67
64567	PERQ ELEC NRV FIELD STIMJ CN	Y	-	1/1/2026	Fee Schedule	\$497.85
64568	OPN IMPLTJ CRNL NRV NEA&PG	-	-	1/1/2026	Fee Schedule	\$42,372.52
64569	REVISE/REPL VAGUS N ELTRD	-	-	1/1/2026	Fee Schedule	\$9,557.19
64570	REMOVE VAGUS N ELTRD	-	-	1/1/2026	Fee Schedule	\$2,177.48
64575	OPN IMPLTJ NEA PERPH NERVE	-	-	1/1/2026	Fee Schedule	\$9,552.62
64580	OPN IMPLTJ NEA NEUROMUSCULAR	-	-	1/1/2026	Fee Schedule	\$13,531.90
64581	OPN IMPLTJ NEA SACRAL NERVE	-	-	1/1/2026	Fee Schedule	\$5,439.54

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
64582	OPN MPLTJ HPGLSL NSTM ARY PG	-	-	1/1/2026	Fee Schedule	\$27,161.37
64583	REV/RPLCT HPGLSL NSTM ARY PG	Y	-	1/1/2026	Fee Schedule	\$8,346.40
64584	RMVL HPGLSL NSTIM ARY PG	-	-	1/1/2026	Fee Schedule	\$2,177.48
64585	REV/RMV PERPH NSTIM ELTRD RA	Y	-	1/1/2026	Fee Schedule	\$2,003.41
64590	INS/RPL PRPH SAC/GSTR NPG/R	-	-	1/1/2026	Fee Schedule	\$16,224.24
64595	REV/RMV PRPH SAC/GSTR NPG/R	Y	-	1/1/2026	Fee Schedule	\$2,003.41
64596	INS/RPLCMT PRQ ELTRD RA PN 1	Y	-	1/1/2026	Fee Schedule	\$9,490.60
64597	INS/RPLCM PRQ ELTRD RA PN EA	-	-	1/1/2024	No Separate Payment	\$0.00
64598	REVJ/RMVL NEA PN W/INT NSTIM	Y	-	1/1/2026	Fee Schedule	\$2,003.41
64600	INJECTION TREATMENT OF NERVE	Y	-	1/1/2026	Fee Schedule	\$485.51
64605	INJECTION TREATMENT OF NERVE	Y	-	1/1/2026	Fee Schedule	\$948.66
64610	INJECTION TREATMENT OF NERVE	Y	-	1/1/2026	Fee Schedule	\$948.66
64611	CHEMODENERV SALIV GLANDS	Y	-	1/1/2026	Fee Schedule	\$92.65
64612	DESTROY NERVE FACE MUSCLE	Y	-	1/1/2026	Fee Schedule	\$86.60
64615	CHEMODENERV MUSC MIGRAINE	Y	-	1/1/2026	Fee Schedule	\$76.53
64616	CHEMODENERV MUSC NECK DYSTON	Y	-	1/1/2026	Fee Schedule	\$77.88
64617	CHEMODENER MUSCLE LARYNX EMG	Y	-	1/1/2026	Fee Schedule	\$88.95
64620	INJECTION TREATMENT OF NERVE	Y	-	1/1/2026	Fee Schedule	\$485.51
64624	DSTRJ NULYT AGT GNCLR NRV	Y	-	1/1/2026	Fee Schedule	\$948.66
64625	RF ABLTJ NRV NRVTG SI JT	Y	-	1/1/2026	Fee Schedule	\$948.66
64628	TRML DSTRJ IOS BVN 1ST 2 L/S	Y	-	1/1/2026	Fee Schedule	\$9,891.33
64630	INJECTION TREATMENT OF NERVE	Y	-	1/1/2026	Fee Schedule	\$485.51
64632	N BLOCK INJ COMMON DIGIT	Y	-	1/1/2026	Fee Schedule	\$47.33
64633	DESTROY CERV/THOR FACET JNT	Y	-	1/1/2026	Fee Schedule	\$948.66
64634	DESTROY C/TH FACET JNT ADDL	-	-	7/1/2018	No Separate Payment	\$0.00
64635	DESTROY LUMB/SAC FACET JNT	Y	-	1/1/2026	Fee Schedule	\$948.66
64636	DESTROY L/S FACET JNT ADDL	-	-	7/1/2018	No Separate Payment	\$0.00
64640	INJECTION TREATMENT OF NERVE	Y	-	1/1/2026	Fee Schedule	\$197.04
64642	CHEMODENERV 1 EXTREMITY 1-4	Y	-	1/1/2026	Fee Schedule	\$97.01
64643	CHEMODENERV 1 EXTREM 1-4 EA	-	-	7/1/2018	No Separate Payment	\$0.00
64644	CHEMODENERV 1 EXTREM 5/> MUS	Y	-	1/1/2026	Fee Schedule	\$118.83
64645	CHEMODENERV 1 EXTREM 5/> EA	-	-	7/1/2018	No Separate Payment	\$0.00
64646	CHEMODENERV TRUNK MUSC 1-5	Y	-	1/1/2026	Fee Schedule	\$96.00
64647	CHEMODENERV TRUNK MUSC 6/>	Y	-	1/1/2026	Fee Schedule	\$104.39
64650	CHEMODENERV ECCRINE GLANDS	Y	-	1/1/2026	Fee Schedule	\$60.42
64653	CHEMODENERV ECCRINE GLANDS	Y	-	1/1/2026	Fee Schedule	\$68.14
64654	1ST OPN IMPLT BAT MODULJ SYS	-	-	1/1/2026	No Separate Payment	\$0.00
64655	REVJ/RPLCMT BAT MOD SYS LEAD	Y	-	1/1/2026	Fee Schedule	\$2,538.35
64656	REVJ/RPLCMT BAT MOD SYS PG	Y	-	1/1/2026	Fee Schedule	\$27,565.55
64657	RMVL BAT MODULJ SYS TOT SYS	-	-	1/1/2026	No Separate Payment	\$0.00
64658	RMVL BAT MODUL SYS LEAD ONLY	Y	-	1/1/2026	Fee Schedule	\$2,003.41
64659	RMVL BAT MODULJ SYS PG ONLY	Y	-	1/1/2026	Fee Schedule	\$2,003.41
64680	INJECTION TREATMENT OF NERVE	Y	-	1/1/2026	Fee Schedule	\$485.51
64681	INJECTION TREATMENT OF NERVE	Y	-	1/1/2026	Fee Schedule	\$485.51
64702	REVISE FINGER/TOE NERVE	Y	-	1/1/2026	Fee Schedule	\$948.66
64704	REVISE HAND/FOOT NERVE	Y	-	1/1/2026	Fee Schedule	\$948.66
64708	REVISE ARM/LEG NERVE	Y	-	1/1/2026	Fee Schedule	\$948.66
64712	REVISION OF SCIATIC NERVE	Y	-	1/1/2026	Fee Schedule	\$948.66
64713	REVISION OF ARM NERVE(S)	Y	-	1/1/2026	Fee Schedule	\$948.66
64714	REVISE LOW BACK NERVE(S)	Y	-	1/1/2026	Fee Schedule	\$948.66
64716	REVISION OF CRANIAL NERVE	Y	-	1/1/2026	Fee Schedule	\$948.66

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
64718	REVISE ULNAR NERVE AT ELBOW	Y	-	1/1/2026	Fee Schedule	\$948.66
64719	REVISE ULNAR NERVE AT WRIST	Y	-	1/1/2026	Fee Schedule	\$948.66
64721	CARPAL TUNNEL SURGERY	Y	-	1/1/2026	Fee Schedule	\$948.66
64722	DECOMPRESSION UNSPEC NERVE	Y	-	1/1/2026	Fee Schedule	\$948.66
64726	DCMPRN PLANTAR DIGITAL NERVE	Y	-	1/1/2026	Fee Schedule	\$948.66
64727	INTERNAL NEUROLYSIS	-	-	7/1/2018	No Separate Payment	\$0.00
64728	DCMPRN MEDIAN NRV CARPL TUNL	Y	-	1/1/2026	Fee Schedule	\$1,201.96
64732	INCISION OF BROW NERVE	Y	-	1/1/2026	Fee Schedule	\$948.66
64734	INCISION OF CHEEK NERVE	Y	-	1/1/2026	Fee Schedule	\$948.66
64736	INCISION OF CHIN NERVE	Y	-	1/1/2026	Fee Schedule	\$948.66
64738	INCISION OF JAW NERVE	Y	-	1/1/2026	Fee Schedule	\$948.66
64740	INCISION OF TONGUE NERVE	Y	-	1/1/2026	Fee Schedule	\$948.66
64742	INCISION OF FACIAL NERVE	Y	-	1/1/2026	Fee Schedule	\$948.66
64744	INCISE NERVE BACK OF HEAD	Y	-	1/1/2026	Fee Schedule	\$948.66
64746	INCISE DIAPHRAGM NERVE	Y	-	1/1/2026	Fee Schedule	\$948.66
64763	INCISE HIP/THIGH NERVE	Y	-	1/1/2026	Fee Schedule	\$948.66
64766	INCISE HIP/THIGH NERVE	Y	-	1/1/2026	Fee Schedule	\$1,201.96
64771	SEVER CRANIAL NERVE	Y	-	1/1/2026	Fee Schedule	\$948.66
64772	INCISION OF SPINAL NERVE	Y	-	1/1/2026	Fee Schedule	\$948.66
64774	REMOVE SKIN NERVE LESION	Y	-	1/1/2026	Fee Schedule	\$948.66
64776	REMOVE DIGIT NERVE LESION	Y	-	1/1/2026	Fee Schedule	\$948.66
64778	DIGIT NERVE SURGERY ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
64782	REMOVE LIMB NERVE LESION	Y	-	1/1/2026	Fee Schedule	\$948.66
64783	LIMB NERVE SURGERY ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
64784	REMOVE NERVE LESION	Y	-	1/1/2026	Fee Schedule	\$948.66
64786	REMOVE SCIATIC NERVE LESION	Y	-	1/1/2026	Fee Schedule	\$2,177.48
64787	IMPLANT NERVE END	-	-	7/1/2018	No Separate Payment	\$0.00
64788	REMOVE SKIN NERVE LESION	Y	-	1/1/2026	Fee Schedule	\$948.66
64790	REMOVAL OF NERVE LESION	Y	-	1/1/2026	Fee Schedule	\$948.66
64792	REMOVAL OF NERVE LESION	Y	-	1/1/2026	Fee Schedule	\$2,177.48
64795	BIOPSY OF NERVE	Y	-	1/1/2026	Fee Schedule	\$948.66
64802	SYMPATHECTOMY CERVICAL	Y	-	1/1/2026	Fee Schedule	\$948.66
64804	SYMPATHECTOMY CERVICOTHORAC	Y	-	1/1/2026	Fee Schedule	\$948.66
64820	SYMPATHECTOMY DIGITAL ARTERY	Y	-	1/1/2026	Fee Schedule	\$948.66
64821	SYMPATHECTOMY RADIAL ARTERY	Y	-	1/1/2026	Fee Schedule	\$1,644.87
64822	SYMPATHECTOMY ULNAR ARTERY	Y	-	1/1/2026	Fee Schedule	\$1,644.87
64823	SYMPATHECTOMY SUPFC PALMAR	Y	-	1/1/2026	Fee Schedule	\$1,644.87
64831	REPAIR OF DIGIT NERVE	Y	-	1/1/2026	Fee Schedule	\$948.66
64832	REPAIR NERVE ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
64834	REPAIR OF HAND OR FOOT NERVE	Y	-	1/1/2026	Fee Schedule	\$2,177.48
64835	REPAIR OF HAND OR FOOT NERVE	Y	-	1/1/2026	Fee Schedule	\$2,177.48
64836	REPAIR OF HAND OR FOOT NERVE	Y	-	1/1/2026	Fee Schedule	\$2,177.48
64837	REPAIR NERVE ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
64840	REPAIR OF LEG NERVE	Y	-	1/1/2026	Fee Schedule	\$4,166.20
64856	REPAIR/TRANSPOSE NERVE	Y	-	1/1/2026	Fee Schedule	\$4,166.20
64857	REPAIR ARM/LEG NERVE	Y	-	1/1/2026	Fee Schedule	\$2,177.48
64858	REPAIR SCIATIC NERVE	Y	-	1/1/2026	Fee Schedule	\$948.66
64859	NERVE SURGERY	-	-	7/1/2018	No Separate Payment	\$0.00
64861	REPAIR OF ARM NERVES	Y	-	1/1/2026	Fee Schedule	\$948.66
64862	REPAIR OF LOW BACK NERVES	Y	-	1/1/2026	Fee Schedule	\$2,177.48
64864	REPAIR OF FACIAL NERVE	Y	-	1/1/2026	Fee Schedule	\$4,166.20

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
64865	REPAIR OF FACIAL NERVE	Y	-	1/1/2026	Fee Schedule	\$2,758.89
64872	SUBSEQUENT REPAIR OF NERVE	-	-	7/1/2018	No Separate Payment	\$0.00
64874	REPAIR & REVISE NERVE ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
64876	REPAIR NERVE/SHORTEN BONE	-	-	7/1/2018	No Separate Payment	\$0.00
64885	NERVE GRAFT HEAD/NECK <4 CM	Y	-	1/1/2026	Fee Schedule	\$4,166.20
64886	NERVE GRAFT HEAD/NECK >4 CM	Y	-	1/1/2026	Fee Schedule	\$5,487.12
64890	NRV GRF 1STRND HND/FOOT <4CM	Y	-	1/1/2026	Fee Schedule	\$5,487.12
64891	NRV GRF 1STRND HND/FOOT >4CM	Y	-	1/1/2026	Fee Schedule	\$5,487.12
64892	NRV GRF 1STRND ARM/LEG <4CM	Y	-	1/1/2026	Fee Schedule	\$6,619.28
64893	NRV GRF 1STRND ARM/LEG >4 CM	Y	-	1/1/2026	Fee Schedule	\$2,177.48
64895	NRV GRF MLTST HND/FOOT <4 CM	Y	-	1/1/2026	Fee Schedule	\$4,166.20
64896	NRV GRF MLTST HND/FOOT >4 CM	Y	-	1/1/2026	Fee Schedule	\$4,166.20
64897	NRV GRF MLTST ARM/LEG <4 CM	Y	-	1/1/2026	Fee Schedule	\$5,278.63
64898	NRV GRF MLTST ARM/LEG >4 CM	Y	-	1/1/2026	Fee Schedule	\$4,166.20
64901	NERVE GRAFT ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
64902	NERVE GRAFT ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
64905	NERVE PEDICLE TRANSFER	Y	-	1/1/2026	Fee Schedule	\$4,166.20
64907	NERVE PEDICLE TRANSFER	Y	-	1/1/2026	Fee Schedule	\$4,166.20
64910	NERVE REPAIR W/ALLOGRAFT	Y	-	1/1/2026	Fee Schedule	\$5,880.77
64911	NEURORRAPHY W/VEIN AUTOGRAFT	Y	-	1/1/2026	Fee Schedule	\$5,412.48
64912	NRV RPR W/NRV ALGRFT 1ST	Y	-	1/1/2026	Fee Schedule	\$6,157.80
64913	NRV RPR W/NRV ALGRFT EA ADDL	-	-	7/1/2018	No Separate Payment	\$0.00
65091	REVISE EYE	Y	-	1/1/2026	Fee Schedule	\$1,735.74
65093	REVISE EYE WITH IMPLANT	Y	-	1/1/2026	Fee Schedule	\$1,735.74
65101	REMOVAL OF EYE	Y	-	1/1/2026	Fee Schedule	\$1,735.74
65103	REMOVE EYE/INSERT IMPLANT	Y	-	1/1/2026	Fee Schedule	\$1,735.74
65105	REMOVE EYE/ATTACH IMPLANT	Y	-	1/1/2026	Fee Schedule	\$1,735.74
65110	REMOVAL OF EYE	Y	-	1/1/2026	Fee Schedule	\$1,735.74
65112	REMOVE EYE/REVISE SOCKET	Y	-	1/1/2026	Fee Schedule	\$1,735.74
65114	REMOVE EYE/REVISE SOCKET	Y	-	1/1/2026	Fee Schedule	\$1,735.74
65125	REVISE OCULAR IMPLANT	Y	-	1/1/2026	Fee Schedule	\$1,088.43
65130	INSERT OCULAR IMPLANT	Y	-	1/1/2026	Fee Schedule	\$1,735.74
65135	INSERT OCULAR IMPLANT	Y	-	1/1/2026	Fee Schedule	\$1,735.74
65140	ATTACH OCULAR IMPLANT	Y	-	1/1/2026	Fee Schedule	\$1,735.74
65150	REVISE OCULAR IMPLANT	Y	-	1/1/2026	Fee Schedule	\$1,735.74
65155	REINSERT OCULAR IMPLANT	Y	-	1/1/2026	Fee Schedule	\$1,735.74
65175	REMOVAL OF OCULAR IMPLANT	Y	-	1/1/2026	Fee Schedule	\$1,735.74
65205	REMOVE FOREIGN BODY FROM EYE	-	-	7/1/2018	No Separate Payment	\$0.00
65210	REMOVE FOREIGN BODY FROM EYE	-	-	7/1/2018	No Separate Payment	\$0.00
65220	REMOVE FOREIGN BODY FROM EYE	-	-	7/1/2018	No Separate Payment	\$0.00
65222	REMOVE FOREIGN BODY FROM EYE	-	-	7/1/2018	No Separate Payment	\$0.00
65235	REMOVE FOREIGN BODY FROM EYE	Y	-	1/1/2026	Fee Schedule	\$1,255.73
65260	REMOVE FOREIGN BODY FROM EYE	Y	-	1/1/2026	Fee Schedule	\$1,255.73
65265	REMOVE FOREIGN BODY FROM EYE	Y	-	1/1/2026	Fee Schedule	\$1,255.73
65270	REPAIR OF EYE WOUND	Y	-	1/1/2026	Fee Schedule	\$1,088.43
65272	REPAIR OF EYE WOUND	Y	-	1/1/2026	Fee Schedule	\$1,088.43
65275	REPAIR OF EYE WOUND	Y	-	1/1/2026	Fee Schedule	\$1,735.74
65280	REPAIR OF EYE WOUND	Y	-	1/1/2026	Fee Schedule	\$2,786.88
65285	REPAIR OF EYE WOUND	Y	-	1/1/2026	Fee Schedule	\$2,786.88
65286	REPAIR OF EYE WOUND	Y	-	1/1/2026	Fee Schedule	\$468.60
65290	REPAIR OF EYE SOCKET WOUND	Y	-	1/1/2026	Fee Schedule	\$1,735.74

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

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
65400	REMOVAL OF EYE LESION	Y	-	1/1/2026	Fee Schedule	\$543.31
65410	BIOPSY OF CORNEA	Y	-	1/1/2026	Fee Schedule	\$1,088.43
65420	REMOVAL OF EYE LESION	Y	-	1/1/2026	Fee Schedule	\$1,088.43
65426	REMOVAL OF EYE LESION	Y	-	1/1/2026	Fee Schedule	\$1,088.43
65430	CORNEAL SMEAR	-	-	7/1/2018	No Separate Payment	\$0.00
65435	CURETTE/TREAT CORNEA	Y	-	1/1/2026	Fee Schedule	\$51.36
65436	CURETTE/TREAT CORNEA	Y	-	1/1/2026	Fee Schedule	\$223.56
65450	TREATMENT OF CORNEAL LESION	Y	-	1/1/2026	Fee Schedule	\$174.09
65600	REVISION OF CORNEA	Y	-	1/1/2026	Fee Schedule	\$296.07
65710	CORNEAL TRANSPLANT	Y	-	1/1/2026	Fee Schedule	\$2,786.88
65730	CORNEAL TRANSPLANT	Y	-	1/1/2026	Fee Schedule	\$2,203.87
65750	CORNEAL TRANSPLANT	Y	-	1/1/2026	Fee Schedule	\$2,786.88
65755	CORNEAL TRANSPLANT	Y	-	1/1/2026	Fee Schedule	\$2,203.87
65756	CORNEAL TRNSPL ENDOTHELIAL	Y	-	1/1/2026	Fee Schedule	\$2,203.87
65757	PREP CORNEAL ENDO ALLOGRAFT	-	-	7/1/2018	No Separate Payment	\$0.00
65770	KERATOPROSTHESIS	Y	-	1/1/2026	Fee Schedule	\$11,842.71
65772	CORRECTION OF ASTIGMATISM	Y	-	1/1/2026	Fee Schedule	\$543.31
65775	CORRECTION OF ASTIGMATISM	Y	-	1/1/2026	Fee Schedule	\$1,088.43
65778	COVER EYE W/MEMBRANE	-	-	7/1/2018	No Separate Payment	\$0.00
65779	COVER EYE W/MEMBRANE SUTURE	-	-	7/1/2018	No Separate Payment	\$0.00
65780	OCULAR RECONST TRANSPLANT	Y	-	1/1/2026	Fee Schedule	\$2,199.20
65781	OCULAR RECONST TRANSPLANT	Y	-	1/1/2026	Fee Schedule	\$4,152.24
65782	OCULAR RECONST TRANSPLANT	Y	-	1/1/2026	Fee Schedule	\$1,735.74
65785	IMPLTJ NTRSTRML CRNL RNG SEG	Y	-	1/1/2026	Fee Schedule	\$3,535.31
65800	DRAINAGE OF EYE	Y	-	1/1/2026	Fee Schedule	\$1,255.73
65810	DRAINAGE OF EYE	Y	-	1/1/2026	Fee Schedule	\$1,255.73
65815	DRAINAGE OF EYE	Y	-	1/1/2026	Fee Schedule	\$1,255.73
65820	GONIOTOMY	Y	-	1/1/2026	Fee Schedule	\$2,203.87
65850	TRABECULOTOMY AB EXTERNO	Y	-	1/1/2026	Fee Schedule	\$1,255.73
65855	TRABECULOPLASTY LASER SURG	Y	-	1/1/2026	Fee Schedule	\$140.98
65860	SEVERING ADS ANT SGM LASER	Y	-	1/1/2026	Fee Schedule	\$185.29
65865	INCISE INNER EYE ADHESIONS	Y	-	1/1/2026	Fee Schedule	\$1,255.73
65870	INCISE INNER EYE ADHESIONS	Y	-	1/1/2026	Fee Schedule	\$1,255.73
65875	INCISE INNER EYE ADHESIONS	Y	-	1/1/2026	Fee Schedule	\$1,255.73
65880	INCISE INNER EYE ADHESIONS	Y	-	1/1/2026	Fee Schedule	\$2,203.87
65900	REMOVE EYE LESION	Y	-	1/1/2026	Fee Schedule	\$1,255.73
65920	REMOVE IMPLANT OF EYE	Y	-	1/1/2026	Fee Schedule	\$1,255.73
65930	REMOVE BLOOD CLOT FROM EYE	Y	-	1/1/2026	Fee Schedule	\$1,255.73
66020	INJECTION TREATMENT OF EYE	Y	-	1/1/2026	Fee Schedule	\$1,255.73
66030	INJECTION TREATMENT OF EYE	Y	-	1/1/2026	Fee Schedule	\$1,255.73
66130	REMOVE EYE LESION	Y	-	1/1/2026	Fee Schedule	\$1,088.43
66150	GLAUCOMA SURGERY	Y	-	1/1/2026	Fee Schedule	\$2,203.87
66155	GLAUCOMA SURGERY	Y	-	1/1/2026	Fee Schedule	\$2,203.87
66160	GLAUCOMA SURGERY	Y	-	1/1/2026	Fee Schedule	\$1,255.73
66170	GLAUCOMA SURGERY	Y	-	1/1/2026	Fee Schedule	\$1,255.73
66172	INCISION OF EYE	Y	-	1/1/2026	Fee Schedule	\$1,255.73
66174	TRLUML DIL AQ O/F CAN W/O ST	Y	-	1/1/2026	Fee Schedule	\$2,203.87
66175	TRLUML DIL AQ O/F CAN W/ST	Y	-	1/1/2026	Fee Schedule	\$3,912.91
66179	AQUEOUS SHUNT EYE W/O GRAFT	Y	-	1/1/2026	Fee Schedule	\$3,618.14
66180	AQUEOUS SHUNT EYE W/GRAFT	Y	-	1/1/2026	Fee Schedule	\$3,595.10
66183	INSERT ANT DRAINAGE DEVICE	Y	-	1/1/2026	Fee Schedule	\$3,207.67

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

Montana Healthcare Programs Fee Schedule ASC Covered Surgical and Ancillary Services January 1, 2026

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
66184	REVISION OF AQUEOUS SHUNT	Y	-	1/1/2026	Fee Schedule	\$1,255.73
66185	REVISE AQUEOUS SHUNT EYE	Y	-	1/1/2026	Fee Schedule	\$1,255.73
66225	REPAIR/GRAFT EYE LESION	Y	-	1/1/2026	Fee Schedule	\$2,786.88
66250	FOLLOW-UP SURGERY OF EYE	Y	-	1/1/2026	Fee Schedule	\$1,088.43
66500	INCISION OF IRIS	Y	-	1/1/2026	Fee Schedule	\$1,255.73
66505	INCISION OF IRIS	Y	-	1/1/2026	Fee Schedule	\$1,255.73
66600	REMOVE IRIS AND LESION	Y	-	1/1/2026	Fee Schedule	\$2,203.87
66605	REMOVAL OF IRIS	Y	-	1/1/2026	Fee Schedule	\$1,255.73
66625	REMOVAL OF IRIS	Y	-	1/1/2026	Fee Schedule	\$1,255.73
66630	REMOVAL OF IRIS	Y	-	1/1/2026	Fee Schedule	\$1,255.73
66635	REMOVAL OF IRIS	Y	-	1/1/2026	Fee Schedule	\$1,255.73
66680	REPAIR IRIS & CILIARY BODY	Y	-	1/1/2026	Fee Schedule	\$1,255.73
66682	REPAIR IRIS & CILIARY BODY	Y	-	1/1/2026	Fee Schedule	\$1,255.73
66683	IMPLANTATION IRIS PROSTHESIS	Y	-	1/1/2026	Fee Schedule	\$14,598.86
66700	DESTRUCTION CILIARY BODY	Y	-	1/1/2026	Fee Schedule	\$1,255.73
66710	CILIARY TRANSSLERAL THERAPY	Y	-	1/1/2026	Fee Schedule	\$1,088.43
66711	ECP CILIARY BODY DESTRUCTION	Y	-	1/1/2026	Fee Schedule	\$1,255.73
66720	DESTRUCTION CILIARY BODY	Y	-	1/1/2026	Fee Schedule	\$1,088.43
66740	DESTRUCTION CILIARY BODY	Y	-	1/1/2026	Fee Schedule	\$1,088.43
66761	REVISION OF IRIS	Y	-	1/1/2026	Fee Schedule	\$195.03
66762	REVISION OF IRIS	Y	-	1/1/2026	Fee Schedule	\$293.72
66770	REMOVAL OF INNER EYE LESION	Y	-	1/1/2026	Fee Schedule	\$301.90
66820	INCISION SECONDARY CATARACT	Y	-	1/1/2026	Fee Schedule	\$1,255.73
66821	AFTER CATARACT LASER SURGERY	Y	-	1/1/2026	Fee Schedule	\$301.90
66825	REPOSITION INTRAOCULAR LENS	Y	-	1/1/2026	Fee Schedule	\$1,255.73
66830	REMOVAL OF LENS LESION	Y	-	1/1/2026	Fee Schedule	\$1,255.73
66840	REMOVAL OF LENS MATERIAL	Y	-	1/1/2026	Fee Schedule	\$1,255.73
66850	REMOVAL OF LENS MATERIAL	Y	-	1/1/2026	Fee Schedule	\$1,255.73
66852	REMOVAL OF LENS MATERIAL	Y	-	1/1/2026	Fee Schedule	\$2,203.87
66920	EXTRACTION OF LENS	Y	-	1/1/2026	Fee Schedule	\$1,255.73
66930	EXTRACTION OF LENS	Y	-	1/1/2026	Fee Schedule	\$2,203.87
66940	EXTRACTION OF LENS	Y	-	1/1/2026	Fee Schedule	\$1,255.73
66982	XCAPSL CTRC RMVL CPLX WO ECP	Y	-	1/1/2026	Fee Schedule	\$1,255.73
66983	CATARACT SURG W/IOL 1 STAGE	Y	-	1/1/2026	Fee Schedule	\$1,255.73
66984	XCAPSL CTRC RMVL W/O ECP	Y	-	1/1/2026	Fee Schedule	\$1,255.73
66985	INSERT LENS PROSTHESIS	Y	-	1/1/2026	Fee Schedule	\$1,255.73
66986	EXCHANGE LENS PROSTHESIS	Y	-	1/1/2026	Fee Schedule	\$1,255.73
66987	XCAPSL CTRC RMVL CPLX W/ECP	Y	-	1/1/2026	Fee Schedule	\$2,203.87
66988	XCAPSL CTRC RMVL W/ECP	Y	-	1/1/2026	Fee Schedule	\$2,203.87
66989	XCPSL CTRC RMVL CPLX INSJ 1+	Y	-	1/1/2026	Fee Schedule	\$3,973.89
66990	OPHTHALMIC ENDOSCOPE ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
66991	XCAPSL CTRC RMVL INSJ 1+	Y	-	1/1/2026	Fee Schedule	\$4,014.69
67005	PARTIAL REMOVAL OF EYE FLUID	Y	-	1/1/2026	Fee Schedule	\$1,255.73
67010	PARTIAL REMOVAL OF EYE FLUID	Y	-	1/1/2026	Fee Schedule	\$1,255.73
67015	RELEASE OF EYE FLUID	Y	-	1/1/2026	Fee Schedule	\$1,255.73
67025	REPLACE EYE FLUID	Y	-	1/1/2026	Fee Schedule	\$1,255.73
67027	IMPLANT EYE DRUG SYSTEM	Y	-	1/1/2026	Fee Schedule	\$2,030.49
67028	INJECTION EYE DRUG	-	-	1/1/2026	Fee Schedule	\$64.11
67030	INCISE INNER EYE STRANDS	Y	-	1/1/2026	Fee Schedule	\$1,255.73
67031	LASER SURGERY EYE STRANDS	Y	-	1/1/2026	Fee Schedule	\$301.90
67036	REMOVAL OF INNER EYE FLUID	Y	-	1/1/2026	Fee Schedule	\$2,203.87

Montana Healthcare Programs Fee Schedule **ASC Covered Surgical and Ancillary Services** **January 1, 2026**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
67039	LASER TREATMENT OF RETINA	Y	-	1/1/2026	Fee Schedule	\$2,203.87
67040	LASER TREATMENT OF RETINA	Y	-	1/1/2026	Fee Schedule	\$2,203.87
67041	VIT FOR MACULAR PUCKER	Y	-	1/1/2026	Fee Schedule	\$2,203.87
67042	VIT FOR MACULAR HOLE	Y	-	1/1/2026	Fee Schedule	\$2,203.87
67043	VIT FOR MEMBRANE DISSECT	Y	-	1/1/2026	Fee Schedule	\$2,203.87
67101	REPAIR DETACHED RETINA CRTX	Y	-	1/1/2026	Fee Schedule	\$214.16
67105	REPAIR DETACHED RETINA PC	Y	-	1/1/2026	Fee Schedule	\$180.59
67107	REPAIR DETACHED RETINA	Y	-	1/1/2026	Fee Schedule	\$2,203.87
67108	REPAIR DETACHED RETINA	Y	-	1/1/2026	Fee Schedule	\$2,203.87
67110	REPAIR DETACHED RETINA	Y	-	1/1/2026	Fee Schedule	\$533.72
67113	REPAIR RETINAL DETACH CPLX	Y	-	1/1/2026	Fee Schedule	\$2,786.88
67115	RELEASE ENCIRCLING MATERIAL	Y	-	1/1/2026	Fee Schedule	\$2,203.87
67120	REMOVE EYE IMPLANT MATERIAL	Y	-	1/1/2026	Fee Schedule	\$1,255.73
67121	REMOVE EYE IMPLANT MATERIAL	Y	-	1/1/2026	Fee Schedule	\$1,255.73
67141	PROPH RTA DTCHMNT CRTX DTHRM	Y	-	1/1/2026	Fee Schedule	\$174.09
67145	PROPH RTA DTCHMNT PC	Y	-	1/1/2026	Fee Schedule	\$157.10
67208	TREATMENT OF RETINAL LESION	Y	-	1/1/2026	Fee Schedule	\$174.09
67210	TREATMENT OF RETINAL LESION	Y	-	1/1/2026	Fee Schedule	\$295.39
67218	TREATMENT OF RETINAL LESION	Y	-	1/1/2026	Fee Schedule	\$1,735.74
67220	TREATMENT OF CHOROID LESION	Y	-	1/1/2026	Fee Schedule	\$301.90
67221	OCULAR PHOTODYNAMIC THER	Y	-	1/1/2026	Fee Schedule	\$164.15
67225	EYE PHOTODYNAMIC THER ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
67227	DSTRJ EXTENSIVE RETINOPATHY	Y	-	1/1/2026	Fee Schedule	\$175.22
67228	TREATMENT X10SV RETINOPATHY	Y	-	1/1/2026	Fee Schedule	\$187.31
67229	TR RETINAL LES PRETERM INF	Y	-	1/1/2026	Fee Schedule	\$301.90
67250	REINFORCE EYE WALL	Y	-	1/1/2026	Fee Schedule	\$1,088.43
67255	REINFORCE/GRAFT EYE WALL	Y	-	1/1/2026	Fee Schedule	\$2,203.87
67311	REVISE EYE MUSCLE	Y	-	1/1/2026	Fee Schedule	\$1,088.43
67312	REVISE TWO EYE MUSCLES	Y	-	1/1/2026	Fee Schedule	\$1,735.74
67314	REVISE EYE MUSCLE	Y	-	1/1/2026	Fee Schedule	\$1,088.43
67316	REVISE TWO EYE MUSCLES	Y	-	1/1/2026	Fee Schedule	\$1,088.43
67318	REVISE EYE MUSCLE(S)	Y	-	1/1/2026	Fee Schedule	\$1,088.43
67320	REVISE EYE MUSCLE(S) ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
67331	EYE SURGERY FOLLOW-UP ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
67332	REREVISE EYE MUSCLES ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
67334	REVISE EYE MUSCLE W/SUTURE	-	-	7/1/2018	No Separate Payment	\$0.00
67335	EYE SUTURE DURING SURGERY	-	-	7/1/2018	No Separate Payment	\$0.00
67340	REVISE EYE MUSCLE ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
67343	RELEASE EYE TISSUE	Y	-	1/1/2026	Fee Schedule	\$1,088.43
67345	DESTROY NERVE OF EYE MUSCLE	Y	-	1/1/2026	Fee Schedule	\$136.28
67346	BIOPSY EYE MUSCLE	Y	-	1/1/2026	Fee Schedule	\$1,735.74
67400	EXPLORE/BIOPSY EYE SOCKET	Y	-	1/1/2026	Fee Schedule	\$1,735.74
67405	EXPLORE/DRAIN EYE SOCKET	Y	-	1/1/2026	Fee Schedule	\$1,088.43
67412	EXPLORE/TREAT EYE SOCKET	Y	-	1/1/2026	Fee Schedule	\$1,088.43
67413	EXPLORE/TREAT EYE SOCKET	Y	-	1/1/2026	Fee Schedule	\$1,088.43
67414	EXPLR/DECOMPRESS EYE SOCKET	Y	-	1/1/2026	Fee Schedule	\$1,735.74
67415	ASPIRATION ORBITAL CONTENTS	Y	-	1/1/2026	Fee Schedule	\$1,088.43
67420	EXPLORE/TREAT EYE SOCKET	Y	-	1/1/2026	Fee Schedule	\$1,735.74
67430	EXPLORE/TREAT EYE SOCKET	Y	-	1/1/2026	Fee Schedule	\$1,735.74
67440	EXPLORE/DRAIN EYE SOCKET	Y	-	1/1/2026	Fee Schedule	\$2,199.20
67445	EXPLR/DECOMPRESS EYE SOCKET	Y	-	1/1/2026	Fee Schedule	\$1,735.74

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

Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
January 1, 2026

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
67450	EXPLORE/BIOPSY EYE SOCKET	Y	-	1/1/2026	Fee Schedule	\$1,735.74
67500	INJECT/TREAT EYE SOCKET	Y	-	1/1/2026	Fee Schedule	\$37.93
67505	INJECT/TREAT EYE SOCKET	Y	-	1/1/2026	Fee Schedule	\$43.97
67515	INJECT/TREAT EYE SOCKET	Y	-	1/1/2026	Fee Schedule	\$25.51
67516	SPRCHOROIDAL SPC NJX RX AGT	Y	-	1/1/2026	Fee Schedule	\$67.81
67550	INSERT EYE SOCKET IMPLANT	Y	-	1/1/2026	Fee Schedule	\$1,735.74
67560	REVISE EYE SOCKET IMPLANT	Y	-	1/1/2026	Fee Schedule	\$1,735.74
67570	DECOMPRESS OPTIC NERVE	Y	-	1/1/2026	Fee Schedule	\$1,735.74
67700	BLEPHAROTOMY DRG ABSC EYELID	Y	-	1/1/2026	Fee Schedule	\$174.09
67710	SEVERING TARSORRHAPHY	Y	-	1/1/2026	Fee Schedule	\$203.08
67715	CANTHOTOMY	Y	-	1/1/2026	Fee Schedule	\$1,088.43
67800	REMOVE EYELID LESION	Y	-	1/1/2026	Fee Schedule	\$81.57
67801	REMOVE EYELID LESIONS	Y	-	1/1/2026	Fee Schedule	\$98.35
67805	REMOVE EYELID LESIONS	Y	-	1/1/2026	Fee Schedule	\$127.22
67808	REMOVE EYELID LESION(S)	Y	-	1/1/2026	Fee Schedule	\$1,088.43
67810	INCAL BX EYELID SKN LID MRGN	Y	-	1/1/2026	Fee Schedule	\$139.64
67820	REVISE EYELASHES	-	-	7/1/2018	No Separate Payment	\$0.00
67825	REVISE EYELASHES	Y	-	1/1/2026	Fee Schedule	\$85.60
67830	REVISE EYELASHES	Y	-	1/1/2026	Fee Schedule	\$543.31
67835	REVISE EYELASHES	Y	-	1/1/2026	Fee Schedule	\$1,088.43
67840	REMOVE EYELID LESION	Y	-	1/1/2026	Fee Schedule	\$205.10
67850	DSTRJ LESION LID MARGIN <1CM	Y	-	1/1/2026	Fee Schedule	\$148.37
67875	CLOSURE OF EYELID BY SUTURE	Y	-	1/1/2026	Fee Schedule	\$543.31
67880	REVISION OF EYELID	Y	-	1/1/2026	Fee Schedule	\$1,088.43
67882	REVISION OF EYELID	Y	-	1/1/2026	Fee Schedule	\$1,088.43
67900	REPAIR BROW DEFECT	Y	Y	1/1/2026	Fee Schedule	\$1,088.43
67901	REPAIR EYELID DEFECT	Y	Y	1/1/2026	Fee Schedule	\$1,088.43
67902	REPAIR EYELID DEFECT	Y	Y	1/1/2026	Fee Schedule	\$1,735.74
67903	REPAIR EYELID DEFECT	Y	Y	1/1/2026	Fee Schedule	\$1,088.43
67904	REPAIR EYELID DEFECT	Y	Y	1/1/2026	Fee Schedule	\$1,088.43
67906	REPAIR EYELID DEFECT	Y	Y	1/1/2026	Fee Schedule	\$1,735.74
67908	REPAIR EYELID DEFECT	Y	Y	1/1/2026	Fee Schedule	\$1,088.43
67909	REVISE EYELID DEFECT	Y	Y	1/1/2026	Fee Schedule	\$1,088.43
67911	REVISE EYELID DEFECT	Y	Y	1/1/2026	Fee Schedule	\$1,088.43
67912	CORRECTION EYELID W/IMPLANT	Y	-	1/1/2026	Fee Schedule	\$1,088.43
67914	REPAIR EYELID DEFECT	Y	Y	1/1/2026	Fee Schedule	\$1,088.43
67915	REPAIR EYELID DEFECT	Y	Y	1/1/2026	Fee Schedule	\$245.38
67916	REPAIR EYELID DEFECT	Y	Y	1/1/2026	Fee Schedule	\$1,088.43
67917	REPAIR EYELID DEFECT	Y	Y	1/1/2026	Fee Schedule	\$1,088.43
67921	REPAIR EYELID DEFECT	Y	Y	1/1/2026	Fee Schedule	\$1,088.43
67922	REPAIR EYELID DEFECT	Y	Y	1/1/2026	Fee Schedule	\$238.33
67923	REPAIR EYELID DEFECT	Y	Y	1/1/2026	Fee Schedule	\$1,088.43
67924	REPAIR EYELID DEFECT	Y	Y	1/1/2026	Fee Schedule	\$1,088.43
67930	REPAIR EYELID WOUND	Y	-	1/1/2026	Fee Schedule	\$245.04
67935	REPAIR EYELID WOUND	Y	-	1/1/2026	Fee Schedule	\$1,088.43
67938	REMOVE EYELID FOREIGN BODY	Y	-	1/1/2026	Fee Schedule	\$174.09
67950	REVISION OF EYELID	Y	-	1/1/2026	Fee Schedule	\$1,088.43
67961	REVISION OF EYELID	Y	-	1/1/2026	Fee Schedule	\$1,088.43
67966	REVISION OF EYELID	Y	-	1/1/2026	Fee Schedule	\$1,088.43
67971	RECONSTRUCTION OF EYELID	Y	-	1/1/2026	Fee Schedule	\$1,088.43
67973	RECONSTRUCTION OF EYELID	Y	-	1/1/2026	Fee Schedule	\$1,088.43

Montana Healthcare Programs Fee Schedule **ASC Covered Surgical and Ancillary Services** **January 1, 2026**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
67974	RECONSTRUCTION OF EYELID	Y	-	1/1/2026	Fee Schedule	\$1,735.74
67975	RECONSTRUCTION OF EYELID	Y	-	1/1/2026	Fee Schedule	\$1,088.43
68020	INCISE/DRAIN EYELID LINING	Y	-	1/1/2026	Fee Schedule	\$72.51
68040	TREATMENT OF EYELID LESIONS	Y	-	1/1/2026	Fee Schedule	\$32.90
68100	BIOPSY CONJUNCTIVA	Y	-	1/1/2026	Fee Schedule	\$132.93
68110	EXC LES CONJUNCTIVA <1 CM	Y	-	1/1/2026	Fee Schedule	\$174.55
68115	EXC LES CONJUNCTIVA >1 CM	Y	-	1/1/2026	Fee Schedule	\$1,088.43
68130	EXC LES CONJUNCTIVA ADJ SCL	Y	-	1/1/2026	Fee Schedule	\$1,088.43
68135	DESTRUCTION LES CONJUNCTIVA	Y	-	1/1/2026	Fee Schedule	\$93.65
68200	TREAT EYELID BY INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
68320	REVISE/GRAFT EYELID LINING	Y	-	1/1/2026	Fee Schedule	\$1,088.43
68325	REVISE/GRAFT EYELID LINING	Y	-	1/1/2026	Fee Schedule	\$1,735.74
68326	REVISE/GRAFT EYELID LINING	Y	-	1/1/2026	Fee Schedule	\$1,735.74
68328	REVISE/GRAFT EYELID LINING	Y	-	1/1/2026	Fee Schedule	\$1,088.43
68330	REVISE EYELID LINING	Y	-	1/1/2026	Fee Schedule	\$1,255.73
68335	REVISE/GRAFT EYELID LINING	Y	-	1/1/2026	Fee Schedule	\$1,735.74
68340	SEPARATE EYELID ADHESIONS	Y	-	1/1/2026	Fee Schedule	\$1,088.43
68360	REVISE EYELID LINING	Y	-	1/1/2026	Fee Schedule	\$1,735.74
68362	REVISE EYELID LINING	Y	-	1/1/2026	Fee Schedule	\$1,088.43
68371	HARVEST EYE TISSUE ALOGRAFT	Y	-	1/1/2026	Fee Schedule	\$1,088.43
68400	I&D LACRIMAL GLAND	Y	-	1/1/2026	Fee Schedule	\$235.64
68420	I&D LACRIMAL SAC	Y	-	1/1/2026	Fee Schedule	\$249.74
68440	SNIP INC LACRIMAL PUNCTUM	Y	-	1/1/2026	Fee Schedule	\$71.83
68500	REMOVAL OF TEAR GLAND	Y	-	1/1/2026	Fee Schedule	\$1,735.74
68505	PARTIAL REMOVAL TEAR GLAND	Y	-	1/1/2026	Fee Schedule	\$1,735.74
68510	BIOPSY OF TEAR GLAND	Y	-	1/1/2026	Fee Schedule	\$1,088.43
68520	REMOVAL OF TEAR SAC	Y	-	1/1/2026	Fee Schedule	\$1,735.74
68525	BIOPSY OF TEAR SAC	Y	-	1/1/2026	Fee Schedule	\$1,088.43
68530	CLEARANCE OF TEAR DUCT	Y	-	1/1/2026	Fee Schedule	\$174.09
68540	REMOVE TEAR GLAND LESION	Y	-	1/1/2026	Fee Schedule	\$1,088.43
68550	REMOVE TEAR GLAND LESION	Y	-	1/1/2026	Fee Schedule	\$1,735.74
68700	REPAIR TEAR DUCTS	Y	-	1/1/2026	Fee Schedule	\$1,088.43
68705	REVISE TEAR DUCT OPENING	Y	-	1/1/2026	Fee Schedule	\$174.09
68720	CREATE TEAR SAC DRAIN	Y	-	1/1/2026	Fee Schedule	\$1,735.74
68745	CREATE TEAR DUCT DRAIN	Y	-	1/1/2026	Fee Schedule	\$1,735.74
68750	CREATE TEAR DUCT DRAIN	Y	-	1/1/2026	Fee Schedule	\$1,735.74
68760	CLOSE TEAR DUCT OPENING	Y	-	1/1/2026	Fee Schedule	\$157.43
68761	CLOSE TEAR DUCT OPENING	Y	-	1/1/2026	Fee Schedule	\$96.00
68770	CLOSE TEAR SYSTEM FISTULA	Y	-	1/1/2026	Fee Schedule	\$1,088.43
68801	DILATE TEAR DUCT OPENING	-	-	7/1/2018	No Separate Payment	\$0.00
68810	PROBE NASOLACRIMAL DUCT	Y	-	1/1/2026	Fee Schedule	\$174.09
68811	PROBE NASOLACRIMAL DUCT	Y	-	1/1/2026	Fee Schedule	\$1,088.43
68815	PROBE NASOLACRIMAL DUCT	Y	-	1/1/2026	Fee Schedule	\$1,088.43
68816	PROBE NL DUCT W/BALLOON	Y	-	1/1/2026	Fee Schedule	\$1,088.43
68840	EXPLORE/IRRIGATE TEAR DUCTS	Y	-	1/1/2026	Fee Schedule	\$89.29
68841	INSJ RX ELUT IMPLT LAC CANAL	-	-	1/1/2024	No Separate Payment	\$0.00
68850	INJECTION FOR TEAR SAC X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
69000	DRG XTRNL EAR ABSC/HEM SMPL	Y	-	1/1/2026	Fee Schedule	\$135.95
69005	DRG XTRNL EAR ABSC/HEM COMP	Y	-	1/1/2026	Fee Schedule	\$141.99
69020	DRG XTRNL AUD CANAL ABSCESS	Y	-	1/1/2026	Fee Schedule	\$176.90
69100	BIOPSY OF EXTERNAL EAR	Y	-	1/1/2026	Fee Schedule	\$64.11

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
69105	BIOPSY OF EXTERNAL EAR CANAL	Y	-	1/1/2026	Fee Schedule	\$113.12
69110	REMOVE EXTERNAL EAR PARTIAL	Y	-	1/1/2026	Fee Schedule	\$1,248.36
69120	REMOVAL OF EXTERNAL EAR	Y	-	1/1/2026	Fee Schedule	\$3,025.62
69140	REMOVE EAR CANAL LESION(S)	Y	-	1/1/2026	Fee Schedule	\$3,025.62
69145	REMOVE EAR CANAL LESION(S)	Y	-	1/1/2026	Fee Schedule	\$1,248.36
69150	EXTENSIVE EAR CANAL SURGERY	Y	-	1/1/2026	Fee Schedule	\$3,025.62
69200	CLEAR OUTER EAR CANAL	-	-	7/1/2018	No Separate Payment	\$0.00
69205	CLEAR OUTER EAR CANAL	Y	-	1/1/2026	Fee Schedule	\$742.04
69209	REMOVE IMPACTED EAR WAX UNI	-	-	7/1/2018	No Separate Payment	\$0.00
69210	REMOVE IMPACTED EAR WAX UNI	-	-	7/1/2018	No Separate Payment	\$0.00
69220	CLEAN OUT MASTOID CAVITY	-	-	7/1/2018	No Separate Payment	\$0.00
69222	CLEAN OUT MASTOID CAVITY	Y	-	1/1/2026	Fee Schedule	\$163.47
69300	REVISE EXTERNAL EAR	-	-	4/1/2024	Not Allowed	\$0.00
69310	REBUILD OUTER EAR CANAL	Y	-	1/1/2026	Fee Schedule	\$3,025.62
69320	REBUILD OUTER EAR CANAL	Y	-	1/1/2026	Fee Schedule	\$3,025.62
69420	INCISION OF EARDRUM	Y	-	1/1/2026	Fee Schedule	\$129.50
69421	INCISION OF EARDRUM	Y	-	1/1/2026	Fee Schedule	\$1,480.50
69424	REMOVE VENTILATING TUBE	-	-	1/1/2026	Fee Schedule	\$100.03
69433	CREATE EARDRUM OPENING	Y	-	1/1/2026	Fee Schedule	\$145.01
69436	CREATE EARDRUM OPENING	Y	-	1/1/2026	Fee Schedule	\$659.17
69440	EXPLORATION OF MIDDLE EAR	Y	-	1/1/2026	Fee Schedule	\$1,480.50
69450	EARDRUM REVISION	Y	-	1/1/2026	Fee Schedule	\$1,480.50
69501	MASTOIDECTOMY	Y	-	1/1/2026	Fee Schedule	\$3,025.62
69502	MASTOIDECTOMY	Y	-	1/1/2026	Fee Schedule	\$3,025.62
69505	REMOVE MASTOID STRUCTURES	Y	-	1/1/2026	Fee Schedule	\$3,025.62
69511	EXTENSIVE MASTOID SURGERY	Y	-	1/1/2026	Fee Schedule	\$3,025.62
69530	EXTENSIVE MASTOID SURGERY	Y	-	1/1/2026	Fee Schedule	\$3,025.62
69540	EXCISION AURAL POLYP	Y	-	1/1/2026	Fee Schedule	\$164.48
69550	EXC AURL GLOMUS TUM TRNSCANL	Y	-	1/1/2026	Fee Schedule	\$3,025.62
69552	EXC AURL GLOMUS TUM TRNSMSTD	Y	-	1/1/2026	Fee Schedule	\$3,025.62
69601	REVJ MSTDC RSLTG COMPL MSTDC	Y	-	1/1/2026	Fee Schedule	\$3,025.62
69602	REV MSTDC RSLT MOD RAD MSTDC	Y	-	1/1/2026	Fee Schedule	\$3,025.62
69603	REVJ MSTDC RSLTG RAD MSTDC	Y	-	1/1/2026	Fee Schedule	\$3,025.62
69604	REVJ MSTDC RSLTG TYMPANPLSTY	Y	-	1/1/2026	Fee Schedule	\$3,025.62
69610	TYMPANIC MEMBRANE REPAIR	Y	-	1/1/2026	Fee Schedule	\$217.18
69620	MYRINGOPLASTY	Y	-	1/1/2026	Fee Schedule	\$1,480.50
69631	REPAIR EARDRUM STRUCTURES	Y	-	1/1/2026	Fee Schedule	\$3,025.62
69632	REBUILD EARDRUM STRUCTURES	Y	-	1/1/2026	Fee Schedule	\$3,025.62
69633	REBUILD EARDRUM STRUCTURES	Y	-	1/1/2026	Fee Schedule	\$3,025.62
69635	REPAIR EARDRUM STRUCTURES	Y	-	1/1/2026	Fee Schedule	\$3,025.62
69636	REBUILD EARDRUM STRUCTURES	Y	-	1/1/2026	Fee Schedule	\$3,025.62
69637	REBUILD EARDRUM STRUCTURES	Y	-	1/1/2026	Fee Schedule	\$3,025.62
69641	REVISE MIDDLE EAR & MASTOID	Y	-	1/1/2026	Fee Schedule	\$3,025.62
69642	REVISE MIDDLE EAR & MASTOID	Y	-	1/1/2026	Fee Schedule	\$3,025.62
69643	REVISE MIDDLE EAR & MASTOID	Y	-	1/1/2026	Fee Schedule	\$3,025.62
69644	REVISE MIDDLE EAR & MASTOID	Y	-	1/1/2026	Fee Schedule	\$3,025.62
69645	REVISE MIDDLE EAR & MASTOID	Y	-	1/1/2026	Fee Schedule	\$3,025.62
69646	REVISE MIDDLE EAR & MASTOID	Y	-	1/1/2026	Fee Schedule	\$3,025.62
69650	STAPES MOBILIZATION	Y	-	1/1/2026	Fee Schedule	\$1,480.50
69660	REVISE MIDDLE EAR BONE	Y	-	1/1/2026	Fee Schedule	\$3,025.62
69661	REVISE MIDDLE EAR BONE	Y	-	1/1/2026	Fee Schedule	\$3,025.62

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69662	REVISE MIDDLE EAR BONE	Y	-	1/1/2026	Fee Schedule	\$3,025.62
69666	REPAIR MIDDLE EAR STRUCTURES	Y	-	1/1/2026	Fee Schedule	\$1,480.50
69667	REPAIR MIDDLE EAR STRUCTURES	Y	-	1/1/2026	Fee Schedule	\$1,480.50
69670	REMOVE MASTOID AIR CELLS	Y	-	1/1/2026	Fee Schedule	\$3,025.62
69676	REMOVE MIDDLE EAR NERVE	Y	-	1/1/2026	Fee Schedule	\$1,480.50
69700	CLOSE MASTOID FISTULA	Y	-	1/1/2026	Fee Schedule	\$659.17
69705	NPS SURG DILAT EUST TUBE UNI	Y	-	1/1/2026	Fee Schedule	\$4,189.74
69706	NPS SURG DILAT EUST TUBE BI	Y	-	1/1/2026	Fee Schedule	\$4,319.26
69711	REMOVE/REPAIR HEARING AID	Y	-	1/1/2026	Fee Schedule	\$1,480.50
69714	IMPL OI IMPLT SKULL PERQ ESP	Y	-	1/1/2026	Fee Schedule	\$10,487.38
69716	IMPL OI IMPLT SK TC ESP<100	Y	-	1/1/2026	Fee Schedule	\$10,620.42
69717	RPLCMT OI IMPLT SKL PRQ ESP	Y	-	1/1/2026	Fee Schedule	\$5,663.31
69719	RPLCM OI IMPLT SK TC ESP<100	Y	-	1/1/2026	Fee Schedule	\$10,371.33
69720	RELEASE FACIAL NERVE	Y	-	1/1/2026	Fee Schedule	\$3,025.62
69725	RELEASE FACIAL NERVE	Y	-	1/1/2026	Fee Schedule	\$3,025.62
69726	RMV NTR OI IMPLT SKL PRQ ESP	Y	-	1/1/2026	Fee Schedule	\$1,644.87
69727	RMV NTR OI IMP SK TC ESP<100	Y	-	1/1/2026	Fee Schedule	\$1,644.87
69728	RMV NTR OI IMP SK TC>=100	Y	-	1/1/2026	Fee Schedule	\$1,644.87
69729	IMPL OI IMPLT SK TC ESP>=100	Y	-	1/1/2026	Fee Schedule	\$10,615.15
69730	RPLC OI IMPLT SK TC ESP>=100	Y	-	1/1/2026	Fee Schedule	\$10,238.29
69740	REPAIR FACIAL NERVE	Y	-	1/1/2026	Fee Schedule	\$3,025.62
69745	REPAIR FACIAL NERVE	Y	-	1/1/2026	Fee Schedule	\$3,025.62
69801	INCISE INNER EAR	Y	-	1/1/2026	Fee Schedule	\$147.03
69805	EXPLORE INNER EAR	Y	-	1/1/2026	Fee Schedule	\$3,025.62
69806	EXPLORE INNER EAR	Y	-	1/1/2026	Fee Schedule	\$3,025.62
69905	REMOVE INNER EAR	Y	-	1/1/2026	Fee Schedule	\$3,025.62
69910	REMOVE INNER EAR & MASTOID	Y	-	1/1/2026	Fee Schedule	\$3,025.62
69915	INCISE INNER EAR NERVE	Y	-	1/1/2026	Fee Schedule	\$1,480.50
69930	IMPLANT COCHLEAR DEVICE	Y	-	1/1/2026	Fee Schedule	\$29,768.66
69955	RELEASE FACIAL NERVE	Y	-	1/1/2026	Fee Schedule	\$3,025.62
69960	RELEASE INNER EAR CANAL	Y	-	1/1/2026	Fee Schedule	\$3,025.62
69970	REMOVE INNER EAR LESION	Y	-	1/1/2026	Fee Schedule	\$3,025.62
69990	MICROSURGERY ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
70010	CONTRAST X-RAY OF BRAIN	-	-	1/1/2024	No Separate Payment	\$0.00
70015	CONTRAST X-RAY OF BRAIN	-	-	1/1/2024	No Separate Payment	\$0.00
70030	X-RAY EYE FOR FOREIGN BODY	-	-	1/1/2024	No Separate Payment	\$0.00
70100	X-RAY EXAM OF JAW <4VIEWS	-	-	1/1/2024	No Separate Payment	\$0.00
70110	X-RAY EXAM OF JAW 4/> VIEWS	-	-	1/1/2024	No Separate Payment	\$0.00
70120	X-RAY EXAM OF MASTOIDS	-	-	7/1/2018	No Separate Payment	\$0.00
70130	X-RAY EXAM OF MASTOIDS	-	-	7/1/2018	No Separate Payment	\$0.00
70134	X-RAY EXAM OF MIDDLE EAR	-	-	7/1/2018	No Separate Payment	\$0.00
70140	X-RAY EXAM OF FACIAL BONES	-	-	7/1/2018	No Separate Payment	\$0.00
70150	X-RAY EXAM OF FACIAL BONES	-	-	7/1/2018	No Separate Payment	\$0.00
70160	X-RAY EXAM OF NASAL BONES	-	-	7/1/2018	No Separate Payment	\$0.00
70170	X-RAY EXAM OF TEAR DUCT	-	-	7/1/2018	No Separate Payment	\$0.00
70190	X-RAY EXAM OF EYE SOCKETS	-	-	7/1/2018	No Separate Payment	\$0.00
70200	X-RAY EXAM OF EYE SOCKETS	-	-	7/1/2018	No Separate Payment	\$0.00
70210	X-RAY EXAM OF SINUSES	-	-	7/1/2018	No Separate Payment	\$0.00
70220	X-RAY EXAM OF SINUSES	-	-	7/1/2018	No Separate Payment	\$0.00
70240	X-RAY EXAM PITUITARY SADDLE	-	-	7/1/2018	No Separate Payment	\$0.00
70250	X-RAY EXAM OF SKULL	-	-	7/1/2018	No Separate Payment	\$0.00

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70260	X-RAY EXAM OF SKULL	-	-	7/1/2018	No Separate Payment	\$0.00
70300	X-RAY EXAM OF TEETH	-	-	7/1/2018	No Separate Payment	\$0.00
70310	X-RAY EXAM OF TEETH	-	-	7/1/2018	No Separate Payment	\$0.00
70320	FULL MOUTH X-RAY OF TEETH	-	-	7/1/2018	No Separate Payment	\$0.00
70328	X-RAY EXAM OF JAW JOINT	-	-	7/1/2018	No Separate Payment	\$0.00
70330	X-RAY EXAM OF JAW JOINTS	-	-	7/1/2018	No Separate Payment	\$0.00
70332	X-RAY EXAM OF JAW JOINT	-	-	7/1/2018	No Separate Payment	\$0.00
70336	MAGNETIC IMAGE JAW JOINT	-	-	1/1/2026	Fee Schedule	\$131.48
70350	X-RAY HEAD FOR ORTHODONTIA	-	-	7/1/2018	No Separate Payment	\$0.00
70355	PANORAMIC X-RAY OF JAWS	-	-	7/1/2018	No Separate Payment	\$0.00
70360	X-RAY EXAM OF NECK	-	-	7/1/2018	No Separate Payment	\$0.00
70370	THROAT X-RAY & FLUOROSCOPY	-	-	7/1/2018	No Separate Payment	\$0.00
70371	SPEECH EVALUATION COMPLEX	-	-	1/1/2024	No Separate Payment	\$0.00
70380	X-RAY EXAM OF SALIVARY GLAND	-	-	7/1/2018	No Separate Payment	\$0.00
70390	X-RAY EXAM OF SALIVARY DUCT	-	-	7/1/2018	No Separate Payment	\$0.00
70450	CT HEAD/BRAIN W/O DYE	-	-	1/1/2026	Fee Schedule	\$57.04
70460	CT HEAD/BRAIN W/DYE	-	-	1/1/2026	Fee Schedule	\$96.34
70470	CT HEAD/BRAIN W/O & W/DYE	-	-	1/1/2026	Fee Schedule	\$97.27
70471	CTA H&N C+ W/NONCONTRAST IMG	-	-	1/1/2026	Fee Schedule	\$192.55
70472	CT CERE PRFU ALYS C+W/CT/CTA	-	-	1/1/2026	No Separate Payment	\$0.00
70473	CT CERE PRFU ALY C+WO CT/CTA	-	-	1/1/2026	Fee Schedule	\$97.27
70480	CT ORBIT/EAR/FOSSA W/O DYE	-	-	1/1/2026	Fee Schedule	\$57.04
70481	CT ORBIT/EAR/FOSSA W/DYE	-	-	1/1/2026	Fee Schedule	\$97.27
70482	CT ORBIT/EAR/FOSSA W/O&W/DYE	-	-	1/1/2026	Fee Schedule	\$97.27
70486	CT MAXILLOFACIAL W/O DYE	-	-	1/1/2026	Fee Schedule	\$57.04
70487	CT MAXILLOFACIAL W/DYE	-	-	1/1/2026	Fee Schedule	\$97.27
70488	CT MAXILLOFACIAL W/O & W/DYE	-	-	1/1/2026	Fee Schedule	\$97.27
70490	CT SOFT TISSUE NECK W/O DYE	-	-	1/1/2026	Fee Schedule	\$57.04
70491	CT SOFT TISSUE NECK W/DYE	-	-	1/1/2026	Fee Schedule	\$97.27
70492	CT SFT TSUE NCK W/O & W/DYE	-	-	1/1/2026	Fee Schedule	\$97.27
70496	CT ANGIOGRAPHY HEAD	-	-	1/1/2026	Fee Schedule	\$97.27
70498	CT ANGIOGRAPHY NECK	-	-	1/1/2026	Fee Schedule	\$97.27
70540	MRI ORBIT/FACE/NECK W/O DYE	-	-	1/1/2026	Fee Schedule	\$131.48
70542	MRI ORBIT/FACE/NECK W/DYE	-	-	1/1/2026	Fee Schedule	\$192.01
70543	MRI ORBT/FAC/NCK W/O & W/DYE	-	-	1/1/2026	Fee Schedule	\$192.55
70544	MR ANGIOGRAPHY HEAD W/O DYE	-	-	1/1/2026	Fee Schedule	\$131.48
70545	MR ANGIOGRAPHY HEAD W/DYE	-	-	1/1/2026	Fee Schedule	\$171.19
70546	MR ANGIOGRAPH HEAD W/O&W/DYE	-	-	1/1/2026	Fee Schedule	\$192.55
70547	MR ANGIOGRAPHY NECK W/O DYE	-	-	1/1/2026	Fee Schedule	\$131.48
70548	MR ANGIOGRAPHY NECK W/DYE	-	-	1/1/2026	Fee Schedule	\$176.57
70549	MR ANGIOGRAPH NECK W/O&W/DYE	-	-	1/1/2026	Fee Schedule	\$192.55
70551	MRI BRAIN STEM W/O DYE	-	-	1/1/2026	Fee Schedule	\$127.56
70552	MRI BRAIN STEM W/DYE	-	-	1/1/2026	Fee Schedule	\$187.31
70553	MRI BRAIN STEM W/O & W/DYE	-	-	1/1/2026	Fee Schedule	\$192.55
70554	FMRI BRAIN BY TECH	-	-	1/1/2026	Fee Schedule	\$131.48
70555	FMRI BRAIN BY PHYS/PSYCH	-	-	1/1/2026	Fee Schedule	\$131.48
70557	MRI BRAIN W/O DYE	-	-	1/1/2026	Fee Schedule	\$297.30
70558	MRI BRAIN W/DYE	-	-	1/1/2026	Fee Schedule	\$97.27
70559	MRI BRAIN W/O & W/DYE	-	-	1/1/2026	Fee Schedule	\$97.27
71045	X-RAY EXAM CHEST 1 VIEW	-	-	1/1/2026	Fee Schedule	\$16.78
71046	X-RAY EXAM CHEST 2 VIEWS	-	-	1/1/2026	Fee Schedule	\$22.83

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71047	X-RAY EXAM CHEST 3 VIEWS	-	-	1/1/2024	No Separate Payment	\$0.00
71048	X-RAY EXAM CHEST 4+ VIEWS	-	-	1/1/2024	No Separate Payment	\$0.00
71100	X-RAY EXAM RIBS UNI 2 VIEWS	-	-	1/1/2024	No Separate Payment	\$0.00
71101	X-RAY EXAM UNILAT RIBS/CHEST	-	-	1/1/2024	No Separate Payment	\$0.00
71110	X-RAY EXAM RIBS BIL 3 VIEWS	-	-	1/1/2024	No Separate Payment	\$0.00
71111	X-RAY EXAM RIBS/CHEST4/> VWS	-	-	7/1/2018	No Separate Payment	\$0.00
71120	X-RAY EXAM BREASTBONE 2/>VWS	-	-	7/1/2018	No Separate Payment	\$0.00
71130	X-RAY STRENOCLAVIC JT 3/>VWS	-	-	7/1/2018	No Separate Payment	\$0.00
71250	CT THORAX DX C-	-	-	1/1/2026	Fee Schedule	\$57.04
71260	CT THORAX DX C+	-	-	1/1/2026	Fee Schedule	\$97.27
71270	CT THORAX DX C-/C+	-	-	1/1/2026	Fee Schedule	\$97.27
71275	CT ANGIOGRAPHY CHEST	-	-	1/1/2026	Fee Schedule	\$97.27
71550	MRI CHEST W/O DYE	-	-	1/1/2026	Fee Schedule	\$131.48
71551	MRI CHEST W/DYE	-	-	1/1/2026	Fee Schedule	\$292.71
71552	MRI CHEST W/O & W/DYE	-	-	1/1/2026	Fee Schedule	\$192.55
72020	X-RAY EXAM OF SPINE 1 VIEW	-	-	1/1/2024	No Separate Payment	\$0.00
72040	X-RAY EXAM NECK SPINE 2-3 VW	-	-	1/1/2024	No Separate Payment	\$0.00
72050	X-RAY EXAM NECK SPINE 4/5VWS	-	-	1/1/2024	No Separate Payment	\$0.00
72052	X-RAY EXAM NECK SPINE 6/>VWS	-	-	1/1/2024	No Separate Payment	\$0.00
72070	X-RAY EXAM THORAC SPINE 2VWS	-	-	1/1/2024	No Separate Payment	\$0.00
72072	X-RAY EXAM THORAC SPINE 3VWS	-	-	7/1/2018	No Separate Payment	\$0.00
72074	X-RAY EXAM THORAC SPINE4/>VW	-	-	7/1/2018	No Separate Payment	\$0.00
72080	X-RAY EXAM THORACOLMB 2/> VW	-	-	7/1/2018	No Separate Payment	\$0.00
72081	X-RAY EXAM ENTIRE SPI 1 VW	-	-	7/1/2018	No Separate Payment	\$0.00
72082	X-RAY EXAM ENTIRE SPI 2/3 VW	-	-	7/1/2018	No Separate Payment	\$0.00
72083	X-RAY EXAM ENTIRE SPI 4/5 VW	-	-	1/1/2026	Fee Schedule	\$57.04
72084	X-RAY EXAM ENTIRE SPI 6/> VW	-	-	1/1/2026	Fee Schedule	\$57.04
72100	X-RAY EXAM L-S SPINE 2/3 VWS	-	-	7/1/2018	No Separate Payment	\$0.00
72110	X-RAY EXAM L-2 SPINE 4/>VWS	-	-	7/1/2018	No Separate Payment	\$0.00
72114	X-RAY EXAM L-S SPINE BENDING	-	-	7/1/2018	No Separate Payment	\$0.00
72120	X-RAY BEND ONLY L-S SPINE	-	-	1/1/2024	No Separate Payment	\$0.00
72125	CT NECK SPINE W/O DYE	-	-	1/1/2026	Fee Schedule	\$57.04
72126	CT NECK SPINE W/DYE	-	-	1/1/2026	Fee Schedule	\$112.12
72127	CT NECK SPINE W/O & W/DYE	-	-	1/1/2026	Fee Schedule	\$97.27
72128	CT CHEST SPINE W/O DYE	-	-	1/1/2026	Fee Schedule	\$57.04
72129	CT CHEST SPINE W/DYE	-	-	1/1/2026	Fee Schedule	\$97.27
72130	CT CHEST SPINE W/O & W/DYE	-	-	1/1/2026	Fee Schedule	\$97.27
72131	CT LUMBAR SPINE W/O DYE	-	-	1/1/2026	Fee Schedule	\$57.04
72132	CT LUMBAR SPINE W/DYE	-	-	1/1/2026	Fee Schedule	\$112.45
72133	CT LUMBAR SPINE W/O & W/DYE	-	-	1/1/2026	Fee Schedule	\$97.27
72141	MRI NECK SPINE W/O DYE	-	-	1/1/2026	Fee Schedule	\$122.52
72142	MRI NECK SPINE W/DYE	-	-	1/1/2026	Fee Schedule	\$191.33
72146	MRI CHEST SPINE W/O DYE	-	-	1/1/2026	Fee Schedule	\$122.19
72147	MRI CHEST SPINE W/DYE	-	-	1/1/2026	Fee Schedule	\$188.99
72148	MRI LUMBAR SPINE W/O DYE	-	-	1/1/2026	Fee Schedule	\$123.19
72149	MRI LUMBAR SPINE W/DYE	-	-	1/1/2026	Fee Schedule	\$187.64
72156	MRI NECK SPINE W/O & W/DYE	-	-	1/1/2026	Fee Schedule	\$192.55
72157	MRI CHEST SPINE W/O & W/DYE	-	-	1/1/2026	Fee Schedule	\$192.55
72158	MRI LUMBAR SPINE W/O & W/DYE	-	-	1/1/2026	Fee Schedule	\$192.55
72170	X-RAY EXAM OF PELVIS	-	-	1/1/2024	No Separate Payment	\$0.00
72190	X-RAY EXAM OF PELVIS	-	-	1/1/2024	No Separate Payment	\$0.00

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
72191	CT ANGIOGRAPH PELV W/O&W/DYE	-	-	1/1/2026	Fee Schedule	\$97.27
72192	CT PELVIS W/O DYE	-	-	1/1/2026	Fee Schedule	\$57.04
72193	CT PELVIS W/DYE	-	-	1/1/2026	Fee Schedule	\$97.27
72194	CT PELVIS W/O & W/DYE	-	-	1/1/2026	Fee Schedule	\$97.27
72195	MRI PELVIS W/O DYE	-	-	1/1/2026	Fee Schedule	\$131.48
72196	MRI PELVIS W/DYE	-	-	1/1/2026	Fee Schedule	\$188.99
72197	MRI PELVIS W/O & W/DYE	-	-	1/1/2026	Fee Schedule	\$192.55
72200	X-RAY EXAM SI JOINTS	-	-	1/1/2024	No Separate Payment	\$0.00
72202	X-RAY EXAM SI JOINTS 3/> VWS	-	-	1/1/2024	No Separate Payment	\$0.00
72220	X-RAY EXAM SACRUM TAILBONE	-	-	1/1/2024	No Separate Payment	\$0.00
72240	MYELOGRAPHY NECK SPINE	-	-	1/1/2024	No Separate Payment	\$0.00
72255	MYELOGRAPHY THORACIC SPINE	-	-	1/1/2024	No Separate Payment	\$0.00
72265	MYELOGRAPHY L-S SPINE	-	-	7/1/2018	No Separate Payment	\$0.00
72270	MYELOGPHY 2/> SPINE REGIONS	-	-	7/1/2018	No Separate Payment	\$0.00
72285	DISCOGRAPHY CERV/THOR SPINE	-	-	7/1/2018	No Separate Payment	\$0.00
72295	X-RAY OF LOWER SPINE DISK	-	-	7/1/2018	No Separate Payment	\$0.00
73000	X-RAY EXAM OF COLLAR BONE	-	-	7/1/2018	No Separate Payment	\$0.00
73010	X-RAY EXAM OF SHOULDER BLADE	-	-	7/1/2018	No Separate Payment	\$0.00
73020	X-RAY EXAM OF SHOULDER	-	-	7/1/2018	No Separate Payment	\$0.00
73030	X-RAY EXAM OF SHOULDER	-	-	7/1/2018	No Separate Payment	\$0.00
73040	CONTRAST X-RAY OF SHOULDER	-	-	7/1/2018	No Separate Payment	\$0.00
73050	X-RAY EXAM OF SHOULDERS	-	-	7/1/2018	No Separate Payment	\$0.00
73060	X-RAY EXAM OF HUMERUS	-	-	7/1/2018	No Separate Payment	\$0.00
73070	X-RAY EXAM OF ELBOW	-	-	7/1/2018	No Separate Payment	\$0.00
73080	X-RAY EXAM OF ELBOW	-	-	7/1/2018	No Separate Payment	\$0.00
73085	CONTRAST X-RAY OF ELBOW	-	-	7/1/2018	No Separate Payment	\$0.00
73090	X-RAY EXAM OF FOREARM	-	-	7/1/2018	No Separate Payment	\$0.00
73092	X-RAY EXAM OF ARM INFANT	-	-	7/1/2018	No Separate Payment	\$0.00
73100	X-RAY EXAM OF WRIST	-	-	7/1/2018	No Separate Payment	\$0.00
73110	X-RAY EXAM OF WRIST	-	-	7/1/2018	No Separate Payment	\$0.00
73115	CONTRAST X-RAY OF WRIST	-	-	7/1/2018	No Separate Payment	\$0.00
73120	X-RAY EXAM OF HAND	-	-	7/1/2018	No Separate Payment	\$0.00
73130	X-RAY EXAM OF HAND	-	-	7/1/2018	No Separate Payment	\$0.00
73140	X-RAY EXAM OF FINGER(S)	-	-	7/1/2018	No Separate Payment	\$0.00
73200	CT UPPER EXTREMITY W/O DYE	-	-	1/1/2026	Fee Schedule	\$57.04
73201	CT UPPER EXTREMITY W/DYE	-	-	1/1/2026	Fee Schedule	\$146.35
73202	CT UPPR EXTREMITY W/O&W/DYE	-	-	1/1/2026	Fee Schedule	\$97.27
73206	CT ANGIO UPR EXTRM W/O&W/DYE	-	-	1/1/2026	Fee Schedule	\$97.27
73218	MRI UPPER EXTREMITY W/O DYE	-	-	1/1/2026	Fee Schedule	\$131.48
73219	MRI UPPER EXTREMITY W/DYE	-	-	1/1/2026	Fee Schedule	\$192.55
73220	MRI UPPR EXTREMITY W/O&W/DYE	-	-	1/1/2026	Fee Schedule	\$192.55
73221	MRI JOINT UPR EXTREM W/O DYE	-	-	1/1/2026	Fee Schedule	\$131.48
73222	MRI JOINT UPR EXTREM W/DYE	-	-	1/1/2026	Fee Schedule	\$237.66
73223	MRI JOINT UPR EXTR W/O&W/DYE	-	-	1/1/2026	Fee Schedule	\$192.55
73501	X-RAY EXAM HIP UNI 1 VIEW	-	-	1/1/2024	No Separate Payment	\$0.00
73502	X-RAY EXAM HIP UNI 2-3 VIEWS	-	-	1/1/2024	No Separate Payment	\$0.00
73503	X-RAY EXAM HIP UNI 4/> VIEWS	-	-	1/1/2024	No Separate Payment	\$0.00
73521	X-RAY EXAM HIPS BI 2 VIEWS	-	-	1/1/2024	No Separate Payment	\$0.00
73522	X-RAY EXAM HIPS BI 3-4 VIEWS	-	-	1/1/2024	No Separate Payment	\$0.00
73523	X-RAY EXAM HIPS BI 5/> VIEWS	-	-	7/1/2018	No Separate Payment	\$0.00
73525	CONTRAST X-RAY OF HIP	-	-	7/1/2018	No Separate Payment	\$0.00

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

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
73551	X-RAY EXAM OF FEMUR 1	-	-	7/1/2018	No Separate Payment	\$0.00
73552	X-RAY EXAM OF FEMUR 2/>	-	-	7/1/2018	No Separate Payment	\$0.00
73560	X-RAY EXAM OF KNEE 1 OR 2	-	-	7/1/2018	No Separate Payment	\$0.00
73562	X-RAY EXAM OF KNEE 3	-	-	7/1/2018	No Separate Payment	\$0.00
73564	X-RAY EXAM KNEE 4 OR MORE	-	-	7/1/2018	No Separate Payment	\$0.00
73565	X-RAY EXAM OF KNEES	-	-	7/1/2018	No Separate Payment	\$0.00
73580	CONTRAST X-RAY OF KNEE JOINT	-	-	7/1/2018	No Separate Payment	\$0.00
73590	X-RAY EXAM OF LOWER LEG	-	-	7/1/2018	No Separate Payment	\$0.00
73592	X-RAY EXAM OF LEG INFANT	-	-	7/1/2018	No Separate Payment	\$0.00
73600	X-RAY EXAM OF ANKLE	-	-	7/1/2018	No Separate Payment	\$0.00
73610	X-RAY EXAM OF ANKLE	-	-	7/1/2018	No Separate Payment	\$0.00
73615	CONTRAST X-RAY OF ANKLE	-	-	7/1/2018	No Separate Payment	\$0.00
73620	X-RAY EXAM OF FOOT	-	-	7/1/2018	No Separate Payment	\$0.00
73630	X-RAY EXAM OF FOOT	-	-	7/1/2018	No Separate Payment	\$0.00
73650	X-RAY EXAM OF HEEL	-	-	7/1/2018	No Separate Payment	\$0.00
73660	X-RAY EXAM OF TOE(S)	-	-	7/1/2018	No Separate Payment	\$0.00
73700	CT LOWER EXTREMITY W/O DYE	-	-	1/1/2026	Fee Schedule	\$57.04
73701	CT LOWER EXTREMITY W/DYE	-	-	1/1/2026	Fee Schedule	\$97.27
73702	CT LWR EXTREMITY W/O&W/DYE	-	-	1/1/2026	Fee Schedule	\$97.27
73706	CT ANGIO LWR EXTR W/O&W/DYE	-	-	1/1/2026	Fee Schedule	\$97.27
73718	MRI LOWER EXTREMITY W/O DYE	-	-	1/1/2026	Fee Schedule	\$131.48
73719	MRI LOWER EXTREMITY W/DYE	-	-	1/1/2026	Fee Schedule	\$186.97
73720	MRI LWR EXTREMITY W/O&W/DYE	-	-	1/1/2026	Fee Schedule	\$192.55
73721	MRI JNT OF LWR EXTRE W/O DYE	-	-	1/1/2026	Fee Schedule	\$131.48
73722	MRI JOINT OF LWR EXTR W/DYE	-	-	1/1/2026	Fee Schedule	\$240.34
73723	MRI JOINT LWR EXTR W/O&W/DYE	-	-	1/1/2026	Fee Schedule	\$192.55
74018	RADEX ABDOMEN 1 VIEW	-	-	1/1/2024	No Separate Payment	\$0.00
74019	RADEX ABDOMEN 2 VIEWS	-	-	1/1/2024	No Separate Payment	\$0.00
74021	RADEX ABDOMEN 3+ VIEWS	-	-	1/1/2024	No Separate Payment	\$0.00
74022	RADEX COMPL AQT ABD SERIES	-	-	1/1/2024	No Separate Payment	\$0.00
74150	CT ABDOMEN W/O CONTRAST	-	-	1/1/2026	Fee Schedule	\$57.04
74160	CT ABDOMEN W/CONTRAST	-	-	1/1/2026	Fee Schedule	\$97.27
74170	CT ABD WO CNTRST FLWD CNTRST	-	-	1/1/2026	Fee Schedule	\$97.27
74174	CTA ABD&PLVS W/CONTRAST	-	-	1/1/2026	Fee Schedule	\$192.55
74175	CTA ABDOMEN W/CONTRAST	-	-	1/1/2026	Fee Schedule	\$97.27
74176	CT ABD & PELVIS W/O CONTRAST	-	-	1/1/2026	Fee Schedule	\$103.05
74177	CT ABD & PELVIS W/CONTRAST	-	-	1/1/2026	Fee Schedule	\$192.55
74178	CT ABD&PLV WO CNTR FLWD CNTR	-	-	1/1/2026	Fee Schedule	\$192.55
74181	MRI ABDOMEN W/O CONTRAST	-	-	1/1/2026	Fee Schedule	\$127.56
74182	MRI ABDOMEN W/CONTRAST	-	-	1/1/2026	Fee Schedule	\$192.55
74183	MRI ABD W/O CNTR FLWD CNTR	-	-	1/1/2026	Fee Schedule	\$192.55
74190	PERITONEOGRAM RS&I	-	-	1/1/2024	No Separate Payment	\$0.00
74210	X-RAY XM PHRNX&/CRV ESOPH C+	-	-	1/1/2024	No Separate Payment	\$0.00
74220	X-RAY XM ESOPHAGUS 1CNTRST	-	-	1/1/2024	No Separate Payment	\$0.00
74221	X-RAY XM ESOPHAGUS 2CNTRST	-	-	1/1/2024	No Separate Payment	\$0.00
74230	X-RAY XM SWLNG FUNCJ C+	-	-	1/1/2026	Fee Schedule	\$95.67
74235	REMOVE ESOPHAGUS OBSTRUCTION	-	-	1/1/2024	No Separate Payment	\$0.00
74240	X-RAY XM UPR GI TRC 1CNTRST	-	-	1/1/2026	Fee Schedule	\$84.25
74246	X-RAY XM UPR GI TRC 2CNTRST	-	-	1/1/2026	Fee Schedule	\$92.98
74248	X-RAY SM INT F-THRU STD	-	-	1/1/2024	No Separate Payment	\$0.00
74250	X-RAY XM SM INT 1CNTRST STD	-	-	1/1/2026	Fee Schedule	\$80.90

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74251	X-RAY XM SM INT 2CNTRST STD	-	-	1/1/2026	Fee Schedule	\$97.27
74261	CT COLONOGRAPHY DX	-	-	1/1/2026	Fee Schedule	\$57.04
74262	CT COLONOGRAPHY DX W/DYE	-	-	1/1/2026	Fee Schedule	\$97.27
74270	X-RAY XM COLON 1CNTRST STD	-	-	1/1/2024	No Separate Payment	\$0.00
74280	X-RAY XM COLON 2CNTRST STD	-	-	1/1/2024	No Separate Payment	\$0.00
74283	THER NMA RDCTJ INTUS/OBSTRCTJ	-	-	1/1/2026	Fee Schedule	\$97.27
74290	CONTRAST X-RAY GALLBLADDER	-	-	1/1/2024	No Separate Payment	\$0.00
74300	X-RAY BILE DUCTS/PANCREAS	-	-	7/1/2018	No Separate Payment	\$0.00
74301	X-RAYS AT SURGERY ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
74328	X-RAY BILE DUCT ENDOSCOPY	-	-	1/1/2024	No Separate Payment	\$0.00
74329	X-RAY FOR PANCREAS ENDOSCOPY	-	-	7/1/2018	No Separate Payment	\$0.00
74330	X-RAY BILE/PANC ENDOSCOPY	-	-	7/1/2018	No Separate Payment	\$0.00
74340	X-RAY GUIDE FOR GI TUBE	-	-	7/1/2018	No Separate Payment	\$0.00
74355	X-RAY GUIDE INTESTINAL TUBE	-	-	7/1/2018	No Separate Payment	\$0.00
74360	X-RAY GUIDE GI DILATION	-	-	7/1/2018	No Separate Payment	\$0.00
74363	X-RAY BILE DUCT DILATION	-	-	7/1/2018	No Separate Payment	\$0.00
74400	UROGRAPHY IV +-KUB TOMOG	-	-	1/1/2026	Fee Schedule	\$97.27
74410	UROGRAPHY NFS DRIP&/BOLUS	-	-	1/1/2026	Fee Schedule	\$97.27
74415	UROGRAPHY NFS DRIP&/BLS W/NF	-	-	1/1/2026	Fee Schedule	\$97.27
74420	UROGRAPHY RTRGR +-KUB	-	-	1/1/2026	Fee Schedule	\$192.55
74425	UROGRAPHY ANTEGRADE RS&I	-	-	1/1/2024	No Separate Payment	\$0.00
74430	CONTRAST X-RAY BLADDER	-	-	1/1/2024	No Separate Payment	\$0.00
74440	X-RAY MALE GENITAL TRACT	-	-	1/1/2024	No Separate Payment	\$0.00
74445	X-RAY EXAM OF PENIS	-	-	1/1/2024	No Separate Payment	\$0.00
74450	X-RAY URETHRA/BLADDER	-	-	7/1/2018	No Separate Payment	\$0.00
74455	X-RAY URETHRA/BLADDER	-	-	7/1/2018	No Separate Payment	\$0.00
74470	X-RAY EXAM OF KIDNEY LESION	-	-	7/1/2018	No Separate Payment	\$0.00
74485	DILATION URTR/URT RS&I	-	-	7/1/2018	No Separate Payment	\$0.00
74712	MRI FETAL SNGL/1ST GESTATION	-	-	1/1/2026	Fee Schedule	\$131.48
74713	MRI FETAL EA ADDL GESTATION	-	-	7/1/2018	No Separate Payment	\$0.00
74740	X-RAY FEMALE GENITAL TRACT	-	-	7/1/2018	No Separate Payment	\$0.00
74742	X-RAY FALLOPIAN TUBE	-	-	7/1/2018	No Separate Payment	\$0.00
74775	X-RAY EXAM OF PERINEUM	-	-	1/1/2026	Fee Schedule	\$131.48
75557	CARDIAC MRI FOR MORPH	-	-	1/1/2026	Fee Schedule	\$131.48
75559	CARDIAC MRI W/STRESS IMG	-	-	1/1/2026	Fee Schedule	\$245.71
75561	CARDIAC MRI FOR MORPH W/DYE	-	-	1/1/2026	Fee Schedule	\$192.55
75563	CARD MRI W/STRESS IMG & DYE	-	-	1/1/2026	Fee Schedule	\$292.37
75565	CARD MRI VELOC FLOW MAPPING	-	-	1/1/2024	No Separate Payment	\$0.00
75571	CT HRT W/O DYE W/CA TEST	-	-	1/1/2024	No Separate Payment	\$0.00
75572	CT HRT W/3D IMAGE	-	-	1/1/2026	Fee Schedule	\$149.04
75573	CT HRT C+ STRUX CGEN HRT DS	-	-	1/1/2026	Fee Schedule	\$191.00
75574	CT ANGIO HRT W/3D IMAGE	-	-	1/1/2026	Fee Schedule	\$192.55
75577	QUAN&CHAR C ATHROSCLRTC PLAQ	-	-	1/1/2026	Not Allowed	\$0.00
75600	CONTRAST EXAM THORACIC AORTA	-	-	7/1/2018	No Separate Payment	\$0.00
75605	CONTRAST EXAM THORACIC AORTA	-	-	7/1/2018	No Separate Payment	\$0.00
75625	CONTRAST EXAM ABDOMINL AORTA	-	-	1/1/2024	No Separate Payment	\$0.00
75630	X-RAY AORTA LEG ARTERIES	-	-	1/1/2024	No Separate Payment	\$0.00
75635	CT ANGIO ABDOMINAL ARTERIES	-	-	1/1/2024	No Separate Payment	\$0.00
75705	ARTERY X-RAYS SPINE	-	-	7/1/2018	No Separate Payment	\$0.00
75710	ARTERY X-RAYS ARM/LEG	-	-	7/1/2018	No Separate Payment	\$0.00
75716	ARTERY X-RAYS ARMS/LEGS	-	-	7/1/2018	No Separate Payment	\$0.00

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75726	ARTERY X-RAYS ABDOMEN	-	-	7/1/2018	No Separate Payment	\$0.00
75731	ARTERY X-RAYS ADRENAL GLAND	-	-	1/1/2026	Fee Schedule	\$98.02
75733	ARTERY X-RAYS ADRENALS	-	-	7/1/2018	No Separate Payment	\$0.00
75736	ARTERY X-RAYS PELVIS	-	-	7/1/2018	No Separate Payment	\$0.00
75741	ARTERY X-RAYS LUNG	-	-	7/1/2018	No Separate Payment	\$0.00
75743	ARTERY X-RAYS LUNGS	-	-	7/1/2018	No Separate Payment	\$0.00
75746	ARTERY X-RAYS LUNG	-	-	1/1/2026	Fee Schedule	\$82.91
75756	ARTERY X-RAYS CHEST	-	-	7/1/2018	No Separate Payment	\$0.00
75774	ARTERY X-RAY EACH VESSEL	-	-	7/1/2018	No Separate Payment	\$0.00
75801	LYMPH VESSEL X-RAY ARM/LEG	-	-	7/1/2018	No Separate Payment	\$0.00
75803	LYMPH VESSEL X-RAY ARMS/LEGS	-	-	1/1/2026	Fee Schedule	\$649.99
75805	LYMPH VESSEL X-RAY TRUNK	-	-	1/1/2026	Fee Schedule	\$1,623.69
75807	LYMPH VESSEL X-RAY TRUNK	-	-	7/1/2018	No Separate Payment	\$0.00
75809	NONVASCULAR SHUNT X-RAY	-	-	7/1/2018	No Separate Payment	\$0.00
75810	VEIN X-RAY SPLEEN/LIVER	-	-	1/1/2026	Fee Schedule	\$1,623.69
75820	VEIN X-RAY ARM/LEG	-	-	1/1/2024	No Separate Payment	\$0.00
75822	VEIN X-RAY ARMS/LEGS	-	-	1/1/2026	Fee Schedule	\$66.13
75825	VEIN X-RAY TRUNK	-	-	7/1/2018	No Separate Payment	\$0.00
75827	VEIN X-RAY CHEST	-	-	7/1/2018	No Separate Payment	\$0.00
75831	VEIN X-RAY KIDNEY	-	-	1/1/2024	No Separate Payment	\$0.00
75833	VEIN X-RAY KIDNEYS	-	-	7/1/2018	No Separate Payment	\$0.00
75840	VEIN X-RAY ADRENAL GLAND	-	-	1/1/2024	No Separate Payment	\$0.00
75860	VEIN X-RAY NECK	-	-	7/1/2018	No Separate Payment	\$0.00
75870	VEIN X-RAY SKULL	-	-	1/1/2026	Fee Schedule	\$121.51
75872	VEIN X-RAY SKULL EPIDURAL	-	-	7/1/2018	No Separate Payment	\$0.00
75880	VEIN X-RAY EYE SOCKET	-	-	7/1/2018	No Separate Payment	\$0.00
75885	VEIN X-RAY LIVER W/HEMODYNAM	-	-	7/1/2018	No Separate Payment	\$0.00
75887	VEIN X-RAY LIVER W/O HEMODYN	-	-	1/1/2026	Fee Schedule	\$71.83
75889	VEIN X-RAY LIVER W/HEMODYNAM	-	-	1/1/2024	No Separate Payment	\$0.00
75891	VEIN X-RAY LIVER	-	-	7/1/2018	No Separate Payment	\$0.00
75893	VENOUS SAMPLING BY CATHETER	-	-	7/1/2018	No Separate Payment	\$0.00
75894	X-RAYS TRANSCATH THERAPY	-	-	7/1/2018	No Separate Payment	\$0.00
75898	FOLLOW-UP ANGIOGRAPHY	-	-	1/1/2026	Fee Schedule	\$166.83
75901	REMOVE CVA DEVICE OBSTRUCT	-	-	7/1/2018	No Separate Payment	\$0.00
75902	REMOVE CVA LUMEN OBSTRUCT	-	-	7/1/2018	No Separate Payment	\$0.00
75970	VASCULAR BIOPSY	-	-	7/1/2018	No Separate Payment	\$0.00
75984	XRAY CONTROL CATHETER CHANGE	-	-	7/1/2018	No Separate Payment	\$0.00
75989	ABSCCESS DRAINAGE UNDER X-RAY	-	-	1/1/2024	No Separate Payment	\$0.00
76000	FLUOROSCOPY <1 HR PHYS/QHP	-	-	1/1/2026	Fee Schedule	\$28.53
76010	X-RAY NOSE TO RECTUM	-	-	7/1/2018	No Separate Payment	\$0.00
76014	MR SFTY IMPLT&/FB ASMT STF 1	-	-	1/1/2026	Not Allowed	\$0.00
76015	MR SFTY MPLT&/FB ASMT STF EA	-	-	1/1/2025	No Separate Payment	\$0.00
76016	MR SAFETY DETER PHYS/QHP	-	-	1/1/2026	Not Allowed	\$0.00
76018	MR SAFETY IMPLANT ELEC PREPJ	-	-	1/1/2026	Not Allowed	\$0.00
76019	MR SAFETY IMPLT POS&/IMMOBLJ	-	-	1/1/2026	Not Allowed	\$0.00
76080	X-RAY EXAM OF FISTULA	-	-	7/1/2018	No Separate Payment	\$0.00
76098	X-RAY EXAM SURGICAL SPECIMEN	-	-	7/1/2018	No Separate Payment	\$0.00
76100	X-RAY EXAM OF BODY SECTION	-	-	7/1/2018	No Separate Payment	\$0.00
76120	CINE/VIDEO X-RAYS	-	-	1/1/2024	No Separate Payment	\$0.00
76125	CINE/VIDEO X-RAYS ADD-ON	-	-	7/1/2018	No Separate Payment	\$0.00
76145	MED PHYSIC DOS EVAL RAD EXPS	-	-	1/1/2026	Fee Schedule	\$204.92

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76376	3D RENDER W/INTRP POSTPROCES	-	-	7/1/2018	No Separate Payment	\$0.00
76377	3D RENDER W/INTRP POSTPROCES	-	-	7/1/2018	No Separate Payment	\$0.00
76380	CAT SCAN FOLLOW-UP STUDY	-	-	7/1/2018	No Separate Payment	\$0.00
76390	MR SPECTROSCOPY	-	-	1/1/2026	Fee Schedule	\$48.98
76391	MR ELASTOGRAPHY	-	-	1/1/2026	Fee Schedule	\$131.48
76496	UNLISTED FLUOROSCOPIC PX	-	-	7/1/2018	No Separate Payment	\$0.00
76497	UNLISTED CT PROCEDURE	-	-	7/1/2018	No Separate Payment	\$0.00
76498	UNLISTED MR PROCEDURE	-	-	1/1/2026	Fee Schedule	\$48.98
76499	UNLISTED DX RADIOGRAPHIC PX	-	-	1/1/2024	No Separate Payment	\$0.00
76506	ECHO EXAM OF HEAD	-	-	1/1/2024	No Separate Payment	\$0.00
76510	OPH US DX B-SCAN&QUAN A-SCAN	-	-	7/1/2018	No Separate Payment	\$0.00
76511	OPH US DX QUAN A-SCAN ONLY	-	-	7/1/2018	No Separate Payment	\$0.00
76512	OPH US DX B-SCAN	-	-	1/1/2024	No Separate Payment	\$0.00
76513	OPH US DX ANT SGM US UNI/BI	-	-	7/1/2018	No Separate Payment	\$0.00
76514	ECHO EXAM OF EYE THICKNESS	-	-	7/1/2018	No Separate Payment	\$0.00
76516	ECHO EXAM OF EYE	-	-	7/1/2018	No Separate Payment	\$0.00
76519	ECHO EXAM OF EYE	-	-	7/1/2018	No Separate Payment	\$0.00
76529	ECHO EXAM OF EYE	-	-	7/1/2018	No Separate Payment	\$0.00
76536	US EXAM OF HEAD AND NECK	-	-	7/1/2018	No Separate Payment	\$0.00
76604	US EXAM CHEST	-	-	7/1/2018	No Separate Payment	\$0.00
76641	ULTRASOUND BREAST COMPLETE	-	-	7/1/2018	No Separate Payment	\$0.00
76642	ULTRASOUND BREAST LIMITED	-	-	7/1/2018	No Separate Payment	\$0.00
76700	US EXAM ABDOM COMPLETE	-	-	1/1/2026	Fee Schedule	\$57.04
76705	ECHO EXAM OF ABDOMEN	-	-	1/1/2026	Fee Schedule	\$57.04
76770	US EXAM ABDO BACK WALL COMP	-	-	1/1/2026	Fee Schedule	\$57.04
76775	US EXAM ABDO BACK WALL LIM	-	-	7/1/2018	No Separate Payment	\$0.00
76776	US EXAM K TRANSPL W/DOPPLER	-	-	1/1/2026	Fee Schedule	\$57.04
76800	US EXAM SPINAL CANAL	-	-	1/1/2024	No Separate Payment	\$0.00
76801	OB US < 14 WKS SINGLE FETUS	-	-	1/1/2026	Fee Schedule	\$57.04
76802	OB US < 14 WKS ADDL FETUS	-	-	1/1/2024	No Separate Payment	\$0.00
76805	OB US >= 14 WKS SNGL FETUS	-	-	1/1/2026	Fee Schedule	\$57.04
76810	OB US >= 14 WKS ADDL FETUS	-	-	1/1/2024	No Separate Payment	\$0.00
76811	OB US DETAILED SNGL FETUS	-	-	1/1/2026	Fee Schedule	\$90.97
76812	OB US DETAILED ADDL FETUS	-	-	1/1/2024	No Separate Payment	\$0.00
76813	OB US NUCHAL MEAS 1 GEST	-	-	7/1/2018	No Separate Payment	\$0.00
76814	OB US NUCHAL MEAS ADD-ON	-	-	1/1/2024	No Separate Payment	\$0.00
76815	OB US LIMITED FETUS(S)	-	-	7/1/2018	No Separate Payment	\$0.00
76816	OB US FOLLOW-UP PER FETUS	-	-	1/1/2024	No Separate Payment	\$0.00
76817	TRANSVAGINAL US OBSTETRIC	-	-	7/1/2018	No Separate Payment	\$0.00
76818	FETAL BIOPHYS PROFILE W/NST	-	-	1/1/2026	Fee Schedule	\$57.04
76819	FETAL BIOPHYS PROFIL W/O NST	-	-	1/1/2026	Fee Schedule	\$50.69
76820	UMBILICAL ARTERY ECHO	-	-	7/1/2018	No Separate Payment	\$0.00
76821	MIDDLE CEREBRAL ARTERY ECHO	-	-	7/1/2018	No Separate Payment	\$0.00
76825	ECHO EXAM OF FETAL HEART	-	-	1/1/2026	Fee Schedule	\$182.94
76826	ECHO EXAM OF FETAL HEART	-	-	1/1/2026	Fee Schedule	\$118.83
76827	ECHO EXAM OF FETAL HEART	-	-	1/1/2024	No Separate Payment	\$0.00
76828	ECHO EXAM OF FETAL HEART	-	-	7/1/2018	No Separate Payment	\$0.00
76830	TRANSVAGINAL US NON-OB	-	-	1/1/2026	Fee Schedule	\$57.04
76831	ECHO EXAM UTERUS	-	-	1/1/2026	Fee Schedule	\$82.58
76856	US EXAM PELVIC COMPLETE	-	-	1/1/2026	Fee Schedule	\$57.04
76857	US EXAM PELVIC LIMITED	-	-	1/1/2026	Fee Schedule	\$27.19

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

Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
76870	US EXAM SCROTUM	-	-	7/1/2018	No Separate Payment	\$0.00
76872	US TRANSRECTAL	-	-	1/1/2026	Fee Schedule	\$57.04
76873	ECHOGRAP TRANS R PROS STUDY	-	-	1/1/2026	Fee Schedule	\$57.04
76881	US COMPL JOINT R-T W/IMG	-	-	1/1/2026	Fee Schedule	\$10.74
76882	US LMTD JT/FCL EVL NVASC XTR	-	-	1/1/2024	No Separate Payment	\$0.00
76883	US NRV&ACC STRUX 1XTR COMPRE	-	-	1/1/2025	No Separate Payment	\$0.00
76885	US EXAM INFANT HIPS DYNAMIC	-	-	7/1/2018	No Separate Payment	\$0.00
76886	US EXAM INFANT HIPS STATIC	-	-	1/1/2024	No Separate Payment	\$0.00
76932	ECHO GUIDE FOR HEART BIOPSY	-	-	1/1/2024	No Separate Payment	\$0.00
76936	ECHO GUIDE FOR ARTERY REPAIR	-	-	1/1/2026	Fee Schedule	\$119.30
76937	US GUIDE VASCULAR ACCESS	-	-	7/1/2018	No Separate Payment	\$0.00
76940	US GUIDE TISSUE ABLATION	-	-	7/1/2018	No Separate Payment	\$0.00
76941	ECHO GUIDE FOR TRANSFUSION	-	-	7/1/2018	No Separate Payment	\$0.00
76942	ECHO GUIDE FOR BIOPSY	-	-	7/1/2018	No Separate Payment	\$0.00
76945	ECHO GUIDE VILLUS SAMPLING	-	-	1/1/2024	No Separate Payment	\$0.00
76946	ECHO GUIDE FOR AMNIOCENTESIS	-	-	7/1/2018	No Separate Payment	\$0.00
76948	ECHO GUIDE OVA ASPIRATION	-	-	7/1/2018	No Separate Payment	\$0.00
76965	ECHO GUIDANCE RADIOTHERAPY	-	-	7/1/2018	No Separate Payment	\$0.00
76975	GI ENDOSCOPIC ULTRASOUND	-	-	7/1/2018	No Separate Payment	\$0.00
76977	US BONE DENSITY MEASURE	-	-	1/1/2026	Fee Schedule	\$4.70
76978	US TRGT DYN MBUBB 1ST LES	-	-	1/1/2026	Fee Schedule	\$96.67
76979	US TRGT DYN MBUBB EA ADDL	-	-	1/1/2019	No Separate Payment	\$0.00
76981	USE PARENCHYMA	-	-	1/1/2026	Fee Schedule	\$57.04
76982	USE 1ST TARGET LESION	-	-	1/1/2026	Fee Schedule	\$57.04
76983	USE EA ADDL TARGET LESION	-	-	1/1/2024	No Separate Payment	\$0.00
76998	US GUIDE INTRAOP	-	-	1/1/2024	No Separate Payment	\$0.00
76999	ECHO EXAMINATION PROCEDURE	-	-	7/1/2018	No Separate Payment	\$0.00
77001	FLUOROGUIDE FOR VEIN DEVICE	-	-	1/1/2024	No Separate Payment	\$0.00
77002	NEEDLE LOCALIZATION BY XRAY	-	-	1/1/2024	No Separate Payment	\$0.00
77003	FLUOROGUIDE FOR SPINE INJECT	-	-	7/1/2018	No Separate Payment	\$0.00
77011	CT SCAN FOR LOCALIZATION	-	-	7/1/2018	No Separate Payment	\$0.00
77012	CT SCAN FOR NEEDLE BIOPSY	-	-	7/1/2018	No Separate Payment	\$0.00
77013	CT GUIDE FOR TISSUE ABLATION	-	-	7/1/2018	No Separate Payment	\$0.00
77021	MRI GUIDANCE NDL PLMT RS&I	-	-	7/1/2018	No Separate Payment	\$0.00
77022	MRI GDN PARNCHYMA TISS ABLTJ	-	-	7/1/2018	No Separate Payment	\$0.00
77046	MRI BREAST C- UNILATERAL	-	-	1/1/2026	Fee Schedule	\$131.48
77047	MRI BREAST C- BILATERAL	-	-	1/1/2026	Fee Schedule	\$131.48
77053	X-RAY OF MAMMARY DUCT	-	-	7/1/2018	No Separate Payment	\$0.00
77054	X-RAY OF MAMMARY DUCTS	-	-	7/1/2018	No Separate Payment	\$0.00
77071	MNL APPL STRS JT RADIOGRAPHY	-	-	7/1/2018	No Separate Payment	\$0.00
77072	BONE AGE STUDIES	-	-	1/1/2024	No Separate Payment	\$0.00
77073	BONE LENGTH STUDIES	-	-	1/1/2024	No Separate Payment	\$0.00
77074	RADEX OSSEOUS SURVEY LMTD	-	-	7/1/2018	No Separate Payment	\$0.00
77075	RADEX OSSEOUS SURVEY COMPL	-	-	7/1/2018	No Separate Payment	\$0.00
77076	RADEX OSSEOUS SURVEY INFANT	-	-	7/1/2018	No Separate Payment	\$0.00
77077	JOINT SURVEY SINGLE VIEW	-	-	7/1/2018	No Separate Payment	\$0.00
77078	CT BONE DENSITY AXIAL	-	-	1/1/2026	Fee Schedule	\$48.98
77080	DXA BONE DENSITY AXIAL	-	-	1/1/2026	Fee Schedule	\$29.88
77081	DXA BONE DENSITY APPENDICULR	-	-	1/1/2026	Fee Schedule	\$22.15
77084	MRI BONE MARROW BLOOD SUPPLY	-	-	1/1/2026	Fee Schedule	\$131.48
77085	DXA BONE DENSITY AXL VRT FX	-	-	7/1/2018	No Separate Payment	\$0.00

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
77086	VRT FRACTURE ASSMT VIA DXA	-	-	1/1/2024	No Separate Payment	\$0.00
77280	THER RAD SIMULAJ FIELD SMPL	-	-	1/1/2026	Fee Schedule	\$73.56
77285	THER RAD SIMULAJ FIELD INTRM	-	-	1/1/2026	Fee Schedule	\$205.82
77290	THER RAD SIMULAJ FIELD CPLX	-	-	1/1/2026	Fee Schedule	\$205.82
77293	RESPIRATOR MOTION MGMT SIMUL	-	-	7/1/2018	No Separate Payment	\$0.00
77295	3-D RADIOTHERAPY PLAN	-	-	1/1/2026	Fee Schedule	\$261.83
77299	UNLISTED PX THER RAD TX PLNG	-	-	1/1/2026	Fee Schedule	\$73.56
77300	RADIATION THERAPY DOSE PLAN	-	-	1/1/2026	Fee Schedule	\$34.57
77301	RADIOTHERAPY DOSE PLAN IMRT	-	-	1/1/2026	Fee Schedule	\$758.79
77306	TELETHX ISODOSE PLAN SIMPLE	-	-	1/1/2026	Fee Schedule	\$76.87
77307	TELETHX ISODOSE PLAN CPLX	-	-	1/1/2026	Fee Schedule	\$138.97
77316	BRACHYTX ISODOSE PLAN SIMPLE	-	-	1/1/2026	Fee Schedule	\$176.23
77317	BRACHYTX ISODOSE INTERMED	-	-	1/1/2026	Fee Schedule	\$205.82
77318	BRACHYTX ISODOSE COMPLEX	-	-	1/1/2026	Fee Schedule	\$205.82
77321	SPECIAL TELETX PORT PLAN	-	-	1/1/2026	Fee Schedule	\$44.98
77331	SPECIAL RADIATION DOSIMETRY	-	-	1/1/2026	Fee Schedule	\$19.13
77332	RADIATION TREATMENT AID(S)	-	-	1/1/2026	Fee Schedule	\$16.78
77333	RADIATION TREATMENT AID(S)	-	-	1/1/2026	Fee Schedule	\$73.56
77334	RADIATION TREATMENT AID(S)	-	-	1/1/2026	Fee Schedule	\$66.80
77336	RADIATION PHYSICS CONSULT	-	-	1/1/2026	Fee Schedule	\$73.56
77338	DESIGN MLC DEVICE FOR IMRT	-	-	1/1/2026	Fee Schedule	\$205.82
77370	RADIATION PHYSICS CONSULT	-	-	1/1/2026	Fee Schedule	\$73.56
77373	STRCTC BDY RAD THER TX DLVR	-	-	7/1/2018	Fee Schedule	\$1,042.88
77387	GUIDANCE FOR RADJ TX DLVR	-	-	1/1/2024	No Separate Payment	\$0.00
77399	UNLISTED PX MED RADJ PHYSICS	-	-	1/1/2026	Fee Schedule	\$73.56
77402	RADIATION TX DELIVERY SIMPLE	-	-	1/1/2026	Fee Schedule	\$56.05
77407	RADIATION TX DELIVERY INTRM	-	-	1/1/2026	Fee Schedule	\$301.10
77412	RADIATION TX DELIVERY COMPLX	-	-	1/1/2026	Fee Schedule	\$237.84
77417	THER RADIOLOGY PORT IMAGE(S)	-	-	1/1/2024	No Separate Payment	\$0.00
77423	NEUTRON BEAM TX COMPLEX	-	-	1/1/2026	Fee Schedule	\$33.57
77424	IO RAD TX DELIVERY BY X-RAY	-	-	1/1/2026	Fee Schedule	\$2,429.53
77425	IO RAD TX DELIVER BY ELCTRNS	-	-	1/1/2026	Fee Schedule	\$2,429.53
77435	SBRT MANAGEMENT	-	-	1/1/2024	No Separate Payment	\$0.00
77436	SURF RADJ THER TX PLANNING	-	-	1/1/2026	Not Allowed	\$0.00
77437	SURF RADJ THER SUPFC<=150KV	-	-	1/1/2026	Fee Schedule	\$56.05
77438	SURF RAD THR ORTHVLT>150-500	-	-	1/1/2026	Fee Schedule	\$56.05
77439	SURF RAD THR IMG GDN US PLMT	-	-	1/1/2026	No Separate Payment	\$0.00
77469	IO RADIATION TX MANAGEMENT	-	-	7/1/2018	No Separate Payment	\$0.00
77470	SPECIAL RADIATION TREATMENT	-	-	1/1/2026	Fee Schedule	\$38.94
77520	PROTON TRMT SIMPLE W/O COMP	-	-	1/1/2026	Fee Schedule	\$237.84
77522	PROTON TRMT SIMPLE W/COMP	-	-	1/1/2026	Fee Schedule	\$687.78
77523	PROTON TRMT INTERMEDIATE	-	-	1/1/2026	Fee Schedule	\$687.78
77525	PROTON TREATMENT COMPLEX	-	-	1/1/2026	Fee Schedule	\$687.78
77600	HYPERTHERMIA EXT GEN SUPFC	-	-	1/1/2026	Fee Schedule	\$301.10
77605	HYPERTHERMIA EXT GEN DEEP	-	-	1/1/2026	Fee Schedule	\$387.03
77610	HYPERTHERMIA NTRSTL PRB 5/<	-	-	1/1/2026	Fee Schedule	\$237.84
77615	HYPERTHERMIA NTRSTL PRB>5	-	-	1/1/2026	Fee Schedule	\$237.84
77620	HYPERTHERMIA GEN INTRCV PRB	-	-	1/1/2026	Fee Schedule	\$237.84
77750	INFUSE RADIOACTIVE MATERIALS	-	-	1/1/2026	Fee Schedule	\$132.93
77761	APPLY INTRCAV RADIAT SIMPLE	-	-	1/1/2026	Fee Schedule	\$223.56
77762	APPLY INTRCAV RADIAT INTERM	-	-	1/1/2026	Fee Schedule	\$237.84

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Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
77763	APPLY INTRCAV RADIAT COMPL	-	-	1/1/2026	Fee Schedule	\$339.03
77767	HDR RDNCL SKN SURF BRACHYTX	-	-	1/1/2026	Fee Schedule	\$197.38
77768	HDR RDNCL SKN SURF BRACHYTX	-	-	1/1/2026	Fee Schedule	\$297.41
77770	HDR RDNCL NTRSTL/ICAV BRCHTX	-	-	1/1/2026	Fee Schedule	\$249.07
77771	HDR RDNCL NTRSTL/ICAV BRCHTX	-	-	1/1/2026	Fee Schedule	\$387.03
77772	HDR RDNCL NTRSTL/ICAV BRCHTX	-	-	1/1/2026	Fee Schedule	\$387.03
77778	APPLY INTERSTIT RADIAT COMPL	-	-	1/1/2026	Fee Schedule	\$387.03
77789	APPLY SURF LDR RADIONUCLIDE	-	-	1/1/2026	Fee Schedule	\$56.05
77790	RADIATION HANDLING	-	-	1/1/2024	No Separate Payment	\$0.00
77799	UNLISTED PX CLIN BRACHYTX	-	-	1/1/2026	Fee Schedule	\$56.05
78012	THYROID UPTAKE MEASUREMENT	-	-	1/1/2026	Fee Schedule	\$220.34
78013	THYROID IMAGING W/BLOOD FLOW	-	-	1/1/2026	Fee Schedule	\$220.34
78014	THYROID IMAGING W/BLOOD FLOW	-	-	1/1/2026	Fee Schedule	\$220.34
78015	THYROID MET IMAGING	-	-	1/1/2026	Fee Schedule	\$220.34
78016	THYROID MET IMAGING/STUDIES	-	-	1/1/2026	Fee Schedule	\$220.34
78018	THYROID MET IMAGING BODY	-	-	1/1/2026	Fee Schedule	\$299.90
78020	THYROID MET UPTAKE	-	-	1/1/2024	No Separate Payment	\$0.00
78070	PARATHYROID PLANAR IMAGING	-	-	1/1/2026	Fee Schedule	\$220.34
78071	PARATHYRD PLANAR W/WO SUBTRJ	-	-	1/1/2026	Fee Schedule	\$220.34
78072	PARATHYRD PLANAR W/SPECT&CT	-	-	1/1/2026	Fee Schedule	\$299.90
78075	ADRENAL CORTEX & MEDULLA IMG	-	-	1/1/2026	Fee Schedule	\$719.28
78099	UNLISTED ENDOCRINE PX DX NUC	-	-	1/1/2026	Fee Schedule	\$220.34
78102	BONE MARROW IMAGING LTD	-	-	1/1/2026	Fee Schedule	\$220.34
78103	BONE MARROW IMAGING MULT	-	-	1/1/2026	Fee Schedule	\$220.34
78104	BONE MARROW IMAGING BODY	-	-	1/1/2026	Fee Schedule	\$220.34
78110	PLASMA VOLUME SINGLE	-	-	1/1/2026	Fee Schedule	\$719.28
78111	PLASMA VOLUME MULTIPLE	-	-	1/1/2026	Fee Schedule	\$719.28
78120	RED CELL MASS SINGLE	-	-	1/1/2026	Fee Schedule	\$220.34
78121	RED CELL MASS MULTIPLE	-	-	1/1/2026	Fee Schedule	\$299.90
78122	WHL BLD VOLUME DETERMINATION	-	-	1/1/2026	Fee Schedule	\$299.90
78130	RED CELL SURVIVAL STUDY	-	-	1/1/2026	Fee Schedule	\$220.34
78140	RED CELL SEQUESTRATION	-	-	1/1/2026	Fee Schedule	\$220.34
78185	SPLEEN IMAGING	-	-	1/1/2026	Fee Schedule	\$220.34
78191	PLATELET SURVIVAL STUDY	-	-	1/1/2026	Fee Schedule	\$220.34
78195	LYMPH SYSTEM IMAGING	-	-	1/1/2026	Fee Schedule	\$299.90
78199	UNLSTD HEMATOP RET/ENDO LYMP	-	-	1/1/2026	Fee Schedule	\$220.34
78201	LIVER IMAGING STATIC ONLY	-	-	1/1/2026	Fee Schedule	\$299.90
78202	LIVER IMAGING WITH VASC FLOW	-	-	1/1/2026	Fee Schedule	\$299.90
78215	LVR&SPLEEN IMG STATIC ONLY	-	-	1/1/2026	Fee Schedule	\$220.34
78216	LVR&SPLEEN IMG W/VASC FLOW	-	-	1/1/2026	Fee Schedule	\$220.34
78226	HEPATOBIILIARY SYSTEM IMAGING	-	-	1/1/2026	Fee Schedule	\$220.34
78227	HEPATOBIL SYST IMAGE W/DRUG	-	-	1/1/2026	Fee Schedule	\$299.90
78230	SALIVARY GLAND IMAGING	-	-	1/1/2026	Fee Schedule	\$220.34
78231	SALIVARY GLND IMG SERIAL IMG	-	-	1/1/2026	Fee Schedule	\$220.34
78232	SALIVARY GLAND FUNCTION STD	-	-	1/1/2026	Fee Schedule	\$220.34
78258	ESOPHAGEAL MOTILITY	-	-	1/1/2026	Fee Schedule	\$220.34
78261	GASTRIC MUCOSA IMAGING	-	-	1/1/2026	Fee Schedule	\$220.34
78262	GASTROESOPHAGEAL REFLUX STD	-	-	1/1/2026	Fee Schedule	\$220.34
78264	GASTRIC EMPTYING IMG STUDY	-	-	1/1/2026	Fee Schedule	\$220.34
78265	GSTR EMPTG IMG SM BWL TRNST	-	-	1/1/2026	Fee Schedule	\$220.34
78266	GSTR EMPT IMG SM BWL&COLON	-	-	1/1/2026	Fee Schedule	\$299.90

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

Montana Healthcare Programs Fee Schedule **ASC Covered Surgical and Ancillary Services** **January 1, 2026**

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
78278	ACUTE GI BLOOD LOSS IMAGING	-	-	1/1/2026	Fee Schedule	\$220.34
78282	GI PROTEIN LOSS	-	-	1/1/2026	Fee Schedule	\$220.34
78290	INTESTINE IMAGING	-	-	1/1/2026	Fee Schedule	\$220.34
78291	PERTL-VEN SHUNT PATENCY TEST	-	-	1/1/2026	Fee Schedule	\$220.34
78299	UNLISTED GI PX DX NUC MED	-	-	1/1/2026	Fee Schedule	\$220.34
78300	BONE IMAGING LIMITED AREA	-	-	1/1/2026	Fee Schedule	\$220.34
78305	BONE IMAGING MULTIPLE AREAS	-	-	1/1/2026	Fee Schedule	\$220.34
78306	BONE IMAGING WHOLE BODY	-	-	1/1/2026	Fee Schedule	\$220.34
78315	BONE IMAGING 3 PHASE	-	-	1/1/2026	Fee Schedule	\$220.34
78399	UNLISTED MUSCSKEL PX DX NUC	-	-	1/1/2026	Fee Schedule	\$220.34
78414	NON-IMAGING HEART FUNCTION	-	-	1/1/2026	Fee Schedule	\$299.90
78428	CARDIAC SHUNT IMAGING	-	-	1/1/2026	Fee Schedule	\$220.34
78429	MYOCDR IMG PET 1 STD W/CT	-	-	1/1/2026	Fee Schedule	\$784.99
78430	MYOCDR IMG PET RST/STRS W/CT	-	-	1/1/2026	Fee Schedule	\$784.99
78431	MYOCDR IMG PET RST&STRS CT	-	-	1/1/2026	Fee Schedule	\$1,209.08
78432	MYOCDR IMG PET 2RTRACER	-	-	1/1/2026	Fee Schedule	\$886.73
78433	MYOCDR IMG PET 2RTRACER CT	-	-	1/1/2026	Fee Schedule	\$1,209.08
78434	AQMBF PET REST & RX STRESS	-	-	1/1/2024	No Separate Payment	\$0.00
78445	VASCULAR FLOW IMAGING	-	-	1/1/2026	Fee Schedule	\$220.34
78451	HT MUSCLE IMAGE SPECT SING	-	-	1/1/2026	Fee Schedule	\$719.28
78452	HT MUSCLE IMAGE SPECT MULT	-	-	1/1/2026	Fee Schedule	\$719.28
78453	HT MUSCLE IMAGE PLANAR SING	-	-	1/1/2026	Fee Schedule	\$719.28
78454	HT MUSC IMAGE PLANAR MULT	-	-	1/1/2026	Fee Schedule	\$719.28
78456	ACUTE VENOUS THROMBUS IMAGE	-	-	1/1/2026	Fee Schedule	\$719.28
78457	VENOUS THROMBOSIS IMAGING	-	-	1/1/2026	Fee Schedule	\$299.90
78458	VEN THROMBOSIS IMAGES BILAT	-	-	1/1/2026	Fee Schedule	\$220.34
78459	MYOCDR IMG PET SINGLE STUDY	-	-	1/1/2026	Fee Schedule	\$719.28
78466	HEART INFARCT IMAGE	-	-	1/1/2026	Fee Schedule	\$220.34
78468	HEART INFARCT IMAGE (EF)	-	-	1/1/2026	Fee Schedule	\$299.90
78469	HEART INFARCT IMAGE (3D)	-	-	1/1/2026	Fee Schedule	\$299.90
78472	GATED HEART PLANAR SINGLE	-	-	1/1/2026	Fee Schedule	\$220.34
78473	GATED HEART MULTIPLE	-	-	1/1/2026	Fee Schedule	\$220.34
78481	HEART FIRST PASS SINGLE	-	-	1/1/2026	Fee Schedule	\$299.90
78483	HEART FIRST PASS MULTIPLE	-	-	1/1/2026	Fee Schedule	\$299.90
78491	MYOCDR IMG PET 1STD RST/STRS	-	-	1/1/2026	Fee Schedule	\$784.99
78492	MYOCDR IMG PET MLT RST&STRS	-	-	1/1/2026	Fee Schedule	\$784.99
78494	HEART IMAGE SPECT	-	-	1/1/2026	Fee Schedule	\$220.34
78496	HEART FIRST PASS ADD-ON	-	-	1/1/2024	No Separate Payment	\$0.00
78499	UNLISTED CV PX DX NUC MED	-	-	1/1/2026	Fee Schedule	\$220.34
78579	LUNG VENTILATION IMAGING	-	-	1/1/2026	Fee Schedule	\$220.34
78580	LUNG PERFUSION IMAGING	-	-	1/1/2026	Fee Schedule	\$220.34
78582	LUNG VENTILAT&PERFUS IMAGING	-	-	1/1/2026	Fee Schedule	\$299.90
78597	LUNG PERFUSION DIFFERENTIAL	-	-	1/1/2026	Fee Schedule	\$220.34
78598	LUNG PERF&VENTILAT DIFERENTL	-	-	1/1/2026	Fee Schedule	\$299.90
78599	UNLISTED RESP PX DX NUC MED	-	-	1/1/2026	Fee Schedule	\$220.34
78600	BRAIN IMAGE < 4 VIEWS	-	-	1/1/2026	Fee Schedule	\$220.34
78601	BRAIN IMAGE W/FLOW < 4 VIEWS	-	-	1/1/2026	Fee Schedule	\$220.34
78605	BRAIN IMAGE 4+ VIEWS	-	-	1/1/2026	Fee Schedule	\$299.90
78606	BRAIN IMAGE W/FLOW 4 + VIEWS	-	-	1/1/2026	Fee Schedule	\$299.90
78608	BRAIN IMAGING (PET)	-	-	1/1/2026	Fee Schedule	\$784.99
78610	BRAIN FLOW IMAGING ONLY	-	-	1/1/2026	Fee Schedule	\$299.90

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
78630	CEREBROSPINAL FLUID SCAN	-	-	1/1/2026	Fee Schedule	\$299.90
78635	CSF VENTRICULOGRAPHY	-	-	1/1/2026	Fee Schedule	\$299.90
78645	CSF SHUNT EVALUATION	-	-	1/1/2026	Fee Schedule	\$299.90
78650	CSF LEAKAGE IMAGING	-	-	1/1/2026	Fee Schedule	\$719.28
78660	NUCLEAR EXAM OF TEAR FLOW	-	-	1/1/2026	Fee Schedule	\$220.34
78699	UNLISTED NRVS SYS PX DX NUC	-	-	1/1/2026	Fee Schedule	\$220.34
78700	KIDNEY IMAGING MORPHOL	-	-	1/1/2026	Fee Schedule	\$220.34
78701	KIDNEY IMAGING WITH FLOW	-	-	1/1/2026	Fee Schedule	\$220.34
78707	K FLOW/FUNCT IMAGE W/O DRUG	-	-	1/1/2026	Fee Schedule	\$299.90
78708	K FLOW/FUNCT IMAGE W/DRUG	-	-	1/1/2026	Fee Schedule	\$299.90
78709	K FLOW/FUNCT IMAGE MULTIPLE	-	-	1/1/2026	Fee Schedule	\$299.90
78725	KIDNEY FUNCTION STUDY	-	-	1/1/2026	Fee Schedule	\$220.34
78730	URINARY BLADDER RETENTION	-	-	1/1/2024	No Separate Payment	\$0.00
78740	URETERAL REFLUX STUDY	-	-	1/1/2026	Fee Schedule	\$220.34
78761	TESTICULAR IMAGING W/FLOW	-	-	1/1/2026	Fee Schedule	\$220.34
78799	UNLISTED GU PX DX NUC MED	-	-	1/1/2026	Fee Schedule	\$220.34
78800	RP LOCLZJ TUM 1 AREA 1 D IMG	-	-	1/1/2026	Fee Schedule	\$220.34
78801	RP LOCLZJ TUM 2+AREA 1+D IMG	-	-	1/1/2026	Fee Schedule	\$220.34
78802	RP LOCLZJ TUM WHBDY 1 D IMG	-	-	1/1/2026	Fee Schedule	\$299.90
78803	RP LOCLZJ TUM SPECT 1 AREA	-	-	1/1/2026	Fee Schedule	\$299.90
78804	RP LOCLZJ TUM WHBDY 2+D IMG	-	-	1/1/2026	Fee Schedule	\$299.90
78808	IV INJ RA DRUG DX STUDY	-	-	1/1/2024	No Separate Payment	\$0.00
78811	PET IMAGE LTD AREA	-	-	1/1/2026	Fee Schedule	\$719.28
78812	PET IMAGE SKULL-THIGH	-	-	1/1/2026	Fee Schedule	\$784.99
78813	PET IMAGE FULL BODY	-	-	1/1/2026	Fee Schedule	\$784.99
78814	PET IMAGE W/CT LMTD	-	-	1/1/2026	Fee Schedule	\$784.99
78815	PET IMAGE W/CT SKULL-THIGH	-	-	1/1/2026	Fee Schedule	\$784.99
78816	PET IMAGE W/CT FULL BODY	-	-	1/1/2026	Fee Schedule	\$784.99
78830	RP LOCLZJ TUM SPECT W/CT 1	-	-	1/1/2026	Fee Schedule	\$719.28
78831	RP LOCLZJ TUM SPECT 2 AREAS	-	-	1/1/2026	Fee Schedule	\$719.28
78832	RP LOCLZJ TUM SPECT W/CT 2	-	-	1/1/2026	Fee Schedule	\$784.99
78835	RP QUAN MEAS SINGLE AREA	-	-	1/1/2025	No Separate Payment	\$0.00
78999	UNLISTED MISC PX DX NUC MED	-	-	1/1/2026	Fee Schedule	\$220.34
79005	NUCLEAR RX ORAL ADMIN	-	-	1/1/2026	Fee Schedule	\$50.35
79101	NUCLEAR RX IV ADMIN	-	-	1/1/2026	Fee Schedule	\$53.04
79200	NUCLEAR RX INTRACAV ADMIN	-	-	1/1/2026	Fee Schedule	\$52.70
79300	NUCLR RX INTERSTIT COLLOID	-	-	1/1/2026	Fee Schedule	\$128.03
79403	HEMATOPOIETIC NUCLEAR TX	-	-	1/1/2026	Fee Schedule	\$68.81
79440	NUCLEAR RX INTRA-ARTICULAR	-	-	1/1/2026	Fee Schedule	\$39.27
79445	NUCLEAR RX INTRA-ARTERIAL	-	-	1/1/2026	Fee Schedule	\$128.03
79999	RP THERAPY UNLISTED PX	-	-	1/1/2026	Fee Schedule	\$128.03
81354	CYTOG ALYS CHRML ABNOR OGM	-	-	1/1/2026	Not Allowed	\$0.00
81524	ONC CNS TUM DNA MTHYL 10,000	-	-	1/1/2026	Not Allowed	\$0.00
87182	SC STD CARBAPENEMASE NZM DET	-	-	1/1/2026	Not Allowed	\$0.00
87183	SC STD CARBAPENEM RESIST GEN	-	-	1/1/2026	Not Allowed	\$0.00
87494	CHLMY TRCH&NEISRA GONOR MULT	-	-	1/1/2026	Not Allowed	\$0.00
87627	JT SPC PTHGN&RX RSIST GEN26+	-	-	1/1/2026	Not Allowed	\$0.00
87812	SARSCOV2&INF TYP A&B W/OPTIC	-	-	1/1/2026	Not Allowed	\$0.00
90296	DIPHThERIA ANTITOXIN	-	-	7/1/2018	Not Allowed	\$0.00
90371	HEP B IG IM	-	-	10/1/2025	Fee Schedule	\$134.19
90375	RABIES IG IM/SC	-	-	10/1/2025	Fee Schedule	\$279.85

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
90376	RABIES IG HEAT TREATED	-	-	1/1/2026	Fee Schedule	\$352.44
90377	RABIES IG HT&SOL HUMAN IM/SC	-	-	10/1/2025	Fee Schedule	\$222.25
90378	RSV MAB IM 50MG	-	-	1/1/2026	Fee Schedule	\$436.75
90385	RH IG MINIDOSE IM	-	-	1/1/2026	Not Allowed	\$0.00
90393	VACCINA IG IM	-	-	1/1/2024	Not Allowed	\$0.00
90396	VARICELLA-ZOSTER IG IM	-	-	10/1/2025	Fee Schedule	\$2,361.82
90476	ADENOVIRUS VACCINE TYPE 4	-	-	1/1/2025	No Separate Payment	\$0.00
90477	ADENOVIRUS VACCINE TYPE 7	-	-	7/1/2018	Not Allowed	\$0.00
90481	ADMN SARSCOV2 VAC EA ADD CMP	-	-	1/1/2026	Not Allowed	\$0.00
90482	IMM CNSL NOT ADMN SM 3<10	-	-	1/1/2026	Not Allowed	\$0.00
90483	IMM CNSL NOT ADMN SM>10<20	-	-	1/1/2026	Not Allowed	\$0.00
90484	IMM CNSL NOT ADMN SM>20	-	-	1/1/2026	Not Allowed	\$0.00
90581	ANTHRAX VACCINE SC OR IM	-	-	1/1/2024	Not Allowed	\$0.00
90611	SMALLPOX&MONKEYPOX VAC 0.5ML	-	-	1/1/2026	Not Allowed	\$0.00
90622	VACCINIA VRS VAC 0.3 ML PERQ	-	-	1/1/2026	Not Allowed	\$0.00
90631	H5 VACCINE PANDEMIC IM USE	-	-	1/1/2026	Not Allowed	\$0.00
90632	HEPA VACCINE ADULT IM	-	-	7/1/2018	No Separate Payment	\$0.00
90633	HEPA VACC PED/ADOL 2 DOSE IM	-	-	1/1/2024	No Separate Payment	\$0.00
90634	HEPA VACC PED/ADOL 3 DOSE	-	-	1/1/2024	Not Allowed	\$0.00
90636	HEP A/HEP B VACC ADULT IM	-	-	7/1/2018	No Separate Payment	\$0.00
90644	HIB-MENCY VACCINE 4 DOSE IM	-	-	7/1/2018	No Separate Payment	\$0.00
90647	HIB PRP-OMP VACC 3 DOSE IM	-	-	7/1/2018	No Separate Payment	\$0.00
90648	HIB PRP-T VACCINE 4 DOSE IM	-	-	7/1/2018	No Separate Payment	\$0.00
90653	IIV ADJUVANT VACCINE IM	-	-	7/1/2018	No Separate Payment	\$0.00
90655	IIV3 VACC NO PRSV 0.25 ML IM	-	-	7/1/2018	No Separate Payment	\$0.00
90656	IIV3 VACC NO PRSV 0.5 ML IM	-	-	7/1/2018	No Separate Payment	\$0.00
90657	IIV3 VACCINE SPLT 0.25 ML IM	-	-	7/1/2018	No Separate Payment	\$0.00
90658	LIV3 VACCINE SPLT 0.5 ML IM	-	-	1/1/2025	No Separate Payment	\$0.00
90660	LAIV3 VACCINE INTRANASAL	-	-	7/1/2018	No Separate Payment	\$0.00
90661	CCIIV3 VAC ABX FR 0.5 ML IM	-	-	7/1/2018	No Separate Payment	\$0.00
90662	IIV NO PRSV INCREASED AG IM	-	-	7/1/2018	No Separate Payment	\$0.00
90670	PCV13 VACCINE IM	-	-	7/1/2018	No Separate Payment	\$0.00
90672	LAIV4 VACCINE INTRANASAL	-	-	7/1/2018	No Separate Payment	\$0.00
90673	RIV3 VACCINE NO PRESERV IM	-	-	7/1/2018	No Separate Payment	\$0.00
90674	CCHV4 VAC NO PRSV 0.5 ML IM	-	-	7/1/2018	No Separate Payment	\$0.00
90675	RABIES VACCINE IM	-	-	10/1/2025	Fee Schedule	\$313.68
90676	RABIES VACCINE ID	-	-	1/1/2026	Fee Schedule	\$236.86
90677	PCV20 VACCINE IM	-	-	10/1/2021	No Separate Payment	\$0.00
90680	RV5 VACC 3 DOSE LIVE ORAL	-	-	1/1/2023	Not Allowed	\$0.00
90682	RIV4 VACC RECOMBINANT DNA IM	-	-	7/1/2018	No Separate Payment	\$0.00
90684	PCV21 VACCINE IM	-	-	1/1/2025	No Separate Payment	\$0.00
90685	IIV4 VACC NO PRSV 0.25 ML IM	-	-	7/1/2018	No Separate Payment	\$0.00
90686	IIV4 VACC NO PRSV 0.5 ML IM	-	-	1/1/2024	No Separate Payment	\$0.00
90687	IIV4 VACCINE SPLT 0.25 ML IM	-	-	1/1/2024	No Separate Payment	\$0.00
90688	IIV4 VACCINE SPLT 0.5 ML IM	-	-	7/1/2018	No Separate Payment	\$0.00
90689	VACC IIV4 NO PRSRV 0.25ML IM	-	-	7/1/2019	No Separate Payment	\$0.00
90690	TYPHOID VACCINE ORAL	-	-	7/1/2018	No Separate Payment	\$0.00
90691	TYPHOID VACCINE IM	-	-	7/1/2018	No Separate Payment	\$0.00
90694	VACC AIIV4 NO PRSRV 0.5ML IM	-	-	1/1/2021	No Separate Payment	\$0.00
90696	DTAP-IPV VACCINE 4-6 YRS IM	-	-	7/1/2018	No Separate Payment	\$0.00
90698	DTAP-IPV/HIB VACCINE IM	-	-	7/1/2018	No Separate Payment	\$0.00

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
90700	DTAP VACCINE < 7 YRS IM	-	-	7/1/2018	No Separate Payment	\$0.00
90702	DT VACCINE UNDER 7 YRS IM	-	-	7/1/2018	No Separate Payment	\$0.00
90707	MMR VACCINE SC	-	-	7/1/2018	No Separate Payment	\$0.00
90710	MMRV VACCINE SC	-	-	7/1/2018	No Separate Payment	\$0.00
90713	POLIOVIRUS IPV SC/IM	-	-	7/1/2018	No Separate Payment	\$0.00
90714	TD VACC NO PRESV 7 YRS+ IM	-	-	7/1/2018	No Separate Payment	\$0.00
90715	TDAP VACCINE 7 YRS/> IM	-	-	7/1/2018	No Separate Payment	\$0.00
90717	YELLOW FEVER VACCINE SUBQ	-	-	7/1/2018	No Separate Payment	\$0.00
90732	PPSV23 VACC 2 YRS+ SUBQ/IM	-	-	7/1/2018	No Separate Payment	\$0.00
90739	HEPB VACC 2/4 DOSE ADULT IM	-	-	10/1/2022	No Separate Payment	\$0.00
90740	HEPB VACC 3 DOSE IMMUNSUP IM	-	-	7/1/2018	No Separate Payment	\$0.00
90743	HEPB VACC 2 DOSE ADOLESC IM	-	-	7/1/2018	No Separate Payment	\$0.00
90744	HEPB VACC 3 DOSE PED/ADOL IM	-	-	7/1/2018	No Separate Payment	\$0.00
90746	HEPB VACCINE 3 DOSE ADULT IM	-	-	7/1/2018	No Separate Payment	\$0.00
90747	HEPB VACC 4 DOSE IMMUNSUP IM	-	-	7/1/2018	No Separate Payment	\$0.00
90749	UNLISTED VACCINE/TOXOID	-	-	7/1/2018	No Separate Payment	\$0.00
90756	CCIIV4 VACC ABX FREE IM	-	-	7/1/2018	No Separate Payment	\$0.00
90759	HEP B VAC 3AG 10MCG 3 DOS IM	-	-	4/1/2022	No Separate Payment	\$0.00
90885	PSY EVALUATION OF RECORDS	-	-	1/1/2025	No Separate Payment	\$0.00
90887	INTERPJ/EXPLNAJ RSLT PSYC XM	-	-	1/1/2025	No Separate Payment	\$0.00
90889	PREPARATION OF REPORT	-	-	1/1/2025	No Separate Payment	\$0.00
90940	HEMODIALYSIS ACCESS STUDY	-	-	1/1/2025	No Separate Payment	\$0.00
91010	ESOPHAGUS MOTILITY STUDY	-	-	1/1/2026	Not Allowed	\$0.00
91013	ESOPHGL MOTIL W/STIM/PERFUS	-	-	1/1/2026	Not Allowed	\$0.00
91020	GASTRIC MOTILITY STUDIES	-	-	1/1/2026	Not Allowed	\$0.00
91022	DUODENAL MOTILITY STUDY	-	-	1/1/2026	Not Allowed	\$0.00
91030	ACID PERFUSION OF ESOPHAGUS	-	-	1/1/2026	Not Allowed	\$0.00
91034	GASTROESOPHAGEAL REFLUX TEST	-	-	1/1/2026	Not Allowed	\$0.00
91035	G-ESOPH REFLX TST W/ELECTROD	-	-	1/1/2026	Fee Schedule	\$418.92
91037	ESOPH IMPED FUNCTION TEST	-	-	1/1/2026	Not Allowed	\$0.00
91038	ESOPH IMPED FUNCT TEST > 1HR	-	-	1/1/2026	Not Allowed	\$0.00
91040	ESOPH BALLOON DISTENSION TST	-	-	1/1/2026	Not Allowed	\$0.00
91065	BREATH HYDROGEN/METHANE TEST	-	-	1/1/2026	Not Allowed	\$0.00
91110	GI TRC IMG INTRAL ESOPH-ILE	-	-	1/1/2026	Not Allowed	\$0.00
91111	GI TRC IMG INTRAL ESOPHAGUS	-	-	1/1/2026	Not Allowed	\$0.00
91112	GI WIRELESS CAPSULE MEASURE	-	-	1/1/2026	Not Allowed	\$0.00
91113	GI TRC IMG INTRAL COLON I&R	-	-	1/1/2026	Not Allowed	\$0.00
91117	COLON MOTILITY 6 HR STUDY	-	-	1/1/2026	Not Allowed	\$0.00
91124	RCT SNSATN TONE&CMPLIANC STD	-	-	1/1/2026	Fee Schedule	\$119.30
91125	ANRCT MANO RCT SNSATN&BALO	-	-	1/1/2026	Fee Schedule	\$204.92
91200	LIVER ELASTOGRAPHY	-	-	1/1/2025	No Separate Payment	\$0.00
91304	SARSCOV2 VAC 5MCG/0.5ML IM	-	-	1/1/2024	No Separate Payment	\$0.00
91323	SARSCOV2 VAC 10 MCG/0.2ML IM	-	-	10/1/2025	No Separate Payment	\$0.00
92071	CONTACT LENS FITTING FOR TX	-	-	7/1/2018	No Separate Payment	\$0.00
92072	FITG C-LENS KERATOCONUS 1ST	-	-	7/1/2018	No Separate Payment	\$0.00
92288	SCR DARK ADAPTATION MEAS I&R	-	-	1/1/2026	Not Allowed	\$0.00
92628	EVAL HEARING AID CAND 1ST 30	-	-	1/1/2026	Not Allowed	\$0.00
92629	EVAL HEARING AID CAND EA ADD	-	-	1/1/2026	Not Allowed	\$0.00
92631	HEARING AID SLCTN SVC 1ST 30	-	-	1/1/2026	Not Allowed	\$0.00
92632	HEARING AID SLCTN SVC EA ADD	-	-	1/1/2026	Not Allowed	\$0.00
92634	HEARING AID FITG SVC 1ST 60	-	-	1/1/2026	Not Allowed	\$0.00

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92635	HEARING AID FITG SVC EA ADDL	-	-	1/1/2026	Not Allowed	\$0.00
92636	HEARING AID POST-FITG F-UP 1	-	-	1/1/2026	Not Allowed	\$0.00
92637	HEARING AID PST-FITG F-UP EA	-	-	1/1/2026	Not Allowed	\$0.00
92638	BHVL VERIF OF AMPLIFICATION	-	-	1/1/2026	Not Allowed	\$0.00
92639	HEARING AID MEAS VERIF	-	-	1/1/2026	Not Allowed	\$0.00
92641	HEARING DEV VERIF EACOUS ALY	-	-	1/1/2026	Not Allowed	\$0.00
92642	HEARING ASSTV DEV FITG SVC	-	-	1/1/2026	Not Allowed	\$0.00
92920	PRQ CARDIAC ANGIOPLAST 1 ART	Y	-	1/1/2026	Fee Schedule	\$3,849.47
92924	PRQ TRLUML C ATHRC 1 ART&BR	Y	-	1/1/2026	Fee Schedule	\$8,447.98
92928	PRQ CARD STENT W/ANGIO 1 VSL	Y	-	1/1/2026	Fee Schedule	\$7,308.54
92930	PRQ TCAT PLMT NTRAC ST 2+LES	Y	-	1/1/2026	Fee Schedule	\$12,842.00
92933	PRQ TRLML C ATHRC ST ANGIOPI	Y	-	1/1/2026	Fee Schedule	\$12,964.84
92937	PRQ TRLUML REVSC CAB GRF 1	Y	-	1/1/2026	Fee Schedule	\$7,422.90
92943	PRQ TRLUML REVSC CH OCC ANT	Y	-	1/1/2026	Fee Schedule	\$7,883.16
92945	PRQ TRL RVS CH OCC ANT&RTRGR	Y	-	1/1/2026	Fee Schedule	\$7,438.31
92960	CARDIOVERSION ELECTRIC EXT	-	-	1/1/2026	No Separate Payment	\$0.00
92961	CARDIOVERSION ELECTRIC INT	-	-	1/1/2026	No Separate Payment	\$0.00
92972	PERQ TRLUML CORONRY LITHOTRP	-	-	1/1/2026	Not Allowed	\$0.00
92973	PRQ TRLUML C MCHN ASP THRMBC	-	-	1/1/2026	No Separate Payment	\$0.00
92974	CATH PLACE CARDIO BRACHYTX	-	-	4/1/2023	No Separate Payment	\$0.00
92978	ENDOLUMINL IVUS OCT C 1ST	-	-	4/1/2023	No Separate Payment	\$0.00
93145	INTERROG CRTD SINS BAT IP WO	-	-	1/1/2026	Not Allowed	\$0.00
93146	INTERROG CRTD SINS BAT IP W/	-	-	1/1/2026	Not Allowed	\$0.00
93312	ECHO TRANSESOPHAGEAL	-	-	1/1/2026	Not Allowed	\$0.00
93318	ECHO TRANSESOPHAGEAL INTRAOP	-	-	1/1/2026	Not Allowed	\$0.00
93355	ECHO TRANSESOPHAGEAL (TEE)	-	-	1/1/2025	No Separate Payment	\$0.00
93451	RIGHT HEART CATH	Y	-	1/1/2026	Fee Schedule	\$1,707.76
93452	LEFT HRT CATH W/VENTRCLGRPHY	Y	-	1/1/2026	Fee Schedule	\$1,707.76
93453	R&L HRT CATH W/VENTRICLGRPHY	Y	-	1/1/2026	Fee Schedule	\$1,707.76
93454	CORONARY ARTERY ANGIO S&I	Y	-	1/1/2026	Fee Schedule	\$1,707.76
93455	CORONARY ART/GRFT ANGIO S&I	Y	-	1/1/2026	Fee Schedule	\$1,707.76
93456	R HRT CORONARY ARTERY ANGIO	Y	-	1/1/2026	Fee Schedule	\$1,707.76
93457	R HRT ART/GRFT ANGIO	Y	-	1/1/2026	Fee Schedule	\$1,707.76
93458	L HRT ARTERY/VENTRICLE ANGIO	Y	-	1/1/2026	Fee Schedule	\$1,707.76
93459	L HRT ART/GRFT ANGIO	Y	-	1/1/2026	Fee Schedule	\$1,707.76
93460	R&L HRT ART/VENTRICLE ANGIO	Y	-	1/1/2026	Fee Schedule	\$1,707.76
93461	R&L HRT ART/VENTRICLE ANGIO	Y	-	1/1/2026	Fee Schedule	\$1,707.76
93462	L HRT CATH TRNSPTL PUNCTURE	-	-	1/1/2019	No Separate Payment	\$0.00
93463	DRUG ADMIN & HEMODYNMIC MEAS	-	-	4/1/2023	No Separate Payment	\$0.00
93566	NJX CAR CTH SLCTV RV/RA ANG	-	-	1/1/2019	No Separate Payment	\$0.00
93567	NJX CAR CTH SPRVLV AORTGRPHY	-	-	1/1/2019	No Separate Payment	\$0.00
93568	NJX CAR CTH NSLC P-ART ANGRP	-	-	1/1/2019	No Separate Payment	\$0.00
93571	IV DOP VEL&/PRESS C FLO 1ST	-	-	1/1/2019	No Separate Payment	\$0.00
93572	IV DOP VEL&/PRESS C FLO EA	-	-	1/1/2019	No Separate Payment	\$0.00
93619	COMPREHENSIVE EP EVALUATION	-	-	1/1/2026	Not Allowed	\$0.00
93620	COMP EP EVL R AT VEN PAC&REC	-	-	1/1/2026	Not Allowed	\$0.00
93623	PRGRMD STIMJ&PACG IV RX NFS	-	-	1/1/2026	Not Allowed	\$0.00
93642	EP EVL 1/2CHMB TRNSVNS CVDFB	-	-	1/1/2026	Not Allowed	\$0.00
93650	ICAR CATH ABLTJ AV NODE FUNC	Y	-	1/1/2026	Fee Schedule	\$5,943.20
93653	COMPRE EP EVAL TX SVT	Y	-	1/1/2026	Fee Schedule	\$19,175.84
93654	COMPRE EP EVAL TX VT	Y	-	1/1/2026	Fee Schedule	\$19,482.01

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

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
93655	ICAR CATH ABLTJ DSCRT ARRHYT	-	-	1/1/2026	No Separate Payment	\$0.00
93656	COMPRES EP EVAL ABLTJ ATR FIB	Y	-	1/1/2026	Fee Schedule	\$20,255.73
93657	TX L/R ATRIAL FIB ADDL	-	-	1/1/2026	No Separate Payment	\$0.00
93724	ELEC ALYS ANTITCHYCAR PM SYS	-	-	1/1/2026	Not Allowed	\$0.00
93985	DUP-SCAN HEMO COMPL BI STD	-	-	1/1/2026	Fee Schedule	\$131.48
93986	DUP-SCAN HEMO COMPL UNI STD	-	-	1/1/2026	Fee Schedule	\$57.04
95940	IONM IN OPERATNG ROOM 15 MIN	-	-	7/1/2018	No Separate Payment	\$0.00
95941	IONM REMOTE/>1 PT OR PER HR	-	-	7/1/2018	No Separate Payment	\$0.00
95980	IO ANAL GAST N-STIM INIT	-	-	1/1/2026	Not Allowed	\$0.00
97007	MCHNL SCLP COOL MEAS FITG	-	-	1/1/2026	Not Allowed	\$0.00
97008	MCHNL SCLP COOL PREP PLMT	-	-	1/1/2026	Not Allowed	\$0.00
97009	MCHNL SCLP COOL AFTER CHEMO	-	-	1/1/2026	Not Allowed	\$0.00
98979	RTM TX MGMT 1ST 10 MIN	-	-	1/1/2026	Not Allowed	\$0.00
98984	RTM DEV SPLY RESP SYS 2-15 D	-	-	1/1/2026	Not Allowed	\$0.00
98985	RTM DEV SPLY MSCSK SYS 2-15D	-	-	1/1/2026	Not Allowed	\$0.00
98986	RTM DEV SPLY CBT 2-15 D	-	-	1/1/2026	Not Allowed	\$0.00
99445	REM MNTR PHYSIOL PARAM 2-15	-	-	1/1/2026	Not Allowed	\$0.00
99470	RPM TX MGMT 1ST 10 MIN	-	-	1/1/2026	Not Allowed	\$0.00
A2001	INNOVAMATRIX AC, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
A2002	MIRRAGEN ADV WND MAT PER SQ	-	-	1/1/2026	Fee Schedule	\$127.14
A2004	XCELLISTEM, 1 MG	-	-	4/1/2022	No Separate Payment	\$0.00
A2005	MICROLYTE MATRIX, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
A2006	NOVOSORB SYNPATH PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
A2007	RESTRATA, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
A2008	THERAGENESIS, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
A2009	SYMPHONY, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
A2010	APIS, PER SQUARE CENTIMETER	-	-	1/1/2026	Fee Schedule	\$127.14
A2011	SUPRA SDRM, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
A2012	SUPRATHEL, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
A2013	INNOVAMATRIX FS, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
A2014	OMEZA COLLAG PER 100 MG	-	-	10/1/2022	No Separate Payment	\$0.00
A2015	PHOENIX WND MTRX, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
A2016	PERMEADERM B, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
A2017	PERMEADERM GLOVE, EACH	-	-	10/1/2022	No Separate Payment	\$0.00
A2018	PERMEADERM C, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
A2019	KERECIS MARIGEN SHLD SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
A2020	ACS WOUND SYSTEM	-	-	4/1/2023	No Separate Payment	\$0.00
A2021	NEOMATRIX PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
A2022	INNOVABRN/INNOVAMATX XL SQCM	-	-	1/1/2026	Fee Schedule	\$127.14
A2023	INNOVAMATRIX PD, 1 MG	-	-	10/1/2023	No Separate Payment	\$0.00
A2024	RESOLVE OR XENOPATCH SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
A2025	MIRO3D PER CUBIC CM	-	-	1/1/2026	Fee Schedule	\$127.14
A2026	RESTRATA MINIMATRIX, 5 MG	-	-	1/1/2025	No Separate Payment	\$0.00
A2027	MATRIDERM PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
A2028	MICROMATRIX FLEX PER MG	-	-	1/1/2025	No Separate Payment	\$0.00
A2029	MIROTRACT MATRIX SHEET	-	-	1/1/2026	Fee Schedule	\$127.14
A2030	MIRO3D FIBERS, PER MG	-	-	1/1/2026	Not Allowed	\$0.00
A2031	MIRODRY, PER SQ CM	-	-	1/1/2026	Not Allowed	\$0.00
A2032	MYRIAD MATRIX, PER SQ CM	-	-	1/1/2026	Not Allowed	\$0.00
A2033	MYRIAD MORCELLS, 4 MG	-	-	1/1/2026	Not Allowed	\$0.00
A2034	FOUND DRS SOLO, PER SQ CM	-	-	1/1/2026	Not Allowed	\$0.00

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
A2035	CORPL P THERAC P ALLAC P MG	-	-	1/1/2026	Not Allowed	\$0.00
A2036	COHEALYX COL DML MX PR SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
A2037	G4DERM PLUS, PER ML	-	-	10/1/2025	No Separate Payment	\$0.00
A2038	MARIGEN PACTO, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
A2039	INNOVAMATRIX FD, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
A4100	SKIN SUB FDA CLRD AS DEV NOS	-	-	4/1/2022	No Separate Payment	\$0.00
A4216	STERILE WATER/SALINE, 10 ML	-	-	7/1/2018	No Separate Payment	\$0.00
A4217	STERILE WATER/SALINE, 500 ML	-	-	7/1/2018	No Separate Payment	\$0.00
A4218	STERILE SALINE OR WATER	-	-	7/1/2018	No Separate Payment	\$0.00
A4220	INFUSION PUMP REFILL KIT	-	-	7/1/2018	No Separate Payment	\$0.00
A4244	ALCOHOL OR PEROXIDE PER PINT	-	-	7/1/2018	No Separate Payment	\$0.00
A4245	ALCOHOL WIPES PER BOX	-	-	7/1/2018	No Separate Payment	\$0.00
A4246	BETADINE/PHISOHEX SOLUTION	-	-	7/1/2018	No Separate Payment	\$0.00
A4247	BETADINE/IODINE SWABS/WIPES	-	-	7/1/2018	No Separate Payment	\$0.00
A4248	CHLORHEXIDINE ANTISEPT	-	-	7/1/2018	No Separate Payment	\$0.00
A4262	TEMPORARY TEAR DUCT PLUG	-	-	7/1/2018	No Separate Payment	\$0.00
A4263	PERMANENT TEAR DUCT PLUG	-	-	7/1/2018	No Separate Payment	\$0.00
A4270	DISPOSABLE ENDOSCOPE SHEATH	-	-	7/1/2018	No Separate Payment	\$0.00
A4295	STRAIGH TIP HYDROPHILIC CATH	-	-	1/1/2026	Not Allowed	\$0.00
A4296	COUDE TIP HYDROPHILIC CATH	-	-	1/1/2026	Not Allowed	\$0.00
A4297	HYDROPHILIC COAT INSERT SUP	-	-	1/1/2026	Not Allowed	\$0.00
A4300	CATH IMPL VASC ACCESS PORTAL	-	-	7/1/2018	No Separate Payment	\$0.00
A4301	IMPLANTABLE ACCESS SYST PERC	-	-	7/1/2018	No Separate Payment	\$0.00
A4305	DRUG DELIVERY SYSTEM >=50 ML	-	-	7/1/2018	No Separate Payment	\$0.00
A4306	DRUG DELIVERY SYSTEM <=50 ML	-	-	7/1/2018	No Separate Payment	\$0.00
A4344	CATH INDW FOLEY 2 WAY SILICN	-	-	10/1/2023	No Separate Payment	\$0.00
A4641	RADIOPHARM DX AGENT NOC	-	-	7/1/2018	No Separate Payment	\$0.00
A4642	IN111 SATUMOMAB	-	-	7/1/2018	No Separate Payment	\$0.00
A4650	IMPLANT RADIATION DOSIMETER	-	-	7/1/2018	No Separate Payment	\$0.00
A9156	ORAL MUCOADHESIVE PER 1 ML	-	-	10/1/2023	No Separate Payment	\$0.00
A9500	TC99M SESTAMIBI	-	-	7/1/2018	No Separate Payment	\$0.00
A9501	TECHNETIUM TC-99M TEBOROXIME	-	-	7/1/2018	No Separate Payment	\$0.00
A9502	TC99M TETROFOSMIN	-	-	7/1/2018	No Separate Payment	\$0.00
A9503	TC99M MEDRONATE	-	-	7/1/2018	No Separate Payment	\$0.00
A9504	TC99M APCITIDE	-	-	7/1/2018	No Separate Payment	\$0.00
A9505	TL201 THALLIUM	-	-	7/1/2018	No Separate Payment	\$0.00
A9506	TC-99M GRAPHITE CRUCIBLE	-	-	7/1/2024	Fee Schedule	\$328.60
A9507	IN111 CAPROMAB	-	-	1/1/2026	Fee Schedule	\$1,730.29
A9508	I131 IODOBENGUATE, DX	-	-	1/1/2026	Fee Schedule	\$953.01
A9509	IODINE I-123 SOD IODIDE MIL	-	-	7/1/2018	No Separate Payment	\$0.00
A9510	TC99M DISOFENIN	-	-	7/1/2018	No Separate Payment	\$0.00
A9512	TC99M PERTECHNETATE	-	-	7/1/2018	No Separate Payment	\$0.00
A9513	LUTETIUM LU 177 DOTATAT THER	-	-	1/1/2026	Fee Schedule	\$316.99
A9515	CHOLINE C-11	-	-	1/1/2026	Fee Schedule	\$2,516.43
A9516	IODINE I-123 SOD IODIDE MIC	-	-	7/1/2018	No Separate Payment	\$0.00
A9517	I131 IODIDE CAP, RX	-	-	1/1/2026	Fee Schedule	\$24.07
A9520	TC99 TILMANOCEPT DIAG 0.5MCI	-	-	7/1/2018	No Separate Payment	\$0.00
A9521	TC99M EXAMETAZIME	-	-	1/1/2026	Fee Schedule	\$927.71
A9524	I131 SERUM ALBUMIN, DX	-	-	7/1/2018	No Separate Payment	\$0.00
A9526	NITROGEN N-13 AMMONIA	-	-	7/1/2018	No Separate Payment	\$0.00
A9527	IODINE I-125 SODIUM IODIDE	-	-	1/1/2026	Fee Schedule	\$396.32

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
A9528	IODINE I-131 IODIDE CAP, DX	-	-	7/1/2018	No Separate Payment	\$0.00
A9529	I131 IODIDE SOL, DX	-	-	7/1/2018	No Separate Payment	\$0.00
A9530	I131 IODIDE SOL, RX	-	-	1/1/2026	Fee Schedule	\$20.77
A9531	I131 MAX 100UCI	-	-	7/1/2018	No Separate Payment	\$0.00
A9532	I125 SERUM ALBUMIN, DX	-	-	1/1/2026	Fee Schedule	\$469.06
A9536	TC99M DEPREOTIDE	-	-	7/1/2018	No Separate Payment	\$0.00
A9537	TC99M MEBROFENIN	-	-	7/1/2018	No Separate Payment	\$0.00
A9538	TC99M PYROPHOSPHATE	-	-	7/1/2018	No Separate Payment	\$0.00
A9539	TC99M PENTETATE	-	-	7/1/2018	No Separate Payment	\$0.00
A9540	TC99M MAA	-	-	7/1/2018	No Separate Payment	\$0.00
A9541	TC99M SULFUR COLLOID	-	-	7/1/2018	No Separate Payment	\$0.00
A9542	IN111 IBRITUMOMAB, DX	-	-	1/1/2026	No Separate Payment	\$0.00
A9543	Y90 IBRITUMOMAB, RX	-	-	7/1/2025	Fee Schedule	\$56,824.55
A9546	CO57/58	-	-	7/1/2018	No Separate Payment	\$0.00
A9547	IN111 OXYQUINOLINE	-	-	1/1/2026	Fee Schedule	\$831.46
A9548	IN111 PENTETATE	-	-	1/1/2026	Fee Schedule	\$745.62
A9550	TC99M GLUCEPTATE	-	-	7/1/2018	No Separate Payment	\$0.00
A9551	TC99M SUCCIMER	-	-	1/1/2026	Fee Schedule	\$659.93
A9552	F18 FDG	-	-	7/1/2018	No Separate Payment	\$0.00
A9553	CR51 CHROMATE	-	-	1/1/2026	Fee Schedule	\$1,917.96
A9554	I125 IOTHALAMATE, DX	-	-	1/1/2026	Fee Schedule	\$649.64
A9555	RB82 RUBIDIUM	-	-	7/1/2018	No Separate Payment	\$0.00
A9556	GA67 GALLIUM	-	-	7/1/2018	No Separate Payment	\$0.00
A9557	TC99M BICISATE	-	-	1/1/2026	Fee Schedule	\$775.52
A9558	XE133 XENON 10MCI	-	-	7/1/2018	No Separate Payment	\$0.00
A9559	CO57 CYANO	-	-	7/1/2018	No Separate Payment	\$0.00
A9560	TC99M LABELED RBC	-	-	7/1/2018	No Separate Payment	\$0.00
A9561	TC99M OXIDRONATE	-	-	7/1/2018	No Separate Payment	\$0.00
A9562	TC99M MERTIATIDE	-	-	7/1/2018	No Separate Payment	\$0.00
A9563	P32 NA PHOSPHATE	-	-	1/1/2026	Fee Schedule	\$278.24
A9566	TC99M FANOLESOMAB	-	-	7/1/2018	No Separate Payment	\$0.00
A9567	TECHNETIUM TC-99M AEROSOL	-	-	7/1/2018	No Separate Payment	\$0.00
A9568	TECHNETIUM TC99M ARCITUMOMAB	-	-	1/1/2025	Fee Schedule	\$809.51
A9569	TECHNETIUM TC-99M AUTO WBC	-	-	1/1/2026	Fee Schedule	\$934.13
A9570	INDIUM IN-111 AUTO WBC	-	-	1/1/2026	Fee Schedule	\$1,103.19
A9571	INDIUM IN-111 AUTO PLATELET	-	-	7/1/2018	No Separate Payment	\$0.00
A9572	INDIUM IN-111 PENTETREOTIDE	-	-	1/1/2026	Fee Schedule	\$2,000.94
A9573	INJ, GADOPICLENOL, 1 ML	-	-	10/1/2023	No Separate Payment	\$0.00
A9575	INJ GADOTERATE MEGLUMI 0.1ML	-	-	7/1/2018	No Separate Payment	\$0.00
A9576	INJ PROHANCE MULTIPACK	-	-	7/1/2018	No Separate Payment	\$0.00
A9577	INJ MULTIHANCE	-	-	7/1/2018	No Separate Payment	\$0.00
A9578	INJ MULTIHANCE MULTIPACK	-	-	7/1/2018	No Separate Payment	\$0.00
A9579	GAD-BASE MR CONTRAST NOS,1ML	-	-	7/1/2018	No Separate Payment	\$0.00
A9580	SODIUM FLUORIDE F-18	-	-	7/1/2018	No Separate Payment	\$0.00
A9581	GADOXETATE DISODIUM INJ	-	-	7/1/2018	No Separate Payment	\$0.00
A9582	IODINE I-123 IOBENGUANE	-	-	1/1/2026	Fee Schedule	\$2,317.50
A9583	GADOFOSVESET TRISODIUM INJ	-	-	7/1/2018	No Separate Payment	\$0.00
A9584	IODINE I-123 IOFLUPANE	-	-	1/1/2026	Fee Schedule	\$1,387.74
A9585	GADOBUTROL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
A9586	FLORBETAPIR F18	-	-	1/1/2026	Fee Schedule	\$1,825.64
A9587	GALLIUM GA-68	-	-	1/1/2026	Fee Schedule	\$49.63

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
A9588	FLUCICLOVINE F-18	-	-	1/1/2026	Fee Schedule	\$322.27
A9589	INSTI HEXAMINOLEVULINATE HCL	-	-	1/1/2025	No Separate Payment	\$0.00
A9590	IODINE I-131 IOBENGUANE IMCI	-	-	1/1/2025	No Separate Payment	\$0.00
A9591	FLUOROESTRADIOL F 18	-	-	1/1/2026	Fee Schedule	\$460.42
A9592	COPPER CU 64 DOTATATE DIAG	-	-	1/1/2026	Fee Schedule	\$594.28
A9593	GALLIUM GA-68 PSMA-11 UCSF	-	-	1/1/2026	Fee Schedule	\$550.13
A9594	GALLIUM GA-68 PSMA-11, UCLA	-	-	1/1/2026	Fee Schedule	\$363.50
A9595	PIFLU F-18, DIA 1 MILLICURIE	-	-	1/1/2026	Fee Schedule	\$346.49
A9596	GALLIUM ILLUCCIX 1 MILLICURE	-	-	1/1/2026	Fee Schedule	\$478.52
A9597	PET, DX, FOR TUMOR ID, NOC	-	-	7/1/2018	No Separate Payment	\$0.00
A9598	PET DX FOR NON-TUMOR ID, NOC	-	-	7/1/2018	No Separate Payment	\$0.00
A9600	SR89 STRONTIUM	-	-	7/1/2025	Fee Schedule	\$4,146.34
A9601	FLORTAUCIPIR INJ 1 MILLICURI	-	-	1/1/2024	Fee Schedule	\$3,710.00
A9602	FLUORODOPA F-18 DIAG PER MCI	-	-	1/1/2026	Fee Schedule	\$855.55
A9603	INJ, PAFOLACIANINE, 0.1 MG	-	-	10/1/2023	No Separate Payment	\$0.00
A9604	SM 153 LEXIDRONAM	-	-	1/1/2026	Fee Schedule	\$3,159.80
A9606	RADIUM RA223 DICHLORIDE THER	-	-	1/1/2026	Fee Schedule	\$172.22
A9607	LUTETIUM LU 177 VIPIVOTIDE	-	-	1/1/2026	Fee Schedule	\$255.84
A9608	FLOTUFOLASTAT F18 DIAG 1 MCI	-	-	10/1/2025	Fee Schedule	\$671.22
A9609	F18 FDG, 15 MILLICURIES	-	-	1/1/2024	No Separate Payment	\$0.00
A9610	XE129 XENON, DIAGNOSTIC	-	-	1/1/2025	No Separate Payment	\$0.00
A9611	FLURPIRIDAZ F18, DIAG, 1 MCI	-	-	10/1/2025	Fee Schedule	\$530.00
A9612	INJ, FLUORESCEIN, 1 MG	-	-	1/1/2026	Not Allowed	\$0.00
A9615	INJ, PEGULICIANINE, 1 MG	-	-	7/1/2025	Fee Schedule	\$37.51
A9616	GALLIUM GOZELLIX 1 MILLICURI	-	-	1/1/2026	Fee Schedule	\$1,042.45
A9697	INJ, MAGTRACE PER STUDY DOSE	-	-	10/1/2025	Fee Schedule	\$1,254.00
A9698	NON-RAD CONTRAST MATERIALNOC	-	-	1/1/2024	No Separate Payment	\$0.00
A9700	ECHOCARDIOGRAPHY CONTRAST	-	-	1/1/2024	No Separate Payment	\$0.00
A9800	GALLIUM LOCAMETZ 1 MILLICURI	-	-	1/1/2026	Fee Schedule	\$362.50
C1052	HEMOSTATIC AGENT, GI, TOPIC	-	-	1/1/2024	No Separate Payment	\$0.00
C1062	INTRAVERTEBRAL FX AUG IMPL	-	-	1/1/2024	No Separate Payment	\$0.00
C1600	CATH, BLADED, VASC PREP	-	-	1/1/2024	No Separate Payment	\$0.00
C1601	ENDO, SINGLE, PULMONARY	-	-	1/1/2024	No Separate Payment	\$0.00
C1602	ORTH/MATRX/BN FILL DRUG-ELUT	-	-	1/1/2024	No Separate Payment	\$0.00
C1603	RET DEV, LASER, IVC FILTER	-	-	1/1/2024	No Separate Payment	\$0.00
C1604	GRFT, TRNSMURL/TRNSVENS BYPS	-	-	1/1/2024	No Separate Payment	\$0.00
C1605	PMKR, DUAL, LEADLESS	-	-	7/1/2024	No Separate Payment	\$0.00
C1606	ADAPTER, US TO ENDOSCOPE	-	-	7/1/2024	No Separate Payment	\$0.00
C1607	NEUROSTIM INTEG RECHG	-	-	1/1/2026	No Separate Payment	\$0.00
C1608	PROSTHESIS, DUAL MOB CMC1	-	-	1/1/2026	No Separate Payment	\$0.00
C1713	ANCHOR/SCREW BN/BN,TIS/BN	-	-	7/1/2018	No Separate Payment	\$0.00
C1714	CATH, TRANS ATHERECTOMY, DIR	-	-	7/1/2018	No Separate Payment	\$0.00
C1715	BRACHYTHERAPY NEEDLE	-	-	7/1/2018	No Separate Payment	\$0.00
C1716	BRACHYTX, NON-STR, GOLD-198	-	-	1/1/2026	Fee Schedule	\$513.57
C1717	BRACHYTX, NON-STR,HDR IR-192	-	-	1/1/2026	Fee Schedule	\$357.49
C1719	BRACHYTX, NS, NON-HDRIR-192	-	-	1/1/2026	Fee Schedule	\$908.70
C1721	AICD, DUAL CHAMBER	-	-	7/1/2018	No Separate Payment	\$0.00
C1722	AICD, SINGLE CHAMBER	-	-	7/1/2018	No Separate Payment	\$0.00
C1724	CATH, TRANS ATHEREC.ROTATION	-	-	7/1/2018	No Separate Payment	\$0.00
C1725	CATH, TRANSLUMIN NON-LASER	-	-	1/1/2024	No Separate Payment	\$0.00
C1726	CATH, BAL DIL, NON-VASCULAR	-	-	1/1/2024	No Separate Payment	\$0.00

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Montana Healthcare Programs Fee Schedule ASC Covered Surgical and Ancillary Services January 1, 2026

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
C1727	CATH, BAL TIS DIS, NON-VAS	-	-	1/1/2024	No Separate Payment	\$0.00
C1728	CATH, BRACHYTX SEED ADM	-	-	7/1/2018	No Separate Payment	\$0.00
C1729	CATH, DRAINAGE	-	-	7/1/2018	No Separate Payment	\$0.00
C1730	CATH, EP, 19 OR FEW ELECT	-	-	7/1/2018	No Separate Payment	\$0.00
C1731	CATH, EP, 20 OR MORE ELEC	-	-	7/1/2018	No Separate Payment	\$0.00
C1732	CATH, EP, DIAG/ABL, 3D/VECT	-	-	7/1/2018	No Separate Payment	\$0.00
C1733	CATH, EP, OTHR THAN COOL-TIP	-	-	7/1/2018	No Separate Payment	\$0.00
C1734	ORTH/DEVIC/DRUG BN/BN,TIS/BN	-	-	1/1/2024	No Separate Payment	\$0.00
C1735	CATH RENAL DENERV RADIOFREQ	-	-	1/1/2025	No Separate Payment	\$0.00
C1736	CATH RENAL DENERV ULTRASND	-	-	1/1/2025	No Separate Payment	\$0.00
C1737	SI&PELVIS FUSN&FIXN DEV	-	-	1/1/2025	No Separate Payment	\$0.00
C1738	POWER ENDO US-GUID BX DEV	-	-	1/1/2025	No Separate Payment	\$0.00
C1739	TISSUE MARKER, DETECTABLE	-	-	1/1/2025	No Separate Payment	\$0.00
C1740	LT VENT PACING SYST, SEQUEN	-	-	1/1/2026	Not Allowed	\$0.00
C1741	ANCHOR/SCREW BONE ABSORB	-	-	10/1/2025	No Separate Payment	\$0.00
C1742	PRESSURE SENS SYST, CONT IM	-	-	10/1/2025	No Separate Payment	\$0.00
C1747	ENDO, SINGLE, URINARY TRACT	-	-	1/1/2023	No Separate Payment	\$0.00
C1748	ENDOSCOPE, SINGLE, UGI	-	-	10/1/2020	No Separate Payment	\$0.00
C1749	ENDO, COLON, RETRO IMAGING	-	-	7/1/2018	No Separate Payment	\$0.00
C1750	CATH, HEMODIALYSIS,LONG-TERM	-	-	7/1/2018	No Separate Payment	\$0.00
C1751	CATH, INF, PER/CENT/MIDLINE	-	-	7/1/2018	No Separate Payment	\$0.00
C1752	CATH,HEMODIALYSIS,SHORT-TERM	-	-	7/1/2018	No Separate Payment	\$0.00
C1753	CATH, INTRAVAS ULTRASOUND	-	-	7/1/2018	No Separate Payment	\$0.00
C1754	CATHETER, INTRADISCAL	-	-	7/1/2018	No Separate Payment	\$0.00
C1755	CATHETER, INTRASPINAL	-	-	7/1/2018	No Separate Payment	\$0.00
C1756	CATH, PACING, TRANSESOPH	-	-	7/1/2018	No Separate Payment	\$0.00
C1757	CATH, THROMBECTOMY/EMBOLECT	-	-	7/1/2018	No Separate Payment	\$0.00
C1758	CATHETER, URETERAL	-	-	7/1/2018	No Separate Payment	\$0.00
C1759	CATH, INTRA ECHOCARDIOGRAPHY	-	-	7/1/2018	No Separate Payment	\$0.00
C1760	CLOSURE DEV, VASC	-	-	7/1/2018	No Separate Payment	\$0.00
C1761	CATH, TRANS INTRA LITHO/CORO	-	-	7/1/2021	No Separate Payment	\$0.00
C1762	CONN TISS, HUMAN(INC FASCIA)	-	-	7/1/2018	No Separate Payment	\$0.00
C1763	CONN TISS, NON-HUMAN	-	-	7/1/2018	No Separate Payment	\$0.00
C1764	EVENT RECORDER, CARDIAC	-	-	7/1/2018	No Separate Payment	\$0.00
C1765	ADHESION BARRIER	-	-	7/1/2018	No Separate Payment	\$0.00
C1766	INTRO/SHEATH,STRBLE,NON-PEEL	-	-	7/1/2018	No Separate Payment	\$0.00
C1767	GENERATOR, NEURO NON-RECHARG	-	-	7/1/2018	No Separate Payment	\$0.00
C1768	GRAFT, VASCULAR	-	-	7/1/2018	No Separate Payment	\$0.00
C1769	GUIDE WIRE	-	-	7/1/2018	No Separate Payment	\$0.00
C1770	IMAGING COIL, MR, INSERTABLE	-	-	7/1/2018	No Separate Payment	\$0.00
C1771	REP DEV, URINARY, W/SLING	-	-	7/1/2018	No Separate Payment	\$0.00
C1772	INFUSION PUMP, PROGRAMMABLE	-	-	7/1/2018	No Separate Payment	\$0.00
C1773	RET DEV, INSERTABLE	-	-	7/1/2018	No Separate Payment	\$0.00
C1776	JOINT DEVICE (IMPLANTABLE)	-	-	7/1/2018	No Separate Payment	\$0.00
C1777	LEAD, AICD, ENDO SINGLE COIL	-	-	7/1/2018	No Separate Payment	\$0.00
C1778	LEAD, NEUROSTIMULATOR	-	-	7/1/2018	No Separate Payment	\$0.00
C1779	LEAD, PMKR, TRANSVENOUS VDD	-	-	7/1/2018	No Separate Payment	\$0.00
C1780	LENS, INTRAOCULAR (NEW TECH)	-	-	7/1/2018	No Separate Payment	\$0.00
C1781	MESH (IMPLANTABLE)	-	-	7/1/2018	No Separate Payment	\$0.00
C1782	MORCELLATOR	-	-	7/1/2018	No Separate Payment	\$0.00
C1783	OCULAR IMP, AQUEOUS DRAIN DE	-	-	7/1/2018	No Separate Payment	\$0.00

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

Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
C1784	OCULAR DEV, INTRAOP, DET RET	-	-	7/1/2018	No Separate Payment	\$0.00
C1785	PMKR, DUAL, RATE-RESP	-	-	7/1/2018	No Separate Payment	\$0.00
C1786	PMKR, SINGLE, RATE-RESP	-	-	7/1/2018	No Separate Payment	\$0.00
C1787	PATIENT PROGR, NEUROSTIM	-	-	7/1/2018	No Separate Payment	\$0.00
C1788	PORT, INDWELLING, IMP	-	-	7/1/2018	No Separate Payment	\$0.00
C1789	PROSTHESIS, BREAST, IMP	-	-	7/1/2018	No Separate Payment	\$0.00
C1813	PROSTHESIS, PENILE, INFLATAB	-	-	7/1/2018	Not Allowed	\$0.00
C1814	RETINAL TAMP, SILICONE OIL	-	-	7/1/2018	No Separate Payment	\$0.00
C1815	PROS, URINARY SPH, IMP	-	-	7/1/2018	No Separate Payment	\$0.00
C1816	RECEIVER/TRANSMITTER, NEURO	-	-	7/1/2018	No Separate Payment	\$0.00
C1817	SEPTAL DEFECT IMP SYS	-	-	7/1/2018	No Separate Payment	\$0.00
C1818	INTEGRATED KERATOPROSTHESIS	-	-	7/1/2018	No Separate Payment	\$0.00
C1819	TISSUE LOCALIZATION-EXCISION	-	-	7/1/2018	No Separate Payment	\$0.00
C1820	GENERATOR NEURO RECHG BAT SY	-	-	7/1/2018	No Separate Payment	\$0.00
C1821	INTERSPINOUS IMPLANT	-	-	7/1/2018	No Separate Payment	\$0.00
C1822	GEN, NEURO, HF, RECHG BAT	-	-	7/1/2018	No Separate Payment	\$0.00
C1823	GEN, NEURO, TRANS SEN/STIM	-	-	1/1/2019	No Separate Payment	\$0.00
C1824	GENERATOR, CCM, IMPLANT	-	-	1/1/2024	No Separate Payment	\$0.00
C1825	GEN, NEURO, CAROT SINUS BARO	-	-	1/1/2024	No Separate Payment	\$0.00
C1826	GEN, NEURO, CLO LOOP, RECHG	-	-	1/1/2023	No Separate Payment	\$0.00
C1827	GEN, NEURO, IMP LED, EX CNTR	-	-	1/1/2023	No Separate Payment	\$0.00
C1830	POWER BONE MARROW BX NEEDLE	-	-	7/1/2018	No Separate Payment	\$0.00
C1831	PERSONALIZED INTERBODY CAGE	-	-	10/1/2021	No Separate Payment	\$0.00
C1832	AUTO CELL PROCESS SYS	-	-	1/1/2025	No Separate Payment	\$0.00
C1833	CARDIAC MONITOR SYS	-	-	1/1/2025	No Separate Payment	\$0.00
C1839	IRIS PROSTHESIS	-	-	1/1/2024	No Separate Payment	\$0.00
C1840	TELESCOPIC INTRAOCULAR LENS	-	-	7/1/2018	No Separate Payment	\$0.00
C1874	STENT, COATED/COV W/DEL SYS	-	-	7/1/2018	No Separate Payment	\$0.00
C1875	STENT, COATED/COV W/O DEL SY	-	-	7/1/2018	No Separate Payment	\$0.00
C1876	STENT, NON-COA/NON-COV W/DEL	-	-	7/1/2018	No Separate Payment	\$0.00
C1877	STENT, NON-COAT/COV W/O DEL	-	-	7/1/2018	No Separate Payment	\$0.00
C1878	MATRL FOR VOCAL CORD	-	-	7/1/2018	No Separate Payment	\$0.00
C1880	VENA CAVA FILTER	-	-	7/1/2018	No Separate Payment	\$0.00
C1881	DIALYSIS ACCESS SYSTEM	-	-	7/1/2018	No Separate Payment	\$0.00
C1882	AICD, OTHER THAN SING/DUAL	-	-	7/1/2018	No Separate Payment	\$0.00
C1883	ADAPT/EXT, PACING/NEURO LEAD	-	-	7/1/2018	No Separate Payment	\$0.00
C1884	EMBOLIZATION PROTECT SYST	-	-	7/1/2018	No Separate Payment	\$0.00
C1885	CATH, TRANSLUMIN ANGIO LASER	-	-	7/1/2018	No Separate Payment	\$0.00
C1886	CATHETER, ABLATION	-	-	7/1/2018	No Separate Payment	\$0.00
C1887	CATHETER, GUIDING	-	-	7/1/2018	No Separate Payment	\$0.00
C1888	ENDOVAS NON-CARDIAC ABL CATH	-	-	7/1/2018	No Separate Payment	\$0.00
C1889	IMPLANT/INSERT DEVICE, NOC	-	-	7/1/2018	No Separate Payment	\$0.00
C1890	NO DEVICE W/DEV-INTENSIVE PX	-	-	1/1/2019	No Separate Payment	\$0.00
C1891	INFUSION PUMP,NON-PROG, PERM	-	-	7/1/2018	No Separate Payment	\$0.00
C1892	INTRO/SHEATH,FIXED,PEEL-AWAY	-	-	7/1/2018	No Separate Payment	\$0.00
C1893	INTRO/SHEATH, FIXED,NON-PEEL	-	-	7/1/2018	No Separate Payment	\$0.00
C1894	INTRO/SHEATH, NON-LASER	-	-	7/1/2018	No Separate Payment	\$0.00
C1895	LEAD, AICD, ENDO DUAL COIL	-	-	7/1/2018	No Separate Payment	\$0.00
C1896	LEAD, AICD, NON SING/DUAL	-	-	7/1/2018	No Separate Payment	\$0.00
C1897	LEAD, NEUROSTIM TEST KIT	-	-	7/1/2018	No Separate Payment	\$0.00
C1898	LEAD, PMKR, OTHER THAN TRANS	-	-	7/1/2018	No Separate Payment	\$0.00

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Montana Healthcare Programs Fee Schedule ASC Covered Surgical and Ancillary Services January 1, 2026

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
C1899	LEAD, PMKR/AICD COMBINATION	-	-	7/1/2018	No Separate Payment	\$0.00
C1900	LEAD, CORONARY VENOUS	-	-	7/1/2018	No Separate Payment	\$0.00
C1982	CATH, PRESSURE, VALVE-OCCLU	-	-	1/1/2024	No Separate Payment	\$0.00
C2596	PROBE, ROBOTIC, WATER-JET	-	-	1/1/2024	No Separate Payment	\$0.00
C2613	LUNG BX PLUG W/DEL SYS	-	-	7/1/2018	No Separate Payment	\$0.00
C2614	PROBE, PERC LUMB DISC	-	-	7/1/2018	No Separate Payment	\$0.00
C2615	SEALANT, PULMONARY, LIQUID	-	-	7/1/2018	No Separate Payment	\$0.00
C2616	BRACHYTX, NON-STR, YTTRIUM-90	-	-	1/1/2026	Fee Schedule	\$17,771.01
C2617	STENT, NON-COR, TEM W/O DEL	-	-	7/1/2018	No Separate Payment	\$0.00
C2618	PROBE/NEEDLE, CRYO	-	-	7/1/2018	No Separate Payment	\$0.00
C2619	PMKR, DUAL, NON RATE-RESP	-	-	7/1/2018	No Separate Payment	\$0.00
C2620	PMKR, SINGLE, NON RATE-RESP	-	-	7/1/2018	No Separate Payment	\$0.00
C2621	PMKR, OTHER THAN SING/DUAL	-	-	7/1/2018	No Separate Payment	\$0.00
C2622	PROSTHESIS, PENILE, NON-INF	-	-	7/1/2018	Not Allowed	\$0.00
C2623	CATH, TRANSLUMIN, DRUG-COAT	-	-	7/1/2018	No Separate Payment	\$0.00
C2624	WIRELESS PRESSURE SENSOR	-	-	1/1/2024	No Separate Payment	\$0.00
C2625	STENT, NON-COR, TEM W/DEL SY	-	-	7/1/2018	No Separate Payment	\$0.00
C2626	INFUSION PUMP, NON-PROG, TEMP	-	-	7/1/2018	No Separate Payment	\$0.00
C2627	CATH, SUPRAPUBIC/CYSTOSCOPIC	-	-	7/1/2018	No Separate Payment	\$0.00
C2628	CATHETER, OCCLUSION	-	-	7/1/2018	No Separate Payment	\$0.00
C2629	INTRO/SHEATH, LASER	-	-	7/1/2018	No Separate Payment	\$0.00
C2630	CATH, EP, COOL-TIP	-	-	7/1/2018	No Separate Payment	\$0.00
C2631	REP DEV, URINARY, W/O SLING	-	-	7/1/2018	No Separate Payment	\$0.00
C2634	BRACHYTX, NON-STR, HA, I-125	-	-	1/1/2026	Fee Schedule	\$174.06
C2635	BRACHYTX, NON-STR, HA, P-103	-	-	1/1/2026	Fee Schedule	\$106.75
C2636	BRACHY LINEAR, NON-STR,P-103	-	-	1/1/2026	Fee Schedule	\$89.40
C2638	BRACHYTX, STRANDED, I-125	-	-	1/1/2026	Fee Schedule	\$35.26
C2639	BRACHYTX, NON-STRANDED,I-125	-	-	1/1/2026	Fee Schedule	\$36.64
C2640	BRACHYTX, STRANDED, P-103	-	-	1/1/2026	Fee Schedule	\$88.26
C2641	BRACHYTX, NON-STRANDED,P-103	-	-	1/1/2026	Fee Schedule	\$64.48
C2642	BRACHYTX, STRANDED, C-131	-	-	1/1/2026	Fee Schedule	\$119.11
C2643	BRACHYTX, NON-STRANDED,C-131	-	-	1/1/2026	Fee Schedule	\$99.80
C2644	BRACHYTX CESIUM-131 CHLORIDE	-	-	1/1/2024	Not Allowed	\$0.00
C2645	BRACHYTX PLANAR, P-103	-	-	1/1/2024	Fee Schedule	\$4.69
C2698	BRACHYTX, STRANDED, NOS	-	-	1/1/2026	Fee Schedule	\$35.26
C2699	BRACHYTX, NON-STRANDED, NOS	-	-	1/1/2026	Fee Schedule	\$36.64
C7500	DEB BONE 20 CM2 W/DRUG DEV	Y	-	1/1/2025	Fee Schedule	\$1,201.90
C7501	PERC BX BREAST LESIONS STERO	Y	-	1/1/2025	Fee Schedule	\$1,201.90
C7502	PERC BX BREAST LESIONS MR	Y	-	1/1/2026	Fee Schedule	\$1,248.36
C7503	OPEN EXC CERV NODE(S) W/ ID	Y	-	1/1/2026	Fee Schedule	\$2,848.20
C7504	PERQ CVT&LS INJ VERT BODIES	Y	-	1/1/2026	Fee Schedule	\$3,695.53
C7505	PERQ LS&CVT INJ VERT BODIES	Y	-	1/1/2026	Fee Schedule	\$3,695.53
C7506	FUSION OF FINGER JOINTS	Y	-	1/1/2026	Fee Schedule	\$3,695.53
C7507	PERQ THOR&LUMB VERT AUG	Y	-	1/1/2026	Fee Schedule	\$6,804.43
C7508	PERQ LUMB&THOR VERT AUG	Y	-	1/1/2026	Fee Schedule	\$6,804.43
C7509	DX BRONCH W/ NAVIGATION	Y	-	1/1/2026	Fee Schedule	\$1,696.42
C7510	BRONCH/LAVAG W/ NAVIGATION	Y	-	1/1/2026	Fee Schedule	\$1,696.42
C7511	BRONCH/BPSY(S) W/ NAVIGATION	Y	-	1/1/2026	Fee Schedule	\$1,696.42
C7512	BRONCH/BPSY(S) W/ EBUS	Y	-	1/1/2026	Fee Schedule	\$1,696.42
C7513	CATH/ANGIO DIALCIR W/APLASTY	Y	-	1/1/2026	Fee Schedule	\$1,623.69
C7514	CATH/ANGIO DIAL CIR W/STENTS	Y	-	1/1/2026	Fee Schedule	\$1,623.69

Montana Healthcare Programs Fee Schedule

ASC Covered Surgical and Ancillary Services

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
C7515	CATH/ANGIO DIAL CIR W/EMBOL	Y	-	1/1/2026	Fee Schedule	\$1,623.69
C7516	COR ANGIO W/ IVUS OR OCT	Y	-	1/1/2026	Fee Schedule	\$2,727.30
C7517	COR ANGIO W/ILIC/FEM ANGIO	Y	-	1/1/2026	Fee Schedule	\$2,727.30
C7518	COR/GFT ANGIO W/ IVUS OR OCT	Y	-	1/1/2026	Fee Schedule	\$2,727.30
C7519	COR/GFT ANGIO W/ FLOW RESRV	Y	-	1/1/2026	Fee Schedule	\$2,727.30
C7520	COR/GFT ANGIO W/ILIC/FEM ANG	-	-	4/1/2024	Fee Schedule	\$2,525.79
C7521	R HRT ANGIO W/ IVUS OR OCT	Y	-	1/1/2026	Fee Schedule	\$2,727.30
C7522	R HRT ANGIO W/FLOW RESRV	Y	-	1/1/2026	Fee Schedule	\$2,727.30
C7523	L HRT ANGIO W/ IVUS OR OCT	Y	-	1/1/2026	Fee Schedule	\$2,727.30
C7524	L HRT ANGIO W/FLOW RESRV	Y	-	1/1/2026	Fee Schedule	\$2,727.30
C7525	L HRT GFT ANG W/ IVUS OR OCT	Y	-	1/1/2026	Fee Schedule	\$2,727.30
C7526	L HRT GFT ANG W/FLOW RESRV	Y	-	1/1/2026	Fee Schedule	\$2,727.30
C7527	R&L HRT ANGIO W/ IVUS OR OCT	Y	-	1/1/2026	Fee Schedule	\$2,727.30
C7528	R&L HRT ANGIO W/FLOW RESRV	Y	-	1/1/2026	Fee Schedule	\$2,727.30
C7529	R&L HRT GFT ANG W/FLOW RESRV	Y	-	1/1/2026	Fee Schedule	\$2,727.30
C7530	CATH/APLASTY DIAL CIR W/STNT	-	-	4/1/2024	Fee Schedule	\$4,846.92
C7531	ANGIO FEM/POP W/ US	Y	-	1/1/2025	Fee Schedule	\$6,102.28
C7532	ANGIO W/ US NON-CORONARY	Y	-	1/1/2026	Fee Schedule	\$6,308.81
C7533	PTCA W/ PLCMT BRACHYTX DEV	-	-	4/1/2024	Fee Schedule	\$5,731.64
C7535	FEM/POP REVASC W/STENT & US	Y	-	1/1/2025	Fee Schedule	\$10,680.67
C7537	INSRT ATRIL PM W/L VENT LEAD	Y	-	1/1/2026	Fee Schedule	\$11,053.67
C7538	INSRT VENT PM W/L VENT LEAD	Y	-	1/1/2026	Fee Schedule	\$11,334.06
C7539	INSRT A & V PM W/L VENT LEAD	Y	-	1/1/2026	Fee Schedule	\$11,508.47
C7540	RMV&RPLC PM DUL W/L VNT LEAD	Y	-	1/1/2025	Fee Schedule	\$11,029.06
C7545	EXCH BIL CATH W/ RMV CALCULI	Y	-	1/1/2026	Fee Schedule	\$2,819.48
C7546	REP NPH/URT CATH W/DIL STRIC	Y	-	1/1/2025	Fee Schedule	\$1,655.31
C7547	CNVRT NEPH CATH W/ DIL STRIC	Y	-	1/1/2026	Fee Schedule	\$1,723.02
C7548	EXCH NEPH CATH W/ DIL STRIC	Y	-	1/1/2025	Fee Schedule	\$1,655.31
C7549	CHGE URTR STENT W/ DIL STRIC	Y	-	1/1/2025	Fee Schedule	\$1,655.31
C7550	CYSTO W/ BX(S) W/ BLUE LIGHT	Y	-	1/1/2026	Fee Schedule	\$1,723.02
C7551	EXC NEUROMA W/ IMPLNT NV END	Y	-	1/1/2026	Fee Schedule	\$2,177.48
C7554	CYSTURETH BLU LI CYST FL IMG	Y	-	1/1/2026	Fee Schedule	\$1,001.95
C7555	RMVL THYRD W/AUTOTRAN PARATH	Y	-	1/1/2025	Fee Schedule	\$4,896.00
C7556	BRONCH LAVAGE W/EBUS	Y	-	1/1/2026	Fee Schedule	\$1,696.42
C7557	COR ANGIO/VENT W/FFR	Y	-	4/1/2024	Fee Schedule	\$2,525.79
C7560	ERCP REMOVE FORGN BODY&ENDO	Y	-	1/1/2025	Fee Schedule	\$1,875.81
C7562	R&L HRT ANGIO W/FFR & 3D MAP	Y	-	1/1/2026	Fee Schedule	\$2,727.30
C7563	TRLUML BALLO ANGIOP ALL ART	Y	-	1/1/2025	Fee Schedule	\$5,884.93
C7564	VEIN MECH THROM W/INTRVAS US	Y	-	1/1/2025	Fee Schedule	\$10,902.10
C7565	RPR AA HRN < 3 RDC W/ RMVL	Y	-	1/1/2026	Fee Schedule	\$2,819.48
C7566	FUSE FINGER JOINTS W/GRAFTS	Y	-	1/1/2026	Fee Schedule	\$3,695.53
C7567	BRONCH/NEEDLE BX(S) W/ NAV	Y	-	1/1/2026	Fee Schedule	\$2,451.02
C7568	COR ANGIO W/FLOW RESRV	Y	-	1/1/2026	Fee Schedule	\$2,727.30
C7569	PTCA W/ IVUS OR OCT	Y	-	1/1/2026	Fee Schedule	\$6,541.60
C7570	COR ANGIO W/FFR & 3D MAP	Y	-	1/1/2026	Fee Schedule	\$2,727.30
C7571	PCTA W/ COR LITHOTRIP	Y	-	1/1/2026	Fee Schedule	\$6,541.60
C8000	SUPRT DEV, A-V FISTULA, IMP	-	-	10/1/2024	No Separate Payment	\$0.00
C8002	PREP SKIN CELL SUSP, AUTOMTD	-	-	1/1/2026	No Separate Payment	\$0.00
C8003	IMP EXTAR KNEE SHCK ABSRB	Y	-	1/1/2026	Fee Schedule	\$13,933.19
C8004	SIM ANG W/PRS CATH RAD EMB	Y	-	1/1/2026	Fee Schedule	\$7,438.31
C8006	INST PLEU-PERIT SHNT W PUMP	Y	-	1/1/2026	Fee Schedule	\$4,263.64

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ASC Covered Surgical and Ancillary Services
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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
C8900	MRA W/CONT, ABD	-	-	1/1/2026	Fee Schedule	\$192.55
C8901	MRA W/O CONT, ABD	-	-	1/1/2026	Fee Schedule	\$131.48
C8902	MRA W/O FOL W/CONT, ABD	-	-	1/1/2026	Fee Schedule	\$192.55
C8903	MRI W/CONT, BREAST, UNI	-	-	1/1/2026	Fee Schedule	\$97.27
C8905	MRI W/O FOL W/CONT, BRST, UN	-	-	1/1/2026	Fee Schedule	\$192.55
C8906	MRI W/CONT, BREAST, BI	-	-	1/1/2026	Fee Schedule	\$192.55
C8908	MRI W/O FOL W/CONT, BREAST,	-	-	1/1/2026	Fee Schedule	\$192.55
C8909	MRA W/CONT, CHEST	-	-	1/1/2026	Fee Schedule	\$192.55
C8910	MRA W/O CONT, CHEST	-	-	1/1/2026	Fee Schedule	\$131.48
C8911	MRA W/O FOL W/CONT, CHEST	-	-	1/1/2026	Fee Schedule	\$192.55
C8912	MRA W/CONT, LWR EXT	-	-	1/1/2026	Fee Schedule	\$192.55
C8913	MRA W/O CONT, LWR EXT	-	-	1/1/2026	Fee Schedule	\$131.48
C8914	MRA W/O FOL W/CONT, LWR EXT	-	-	1/1/2026	Fee Schedule	\$192.55
C8918	MRA W/CONT, PELVIS	-	-	1/1/2026	Fee Schedule	\$192.55
C8919	MRA W/O CONT, PELVIS	-	-	1/1/2026	Fee Schedule	\$131.48
C8920	MRA W/O FOL W/CONT, PELVIS	-	-	1/1/2026	Fee Schedule	\$192.55
C8925	2D TEE W OR W/O FOL W/CON,IN	-	-	1/1/2026	Not Allowed	\$0.00
C8926	TEE W OR W/O FOL W/CONT,CONG	-	-	1/1/2026	Not Allowed	\$0.00
C8927	TEE W OR W/O FOL W/CONT, MON	-	-	1/1/2026	Not Allowed	\$0.00
C8931	MRA, W/DYE, SPINAL CANAL	-	-	1/1/2026	Fee Schedule	\$192.55
C8932	MRA, W/O DYE, SPINAL CANAL	-	-	1/1/2026	Fee Schedule	\$131.48
C8933	MRA, W/O&W/DYE, SPINAL CANAL	-	-	1/1/2026	Fee Schedule	\$192.55
C8934	MRA, W/DYE, UPPER EXTREMITY	-	-	1/1/2026	Fee Schedule	\$192.55
C8935	MRA, W/O DYE, UPPER EXTR	-	-	1/1/2026	Fee Schedule	\$131.48
C8936	MRA, W/O&W/DYE, UPPER EXTR	-	-	1/1/2026	Fee Schedule	\$192.55
C9046	COCAINE HCL NASAL (GOPRELTO)	-	-	1/1/2024	No Separate Payment	\$0.00
C9047	INJECTION, CAPLACIZUMAB-YHDP	-	-	1/1/2026	Fee Schedule	\$802.49
C9067	GALLIUM GA-68 DOTATOC	-	-	1/1/2026	Fee Schedule	\$3.61
C9101	INJ, OLICERIDINE 0.1 MG	-	-	1/1/2026	No Separate Payment	\$0.00
C9143	COCAINE HCL NASAL (NUMBRINO)	-	-	1/1/2024	Not Allowed	\$0.00
C9144	INJ, BUPIVACAINE (POSIMIR)	-	-	10/1/2025	Fee Schedule	\$0.51
C9145	INJ, APONVIE, 1 MG	-	-	10/1/2025	Fee Schedule	\$1.91
C9176	DOM NONHEU TC99M ADD-ON/DOSE	-	-	1/1/2026	Not Allowed	\$0.00
C9248	INJ, CLEVIDIPINE BUTYRATE	-	-	10/1/2025	Not Allowed	\$0.00
C9250	ARTISS FIBRIN SEALANT	-	-	10/1/2025	Fee Schedule	\$141.89
C9254	INJECTION, LACOSAMIDE	-	-	7/1/2018	No Separate Payment	\$0.00
C9257	BEVACIZUMAB INJECTION	-	-	10/1/2025	Fee Schedule	\$1.83
C9285	PATCH, LIDOCAINE/TETRACAINE	-	-	7/1/2018	No Separate Payment	\$0.00
C9293	INJECTION, GLUCARPIDASE	-	-	1/1/2026	Fee Schedule	\$427.72
C9307	INJ LINVOSELTAMAB-GCPT 1 MG	-	-	1/1/2026	Fee Schedule	\$96.82
C9308	INJ, CARBOPLATIN (AVYXA)	-	-	1/1/2026	Fee Schedule	\$5.15
C9352	NEURAGEN NERVE GUIDE, PER CM	-	-	1/1/2024	No Separate Payment	\$0.00
C9353	NEURAWRAP NERVE PROTECTOR,CM	-	-	1/1/2024	No Separate Payment	\$0.00
C9354	VERITAS COLLAGEN MATRIX, CM2	-	-	1/1/2024	No Separate Payment	\$0.00
C9355	NEUROMATRIX NERVE CUFF, CM	-	-	1/1/2024	No Separate Payment	\$0.00
C9356	TENOGLIDE TENDON PROT, CM2	-	-	1/1/2024	No Separate Payment	\$0.00
C9358	SURGIMEND, FETAL	-	-	1/1/2024	No Separate Payment	\$0.00
C9359	IMPLNT,BON VOID FILLER-PUTTY	-	-	1/1/2024	No Separate Payment	\$0.00
C9360	SURGIMEND, NEONATAL	-	-	1/1/2024	No Separate Payment	\$0.00
C9361	NEUROMEND NERVE WRAP	-	-	7/1/2018	No Separate Payment	\$0.00
C9362	IMPLNT,BON VOID FILLER-STRIP	-	-	1/1/2024	No Separate Payment	\$0.00

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Montana Healthcare Programs Fee Schedule ASC Covered Surgical and Ancillary Services January 1, 2026

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
C9363	INTEGRA MESHED BIL WOUND MAT	-	-	1/1/2026	Fee Schedule	\$127.14
C9364	PORCINE IMPLANT, PERMACOL	-	-	1/1/2024	No Separate Payment	\$0.00
C9399	UNCLASSIFIED DRUGS OR BIOLOG	-	-	7/1/2018	Not Allowed	\$0.00
C9460	INJECTION, CANGRELOR	-	-	10/1/2025	Fee Schedule	\$19.98
C9462	INJECTION, DELAFLOXACIN	-	-	1/1/2023	Not Allowed	\$0.00
C9482	SOTALOL HYDROCHLORIDE IV	-	-	10/1/2025	Fee Schedule	\$25.05
C9488	CONIVAPTAN HCL	-	-	1/1/2026	No Separate Payment	\$0.00
C9600	PERC DRUG-EL COR STENT SING	Y	-	1/1/2026	Fee Schedule	\$7,500.39
C9601	PERC DRUG-EL COR STENT BRAN	-	-	1/1/2026	No Separate Payment	\$0.00
C9602	PERC D-E COR STENT ATHER S	Y	-	1/1/2026	Fee Schedule	\$13,206.08
C9603	PERC D-E COR STENT ATHER BR	-	-	1/1/2026	No Separate Payment	\$0.00
C9604	PERC D-E COR REVASC T CABG S	Y	-	1/1/2026	Fee Schedule	\$7,354.29
C9605	PERC D-E COR REVASC T CABG B	-	-	1/1/2026	No Separate Payment	\$0.00
C9607	PERC D-E COR REVASC CHRO SIN	Y	-	1/1/2026	Fee Schedule	\$12,790.20
C9608	PERC D-E COR REVASC CHRO ADD	-	-	1/1/2026	No Separate Payment	\$0.00
C9610	CATH CORONARY DRUG-DELIVERY	-	-	1/1/2025	No Separate Payment	\$0.00
C9725	PLACE ENDORECTAL APP	Y	-	1/1/2026	Fee Schedule	\$510.49
C9726	RXT BREAST APPL PLACE/REMOV	-	-	1/1/2026	No Separate Payment	\$0.00
C9727	INSERT PALATE IMPLANTS	Y	-	1/1/2026	Fee Schedule	\$659.17
C9728	PLACE DEVICE/MARKER, NON PRO	-	-	1/1/2026	Fee Schedule	\$758.79
C9733	NON-OPHTHALMIC FVA	-	-	7/1/2018	No Separate Payment	\$0.00
C9734	U/S TRTMT, NOT LEIOMYOMATA	Y	-	1/1/2026	Fee Schedule	\$6,804.43
C9738	BLUE LIGHT CYSTO IMAG AGENT	-	-	7/1/2018	No Separate Payment	\$0.00
C9739	CYSTOSCOPY PROSTATIC IMP 1-3	Y	-	1/1/2026	Fee Schedule	\$4,258.61
C9740	CYSTO IMPL 4 OR MORE	Y	-	1/1/2026	Fee Schedule	\$8,087.10
C9757	SPINE DEVICE IMPLANT SURGERY	Y	-	1/1/2026	Fee Schedule	\$9,696.16
C9758	BLIND INTERATRIAL SHUNT IDE	Y	-	1/1/2026	Fee Schedule	\$13,052.08
C9759	TRANSCATH INTRAOP MICROINF	-	-	10/1/2020	No Separate Payment	\$0.00
C9760	NON-BLIND INTERATRIAL SHUNT	Y	-	1/1/2026	Fee Schedule	\$14,774.67
C9761	CYSTO, LITHO, VACUUM KIDNEY	Y	-	1/1/2026	Fee Schedule	\$6,612.45
C9762	CARDIAC MRI SEG DYS STRAIN	-	-	1/1/2026	Fee Schedule	\$297.30
C9763	CARDIAC MRI SEG DYS STRESS	-	-	1/1/2026	Fee Schedule	\$297.30
C9764	REVASC INTRAVASC LITHOTRIPSY	Y	-	1/1/2026	Fee Schedule	\$8,249.12
C9765	REVASC INTRA LITHOTRIP-STENT	Y	-	1/1/2026	Fee Schedule	\$13,268.99
C9766	REVASC INTRA LITHOTRIP-ATHER	Y	-	1/1/2026	Fee Schedule	\$13,627.89
C9767	REVASC LITHOTRIP-STENT-ATHER	Y	-	1/1/2026	Fee Schedule	\$13,908.35
C9772	REVASC LITHOTRIP TIBI/PERONE	Y	-	1/1/2026	Fee Schedule	\$7,999.86
C9773	REVASC LITHOTR-STENT TIB/PER	Y	-	1/1/2026	Fee Schedule	\$12,025.04
C9774	REVASC LITHOTR-ATHER TIB/PER	Y	-	1/1/2026	Fee Schedule	\$13,064.01
C9775	REVASC LITH-STEN-ATH TIB/PER	Y	-	1/1/2026	Fee Schedule	\$14,121.47
C9776	FLUO BILE DUCT IMAGING W/ICG	-	-	4/1/2021	No Separate Payment	\$0.00
C9777	ESOPHAG MUC INTEG W/ESO EGD	Y	-	1/1/2026	Fee Schedule	\$2,775.35
C9778	COLPOPEXY, MIN/INV, EX-PERIT	Y	-	1/1/2026	Fee Schedule	\$2,295.55
C9779	ESD ENDOSCOPY OR COLONOSCOPY	Y	-	1/1/2026	Fee Schedule	\$1,986.55
C9780	INSERT CV CATH INF & SUP APP	-	-	1/1/2026	No Separate Payment	\$0.00
C9781	ARTHRO/SHOUL SURG; W/SPACER	Y	-	1/1/2026	Fee Schedule	\$10,217.78
C9782	BLIND MYOCAR TRPL BON MARROW	Y	-	1/1/2026	Fee Schedule	\$11,912.65
C9783	BLIND COR SINUS REDUCER IMPL	Y	-	1/1/2026	Fee Schedule	\$5,419.44
C9785	ENDO OUTLET RESTRICT W/TUBE	Y	-	1/1/2026	Fee Schedule	\$5,120.50
C9789	INSTILL PHARM RENAL PELVIS	Y	-	1/1/2026	Fee Schedule	\$671.83
C9790	KIDNEY HISTOTRIPSY W/IMAGE	-	-	7/1/2024	Not Allowed	\$0.00

Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
C9792	BLIND/NONBLIND TRANS ATRIAL	-	-	1/1/2026	No Separate Payment	\$0.00
C9796	RPR INTST EXCL ANRECT FIST	Y	-	1/1/2026	Fee Schedule	\$1,815.01
C9797	VASC EMB/OCC W/PRS CATH	Y	-	1/1/2026	Fee Schedule	\$12,488.28
C9804	PUMP ELASTOMC NON-OPIOID DEV	-	-	1/1/2025	Not Allowed	\$0.00
C9806	PUMP PERIST NON-OPIOID DEV	-	-	1/1/2025	Not Allowed	\$0.00
C9807	NERVE STIM NON-OPIOID DEV	-	-	1/1/2025	Not Allowed	\$0.00
C9808	CRYO PROBE NON-OPIOID DEV	-	-	1/1/2025	Not Allowed	\$0.00
C9809	CRYO NEEDLE NON-OPIOID DEV	-	-	1/1/2025	Not Allowed	\$0.00
C9810	COLD THERAPY NON-OPIOID DEV	-	-	1/1/2026	Not Allowed	\$0.00
C9811	ELEC AMB PMP NONOPIOID DEV	-	-	1/1/2026	Not Allowed	\$0.00
C9812	ECHGNC NV NDLS NONOPIOID DEV	-	-	1/1/2026	Not Allowed	\$0.00
C9813	PRF INFS CTH NONOPIOID DEV	-	-	1/1/2026	Not Allowed	\$0.00
C9814	ECHOGNC CATHR NONOPIOID DEV	-	-	1/1/2026	Not Allowed	\$0.00
C9815	PERISTLC PMP NONOPIOID DEV	-	-	1/1/2026	Not Allowed	\$0.00
C9816	PMP PRS REUSBL NONOPIOID DEV	-	-	1/1/2026	Not Allowed	\$0.00
C9817	CRYPNM CMPRS NONOPIOID DEV	-	-	1/1/2026	Not Allowed	\$0.00
C9901	ENDO DEFECT CLOSURE GI TRACT	Y	-	1/1/2026	Fee Schedule	\$6,759.42
D0120	PERIODIC ORAL EVALUATION	-	-	1/1/2024	No Separate Payment	\$0.00
D0140	LIMIT ORAL EVAL PROBLM FOCUS	-	-	1/1/2024	No Separate Payment	\$0.00
D0150	COMPREHENSIVE ORAL EVALUATION	-	-	1/1/2024	No Separate Payment	\$0.00
D0160	EXTENSV ORAL EVAL PROB FOCUS	-	-	1/1/2024	No Separate Payment	\$0.00
D0170	RE-EVAL, EST, PT, PROBLEM FOCUS	-	-	1/1/2024	No Separate Payment	\$0.00
D0171	RE-EVAL POST-OP VISIT	-	-	1/1/2024	No Separate Payment	\$0.00
D0180	COMP PERIODONTAL EVALUATION	-	-	1/1/2024	No Separate Payment	\$0.00
D0191	ASSESSMENT OF A PATIENT	-	-	1/1/2024	No Separate Payment	\$0.00
D0210	INTRAOR COMPREHENSIVE SERIES	-	-	1/1/2024	No Separate Payment	\$0.00
D0220	INTRAORAL PERIAPICAL FIRST	-	-	1/1/2024	No Separate Payment	\$0.00
D0230	INTRAORAL PERIAPICAL EA ADD	-	-	1/1/2024	No Separate Payment	\$0.00
D0240	INTRAORAL OCCLUSAL FILM	-	-	1/1/2024	No Separate Payment	\$0.00
D0250	EXTRAORAL 2D PROJECT IMAGE	-	-	1/1/2024	No Separate Payment	\$0.00
D0251	EXTRAORAL POSTERIOR IMAGE	-	-	1/1/2024	No Separate Payment	\$0.00
D0270	DENTAL BITEWING SINGLE IMAGE	-	-	1/1/2024	No Separate Payment	\$0.00
D0272	DENTAL BITEWING TWO IMAGES	-	-	1/1/2024	No Separate Payment	\$0.00
D0273	BITEWINGS - THREE IMAGES	-	-	1/1/2024	No Separate Payment	\$0.00
D0274	BITEWINGS FOUR IMAGES	-	-	1/1/2024	No Separate Payment	\$0.00
D0277	VERT BITEWINGS 7 TO 8 IMAGES	-	-	1/1/2024	No Separate Payment	\$0.00
D0330	PANORAMIC IMAGE	-	-	1/1/2024	No Separate Payment	\$0.00
D0340	2D CEPHALOMETRIC IMAGE	-	-	1/1/2024	No Separate Payment	\$0.00
D0350	ORAL/FACIAL PHOTO IMAGES	-	-	1/1/2024	No Separate Payment	\$0.00
D0367	CONE BEAM CT INTERP BOTH JAW	-	-	1/1/2024	No Separate Payment	\$0.00
D0383	CONE BEAM CT BOTH JAWS	-	-	1/1/2024	No Separate Payment	\$0.00
D0393	TRTMNT SIMULATION 3D IMAGE	-	-	1/1/2024	No Separate Payment	\$0.00
D0426	COLL, ANALYS OF SALIVA	-	-	1/1/2026	Not Allowed	\$0.00
D0461	TESTING FOR CRACKED TOOTH	-	-	1/1/2026	Not Allowed	\$0.00
D1110	DENTAL PRPHYLAXIS ADULT	-	-	1/1/2024	No Separate Payment	\$0.00
D1354	INT CARIES MED APP PER TOOTH	-	-	1/1/2024	No Separate Payment	\$0.00
D1720	INFLUENZA VACC ADMIN	-	-	1/1/2026	Not Allowed	\$0.00
D2140	AMALGAM ONE SURFACE PERMAMEM	-	-	1/1/2024	No Separate Payment	\$0.00
D2150	AMALGAM TWO SURFACES PERMANE	-	-	1/1/2024	No Separate Payment	\$0.00
D2160	AMALGAM THREE SURFACES PERMA	-	-	1/1/2024	No Separate Payment	\$0.00
D2161	AMALMAG 4 OR > SURFACES PERM	-	-	1/1/2024	No Separate Payment	\$0.00

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Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
D2330	RESIN ONE SURFACE-ANTERIOR	-	-	1/1/2024	No Separate Payment	\$0.00
D2331	RESIN TWO SURFACE-ANTERIOR	-	-	1/1/2024	No Separate Payment	\$0.00
D2332	RESIN THREE SURFACE-ANTERIO	-	-	1/1/2024	No Separate Payment	\$0.00
D2335	RESIN 4/> SURF OR W INCIS AN	-	-	1/1/2024	No Separate Payment	\$0.00
D2390	ANT RESON-BASED CMPST CROWN	-	-	1/1/2024	No Separate Payment	\$0.00
D2391	POST 1 SRFC RESINBASED CMPST	-	-	1/1/2024	No Separate Payment	\$0.00
D2392	POST 2 SRFC RESINBASED CMPST	-	-	1/1/2024	No Separate Payment	\$0.00
D2393	POST 3 SRFC RESINBASED CMPST	-	-	1/1/2024	No Separate Payment	\$0.00
D2394	POST >=4SRFC RESINBASE CMPST	-	-	1/1/2024	No Separate Payment	\$0.00
D2740	CROWN PORCELAIN/CERAMIC	-	-	1/1/2024	No Separate Payment	\$0.00
D2750	CROWN PORCELAIN W/ H NOBLE M	-	-	1/1/2024	No Separate Payment	\$0.00
D2751	CROWN PORCELAIN FUSED BASE M	-	-	1/1/2024	No Separate Payment	\$0.00
D2752	CROWN PORCELAIN W/ NOBLE MET	-	-	1/1/2024	No Separate Payment	\$0.00
D2791	CROWN FULL CAST BASE METAL	-	-	1/1/2024	No Separate Payment	\$0.00
D2799	INTERIM CROWN	-	-	1/1/2024	No Separate Payment	\$0.00
D2920	RE-CEMENT OR RE-BOND CROWN	-	-	1/1/2024	No Separate Payment	\$0.00
D2929	PREFAB PORC/CERAM CROWN PRI	-	-	1/1/2024	No Separate Payment	\$0.00
D2930	PREFAB STNLSS STEEL CRWN PRI	-	-	1/1/2024	No Separate Payment	\$0.00
D2931	PREFAB STNLSS STEEL CROWN PE	-	-	1/1/2024	No Separate Payment	\$0.00
D2932	PREFABRICATED RESIN CROWN	-	-	1/1/2024	No Separate Payment	\$0.00
D2933	PREFAB STAINLESS STEEL CROWN	-	-	1/1/2024	No Separate Payment	\$0.00
D2934	PREFAB STEEL CROWN PRIMAR	-	-	1/1/2024	No Separate Payment	\$0.00
D2940	PLACE DIRECT RESTORATION	-	-	1/1/2024	No Separate Payment	\$0.00
D2950	CORE BUILD-UP INCL ANY PINS	-	-	1/1/2024	No Separate Payment	\$0.00
D2951	TOOTH PIN RETENTION	-	-	1/1/2024	No Separate Payment	\$0.00
D2952	POST AND CORE CAST + CROWN	-	-	1/1/2024	No Separate Payment	\$0.00
D2954	PREFAB POST/CORE + CROWN	-	-	1/1/2024	No Separate Payment	\$0.00
D3110	PULP CAP DIRECT	-	-	1/1/2024	No Separate Payment	\$0.00
D3120	PULP CAP INDIRECT	-	-	1/1/2024	No Separate Payment	\$0.00
D3220	THERAPUTIC PULPOTOMY	-	-	1/1/2024	No Separate Payment	\$0.00
D3221	GROSS PULPAL DEBRIDEMENT	-	-	1/1/2024	No Separate Payment	\$0.00
D3222	PART PULP FOR APEXOGENESIS	-	-	1/1/2024	No Separate Payment	\$0.00
D3230	PULPAL THERAPY ANTERIOR PRIM	-	-	1/1/2024	No Separate Payment	\$0.00
D3240	PULPAL THERAPY POSTERIOR PRI	-	-	1/1/2024	No Separate Payment	\$0.00
D3310	END THXPY, ANTERIOR TOOTH	-	-	1/1/2024	No Separate Payment	\$0.00
D3320	END THXPY, PREMOLAR TOOTH	-	-	1/1/2024	No Separate Payment	\$0.00
D3330	END THXPY, MOLAR TOOTH	-	-	1/1/2024	No Separate Payment	\$0.00
D3460	ENDODONTIC ENDOSSEOUS IMPLAN	-	-	1/1/2024	No Separate Payment	\$0.00
D3910	ISOLATION- TOOTH WITH RUBB DAM	-	-	1/1/2024	No Separate Payment	\$0.00
D4210	GINGIVECTOMY/PLASTY 4 OR MOR	Y	-	1/1/2026	Fee Schedule	\$1,480.50
D4211	GINGIVECTOMY/PLASTY 1 TO 3	Y	-	1/1/2026	Fee Schedule	\$1,480.50
D4212	GINGIVECTOMY/PLASTY REST	Y	-	1/1/2026	Fee Schedule	\$1,480.50
D4260	OSSEOUS SURGERY 4 OR MORE	Y	-	1/1/2026	Fee Schedule	\$3,025.62
D4263	BONE REPLACE GRAFT FIRST SITE	Y	-	1/1/2026	Fee Schedule	\$349.37
D4270	PEDICLE SOFT TISSUE GRAFT PR	Y	-	1/1/2026	Fee Schedule	\$659.17
D4273	AUTO TISSUE GRAFT 1ST TOOTH	Y	-	1/1/2026	Fee Schedule	\$659.17
D4341	PERIODONTAL SCALING & ROOT	-	-	1/1/2024	No Separate Payment	\$0.00
D4342	PERIODONTAL SCALING 1-3 TEETH	-	-	1/1/2024	No Separate Payment	\$0.00
D4346	SCALING GINGIV INFLAMMATION	-	-	1/1/2024	No Separate Payment	\$0.00
D4355	FULL MOUTH DEBRIDEMENT	-	-	1/1/2024	No Separate Payment	\$0.00
D4381	LOCALIZED DELIVERY ANTIMICRO	-	-	1/1/2024	No Separate Payment	\$0.00

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Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
D4910	PERIODONTAL MAINT PROCEDURES	-	-	1/1/2024	No Separate Payment	\$0.00
D5877	DUP OF COMPLT DENT-MAXILL	-	-	1/1/2026	Not Allowed	\$0.00
D5878	DUP OF COMPLT DENT-MANDIB	-	-	1/1/2026	Not Allowed	\$0.00
D5909	MAX GUID PROTHES W/ FLANGE	-	-	1/1/2026	Not Allowed	\$0.00
D5930	MAX GUID PROTHES W/O FLANGE	-	-	1/1/2026	Not Allowed	\$0.00
D5938	RESCT PROTH MAX COMP REMOV	-	-	1/1/2026	Not Allowed	\$0.00
D5939	RESCT PROTH MAND COMP REMOV	-	-	1/1/2026	Not Allowed	\$0.00
D5940	RESCT PROTH MAX PART REMOV	-	-	1/1/2026	Not Allowed	\$0.00
D5941	RESCT PROTH MAND PART REMOV	-	-	1/1/2026	Not Allowed	\$0.00
D5942	PROTH MAX IMPLT SUP REMV	-	-	1/1/2026	Not Allowed	\$0.00
D5943	PROTH MANDIB IMPLT SUP REMV	-	-	1/1/2026	Not Allowed	\$0.00
D5944	MAX IMPLT SUP REMV PART	-	-	1/1/2026	Not Allowed	\$0.00
D5945	MAND IMPLT SUP REMV PART	-	-	1/1/2026	Not Allowed	\$0.00
D5946	MAX IMPLT SUP FIX	-	-	1/1/2026	Not Allowed	\$0.00
D5947	MAND IMPLT SUP FIX	-	-	1/1/2026	Not Allowed	\$0.00
D5948	MAX IMPLT SUP FIX PART	-	-	1/1/2026	Not Allowed	\$0.00
D5949	MAND IMPLT SUP FIX PART	-	-	1/1/2026	Not Allowed	\$0.00
D6049	SCALE IMPLT PERI-IMPLT INFLM	-	-	1/1/2026	Not Allowed	\$0.00
D6196	REMV OF IND REST ON IMPLT	-	-	1/1/2026	Not Allowed	\$0.00
D6280	IMPLT MAINT PROCD REMV IMPLT	-	-	1/1/2026	Not Allowed	\$0.00
D7111	EXTRACTION CORONAL REMNANTS	Y	-	1/1/2026	Fee Schedule	\$349.37
D7140	EXTRACTION ERUPTED TOOTH/EXR	Y	-	1/1/2026	Fee Schedule	\$349.37
D7210	REM IMP TOOTH W MUCOPER FLP	Y	-	1/1/2026	Fee Schedule	\$659.17
D7220	IMPACT TOOTH REMOV SOFT TISS	Y	-	1/1/2026	Fee Schedule	\$349.37
D7230	IMPACT TOOTH REMOV PART BONY	Y	-	1/1/2026	Fee Schedule	\$349.37
D7240	IMPACT TOOTH REMOV COMP BONY	Y	-	1/1/2026	Fee Schedule	\$349.37
D7241	IMPACT TOOTH REM BONY W/COMP	Y	-	1/1/2026	Fee Schedule	\$349.37
D7250	TOOTH ROOT REMOVAL	Y	-	1/1/2026	Fee Schedule	\$349.37
D7251	CORONECTOMY	Y	-	1/1/2026	Fee Schedule	\$659.17
D7270	TOOTH REIMPLANTATION	Y	-	1/1/2026	Fee Schedule	\$349.37
D7280	EXPOSURE OF UNERUPTED TOOTH	Y	-	1/1/2026	Fee Schedule	\$349.37
D7310	ALVEOPLASTY W/ EXTRACTION	Y	-	1/1/2026	Fee Schedule	\$659.17
D7311	ALVEOPLASTY W/EXTRACT 1-3	Y	-	1/1/2026	Fee Schedule	\$659.17
D7320	ALVEOPLASTY W/O EXTRACTION	Y	-	1/1/2026	Fee Schedule	\$659.17
D7321	ALVEOLOPLASTY NOT W/EXTRACTS	Y	-	1/1/2026	Fee Schedule	\$659.17
D7410	RAD EXC LESION UP TO 1.25 CM	Y	-	1/1/2026	Fee Schedule	\$659.17
D7411	EXCISION BENIGN LESION>1.25C	Y	-	1/1/2026	Fee Schedule	\$659.17
D7412	EXCISION BENIGN LESION COMPL	Y	-	1/1/2026	Fee Schedule	\$659.17
D7413	EXCISION MALIG LESION<=1.25C	Y	-	1/1/2026	Fee Schedule	\$659.17
D7414	EXCISION MALIG LESION>1.25CM	Y	-	1/1/2026	Fee Schedule	\$659.17
D7415	EXCISION MALIG LES COMPLICAT	Y	-	1/1/2026	Fee Schedule	\$659.17
D7440	MALIG TUMOR EXC TO 1.25 CM	Y	-	1/1/2026	Fee Schedule	\$1,480.50
D7441	MALIG TUMOR > 1.25 CM	Y	-	1/1/2026	Fee Schedule	\$1,480.50
D7450	REM ODONTOGEN CYST TO 1.25CM	Y	-	1/1/2026	Fee Schedule	\$1,480.50
D7451	REM ODONTOGEN CYST > 1.25 CM	Y	-	1/1/2026	Fee Schedule	\$1,480.50
D7460	REM NONODONTO CYST TO 1.25CM	Y	-	1/1/2026	Fee Schedule	\$349.37
D7461	REM NONODONTO CYST > 1.25 CM	Y	-	1/1/2026	Fee Schedule	\$349.37
D7471	REM EXOSTOSIS ANY SITE	Y	-	1/1/2026	Fee Schedule	\$1,480.50
D7472	REMOVAL OF TORUS PALATINUS	Y	-	1/1/2026	Fee Schedule	\$349.37
D7473	ROMOVE TORUS MANDIBULARIS	Y	-	1/1/2026	Fee Schedule	\$349.37
D7485	SURG REDUCT OSSEOUSTUBEROSIT	Y	-	1/1/2026	Fee Schedule	\$3,025.62

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
D7510	I&D ABSC INTRAORAL SOFT TISS	Y	-	1/1/2026	Fee Schedule	\$388.55
D7511	INCISION/DRAIN ABSCESS INTRA	Y	-	1/1/2026	Fee Schedule	\$388.55
D7520	I&D ABSCESS EXTRAORAL	Y	-	1/1/2026	Fee Schedule	\$388.55
D7521	INCISION/DRAIN ABSCESS EXTRA	Y	-	1/1/2026	Fee Schedule	\$388.55
D7530	REMOVAL FB SKIN/AREOLAR TISS	Y	-	1/1/2026	Fee Schedule	\$349.37
D7540	REMOVAL OF FB REACTION	Y	-	1/1/2026	Fee Schedule	\$349.37
D7550	REMOVAL OF SLOUGHED OFF BONE	Y	-	1/1/2026	Fee Schedule	\$349.37
D7922	PLACE INTRA-SOCKET BIO DRESS	-	-	1/1/2024	No Separate Payment	\$0.00
D7950	MANIDBLE GRAFT	Y	-	1/1/2026	Fee Schedule	\$3,025.62
D9128	PHOTOBIO THERPY-FIRST 15 MIN	-	-	1/1/2026	Not Allowed	\$0.00
D9129	PHOTOBIO THERPY-SUB 15 MINS	-	-	1/1/2026	Not Allowed	\$0.00
D9224	GEN ANES ADV AIR-15 MIN	-	-	1/1/2026	Not Allowed	\$0.00
D9225	GEN ANES ADV AIR-SUB 15 MIN	-	-	1/1/2026	Not Allowed	\$0.00
D9244	OFFICE MIN SED DRUG ENTERAL	-	-	1/1/2026	Not Allowed	\$0.00
D9245	ADMIN MOD SEDATION-ENTERAL	-	-	1/1/2026	Not Allowed	\$0.00
D9246	MOD SEDATION NONIV-15 MIN	-	-	1/1/2026	Not Allowed	\$0.00
D9247	MOD SEDATION NONIV-SUB15MIN	-	-	1/1/2026	Not Allowed	\$0.00
D9936	CLEAN OCC GUARD	-	-	1/1/2026	Not Allowed	\$0.00
E0616	CARDIAC EVENT RECORDER	-	-	7/1/2018	Not Allowed	\$0.00
E0749	ELEC OSTEOGEN STIM IMPLANTED	-	-	7/1/2018	No Separate Payment	\$0.00
E0782	NON-PROGRAMBLE INFUSION PUMP	-	-	7/1/2018	No Separate Payment	\$0.00
E0783	PROGRAMMABLE INFUSION PUMP	-	-	7/1/2018	No Separate Payment	\$0.00
E0785	REPLACEMENT IMPL PUMP CATHET	-	-	7/1/2018	No Separate Payment	\$0.00
E0786	IMPLANTABLE PUMP REPLACEMENT	-	-	7/1/2018	Not Allowed	\$0.00
G0104	CA SCREEN;FLEXI SIGMOIDSCOPE	Y	-	1/1/2026	Fee Schedule	\$184.96
G0105	COLORECTAL SCRNI; HI RISK IND	Y	-	1/1/2026	Fee Schedule	\$510.49
G0121	COLON CA SCRNI NOT HI RSK IND	Y	-	1/1/2026	Fee Schedule	\$510.49
G0127	TRIM NAIL(S)	-	-	7/1/2018	No Separate Payment	\$0.00
G0130	SINGLE ENERGY X-RAY STUDY	-	-	1/1/2026	Fee Schedule	\$28.53
G0186	DSTRY EYE LESN,FDR VSSL TECH	Y	-	1/1/2026	Fee Schedule	\$301.90
G0235	PET NOT OTHERWISE SPECIFIED	-	-	1/1/2026	Fee Schedule	\$220.34
G0247	ROUTINE FOOTCARE PT W LOPS	-	-	7/1/2018	No Separate Payment	\$0.00
G0259	INJECT FOR SACROILIAC JOINT	-	-	7/1/2018	No Separate Payment	\$0.00
G0260	INJ FOR SACROILIAC JT ANESTH	Y	-	1/1/2026	Fee Schedule	\$387.46
G0268	REMOVAL OF IMPACTED WAX MD	-	-	7/1/2018	No Separate Payment	\$0.00
G0269	OCCLUSIVE DEVICE IN VEIN ART	-	-	7/1/2018	No Separate Payment	\$0.00
G0276	PILD/PLACEBO CONTROL CLIN TR	Y	-	1/1/2026	Fee Schedule	\$3,695.53
G0278	ILIAC ART ANGIO,CARDIAC CATH	-	-	4/1/2023	No Separate Payment	\$0.00
G0288	RECON, CTA FOR SURG PLAN	-	-	7/1/2018	No Separate Payment	\$0.00
G0289	ARTHRO, LOOSE BODY + CHONDRO	-	-	7/1/2018	No Separate Payment	\$0.00
G0330	FACILITY SVS DENTAL REHAB	Y	-	1/1/2026	Fee Schedule	\$1,480.50
G0412	OPEN TX ILIAC SPINE UNI/BIL	Y	-	1/1/2026	Fee Schedule	\$5,493.01
G0413	PELVIC RING FRACTURE UNI/BIL	Y	-	1/1/2026	Fee Schedule	\$4,653.96
G0414	PELVIC RING FX TREAT INT FIX	Y	-	1/1/2026	Fee Schedule	\$5,373.33
G0415	OPEN TX POST PELVIC FXCTURE	Y	-	1/1/2026	Fee Schedule	\$1,644.87
G0429	DERMAL FILLER INJECTION(S)	Y	-	1/1/2026	Fee Schedule	\$56.73
G0453	CONT INTRAOP NEURO MONITOR	-	-	7/1/2018	No Separate Payment	\$0.00
G0516	INSERT DRUG DEL IMPLANT, >=4	-	-	7/1/2019	No Separate Payment	\$0.00
G0517	REMOVE DRUG IMPLANT	-	-	7/1/2019	No Separate Payment	\$0.00
G0518	REMOVE W INSERT DRUG IMPLANT	-	-	7/1/2019	No Separate Payment	\$0.00
G0564	365 D IMPLANT GLUCOSE SENSOR	-	-	4/1/2025	Not Allowed	\$0.00

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G0568	INT PSYCH CARE MNG, 1 CAL MO	-	-	1/1/2026	Not Allowed	\$0.00
G0569	SUBS PSYCH CARE MNG, SUBS MO	-	-	1/1/2026	Not Allowed	\$0.00
G0570	CARE MANAGE SERV, PR CAL MO	-	-	1/1/2026	Not Allowed	\$0.00
G0571	INTRAOP NERVE CRYOABLATION	-	-	1/1/2026	No Separate Payment	\$0.00
G0660	TEAM REMOTE E/M NEW PT 10 MN	-	-	1/1/2026	Not Allowed	\$0.00
G0661	TEAM REMOTE E/M NEW PT 20 MN	-	-	1/1/2026	Not Allowed	\$0.00
G0662	TEAM REMOTE E/M NEW PT 30 MN	-	-	1/1/2026	Not Allowed	\$0.00
G0663	TEAM REMOTE E/M NEW PT 45 MN	-	-	1/1/2026	Not Allowed	\$0.00
G0664	TEAM REMOTE E/M NEW PT 60 MN	-	-	1/1/2026	Not Allowed	\$0.00
G0665	TEAM REMOTE E/M EST PT 10 MN	-	-	1/1/2026	Not Allowed	\$0.00
G0666	TEAM REMOTE E/M EST PT 15 MN	-	-	1/1/2026	Not Allowed	\$0.00
G0667	TEAM REMOTE E/M EST PT 25 MN	-	-	1/1/2026	Not Allowed	\$0.00
G0668	TEAM REMOTE E/M EST PT 40 MN	-	-	1/1/2026	Not Allowed	\$0.00
G2001	POST D/C H VST NEW PT 20 M	-	-	4/1/2019	Not Allowed	\$0.00
G2002	POST-D/C H VST NEW PT 30 M	-	-	4/1/2019	Not Allowed	\$0.00
G2003	POST-D/C H VST NEW PT 45 M	-	-	4/1/2019	Not Allowed	\$0.00
G2004	POST-D/C H VST NEW PT 60 M	-	-	4/1/2019	Not Allowed	\$0.00
G2005	POST-D/C H VST NEW PT 75 M	-	-	4/1/2019	Not Allowed	\$0.00
G2006	POST-D/C H VST EXT PT 20 M	-	-	4/1/2019	Not Allowed	\$0.00
G2007	POST-D/C H VST EXT PT 30 M	-	-	4/1/2019	Not Allowed	\$0.00
G2008	POST-D/C H VST EXT PT 45 M	-	-	4/1/2019	Not Allowed	\$0.00
G2009	POST-D/C H VST EXT PT 60 M	-	-	4/1/2019	Not Allowed	\$0.00
G2013	POST-D/C H VST EXT PT 75 M	-	-	4/1/2019	Not Allowed	\$0.00
G2014	POST-D/C CARE PLAN OVERS 30M	-	-	4/1/2019	Not Allowed	\$0.00
G2015	POST-D/C CARE PLAN OVERS 60M	-	-	4/1/2019	Not Allowed	\$0.00
G8907	PT DOC NO EVENTS ON DISCHARGE	-	-	7/1/2018	No Separate Payment	\$0.00
G8908	PT DOC W BURN PRIOR TO D/C	-	-	7/1/2018	No Separate Payment	\$0.00
G8909	PT DOC NO BURN PRIOR TO D/C	-	-	7/1/2018	No Separate Payment	\$0.00
G8910	PT DOC TO HAVE FALL IN ASC	-	-	7/1/2018	No Separate Payment	\$0.00
G8911	PT DOC NO FALL IN ASC	-	-	7/1/2018	No Separate Payment	\$0.00
G8912	PT DOC WITH WRONG EVENT	-	-	7/1/2018	No Separate Payment	\$0.00
G8913	PT DOC NO WRONG EVENT	-	-	7/1/2018	No Separate Payment	\$0.00
G8914	PT TRANS TO HOSP POST D/C	-	-	7/1/2018	No Separate Payment	\$0.00
G8915	PT NOT TRANS TO HOSP AT D/C	-	-	7/1/2018	No Separate Payment	\$0.00
G8916	PT W IV AB GIVEN ON TIME	-	-	7/1/2018	No Separate Payment	\$0.00
G8917	PT W IV AB NOT GIVEN ON TIME	-	-	7/1/2018	No Separate Payment	\$0.00
G8918	PT W/O PREOP ORDER IV AB PROP	-	-	7/1/2018	No Separate Payment	\$0.00
G9871	BHV COUNS DM PREV, ONLN 60 M	-	-	1/1/2026	Not Allowed	\$0.00
J0013	ESKETAMINE, NASAL SPRAY	-	-	1/1/2026	Not Allowed	\$0.00
J0120	TETRACYCLIN INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J0121	INJ., OMADACYCLINE, 1 MG	-	-	10/1/2025	Fee Schedule	\$4.02
J0122	INJ., ERAVACYCLINE, 1 MG	-	-	1/1/2026	Fee Schedule	\$1.30
J0129	ABATACEPT INJECTION	-	-	10/1/2025	Fee Schedule	\$44.11
J0130	ABCIXIMAB INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J0131	INJ, ACETAMINOPHEN (NOS)	-	-	1/1/2024	No Separate Payment	\$0.00
J0132	ACETYLCYSTEINE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J0133	ACYCLOVIR INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J0134	INJ ACETAMINOPHEN -FRESENIUS	-	-	1/1/2025	No Separate Payment	\$0.00
J0136	INJ, ACETAMINOPHEN (B BRAUN)	-	-	1/1/2025	No Separate Payment	\$0.00
J0137	INJ, ACETAMINOPHEN (HIKMA)	-	-	1/1/2025	No Separate Payment	\$0.00
J0138	INJ ACETAMINOPH 10MG/IBU 3MG	-	-	10/1/2025	Fee Schedule	\$0.04

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
J0139	INJ, ADALIMUMAB, 1 MG	-	-	7/1/2025	Fee Schedule	\$91.73
J0153	ADENOSINE INJ 1MG	-	-	1/1/2024	No Separate Payment	\$0.00
J0162	INJ EPINEPHRINE (FRESENIUS)	-	-	1/1/2026	No Separate Payment	\$0.00
J0163	EPINEPHRINE IN NACL (ENDO)	-	-	1/1/2026	Not Allowed	\$0.00
J0164	EPINEPHRINE IN NACL (BAXTER)	-	-	1/1/2026	Not Allowed	\$0.00
J0174	INJ, LECANEMAB-IRMB, 1 MG	-	-	10/1/2025	Fee Schedule	\$1.32
J0175	INJ, DONANEMAB-AZBT, 2 MG	-	-	10/1/2025	Fee Schedule	\$4.13
J0177	INJ, AFLIBERCEPT HD, 1 MG	-	-	10/1/2025	Fee Schedule	\$311.38
J0178	AFLIBERCEPT INJECTION	-	-	10/1/2025	Fee Schedule	\$771.56
J0179	INJ, BROLUCIZUMAB-DBLL, 1 MG	-	-	10/1/2025	Fee Schedule	\$346.11
J0180	AGALSIDASE BETA INJECTION	-	-	10/1/2025	Fee Schedule	\$230.15
J0184	INJ, AMISULPRIDE, 1 MG	-	-	10/1/2025	Fee Schedule	\$9.61
J0185	INJ., APREPITANT, 1 MG	-	-	10/1/2025	Fee Schedule	\$1.64
J0202	INJECTION, ALEMTUZUMAB	-	-	10/1/2025	Fee Schedule	\$2,429.89
J0206	INJ ALLOPURINOL SODIUM 1 MG	-	-	10/1/2025	Fee Schedule	\$4.72
J0207	AMIFOSTINE	-	-	1/1/2024	Not Allowed	\$0.00
J0208	INJ, PEDMARK, 100 MG	-	-	10/1/2025	Fee Schedule	\$95.11
J0209	INJ, SOD THIOSULFATE (HOPE)	-	-	1/1/2026	Fee Schedule	\$0.88
J0210	METHYLDOPATE HCL INJECTION	-	-	1/1/2024	Not Allowed	\$0.00
J0211	INJ, NITHIODOLE, 3MG / 125MG	-	-	10/1/2025	Fee Schedule	\$2.23
J0216	INJ, ALFENTANIL HCL, 500MCG	-	-	1/1/2024	No Separate Payment	\$0.00
J0217	INJ VELMANASE ALFA-TYCV 1 MG	-	-	10/1/2025	Fee Schedule	\$465.23
J0218	INJ OLIPUDASE ALFA-RPCP 1MG	-	-	10/1/2025	Fee Schedule	\$393.66
J0219	INJ AVAL ALFA-NQPT 4MG	-	-	10/1/2025	Fee Schedule	\$80.91
J0220	ALGLUCOSIDASE ALFA INJECTION	-	-	1/1/2026	No Separate Payment	\$0.00
J0221	LUMIZYME INJECTION	-	-	10/1/2025	Fee Schedule	\$206.59
J0222	INJ., PATISIRAN, 0.1 MG	-	-	10/1/2025	Fee Schedule	\$99.97
J0223	INJ GIVOSIRAN 0.5 MG	-	-	10/1/2025	Fee Schedule	\$117.36
J0224	INJ. LUMASIRAN, 0.5 MG	-	-	10/1/2025	Fee Schedule	\$329.05
J0225	INJ, VUTRISIRAN, 1 MG	-	-	10/1/2025	Fee Schedule	\$5,003.64
J0256	ALPHA 1 PROTEINASE INHIBITOR	-	-	10/1/2025	Fee Schedule	\$5.46
J0257	GLASSIA INJECTION	-	-	10/1/2025	Fee Schedule	\$5.64
J0278	AMIKACIN SULFATE INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J0280	AMINOPHYLLIN 250 MG INJ	-	-	1/1/2024	No Separate Payment	\$0.00
J0282	AMIODARONE HCL	-	-	1/1/2024	No Separate Payment	\$0.00
J0283	INJ, AMIODARONE (NEXTERONE)	-	-	10/1/2025	No Separate Payment	\$0.00
J0285	AMPHOTERICIN B	-	-	1/1/2024	No Separate Payment	\$0.00
J0287	AMPHOTERICIN B LIPID COMPLEX	-	-	7/1/2025	Fee Schedule	\$10.30
J0289	AMPHOTERICIN B LIPOSOME INJ	-	-	10/1/2025	Fee Schedule	\$21.48
J0290	AMPICILLIN 500 MG INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J0291	INJ., PLAZOMICIN, 5 MG	-	-	10/1/2025	Fee Schedule	\$3.50
J0295	AMPICILLIN SULBACTAM 1.5 GM	-	-	7/1/2018	No Separate Payment	\$0.00
J0300	AMOBARBITAL 125 MG INJ	-	-	1/1/2025	No Separate Payment	\$0.00
J0330	SUCCINYLCHOLINE CHLORIDE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J0348	ANIDULAFUNGIN INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J0349	INJ, REZAFUNGIN, 1 MG	-	-	10/1/2025	Fee Schedule	\$10.63
J0360	HYDRALAZINE HCL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J0364	APOMORPHINE HYDROCHLORIDE	-	-	1/1/2023	Not Allowed	\$0.00
J0390	CHLOROQUINE INJECTION	-	-	10/1/2024	No Separate Payment	\$0.00
J0391	INJ, ARTESUNATE, 1MG	-	-	7/1/2025	Fee Schedule	\$51.83
J0400	ARIPIRAZOLE INJECTION	-	-	10/1/2024	No Separate Payment	\$0.00

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J0401	INJ, ABILIFY MAINTENA, 1 MG	-	-	10/1/2025	Fee Schedule	\$7.28
J0402	INJ, ABILIFY ASIMTUFII, 1 MG	-	-	10/1/2025	Fee Schedule	\$6.03
J0456	AZITHROMYCIN	-	-	1/1/2024	No Separate Payment	\$0.00
J0457	INJECTION, AZTREONAM, 100 MG	-	-	1/1/2025	No Separate Payment	\$0.00
J0458	AZTREONAM/AVIBACTAM 10 MG	-	-	10/1/2025	Fee Schedule	\$1.68
J0461	ATROPINE SULFATE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J0462	ATROPINE SULF, NTE, 0.01 MG	-	-	1/1/2026	Not Allowed	\$0.00
J0470	DIMECAPROL INJECTION	-	-	1/1/2026	No Separate Payment	\$0.00
J0475	BACLOFEN 10 MG INJECTION	-	-	10/1/2025	Fee Schedule	\$181.22
J0476	BACLOFEN INTRATHECAL TRIAL	-	-	1/1/2024	No Separate Payment	\$0.00
J0480	BASILIXIMAB	-	-	10/1/2025	Fee Schedule	\$4,686.85
J0485	BELATACEPT INJECTION	-	-	7/1/2025	Fee Schedule	\$3.89
J0490	BELIMUMAB INJECTION	-	-	10/1/2025	Fee Schedule	\$56.07
J0491	INJ ANIFROLUMAB-FNIA 1MG	-	-	10/1/2025	Fee Schedule	\$18.08
J0500	DICYCLOMINE INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J0515	INJ BENZTROPINE MESYLATE	-	-	7/1/2018	No Separate Payment	\$0.00
J0517	INJ., BENRALIZUMAB, 1 MG	-	-	10/1/2025	Fee Schedule	\$164.59
J0520	BETHANECHOL CHLORIDE INJECT	-	-	1/1/2024	Not Allowed	\$0.00
J0525	INJ CEFOTETAN DISODIUM 10 MG	-	-	1/1/2026	Not Allowed	\$0.00
J0558	PENG BENZATHINE/PROCAINE INJ	-	-	10/1/2025	Fee Schedule	\$19.52
J0561	PENICILLIN G BENZATHINE INJ	-	-	10/1/2025	Fee Schedule	\$30.01
J0565	INJ, BEZLOTOXUMAB, 10 MG	-	-	10/1/2025	Fee Schedule	\$39.83
J0567	INJ., CERLIPONASE ALFA 1 MG	-	-	10/1/2025	Fee Schedule	\$120.36
J0570	BUPRENORPHINE IMPLANT 74.2MG	-	-	1/1/2026	Not Allowed	\$0.00
J0577	INJ, BRIXADI, 7 DAYS OR LESS	-	Y	10/1/2025	Fee Schedule	\$420.64
J0578	INJ,BRIXADI, MORE THAN 7 DAY	-	Y	10/1/2025	Fee Schedule	\$1,682.55
J0582	BIVALIRUDIN (ENDO) 1 MG	-	-	1/1/2026	Not Allowed	\$0.00
J0583	BIVALIRUDIN	-	-	7/1/2018	No Separate Payment	\$0.00
J0584	INJECTION, BUROSUMAB-TWZA 1M	-	-	10/1/2025	Fee Schedule	\$484.14
J0585	INJECTION,ONABOTULINUMTOXINA	-	-	10/1/2025	Fee Schedule	\$6.50
J0586	ABOBOTULINUMTOXINA	-	-	10/1/2025	Fee Schedule	\$8.75
J0587	INJ, RIMABOTULINUMTOXINB	-	-	10/1/2025	Fee Schedule	\$13.29
J0588	INCOBOTULINUMTOXIN A	-	-	10/1/2025	Fee Schedule	\$5.57
J0589	INJ DAXIBOTULINUMTOXINA-LANM	-	-	10/1/2025	Fee Schedule	\$3.15
J0592	BUPRENORPHINE HYDROCHLORIDE	-	-	7/1/2018	No Separate Payment	\$0.00
J0593	INJ., LANADELUMAB-FLYO, 1 MG	-	-	10/1/2025	Fee Schedule	\$87.28
J0594	BUSULFAN INJECTION	-	-	10/1/2025	Fee Schedule	\$0.88
J0595	BUTORPHANOL TARTRATE 1 MG	-	-	7/1/2018	No Separate Payment	\$0.00
J0596	INJECTION, RUCONEST	-	-	10/1/2025	Fee Schedule	\$36.77
J0597	C-1 ESTERASE, BERINERT	-	-	10/1/2025	Fee Schedule	\$75.86
J0598	C-1 ESTERASE, CINRYZE	-	-	10/1/2025	Fee Schedule	\$65.63
J0599	INJ., HAEGARDA 10 UNITS	-	-	10/1/2025	Fee Schedule	\$11.73
J0600	EDETATE CALCIUM DISODIUM INJ	-	-	10/1/2025	Fee Schedule	\$6,408.38
J0606	INJ, ETELCALCETIDE, 0.1 MG	-	-	1/1/2026	Fee Schedule	\$2.29
J0612	INJ, CALCIUM GLUCONATE, NOS	-	-	1/1/2025	No Separate Payment	\$0.00
J0613	CALCIUM GLUCON (WG CRITICAL)	-	-	1/1/2025	No Separate Payment	\$0.00
J0614	INJ, TREOSULFAN, 50 MG	-	-	10/1/2025	Fee Schedule	\$32.33
J0620	CALCIUM GLYCER & LACT/10 ML	-	-	7/1/2018	No Separate Payment	\$0.00
J0630	CALCITONIN SALMON INJECTION	-	-	10/1/2025	Fee Schedule	\$484.97
J0636	INJ CALCITRIOL PER 0.1 MCG	-	-	7/1/2018	No Separate Payment	\$0.00
J0637	CASPOFUNGIN ACETATE	-	-	1/1/2024	No Separate Payment	\$0.00

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
J0638	CANAKINUMAB INJECTION	-	-	10/1/2025	Fee Schedule	\$141.60
J0640	LEUCOVORIN CALCIUM INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J0641	INJ LEVOLEUCOVORIN NOS 0.5MG	-	-	1/1/2025	No Separate Payment	\$0.00
J0642	INJECTION, KHAPZORY, 0.5 MG	-	-	1/1/2025	No Separate Payment	\$0.00
J0650	INJ, LEVOTHYROXINE NOS 10MCG	-	-	1/1/2025	No Separate Payment	\$0.00
J0651	INJ, LEVOTHYROXINE, FRESKABI	-	-	10/1/2025	Fee Schedule	\$6.83
J0652	INJ, LEVOTHYROXINE, HIKMA	-	-	1/1/2026	No Separate Payment	\$0.00
J0654	INJ, LIOTHYRONINE, 1 MCG	-	-	1/1/2026	Fee Schedule	\$41.19
J0665	INJ, BUPIVACAINE, NOS, 0.5MG	-	-	1/1/2025	No Separate Payment	\$0.00
J0666	INJ, BUPIVACAINE LIPOSOME	-	-	10/1/2025	Fee Schedule	\$1.47
J0668	INSTILL, BUPIVAC AND MELOXIC	-	-	10/1/2025	Fee Schedule	\$0.81
J0670	INJ MEPIVACAINE HCL/10 ML	-	-	7/1/2018	No Separate Payment	\$0.00
J0675	INJ, CARBOPROST, 0.1 MG	-	-	10/1/2025	Fee Schedule	\$51.05
J0681	INJ CEFTOBIPOLE MEDOCARL 3MG	-	-	10/1/2025	Fee Schedule	\$1.09
J0687	INJ CEFAZOLIN (WG CRIT CARE)	-	-	1/1/2026	No Separate Payment	\$0.00
J0688	INJ CEFAZOLIN SODIUM, HIKMA	-	-	1/1/2026	No Separate Payment	\$0.00
J0689	INJ CEFAZOLIN SODIUM, BAXTER	-	-	1/1/2025	No Separate Payment	\$0.00
J0690	CEFAZOLIN SODIUM INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J0691	INJ LEFAMULIN 1 MG	-	-	1/1/2026	No Separate Payment	\$0.00
J0692	CEFEPIME HCL FOR INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J0694	CEFOXITIN SODIUM INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J0695	INJ CEFTOLOZANE TAZOBACTAM	-	-	10/1/2025	Fee Schedule	\$9.07
J0696	CEFTRIAZONE SODIUM INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J0697	STERILE CEFUROXIME INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J0698	CEFOTAXIME SODIUM INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J0699	INJ, CEFIDEROLOL, 10 MG	-	-	10/1/2025	Fee Schedule	\$2.42
J0701	INJ. CEFEPIME HCL (BAXTER)	-	-	1/1/2025	No Separate Payment	\$0.00
J0702	BETAMETHASONE ACET&SOD PHOSP	-	-	7/1/2018	No Separate Payment	\$0.00
J0703	INJ, CEFEPIME HCL (B BRAUN)	-	-	1/1/2025	No Separate Payment	\$0.00
J0706	CAFFEINE CITRATE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J0712	CEFTAROLINE FOSAMIL INJ	-	-	10/1/2025	Fee Schedule	\$4.23
J0713	INJ CEFTAZIDIME PER 500 MG	-	-	1/1/2024	No Separate Payment	\$0.00
J0714	CEFTAZIDIME AND AVIBACTAM	-	-	10/1/2025	Fee Schedule	\$104.73
J0716	CENTRUROIDES IMMUNE F(AB)	-	-	10/1/2025	Fee Schedule	\$4,871.94
J0717	CERTOLIZUMAB PEGOL INJ 1MG	-	-	10/1/2025	Fee Schedule	\$3.91
J0720	CHLORAMPHENICOL SODIUM INJEC	-	-	1/1/2026	Fee Schedule	\$50.26
J0725	CHORIONIC GONADOTROPIN/1000U	-	-	1/1/2024	No Separate Payment	\$0.00
J0735	CLONIDINE HYDROCHLORIDE	-	-	1/1/2024	No Separate Payment	\$0.00
J0736	INJ, CLINDAMYCIN PHOSP 300MG	-	-	1/1/2025	No Separate Payment	\$0.00
J0737	INJ, CLINDAMYCIN (BAXTER)	-	-	1/1/2025	No Separate Payment	\$0.00
J0738	HIV PREP, INJ, LENACAPAVIR	-	-	10/1/2025	Fee Schedule	\$16.13
J0739	HIV PREP, INJ CABOTEGRAVIR	-	-	1/1/2026	Fee Schedule	\$7.02
J0740	CIDOFOVIR INJECTION	-	-	10/1/2025	Fee Schedule	\$546.29
J0741	INJ, CABOTE RILPIVIR 2MG 3MG	-	-	10/1/2025	Fee Schedule	\$23.65
J0742	INJ IMIP 4 CILAS 4 RELEB 2MG	-	-	1/1/2026	No Separate Payment	\$0.00
J0743	CILASTATIN SODIUM INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J0744	CIPROFLOXACIN IV	-	-	1/1/2024	No Separate Payment	\$0.00
J0745	INJ CODEINE PHOSPHATE /30 MG	-	-	10/1/2024	No Separate Payment	\$0.00
J0750	HIV PREP, FTC/TDF 200/300MG	-	-	1/1/2026	Fee Schedule	\$1.73
J0751	HIV PREP, FTC/TAF 200/25MG	-	-	1/1/2026	Fee Schedule	\$71.32
J0752	HIV PREP, ORAL LENACAPAVIR	-	-	10/1/2025	Fee Schedule	\$449.03

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J0759	INJ, CLEVIDIPINE, 1 MG	-	-	10/1/2025	Fee Schedule	\$2.85
J0770	COLISTIMETHATE SODIUM INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J0775	COLLAGENASE, CLOST HIST INJ	-	-	10/1/2025	Fee Schedule	\$75.91
J0780	PROCHLORPERAZINE INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J0791	INJ CRIZANLIZUMAB-TMCA 5MG	-	-	10/1/2025	Fee Schedule	\$129.48
J0799	HIV PREP, FDA APPROVED, NOC	-	-	1/1/2025	Not Allowed	\$0.00
J0801	INJ. ACTHAR GEL TO 40 UNITS	-	-	1/1/2026	Fee Schedule	\$4,134.62
J0802	INJ. (ANI), UP TO 40 UNITS	-	-	1/1/2026	Fee Schedule	\$3,534.60
J0834	INJ., COSYNTROPIN, 0.25 MG	-	-	7/1/2018	No Separate Payment	\$0.00
J0840	CROTALIDAE POLY IMMUNE FAB	-	-	10/1/2025	Fee Schedule	\$1,828.72
J0841	INJ CROTALIDAE IM F(AB')2 EQ	-	-	10/1/2025	Fee Schedule	\$1,045.15
J0850	CYTOMEGALOVIRUS IMM IV /VIAL	-	-	10/1/2025	Fee Schedule	\$1,808.65
J0870	INJECTION, IMETELSTAT, 1 MG	-	-	10/1/2025	Fee Schedule	\$57.03
J0872	DAPTOMYCIN (XELLIA) UNREFRIG	-	-	1/1/2026	No Separate Payment	\$0.00
J0873	INJ, DAPTOMYCIN (XELLIA)	-	-	1/1/2026	No Separate Payment	\$0.00
J0874	INJ, DAPTOMYCIN (BAXTER)	-	-	10/1/2025	No Separate Payment	\$0.00
J0875	INJECTION, DALBAVANCIN	-	-	10/1/2025	Fee Schedule	\$15.61
J0877	INJ, DAPTOMYCIN (HOSPIRA)	-	-	1/1/2025	No Separate Payment	\$0.00
J0878	DAPTOMYCIN INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J0879	DIFELIKEFALIN, ESRD ON DIALY	-	-	10/1/2024	No Separate Payment	\$0.00
J0881	DARBEPOETIN ALFA, NON-ESRD	-	-	10/1/2025	Fee Schedule	\$2.93
J0882	DARBEPOETIN ALFA, ESRD USE	-	-	10/1/2025	Fee Schedule	\$2.93
J0883	ARGATROBAN NONESRD USE 1MG	-	-	10/1/2025	Fee Schedule	\$0.80
J0884	ARGATROBAN ESRD DIALYSIS 1MG	-	-	1/1/2025	No Separate Payment	\$0.00
J0885	EPOETIN ALFA, NON-ESRD	-	-	10/1/2025	Fee Schedule	\$8.54
J0887	EPOETIN BETA ESRD USE	-	-	1/1/2025	No Separate Payment	\$0.00
J0888	EPOETIN BETA NON ESRD	-	-	1/1/2026	No Separate Payment	\$0.00
J0891	ARGATROBAN NONESRD (ACCORD)	-	-	7/1/2025	Fee Schedule	\$1.82
J0892	ARGATROBAN DIALYSIS (ACCORD)	-	-	1/1/2026	No Separate Payment	\$0.00
J0893	INJ, DECITABINE (SUN PHARMA)	-	-	1/1/2025	No Separate Payment	\$0.00
J0894	DECITABINE INJECTION	-	-	1/1/2023	No Separate Payment	\$0.00
J0895	DEFEROXAMINE MESYLATE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J0896	INJ LUSPATERCEPT-AAMT 0.25MG	-	-	10/1/2025	Fee Schedule	\$41.98
J0897	DENOSUMAB INJECTION	-	-	10/1/2025	Fee Schedule	\$29.38
J0898	ARGATROBAN NONESRD (AUROMED)	-	-	1/1/2026	No Separate Payment	\$0.00
J0899	ARGATROBAN DIALYSIS, AUROMED	-	-	1/1/2025	No Separate Payment	\$0.00
J0911	INST TAURO 1.35MG/HEP 100U	-	-	10/1/2025	Fee Schedule	\$6.41
J0945	BROMPHENIRAMINE MALEATE INJ	-	-	1/1/2023	Not Allowed	\$0.00
J1000	DEPO-ESTRADIOL CYPIONATE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J1010	INJ, METHYLPRED ACETATE 1 MG	-	-	1/1/2026	No Separate Payment	\$0.00
J1050	MEDROXYPROGESTERONE ACETATE	-	-	7/1/2018	No Separate Payment	\$0.00
J1071	INJ TESTOSTERONE CYPIONATE	-	-	7/1/2018	No Separate Payment	\$0.00
J1072	INJ, TESTOSTERONE, AZMIRO	-	-	10/1/2025	Fee Schedule	\$1.33
J1073	TESTOSTERONE PELLET 75 MG	-	-	1/1/2026	Fee Schedule	\$76.11
J1095	INJECTION, DEXAMETHASONE 9%	-	-	1/1/2023	No Separate Payment	\$0.00
J1096	DEXAMETHA OPTH INSERT 0.1 MG	-	-	10/1/2025	Fee Schedule	\$102.94
J1097	PHENYLEP KETOROLAC OPTH SOLN	-	-	10/1/2025	Fee Schedule	\$96.91
J1100	DEXAMETHASONE SODIUM PHOS	-	-	7/1/2018	No Separate Payment	\$0.00
J1105	DEXMEDETOMIDINE FILM, 1 MCG	-	-	10/1/2025	Fee Schedule	\$0.71
J1110	INJ DIHYDROERGOTAMINE MESYLT	-	-	1/1/2024	No Separate Payment	\$0.00
J1120	ACETAZOLAMID SODIUM INJECTIO	-	-	7/1/2018	No Separate Payment	\$0.00

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J1130	INJ DICLOFENAC SODIUM 0.5MG	-	-	1/1/2026	No Separate Payment	\$0.00
J1160	DIGOXIN INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1162	DIGOXIN IMMUNE FAB (OVINE)	-	-	10/1/2025	Fee Schedule	\$5,168.23
J1165	PHENYTOIN SODIUM INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1171	INJ, HYDROMORPHONE, 0.1 MG	-	-	7/1/2025	No Separate Payment	\$0.00
J1180	DYPHYLLINE INJECTION	-	-	1/1/2023	Not Allowed	\$0.00
J1190	DEXRAZOXANE HCL INJECTION	-	-	10/1/2025	Fee Schedule	\$63.06
J1200	DIPHENHYDRAMINE HCL INJECTIO	-	-	7/1/2018	No Separate Payment	\$0.00
J1201	INJ. CETIRIZINE HCL 0.5MG	-	-	10/1/2025	Fee Schedule	\$16.52
J1203	INJ, CIPAGLUCOSIDASE, 5 MG	-	-	10/1/2025	Fee Schedule	\$91.21
J1205	CHLOROTHIAZIDE SODIUM INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J1212	DIMETHYL SULFOXIDE 50% 50 ML	-	-	10/1/2025	Fee Schedule	\$748.85
J1230	METHADONE INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J1240	DIMENHYDRINATE INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J1245	DIPYRIDAMOLE INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J1250	INJ DOBUTAMINE HCL/250 MG	-	-	1/1/2024	No Separate Payment	\$0.00
J1260	DOLASETRON MESYLATE	-	-	1/1/2024	No Separate Payment	\$0.00
J1265	DOPAMINE INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J1270	INJECTION, DOXERCALCIFEROL	-	-	7/1/2018	No Separate Payment	\$0.00
J1290	ECALLANTIDE INJECTION	-	-	10/1/2025	Fee Schedule	\$579.97
J1299	INJ, ECULIZUMAB, 2 MG	-	-	10/1/2025	Fee Schedule	\$44.82
J1301	INJECTION, EDARAVONE, 1 MG	-	-	10/1/2025	Fee Schedule	\$20.99
J1302	INJ, SUTIMLIMAB-JOME, 10 MG	-	-	10/1/2025	Fee Schedule	\$18.86
J1303	INJ., RAVULIZUMAB-CWVZ 10 MG	-	-	10/1/2025	Fee Schedule	\$225.11
J1304	INJ TOFERSEN INTRATHEC 1 MG	-	-	10/1/2025	Fee Schedule	\$159.40
J1305	INJ, EVINACUMAB-DGNB, 5MG	-	-	10/1/2025	Fee Schedule	\$193.76
J1306	INJECTION, INCLISIRAN, 1 MG	-	-	10/1/2025	Fee Schedule	\$12.32
J1307	INJ, CROVALIMAB-AKKZ, 10 MG	-	-	7/1/2025	Fee Schedule	\$551.51
J1320	AMITRIPTYLINE INJECTION	-	-	1/1/2026	No Separate Payment	\$0.00
J1322	ELOSULFASE ALFA, INJECTION	-	-	10/1/2025	Fee Schedule	\$308.68
J1323	INJ, ELRANATAMAB-BCMM, 1 MG	-	-	10/1/2025	Fee Schedule	\$184.07
J1324	ENFUVIRTIDE INJECTION	-	-	1/1/2024	Not Allowed	\$0.00
J1325	EPOPROSTENOL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1326	INJ, ZOLBETUXIMAB-CLZB, 2 MG	-	-	10/1/2025	Fee Schedule	\$33.71
J1327	EPTIFIBATIDE INJECTION	-	-	1/1/2026	Fee Schedule	\$2.99
J1335	ERTAPENEM INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1364	ERYTHRO LACTOBIONATE /500 MG	-	-	1/1/2025	No Separate Payment	\$0.00
J1370	INJ, ESOMEPRAZOLE SOD, 1 MG	-	-	1/1/2026	Not Allowed	\$0.00
J1380	ESTRADIOL VALERATE 10 MG INJ	-	-	1/1/2024	No Separate Payment	\$0.00
J1410	INJ ESTROGEN CONJUGATE 25 MG	-	-	10/1/2025	Fee Schedule	\$392.06
J1426	INJECTION, CASIMERSEN, 10 MG	-	-	10/1/2025	Fee Schedule	\$166.06
J1427	INJ. VILTOLARSEN	-	-	1/1/2026	No Separate Payment	\$0.00
J1428	INJ, ETEPLIRSEN, 10 MG	-	-	10/1/2025	Fee Schedule	\$167.35
J1429	INJ GOLODIRSEN 10 MG	-	-	1/1/2026	No Separate Payment	\$0.00
J1430	ETHANOLAMINE OLEATE 100 MG	-	-	10/1/2025	Fee Schedule	\$508.96
J1434	INJ, FOCINVEZ, 1MG	-	-	10/1/2025	Fee Schedule	\$2.84
J1435	INJECTION ESTRONE PER 1 MG	-	-	1/1/2024	Not Allowed	\$0.00
J1436	ETIDRONATE DISODIUM INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J1437	INJ. FE DERISOMALTOSE 10 MG	-	-	10/1/2025	Fee Schedule	\$22.02
J1438	ETANERCEPT INJECTION	-	-	10/1/2025	Fee Schedule	\$1,080.88
J1439	INJ FERRIC CARBOXYMALTOS 1MG	-	-	10/1/2025	Fee Schedule	\$1.11

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
J1440	FECAL MICROBIOTA JSML 1 ML	-	-	10/1/2025	Fee Schedule	\$63.84
J1442	INJ FILGRASTIM EXCL BIOSIMIL	-	-	10/1/2025	Fee Schedule	\$1.00
J1447	INJ TBO FILGRASTIM 1 MICROG	-	-	10/1/2025	Fee Schedule	\$0.28
J1448	INJECTION, TRILACICLIB, 1MG	-	-	10/1/2025	Fee Schedule	\$5.46
J1449	INJ EFLAPEGRASTIM-XNST 0.1MG	-	-	10/1/2025	Fee Schedule	\$20.87
J1450	FLUCONAZOLE	-	-	1/1/2024	No Separate Payment	\$0.00
J1451	FOMEPIZOLE, 15 MG	-	-	10/1/2025	Fee Schedule	\$6.28
J1453	FOSAPREPITANT INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J1454	INJ FOSNETUPITANT, PALONOSET	-	-	10/1/2025	Fee Schedule	\$575.50
J1455	FOSCARNET SODIUM INJECTION	-	-	1/1/2026	No Separate Payment	\$0.00
J1456	INJ, FOSAPREPITANT (TEVA)	-	-	10/1/2025	Fee Schedule	\$1.03
J1458	GALSULFASE INJECTION	-	-	1/1/2026	Fee Schedule	\$508.76
J1459	INJ IVIG PRIVIGEN 500 MG	-	-	10/1/2025	Fee Schedule	\$50.74
J1460	GAMMA GLOBULIN 1 CC INJ	-	-	10/1/2025	Fee Schedule	\$49.03
J1551	INJ CUTAQUIG 100 MG	-	-	1/1/2026	Fee Schedule	\$14.23
J1552	INJ, ALYGLO, 500 MG	-	-	10/1/2025	Fee Schedule	\$130.24
J1554	INJ. ASCENIV	-	-	10/1/2025	Fee Schedule	\$496.74
J1555	INJ CUVITRU, 100 MG	-	-	10/1/2025	Fee Schedule	\$16.84
J1556	INJ, IMM GLOB BIVIGAM, 500MG	-	-	1/1/2026	Fee Schedule	\$77.39
J1557	GAMMAPLEX INJECTION	-	-	10/1/2025	Fee Schedule	\$63.68
J1558	INJ. XEMBIFY, 100 MG	-	-	10/1/2025	Fee Schedule	\$14.85
J1559	HIZENTRA INJECTION	-	-	10/1/2025	Fee Schedule	\$14.34
J1560	GAMMA GLOBULIN > 10 CC INJ	-	-	10/1/2025	Fee Schedule	\$170.48
J1561	GAMUNEX-C/GAMMAKED	-	-	10/1/2025	Fee Schedule	\$48.96
J1566	IMMUNE GLOBULIN, POWDER	-	-	10/1/2025	Fee Schedule	\$78.80
J1568	OCTAGAM INJECTION	-	-	10/1/2025	Fee Schedule	\$47.53
J1569	GAMMAGARD LIQUID INJECTION	-	-	10/1/2025	Fee Schedule	\$45.31
J1570	GANCICLOVIR SODIUM INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J1571	HEPAGAM B IM INJECTION	-	-	10/1/2025	Fee Schedule	\$66.64
J1572	FLEBOGAMMA INJECTION	-	-	1/1/2026	Fee Schedule	\$90.74
J1573	HEPAGAM B INTRAVENOUS, INJ	-	-	10/1/2025	Fee Schedule	\$66.64
J1574	INJ, GANCICLOVIR (EXELA)	-	-	1/1/2024	Not Allowed	\$0.00
J1575	HYQVIA 100MG IMMUNEGLOBULIN	-	-	10/1/2025	Fee Schedule	\$18.15
J1576	INJ, PANZYGA, 500 MG	-	-	10/1/2025	Fee Schedule	\$73.00
J1580	GARAMYCIN GENTAMICIN INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J1595	INJECTION GLATIRAMER ACETATE	-	-	10/1/2025	Fee Schedule	\$167.31
J1596	INJ, GLYCOPYRROLATE, 0.1 MG	-	-	1/1/2026	No Separate Payment	\$0.00
J1597	INJ GLYCOPYRROLATE, GLYRX-PF	-	-	7/1/2024	No Separate Payment	\$0.00
J1598	INJ GLYCOPYRROLATE FRES KABI	-	-	1/1/2026	No Separate Payment	\$0.00
J1599	IVIG NON-LYOPHILIZED, NOS	-	-	1/1/2024	No Separate Payment	\$0.00
J1600	GOLD SODIUM THIOMALEATE INJ	-	-	1/1/2023	Not Allowed	\$0.00
J1602	GOLIMUMAB FOR IV USE 1MG	-	-	10/1/2025	Fee Schedule	\$11.04
J1610	GLUCAGON HYDROCHLORIDE/1 MG	-	-	10/1/2025	Fee Schedule	\$182.45
J1611	INJ GLUCAGON HCL, FRESENIUS	-	-	10/1/2025	Fee Schedule	\$148.99
J1612	INJ GLUCAGON (GVOKE) 0.01 MG	-	-	10/1/2025	Fee Schedule	\$3.45
J1626	GRANISETRON HCL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1627	INJ, GRANISETRON, XR, 0.1 MG	-	-	10/1/2025	Fee Schedule	\$4.29
J1628	INJ., GUSELKUMAB, 1 MG	-	-	10/1/2025	Fee Schedule	\$75.97
J1630	HALOPERIDOL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1631	HALOPERIDOL DECANOATE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J1632	INJ., BREXANOLONE, 1 MG	-	-	1/1/2025	No Separate Payment	\$0.00

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Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
J1640	HEMIN, 1 MG	-	-	10/1/2025	Fee Schedule	\$34.18
J1642	INJ HEPARIN SODIUM PER 10 U	-	-	7/1/2018	No Separate Payment	\$0.00
J1643	INJ HEPARIN, PFIZER, 1000U	-	-	1/1/2025	No Separate Payment	\$0.00
J1644	INJ HEPARIN SODIUM PER 1000U	-	-	1/1/2024	No Separate Payment	\$0.00
J1645	DALTEPARIN SODIUM	-	-	7/1/2018	No Separate Payment	\$0.00
J1650	INJ ENOXAPARIN SODIUM	-	-	1/1/2024	No Separate Payment	\$0.00
J1652	FONDAPARINUX SODIUM	-	-	1/1/2024	No Separate Payment	\$0.00
J1670	TETANUS IMMUNE GLOBULIN INJ	-	-	10/1/2025	Fee Schedule	\$593.00
J1680	HUMAN FIBRINOGEN CONC INJ	-	-	7/1/2018	Not Allowed	\$0.00
J1700	HYDROCORTISONE ACETATE INJ	-	-	1/1/2024	No Separate Payment	\$0.00
J1720	HYDROCORTISONE SODIUM SUCC I	-	-	1/1/2024	No Separate Payment	\$0.00
J1726	MAKENA, 10 MG	-	-	4/1/2025	Fee Schedule	\$13.82
J1729	INJ HYDROXYPROGST CAPOAT NOS	-	-	1/1/2026	No Separate Payment	\$0.00
J1730	DIAZOXIDE INJECTION	-	-	1/1/2023	Not Allowed	\$0.00
J1736	INJ MELOXICAM (DELOVA) 1MG	-	-	1/1/2026	Not Allowed	\$0.00
J1737	INJ MELOXICAM (AZURITY) 1MG	-	-	1/1/2026	Fee Schedule	\$1.06
J1738	INJ. MELOXICAM 1 MG	-	-	10/1/2024	No Separate Payment	\$0.00
J1740	IBANDRONATE SODIUM INJECTION	-	-	10/1/2024	No Separate Payment	\$0.00
J1741	IBUPROFEN INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1742	IBUTILIDE FUMARATE INJECTION	-	-	10/1/2025	Fee Schedule	\$172.31
J1743	IDURSULFASE INJECTION	-	-	10/1/2025	Fee Schedule	\$558.46
J1744	ICATIBANT INJECTION	-	-	10/1/2025	Fee Schedule	\$130.39
J1745	INFLIXIMAB NOT BIOSIMIL 10MG	-	-	10/1/2025	Fee Schedule	\$31.09
J1746	INJ., IBALIZUMAB-UIYK, 10 MG	-	-	10/1/2025	Fee Schedule	\$79.26
J1747	INJ, SPESOLIMAB-SBZO, 1 MG	-	-	10/1/2025	Fee Schedule	\$65.73
J1748	INJ, ZYMFENTRA, 10 MG	-	-	1/1/2026	Fee Schedule	\$99.76
J1749	INJ, ILOPROST, 0.1 MCG	-	-	10/1/2025	No Separate Payment	\$0.00
J1750	INJ IRON DEXTRAN	-	-	10/1/2025	Fee Schedule	\$18.11
J1756	IRON SUCROSE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1786	IMUGLUCERASE INJECTION	-	-	10/1/2025	Fee Schedule	\$43.19
J1790	DROPERIDOL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1800	PROPRANOLOL INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J1805	INJ, ESMOLOL HCL, 10MG	-	-	1/1/2025	No Separate Payment	\$0.00
J1806	INJ ESMOLOL HCL WG CRIT CARE	-	-	1/1/2025	No Separate Payment	\$0.00
J1807	INJ, ETHACRYNATE SOD, 1 MG	-	-	10/1/2025	Fee Schedule	\$20.97
J1809	INJ, FOSDENOPTERIN, 0.1MG	-	-	10/1/2025	Fee Schedule	\$16.97
J1811	FIASP FOR INSULIN PUMP USE	-	-	1/1/2026	No Separate Payment	\$0.00
J1812	INJ. INSULIN (FIASP)	-	-	1/1/2024	No Separate Payment	\$0.00
J1813	LYUMJEV FOR INSULIN PUMP USE	-	-	1/1/2025	No Separate Payment	\$0.00
J1814	INJ. INSULIN (LYUMJEV)	-	-	10/1/2025	No Separate Payment	\$0.00
J1815	INSULIN INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J1817	INSULIN FOR INSULIN PUMP USE	-	-	1/1/2024	No Separate Payment	\$0.00
J1823	INJ. INEBILIZUMAB-CDON, 1 MG	-	-	10/1/2025	Fee Schedule	\$495.55
J1826	INTERFERON BETA-1A INJ	-	-	1/1/2025	Fee Schedule	\$2,203.14
J1830	INTERFERON BETA-1B / .25 MG	-	-	1/1/2024	Not Allowed	\$0.00
J1833	INJECTION, ISAVUCONAZONIUM	-	-	10/1/2025	Fee Schedule	\$1.01
J1834	INJ, ISONIAZID, 1 MG	-	-	10/1/2025	Fee Schedule	\$0.32
J1835	ITRACONAZOLE INJECTION	-	-	1/1/2023	Not Allowed	\$0.00
J1836	INJ, METRONIDAZOLE, 10 MG	-	-	1/1/2025	No Separate Payment	\$0.00
J1837	INJ, POSACONAZOLE, 1 MG	-	-	1/1/2026	Fee Schedule	\$0.21
J1850	KANAMYCIN SULFATE 75 MG INJ	-	-	4/1/2024	Not Allowed	\$0.00

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
J1885	KETOROLAC TROMETHAMINE INJ	-	-	10/1/2025	Fee Schedule	\$0.30
J1920	INJ, LABETALOL HCL, 5MG	-	-	1/1/2025	No Separate Payment	\$0.00
J1921	INJ LABETALOL HCL HIKMA, 5MG	-	-	1/1/2025	No Separate Payment	\$0.00
J1930	LANREOTIDE INJECTION	-	-	10/1/2025	Fee Schedule	\$34.05
J1931	LARONIDASE INJECTION	-	-	10/1/2025	Fee Schedule	\$39.87
J1932	INJ, LANREOTIDE, (CIPLA) 1MG	-	-	10/1/2025	Fee Schedule	\$29.84
J1939	INJ, BUMETANIDE, 0.5 MG	-	-	1/1/2026	No Separate Payment	\$0.00
J1943	INJ., ARISTADA INITIO, 1 MG	-	-	10/1/2025	Fee Schedule	\$3.25
J1944	ARIPIRAZOLE LAUROXIL 1 MG	-	-	10/1/2025	Fee Schedule	\$3.35
J1950	LEUPROLIDE ACETATE /3.75 MG	-	-	10/1/2025	Fee Schedule	\$1,730.32
J1951	INJ FENSOLVI 0.25 MG	-	-	10/1/2025	Fee Schedule	\$140.99
J1952	LEUPROLIDE INJ, CAMCEVI, 1MG	-	-	10/1/2025	Fee Schedule	\$78.92
J1953	LEVETIRACETAM INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J1954	INJ LEU ACET LUTR DPT 7.5 MG	-	-	10/1/2025	Fee Schedule	\$706.67
J1956	LEVOFLOXACIN INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J1960	LEVORPHANOL TARTRATE INJ	-	-	1/1/2025	Not Allowed	\$0.00
J1961	INJ, LENACAPAVIR, 1 MG	-	-	10/1/2025	Fee Schedule	\$22.15
J1980	HYOSCYAMINE SULFATE INJ	-	-	1/1/2024	No Separate Payment	\$0.00
J1990	CHLORDIAZEPOXIDE INJECTION	-	-	1/1/2023	Not Allowed	\$0.00
J2002	INJ, LIDOCAINE IN D5W, 1 MG	-	-	1/1/2026	No Separate Payment	\$0.00
J2003	INJ, LIDOCAINE HCL, 1 MG	-	-	1/1/2025	No Separate Payment	\$0.00
J2004	INJ, LIDOCAINE W EPINEPHRINE	-	-	1/1/2025	No Separate Payment	\$0.00
J2010	LINCOMYCIN INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2020	LINEZOLID INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J2021	INJ, LINEZOLID (HOSPIRA)	-	-	1/1/2025	No Separate Payment	\$0.00
J2060	LORAZEPAM INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J2062	LOXAPINE FOR INHALATION 1 MG	-	-	10/1/2025	Fee Schedule	\$15.90
J2151	INJ, MANNITOL, 250 MG	-	-	1/1/2026	Not Allowed	\$0.00
J2170	MECASERMIN INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J2175	MEPERIDINE HYDROCHL /100 MG	-	-	1/1/2024	No Separate Payment	\$0.00
J2180	MEPERIDINE/PROMETHAZINE INJ	-	-	1/1/2024	No Separate Payment	\$0.00
J2182	INJECTION, MEPOLIZUMAB, 1MG	-	-	10/1/2025	Fee Schedule	\$31.27
J2183	INJ MEROPENEM (WG CRIT CARE)	-	-	1/1/2026	No Separate Payment	\$0.00
J2184	INJ, MEROPENEM (B. BRAUN)	-	-	7/1/2024	No Separate Payment	\$0.00
J2185	MEROPENEM	-	-	1/1/2024	No Separate Payment	\$0.00
J2186	INJ., MEROPENEM, VABORBACTAM	-	-	10/1/2025	Fee Schedule	\$2.18
J2210	METHYLERGONOVIN MALEATE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J2212	METHYLNALTREXONE INJECTION	-	-	1/1/2025	No Separate Payment	\$0.00
J2246	INJ, MICA FUNGIN (BAXTER)	-	-	10/1/2025	No Separate Payment	\$0.00
J2247	INJ, MICA FUNGIN (PAR PHARM)	-	-	1/1/2025	No Separate Payment	\$0.00
J2248	MICA FUNGIN SODIUM INJECTION	-	-	1/1/2022	No Separate Payment	\$0.00
J2249	INJ, REMIMAZOLAM, 1 MG	-	-	1/1/2024	No Separate Payment	\$0.00
J2250	INJ MIDAZOLAM HYDROCHLORIDE	-	-	7/1/2018	No Separate Payment	\$0.00
J2251	INJ MIDAZOLAM IN 0.9% NACL	-	-	7/1/2024	No Separate Payment	\$0.00
J2252	INJ MIDAZOLAM IN 0.8% NACL	-	-	1/1/2025	No Separate Payment	\$0.00
J2253	INJ MIDAZOLAM (SEIZALAM)	-	-	1/1/2025	No Separate Payment	\$0.00
J2260	INJ MILRINONE LACTATE / 5 MG	-	-	1/1/2024	No Separate Payment	\$0.00
J2265	MINOCYCLINE HYDROCHLORIDE	-	-	10/1/2025	Fee Schedule	\$2.67
J2267	INJ, MIRIKIZUMAB-MRKZ, 1 MG	-	-	10/1/2025	Fee Schedule	\$43.05
J2270	MORPHINE SULFATE INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J2272	INJ, MORPHINE (FRESENIUS)	-	-	7/1/2024	No Separate Payment	\$0.00

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
J2274	INJ MORPHINE PF EPID ITHC	-	-	1/1/2024	No Separate Payment	\$0.00
J2277	INJ, MOTIXAFORTIDE, 0.25 MG	-	-	7/1/2025	Fee Schedule	\$25.22
J2278	ZICONOTIDE INJECTION	-	-	10/1/2025	Fee Schedule	\$10.14
J2280	INJ, MOXIFLOXACIN 100 MG	-	-	7/1/2018	No Separate Payment	\$0.00
J2281	INJ MOXIFLOXACIN (FRES KABI)	-	-	1/1/2025	No Separate Payment	\$0.00
J2290	INJ, NAFCELLIN SODIUM, 20 MG	-	-	1/1/2025	No Separate Payment	\$0.00
J2291	INJ, NAFCELLIN (BAXTER) 20MG	-	-	1/1/2026	Not Allowed	\$0.00
J2300	INJ NALBUPHINE HYDROCHLORIDE	-	-	7/1/2018	No Separate Payment	\$0.00
J2305	INJ, NITROGLYCERIN, 5 MG	-	-	1/1/2025	No Separate Payment	\$0.00
J2315	NALTREXONE, DEPOT FORM	-	-	10/1/2025	Fee Schedule	\$4.24
J2320	NANDROLONE DECANOATE 50 MG	-	-	1/1/2024	No Separate Payment	\$0.00
J2323	NATALIZUMAB INJECTION	-	-	10/1/2025	Fee Schedule	\$24.00
J2326	INJ, NUSINERSEN, 0.1MG	-	-	10/1/2025	Fee Schedule	\$1,280.25
J2327	INJ RISANKIZUMAB-RZAA 1 MG	-	-	10/1/2025	Fee Schedule	\$14.94
J2329	INJ UBLITUXIMAB-XIYY, 1 MG	-	-	10/1/2025	Fee Schedule	\$70.75
J2350	INJECTION, OCRELIZUMAB, 1 MG	-	-	10/1/2025	Fee Schedule	\$59.41
J2351	INJ OCRELIZUMAB 1MG HYA-OCSQ	-	-	10/1/2025	Fee Schedule	\$47.23
J2353	OCTREOTIDE INJECTION, DEPOT	-	-	10/1/2025	Fee Schedule	\$203.58
J2354	OCTREOTIDE INJ, NON-DEPOT	-	-	1/1/2024	No Separate Payment	\$0.00
J2355	OPRELVEKIN INJECTION	-	-	1/1/2023	Not Allowed	\$0.00
J2356	INJ TEZEPELUMAB-EKKO, 1MG	-	-	10/1/2025	Fee Schedule	\$18.01
J2357	OMALIZUMAB INJECTION	-	-	10/1/2025	Fee Schedule	\$44.60
J2358	OLANZAPINE LONG-ACTING INJ	-	-	1/1/2026	No Separate Payment	\$0.00
J2359	INJ. OLANZAPINE, 0.5MG	-	-	1/1/2025	No Separate Payment	\$0.00
J2360	ORPHENADRINE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2371	INJ PHENYLEPHRINE HCL 20 MCG	-	-	1/1/2024	No Separate Payment	\$0.00
J2372	INJ, BIORPHEN, 20 MICROGRAMS	-	-	1/1/2025	No Separate Payment	\$0.00
J2373	INJ, IMMPHENTIV, 20 MCG	-	-	1/1/2026	No Separate Payment	\$0.00
J2401	CHLOROPROCAINE HCL INJECTION	-	-	1/1/2025	No Separate Payment	\$0.00
J2402	CHLOROPROCAINE (CLOROTEKAL)	-	-	10/1/2025	No Separate Payment	\$0.00
J2403	CHLOROPROCAINE OPHT GEL, 1MG	-	-	10/1/2025	Fee Schedule	\$0.58
J2404	INJ, NICARDIPINE 0.1 MG	-	-	1/1/2024	No Separate Payment	\$0.00
J2405	ONDANSETRON HCL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2406	INJECTION, ORITAVANCIN 10 MG	-	-	10/1/2025	Fee Schedule	\$42.48
J2407	INJECTION, ORITAVANCIN	-	-	10/1/2025	Fee Schedule	\$28.68
J2410	OXYMORPHONE HCL INJECTION	-	-	1/1/2023	Not Allowed	\$0.00
J2425	PALIFERMIN INJECTION	-	-	10/1/2025	Fee Schedule	\$35.55
J2426	INJ, INVEGA SUSTENNA, 1 MG	-	-	10/1/2025	Fee Schedule	\$15.11
J2427	INJ, INVEGA HAFYERA/TRINZA	-	-	10/1/2025	Fee Schedule	\$13.00
J2428	INJ, ERZOFRI, 1 MG	-	-	10/1/2025	Fee Schedule	\$16.76
J2430	PAMIDRONATE DISODIUM /30 MG	-	-	1/1/2024	No Separate Payment	\$0.00
J2440	PAPAVERIN HCL INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J2460	OXYTETRACYCLINE INJECTION	-	-	1/1/2024	Not Allowed	\$0.00
J2468	INJ, PALONOSETRON (POSFREA)	-	-	10/1/2025	Fee Schedule	\$58.24
J2469	PALONOSETRON HCL	-	-	1/1/2024	No Separate Payment	\$0.00
J2470	INJ PANTOPRAZOLE SODIUM 40MG	-	-	7/1/2024	No Separate Payment	\$0.00
J2471	INJ PANTOPRAZOLE(HIKMA) 40MG	-	-	7/1/2024	No Separate Payment	\$0.00
J2472	INJ, PANTOPRAZOLE SODIUM CHL	-	-	1/1/2025	No Separate Payment	\$0.00
J2501	PARICALCITOL	-	-	7/1/2018	No Separate Payment	\$0.00
J2502	INJ, PASIREOTIDE LONG ACTING	-	-	10/1/2025	Fee Schedule	\$572.96
J2506	INJ PEGFILGRAST EX BIO 0.5MG	-	-	10/1/2025	Fee Schedule	\$89.34

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
J2507	PEGLOTICASE INJECTION	-	-	10/1/2025	Fee Schedule	\$3,660.83
J2508	PEGUNIGALSIDASE ALFA-IWXJ	-	-	10/1/2025	Fee Schedule	\$228.16
J2510	PENICILLIN G PROCAINE INJ	-	-	1/1/2026	No Separate Payment	\$0.00
J2515	PENTOBARBITAL SODIUM INJ	-	-	1/1/2026	Fee Schedule	\$27.99
J2516	INJ, PENTAMIDINE ISETHIONATE	-	-	1/1/2026	No Separate Payment	\$0.00
J2540	PENICILLIN G POTASSIUM INJ	-	-	1/1/2024	No Separate Payment	\$0.00
J2543	PIPERACILLIN/TAZOBACTAM	-	-	7/1/2018	No Separate Payment	\$0.00
J2547	INJECTION, PERAMIVIR	-	-	7/1/2025	Fee Schedule	\$1.68
J2550	PROMETHAZINE HCL INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J2560	PHENOBARBITAL SODIUM INJ	-	-	10/1/2024	No Separate Payment	\$0.00
J2561	INJ, SEZABY, 1 MG	-	-	10/1/2025	Fee Schedule	\$1.19
J2562	PLERIXAFOR INJECTION	-	-	10/1/2025	Fee Schedule	\$25.33
J2590	OXYTOCIN INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J2596	VASOPRESSIN (LONG GROVE) 1 U	-	-	1/1/2026	No Separate Payment	\$0.00
J2597	INJ DESMOPRESSIN ACETATE	-	-	1/1/2026	No Separate Payment	\$0.00
J2598	INJ, VASOPRESSIN, 1 UNIT	-	-	1/1/2025	No Separate Payment	\$0.00
J2599	INJ VASOPRESSIN (AM REG) 1 U	-	-	7/1/2024	No Separate Payment	\$0.00
J2601	INJ, VASOPRESSIN (BAXTER)	-	-	10/1/2025	Fee Schedule	\$2.01
J2650	PREDNISOLONE ACETATE INJ	-	-	1/1/2024	Not Allowed	\$0.00
J2670	TOTAZOLINE HCL INJECTION	-	-	1/1/2023	Not Allowed	\$0.00
J2675	INJ PROGESTERONE PER 50 MG	-	-	7/1/2018	No Separate Payment	\$0.00
J2679	INJ FLUPHENAZINE HCL 1.25 MG	-	-	1/1/2026	No Separate Payment	\$0.00
J2680	FLUPHENAZINE DECANOATE 25 MG	-	-	7/1/2018	No Separate Payment	\$0.00
J2690	PROCAINAMIDE HCL INJECTION	-	-	10/1/2025	Fee Schedule	\$294.69
J2700	OXACILLIN SODIUM INJECTON	-	-	7/1/2018	No Separate Payment	\$0.00
J2704	INJ, PROPOFOL, 10 MG	-	-	1/1/2024	No Separate Payment	\$0.00
J2710	NEOSTIGMINE METHYLSLFTE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J2711	INJ NEOSTIGMIN/GLYCOPYRROLAT	-	-	1/1/2026	No Separate Payment	\$0.00
J2720	INJ PROTAMINE SULFATE/10 MG	-	-	1/1/2024	No Separate Payment	\$0.00
J2724	PROTEIN C CONCENTRATE	-	-	10/1/2025	Fee Schedule	\$15.04
J2725	INJ PROTIRELIN PER 250 MCG	-	-	1/1/2023	Not Allowed	\$0.00
J2730	PRALIDOXIME CHLORIDE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J2760	PHENTOLAIN MESYLATE INJ	-	-	10/1/2025	Fee Schedule	\$432.02
J2765	METOCLOPRAMIDE HCL INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J2770	QUINUPRISTIN/DALFOPRISTIN	-	-	1/1/2026	No Separate Payment	\$0.00
J2777	INJ, FARICIMAB-SVOA, 0.1MG	-	-	10/1/2025	Fee Schedule	\$33.88
J2778	RANIBIZUMAB INJECTION	-	-	10/1/2025	Fee Schedule	\$86.38
J2779	INJ, SUSVIMO 0.1 MG	-	-	10/1/2025	Fee Schedule	\$78.93
J2781	INJ, PEGCETACOPLAN, 1MG	-	-	10/1/2025	Fee Schedule	\$139.18
J2782	INJ AVACINCAPTAD PEGOL 0.1MG	-	-	10/1/2025	Fee Schedule	\$105.12
J2783	RASBURICASE	-	-	10/1/2025	Fee Schedule	\$377.52
J2785	REGADENOSON INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J2786	INJECTION, RESLIZUMAB, 1MG	-	-	10/1/2025	Fee Schedule	\$10.95
J2787	RIBOFLAVIN 5?PHOS OPTH<=3ML	-	-	1/1/2024	No Separate Payment	\$0.00
J2788	RHO D IMMUNE GLOBULIN 50 MCG	-	-	7/1/2018	No Separate Payment	\$0.00
J2790	RHO D IMMUNE GLOBULIN INJ	-	-	1/1/2024	No Separate Payment	\$0.00
J2791	RHOPHYLAC INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J2792	RHO(D) IMMUNE GLOBULIN H, SD	-	-	10/1/2025	Fee Schedule	\$25.46
J2793	RILONACEPT INJECTION	-	-	1/1/2024	Not Allowed	\$0.00
J2794	INJ RISPERDAL CONSTA, 0.5 MG	-	-	10/1/2025	Fee Schedule	\$10.98
J2795	ROPIVACAINE HCL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00

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J2798	INJ., PERSERIS, 0.5 MG	-	-	10/1/2025	Fee Schedule	\$12.14
J2799	INJ, UZEDY, 1 MG	-	-	10/1/2025	Fee Schedule	\$25.04
J2800	METHOCARBAMOL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2801	INJ, RYKINDO, 0.5 MG	-	-	7/1/2025	Fee Schedule	\$13.03
J2802	INJ, ROMIPLOSTIM 1 MICROGRAM	-	-	10/1/2025	Fee Schedule	\$11.01
J2805	SINCALIDE INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J2810	INJ THEOPHYLLINE PER 40 MG	-	-	1/1/2024	Not Allowed	\$0.00
J2820	SARGRAMOSTIM INJECTION	-	-	10/1/2025	Fee Schedule	\$50.37
J2840	INJ SEBELIPASE ALFA 1 MG	-	-	10/1/2025	Fee Schedule	\$539.91
J2850	INJ SECRETIN SYNTHETIC HUMAN	-	-	10/1/2025	Fee Schedule	\$40.52
J2860	INJECTION, SILTUXIMAB	-	-	10/1/2025	Fee Schedule	\$165.83
J2916	NA FERRIC GLUCONATE COMPLEX	-	-	7/1/2018	No Separate Payment	\$0.00
J2919	INJ, METHYLPRED SOD SUCC 5MG	-	-	1/1/2026	No Separate Payment	\$0.00
J2941	SOMATROPIN INJECTION	-	-	1/1/2025	Fee Schedule	\$48.92
J2950	PROMAZINE HCL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J2993	RETEPLASE INJECTION	-	-	10/1/2025	Fee Schedule	\$2,904.58
J2997	ALTEPLASE RECOMBINANT	-	-	10/1/2025	Fee Schedule	\$94.45
J2998	INJ PLASMINOGEN TVMH 1MG	-	-	10/1/2025	Fee Schedule	\$32.77
J3000	STREPTOMYCIN INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J3010	FENTANYL CITRATE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J3030	SUMATRIPTAN SUCCINATE / 6 MG	-	-	1/1/2024	No Separate Payment	\$0.00
J3031	INJ., FREMANEZUMAB-VFRM 1 MG	-	-	1/1/2025	No Separate Payment	\$0.00
J3032	INJ. EPTINEZUMAB-JJMR 1 MG	-	-	10/1/2025	Fee Schedule	\$19.97
J3055	INJ TALQUETAMAB-TGVS 0.25 MG	-	-	10/1/2025	Fee Schedule	\$72.62
J3060	INJ, TALIGLUCERASE ALFA 10 U	-	-	10/1/2025	Fee Schedule	\$41.11
J3070	PENTAZOCINE INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J3090	INJ TEDIZOLID PHOSPHATE	-	-	10/1/2025	Fee Schedule	\$1.96
J3095	TELAVANCIN INJECTION	-	-	10/1/2025	Fee Schedule	\$7.11
J3101	TENECTEPLASE INJECTION	-	-	10/1/2025	Fee Schedule	\$172.22
J3105	TERBUTALINE SULFATE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J3111	INJ. ROMOSUZUMAB-AQQG 1 MG	-	Y	10/1/2025	Fee Schedule	\$12.07
J3121	INJ TESTOSTERO ENANTHATE 1MG	-	-	7/1/2018	No Separate Payment	\$0.00
J3145	TESTOSTERONE UNDECANOATE 1MG	-	-	10/1/2025	Fee Schedule	\$2.07
J3230	CHLORPROMAZINE HCL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J3240	THYROTROPIN INJECTION	-	-	10/1/2025	Fee Schedule	\$2,116.32
J3241	INJ. TEPROTUMUMAB-TRBW 10 MG	-	-	10/1/2025	Fee Schedule	\$359.19
J3243	TIGECYCLINE INJECTION	-	-	1/1/2022	No Separate Payment	\$0.00
J3244	INJ. TIGECYCLINE (ACCORD)	-	-	1/1/2025	No Separate Payment	\$0.00
J3245	INJ., TILDRAKIZUMAB, 1 MG	-	-	10/1/2025	Fee Schedule	\$127.45
J3246	TIROFIBAN HCL	-	-	1/1/2025	No Separate Payment	\$0.00
J3247	INJ SECUKINUMAB INTRAV 1MG	-	-	10/1/2025	Fee Schedule	\$17.84
J3250	TRIMETHOBENZAMIDE HCL INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J3260	TOBRAMYCIN SULFATE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J3262	TOCILIZUMAB INJECTION	-	-	10/1/2025	Fee Schedule	\$5.71
J3263	INJ, TORIPALIMAB-TPZI, 1 MG	-	-	10/1/2025	Fee Schedule	\$39.41
J3265	INJECTION TORSEMIDE 10 MG/ML	-	-	1/1/2023	Not Allowed	\$0.00
J3285	TREPROSTINIL INJECTION	-	-	10/1/2025	Fee Schedule	\$54.71
J3291	TRANEXAMIC ACID IN SOD CHLOR	-	-	1/1/2026	Not Allowed	\$0.00
J3299	INJ XIPERE 1 MG	-	-	10/1/2025	Fee Schedule	\$47.97
J3300	TRIAMCINOLONE A INJ PRS-FREE	-	-	10/1/2025	Fee Schedule	\$24.50
J3301	TRIAMCINOLONE ACET INJ NOS	-	-	7/1/2018	No Separate Payment	\$0.00

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J3302	TRIAMCINOLONE DIACETATE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J3303	TRIAMCINOLONE HEXACETONL INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J3304	INJ TRIAMCINOLONE ACE XR 1MG	-	-	10/1/2025	Fee Schedule	\$18.30
J3315	TRIPTORELIN PAMOATE	-	-	10/1/2025	Fee Schedule	\$474.84
J3316	INJ., TRIPTORELIN XR 3.75 MG	-	-	10/1/2025	Fee Schedule	\$3,817.28
J3350	UREA INJECTION	-	-	1/1/2026	No Separate Payment	\$0.00
J3357	USTEKINUMAB SUB CU INJ, 1 MG	-	-	10/1/2025	Fee Schedule	\$149.40
J3358	USTEKINUMAB, IV INJECT, 1 MG	-	-	10/1/2025	Fee Schedule	\$12.99
J3360	DIAZEPAM INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J3376	INJ VANCOMYCIN (HIKMA) 10MG	-	-	1/1/2026	No Separate Payment	\$0.00
J3379	INJ, VALPROATE SOD, 5 MG	-	-	1/1/2026	No Separate Payment	\$0.00
J3380	INJ VEDOLIZUMAB IV 1 MG	-	-	10/1/2025	Fee Schedule	\$21.31
J3385	VELAGLUCERASE ALFA	-	-	10/1/2025	Fee Schedule	\$381.36
J3387	INJ ELIVALDOGENE AUTOTEMECEL	-	-	1/1/2026	Not Allowed	\$0.00
J3389	TOPI ADM PRAD ZAMI PER TREAT	-	-	1/1/2026	Not Allowed	\$0.00
J3393	INJ, BETIBEGLOGENE AUTOTEMCE	-	-	7/1/2024	Not Allowed	\$0.00
J3394	INJ, LOVOTIBEGLOGENE AUTOTEM	-	-	7/1/2024	Not Allowed	\$0.00
J3396	VERTEPORFIN INJECTION	-	-	10/1/2025	Fee Schedule	\$11.54
J3397	INJ., VESTRONIDASE ALFA-VJBK	-	-	10/1/2025	Fee Schedule	\$279.93
J3398	INJ LUXTURN A 1 BILLION VEC G	-	-	10/1/2025	Fee Schedule	\$3,002.58
J3401	VYJUVEK 5X10 ⁹ PFU/ML, 0.1 ML	-	-	10/1/2025	Fee Schedule	\$1,025.44
J3403	REVAKINAGENE, PER IMPLANT	-	-	10/1/2025	Fee Schedule	\$257,500.00
J3410	HYDROXYZINE HCL INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J3411	THIAMINE HCL 100 MG	-	-	1/1/2024	No Separate Payment	\$0.00
J3415	PYRIDOXINE HCL 100 MG	-	-	1/1/2024	No Separate Payment	\$0.00
J3420	VITAMIN B12 INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J3424	INJ HYDROXOCOBALAMIN IV 25MG	-	-	10/1/2025	Fee Schedule	\$5.19
J3425	HYDROXOCOBALAMIN IM 10MCG	-	-	1/1/2026	No Separate Payment	\$0.00
J3430	VITAMIN K PHYTONADIONE INJ	-	-	1/1/2024	No Separate Payment	\$0.00
J3465	INJECTION, VORICONAZOLE	-	-	1/1/2024	No Separate Payment	\$0.00
J3470	HYALURONIDASE INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J3471	OVINE, UP TO 999 USP UNITS	-	-	1/1/2024	No Separate Payment	\$0.00
J3472	OVINE, 1000 USP UNITS	-	-	1/1/2024	No Separate Payment	\$0.00
J3473	HYALURONIDASE RECOMBINANT	-	-	1/1/2024	No Separate Payment	\$0.00
J3475	INJ MAGNESIUM SULFATE	-	-	1/1/2024	No Separate Payment	\$0.00
J3480	INJ POTASSIUM CHLORIDE	-	-	1/1/2024	No Separate Payment	\$0.00
J3485	ZIDOVUDINE	-	-	1/1/2026	Fee Schedule	\$1.51
J3486	ZIPRASIDONE MESYLATE	-	-	1/1/2024	No Separate Payment	\$0.00
J3489	ZOLEDRONIC ACID 1MG	-	-	1/1/2024	No Separate Payment	\$0.00
J3490	DRUGS UNCLASSIFIED INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J3530	NASAL VACCINE INHALATION	-	-	1/1/2024	No Separate Payment	\$0.00
J3590	UNCLASSIFIED BIOLOGICS	-	-	1/1/2024	No Separate Payment	\$0.00
J7030	NORMAL SALINE SOLUTION INFUS	-	-	1/1/2024	No Separate Payment	\$0.00
J7040	NORMAL SALINE SOLUTION INFUS	-	-	1/1/2024	No Separate Payment	\$0.00
J7042	5% DEXTROSE/NORMAL SALINE	-	-	1/1/2024	No Separate Payment	\$0.00
J7050	NORMAL SALINE SOLUTION INFUS	-	-	7/1/2018	No Separate Payment	\$0.00
J7060	5% DEXTROSE/WATER	-	-	7/1/2018	No Separate Payment	\$0.00
J7070	D5W INFUSION	-	-	1/1/2024	No Separate Payment	\$0.00
J7100	DEXTRAN 40 INFUSION	-	-	1/1/2024	No Separate Payment	\$0.00
J7110	DEXTRAN 75 INFUSION	-	-	1/1/2024	No Separate Payment	\$0.00
J7120	RINGERS LACTATE INFUSION	-	-	1/1/2024	No Separate Payment	\$0.00

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J7121	5% DEXTROSE IN LAC RINGERS	-	-	7/1/2018	No Separate Payment	\$0.00
J7131	HYPERTONIC SALINE SOL	-	-	1/1/2024	No Separate Payment	\$0.00
J7165	INJ, HUMAN-LANS, PER I.U	-	-	7/1/2025	Fee Schedule	\$1.55
J7168	PROTHROMBIN COMPLEX KCENTRA	-	-	10/1/2025	Fee Schedule	\$2.14
J7169	INJ ANDEXXA, 10 MG	-	-	10/1/2025	Fee Schedule	\$131.38
J7170	INJ., EMICIZUMAB-KXWH 0.5 MG	-	-	10/1/2025	Fee Schedule	\$56.10
J7171	INJ, ADZYNMA, 10 IU	-	-	10/1/2025	Fee Schedule	\$35.59
J7172	INJ MARSTACIM-HNCQ, 0.5 MG	-	-	10/1/2025	Fee Schedule	\$51.10
J7173	INJ. CONCIZUMAB-MTCI, 0.5 MG	-	-	10/1/2025	Fee Schedule	\$86.41
J7174	INJECTION FITUSIRAN 0.04 MG	-	-	10/1/2025	Fee Schedule	\$133.25
J7175	INJ, FACTOR X, (HUMAN), 1IU	-	-	10/1/2025	Fee Schedule	\$9.78
J7177	INJ., FIBRYGA, 1 MG	-	-	10/1/2025	Fee Schedule	\$1.23
J7178	INJ HUMAN FIBRINOGEN CON NOS	-	-	10/1/2025	Fee Schedule	\$1.52
J7179	VONVENDI INJ 1 IU VWF:RCO	-	-	10/1/2025	Fee Schedule	\$1.85
J7180	FACTOR XIII ANTI-HEM FACTOR	-	-	10/1/2025	Fee Schedule	\$10.76
J7181	FACTOR XIII RECOMB A-SUBUNIT	-	-	10/1/2025	Fee Schedule	\$18.16
J7182	FACTOR VIII RECOMB NOVOEIGHT	-	-	10/1/2025	Fee Schedule	\$1.54
J7183	WILATE INJECTION	-	-	10/1/2025	Fee Schedule	\$1.29
J7185	XYNTHA INJ	-	-	10/1/2025	Fee Schedule	\$1.67
J7186	ANTIHEMOPHILIC VIII/VWF COMP	-	-	10/1/2025	Fee Schedule	\$1.25
J7187	HUMATE-P, INJ	-	-	10/1/2025	Fee Schedule	\$1.49
J7188	FACTOR VIII RECOMB OBIZUR	-	-	7/1/2025	Fee Schedule	\$3.23
J7189	FACTOR VIIA RECOMB NOVOSEVEN	-	-	10/1/2025	Fee Schedule	\$2.66
J7190	FACTOR VIII	-	-	10/1/2025	Fee Schedule	\$1.09
J7191	FACTOR VIII (PORCINE)	-	-	1/1/2026	Fee Schedule	\$5.46
J7192	FACTOR VIII RECOMBINANT NOS	-	-	10/1/2025	Fee Schedule	\$1.61
J7193	FACTOR IX NON-RECOMBINANT	-	-	10/1/2025	Fee Schedule	\$1.40
J7194	FACTOR IX COMPLEX	-	-	10/1/2025	Fee Schedule	\$1.70
J7195	FACTOR IX RECOMBINANT NOS	-	-	7/1/2025	Fee Schedule	\$1.85
J7196	ANTITHROMBIN RECOMBINANT	-	-	1/1/2024	Not Allowed	\$0.00
J7197	ANTITHROMBIN III INJECTION	-	-	10/1/2025	Fee Schedule	\$4.10
J7198	ANTI-INHIBITOR	-	-	10/1/2025	Fee Schedule	\$2.41
J7200	FACTOR IX RECOMBINAN RIXUBIS	-	-	1/1/2026	Fee Schedule	\$1.69
J7201	FACTOR IX ALPROLIX RECOMB	-	-	10/1/2025	Fee Schedule	\$3.59
J7202	FACTOR IX IDELVION INJ	-	-	10/1/2025	Fee Schedule	\$5.32
J7203	FACTOR IX RECOMB GLY REBINYN	-	-	10/1/2025	Fee Schedule	\$4.46
J7204	INJ RECOMBIN ESPEROCT PER IU	-	-	10/1/2025	Fee Schedule	\$2.22
J7205	FACTOR VIII FC FUSION RECOMB	-	-	10/1/2025	Fee Schedule	\$2.43
J7207	FACTOR VIII PEGYLATED RECOMB	-	-	7/1/2025	Fee Schedule	\$2.10
J7208	INJ. JIVI 1 IU	-	-	10/1/2025	Fee Schedule	\$2.65
J7209	FACTOR VIII NUWIQ RECOMB 1IU	-	-	10/1/2025	Fee Schedule	\$1.12
J7210	INJ, AFSTYLA, 1 I.U.	-	-	10/1/2025	Fee Schedule	\$1.57
J7211	INJ, KOVALTRY, 1 I.U.	-	-	10/1/2025	Fee Schedule	\$1.57
J7212	FACTOR VIIA RECOMB SEVENFACT	-	-	1/1/2026	Fee Schedule	\$2.37
J7213	INJ, IXINITY, 1 I.U.	-	-	10/1/2025	Fee Schedule	\$1.91
J7214	ALTUVIIIIO PER FACTOR VIII IU	-	-	10/1/2025	Fee Schedule	\$4.66
J7299	INTRAUT COPP CONT (MIUDELLA)	-	-	1/1/2026	Not Allowed	\$0.00
J7308	AMINOLEVULINIC ACID HCL TOP	-	-	10/1/2025	Fee Schedule	\$392.09
J7311	INJ., RETISERT, 0.01 MG	-	Y	10/1/2025	Fee Schedule	\$340.31
J7312	DEXAMETHASONE INTRA IMPLANT	-	-	10/1/2025	Fee Schedule	\$204.61
J7313	INJ., ILUVIEN, 0.01 MG	-	-	10/1/2025	Fee Schedule	\$498.14

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J7314	INJ., YUTIQ, 0.01 MG	-	-	10/1/2025	Fee Schedule	\$529.89
J7315	OPHTHALMIC MITOMYCIN	-	-	7/1/2018	No Separate Payment	\$0.00
J7316	INJ, OCRIPLASMIN, 0.125 MG	-	-	10/1/2024	No Separate Payment	\$0.00
J7318	INJ, DUROLANE 1 MG	-	-	10/1/2025	Fee Schedule	\$6.77
J7320	GENVISC 850, INJ, 1MG	-	-	10/1/2025	Fee Schedule	\$5.77
J7321	HYALGAN SUPARTZ VISCO-3 DOSE	-	-	1/1/2020	No Separate Payment	\$0.00
J7322	HYMOVIS INJECTION 1 MG	-	-	10/1/2025	Fee Schedule	\$17.62
J7323	EUFLEXXA INJ PER DOSE	-	-	10/1/2025	Fee Schedule	\$112.45
J7324	ORTHOVISC INJ PER DOSE	-	-	10/1/2025	Fee Schedule	\$114.54
J7325	SYNVISC OR SYNVISC-ONE	-	-	10/1/2025	Fee Schedule	\$7.95
J7326	GEL-ONE	-	-	10/1/2025	Fee Schedule	\$529.26
J7327	MONOVISC INJ PER DOSE	-	-	10/1/2025	Fee Schedule	\$636.59
J7328	GELSYN-3 INJECTION 0.1 MG	-	-	1/1/2026	Fee Schedule	\$0.70
J7329	INJ, TRIVISC 1 MG	-	-	10/1/2025	Fee Schedule	\$4.69
J7331	SYNOJOYNT, INJ., 1 MG	-	-	1/1/2025	No Separate Payment	\$0.00
J7332	INJ., TRILURON, 1 MG	-	-	10/1/2025	Fee Schedule	\$10.27
J7336	CAPSAICIN 8% PATCH	-	-	10/1/2025	Fee Schedule	\$3.42
J7340	CARBIDOPA LEVODOPA ENT 100ML	-	-	10/1/2025	Fee Schedule	\$243.61
J7342	CIPROFLOXACIN OTIC SUSP 6 MG	-	-	1/1/2025	No Separate Payment	\$0.00
J7345	AMINOLEVULINIC ACID, 10% GEL	-	-	10/1/2025	Fee Schedule	\$1.79
J7351	INJ BIMATOPROST ITC IMP1MCG	-	-	10/1/2025	Fee Schedule	\$213.84
J7352	AFAMELANOTIDE IMPLANT, 1 MG	-	-	10/1/2025	Fee Schedule	\$2,943.42
J7353	ANACAULASE-BCDB 8.8% GEL 1 G	-	-	7/1/2025	Fee Schedule	\$58.31
J7354	CANTHARIDIN TOP, APPLICATOR	-	-	10/1/2025	Fee Schedule	\$654.76
J7355	INJ TRAVOPROST INTRA IMPL	-	-	10/1/2025	Fee Schedule	\$195.72
J7402	MOMETASONE SINUS SINUVA	-	-	7/1/2025	Fee Schedule	\$11.35
J7500	AZATHIOPRINE ORAL 50MG	-	-	1/1/2024	No Separate Payment	\$0.00
J7501	AZATHIOPRINE PARENTERAL	-	-	10/1/2025	Fee Schedule	\$254.07
J7502	CYCLOSPORINE ORAL 100 MG	-	-	1/1/2024	No Separate Payment	\$0.00
J7503	TACROL ENVARSUS EX REL ORAL	-	-	1/1/2022	No Separate Payment	\$0.00
J7504	LYMPHOCYTE IMMUNE GLOBULIN	-	-	10/1/2025	Fee Schedule	\$5,135.09
J7507	TACROLIMUS IMME REL ORAL 1MG	-	-	1/1/2024	No Separate Payment	\$0.00
J7508	TACROL ASTAGRAF EX REL ORAL	-	-	1/1/2024	No Separate Payment	\$0.00
J7509	METHYLPREDNISOLONE ORAL	-	-	1/1/2024	No Separate Payment	\$0.00
J7510	PREDNISOLONE ORAL PER 5 MG	-	-	1/1/2024	No Separate Payment	\$0.00
J7511	ANTITHYMOCYTE GLOBULN RABBIT	-	-	10/1/2025	Fee Schedule	\$999.37
J7512	PREDNISONE IR OR DR ORAL 1MG	-	-	1/1/2024	No Separate Payment	\$0.00
J7514	MYCOPHENOL (MYHIBBIN) 100 MG	-	-	1/1/2025	No Separate Payment	\$0.00
J7515	CYCLOSPORINE ORAL 25 MG	-	-	7/1/2018	No Separate Payment	\$0.00
J7516	INJ, CYCLOSPORINE 250MG	-	-	1/1/2024	No Separate Payment	\$0.00
J7517	MYCOPHENOLATE MOFETIL ORAL	-	-	1/1/2024	No Separate Payment	\$0.00
J7518	MYCOPHENOLIC ACID	-	-	1/1/2024	No Separate Payment	\$0.00
J7519	INJ. MYCOPHENOLATE MOFETIL	-	-	1/1/2025	No Separate Payment	\$0.00
J7520	SIROLIMUS, ORAL	-	-	1/1/2024	No Separate Payment	\$0.00
J7525	TACROLIMUS INJECTION	-	-	10/1/2025	Fee Schedule	\$263.15
J7527	ORAL EVEROLIMUS	-	-	1/1/2024	No Separate Payment	\$0.00
J7528	MYCOPHEN MOFETIL FOR SUSP	-	-	1/1/2026	No Separate Payment	\$0.00
J7599	IMMUNOSUPPRESSIVE DRUG NOC	-	-	1/1/2024	No Separate Payment	\$0.00
J7665	MANNITOL FOR INHALER	-	-	1/1/2024	No Separate Payment	\$0.00
J7674	METHACHOLINE CHLORIDE, NEB	-	-	7/1/2018	No Separate Payment	\$0.00
J7799	NON-INHALATION DRUG FOR DME	-	-	1/1/2024	No Separate Payment	\$0.00

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
J7999	COMPOUNDED DRUG, NOC	-	-	1/1/2024	No Separate Payment	\$0.00
J8501	ORAL APREPITANT	-	-	1/1/2024	No Separate Payment	\$0.00
J8510	ORAL BUSULFAN	-	-	1/1/2026	Fee Schedule	\$10.12
J8522	CAPECITABINE, ORAL, 50 MG	-	-	10/1/2025	Fee Schedule	\$0.04
J8530	CYCLOPHOSPHAMIDE ORAL 25 MG	-	-	1/1/2024	No Separate Payment	\$0.00
J8540	ORAL DEXAMETHASONE	-	-	1/1/2024	No Separate Payment	\$0.00
J8541	ORAL, HEMADY, 0.25 MG	-	-	1/1/2025	No Separate Payment	\$0.00
J8560	ETOPOSIDE ORAL 50 MG	-	-	1/1/2026	Fee Schedule	\$77.46
J8565	GEFITINIB ORAL	-	-	1/1/2024	Not Allowed	\$0.00
J8597	ANTIEMETIC DRUG ORAL NOS	-	-	1/1/2024	No Separate Payment	\$0.00
J8600	MELPHALAN ORAL 2 MG	-	-	1/1/2023	Not Allowed	\$0.00
J8610	METHOTREXATE ORAL 2.5 MG	-	-	7/1/2018	No Separate Payment	\$0.00
J8611	ORAL METHOTREXATE (JYLAMVO)	-	-	10/1/2025	Fee Schedule	\$18.47
J8612	ORAL METHOTREXATE (XATMEP)	-	-	10/1/2025	Fee Schedule	\$22.68
J8655	ORAL NETUPITANT, PALONOSETRO	-	-	10/1/2025	Fee Schedule	\$422.89
J8670	ROLAPITANT, ORAL, 1MG	-	-	10/1/2025	Fee Schedule	\$1.86
J8700	TEMOZOLOMIDE	-	-	7/1/2018	No Separate Payment	\$0.00
J8705	TOPOTECAN ORAL	-	-	1/1/2026	Fee Schedule	\$124.83
J9000	DOXORUBICIN HCL INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J9001	DOXORUBICIN HCL LIPOSOME INJ	-	-	7/1/2018	Not Allowed	\$0.00
J9011	DATOPOTAMAB DERUXTECAN, 1 MG	-	-	10/1/2025	Fee Schedule	\$51.56
J9015	ALDESLEUKIN INJECTION	-	-	1/1/2026	Fee Schedule	\$3,338.87
J9017	ARSENIC TRIOXIDE INJECTION	-	-	1/1/2026	No Separate Payment	\$0.00
J9021	INJ, ASPARA, RYLAZE, 0.1 MG	-	-	10/1/2025	Fee Schedule	\$55.47
J9022	INJ, ATEZOLIZUMAB,10 MG	-	-	10/1/2025	Fee Schedule	\$91.34
J9023	INJECTION, AVELUMAB, 10 MG	-	-	10/1/2025	Fee Schedule	\$100.09
J9024	INJ ATEZOLIZUMB 5MG HYA-TQJS	-	-	10/1/2025	Fee Schedule	\$31.58
J9025	AZACITIDINE INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J9026	INJ, TARLATAMAB-DLLE, 1 MG	-	-	10/1/2025	Fee Schedule	\$1,564.64
J9027	CLOFARABINE INJECTION	-	-	10/1/2025	Fee Schedule	\$4.19
J9028	INJ, NOGAPENDEKIN PMLN, 1MCG	-	-	10/1/2025	Fee Schedule	\$94.66
J9029	INSTILL ADSTILADRIN, TX DOSE	-	Y	10/1/2025	Fee Schedule	\$63,342.28
J9030	BCG LIVE INTRAVESICAL 1MG	-	-	1/1/2026	Fee Schedule	\$3.26
J9032	INJECTION, BELINOSTAT, 10MG	-	-	10/1/2025	Fee Schedule	\$52.47
J9033	INJ, BENDAMUSTINE HCL, 1MG	-	-	10/1/2025	Fee Schedule	\$1.88
J9034	INJ., BENDEKA 1 MG	-	-	10/1/2025	Fee Schedule	\$13.49
J9035	BEVACIZUMAB INJECTION	-	-	10/1/2025	Fee Schedule	\$73.20
J9036	INJ. BELRAPZO/BENDAMUSTINE	-	-	10/1/2025	Fee Schedule	\$12.28
J9038	INJ AXATILIMAB-CSFR 0.1 MG	-	-	10/1/2025	Fee Schedule	\$55.65
J9039	INJECTION, BLINATUMOMAB	-	-	10/1/2025	Fee Schedule	\$164.25
J9040	BLEOMYCIN SULFATE INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J9041	INJECTION, BORTEZOMIB, 0.1MG	-	-	1/1/2025	No Separate Payment	\$0.00
J9042	BRENTUXIMAB VEDOTIN INJ	-	-	10/1/2025	Fee Schedule	\$258.64
J9043	CABAZITAXEL INJECTION	-	-	10/1/2025	Fee Schedule	\$227.28
J9045	CARBOPLATIN INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J9046	INJ, BORTEZOMIB, DR. REDDY'S	-	-	1/1/2026	Fee Schedule	\$3.46
J9047	INJECTION, CARFILZOMIB, 1 MG	-	-	10/1/2025	Fee Schedule	\$55.65
J9048	INJ, BORTEZOMIB FRESENIUSKAB	-	-	1/1/2026	Fee Schedule	\$6.97
J9049	INJ, BORTEZOMIB, HOSPIRA	-	-	1/1/2025	No Separate Payment	\$0.00
J9050	CARMUSTINE INJECTION	-	-	10/1/2025	Fee Schedule	\$238.46
J9051	INJ, BORTEZOMIB (MAIA)	-	-	1/1/2026	No Separate Payment	\$0.00

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
J9052	INJ, CARMUSTINE (ACCORD)	-	-	4/1/2025	Fee Schedule	\$259.70
J9054	INJ BORTEZOMIB BORUZU 0.1 MG	-	-	10/1/2025	Fee Schedule	\$26.15
J9055	CETUXIMAB INJECTION	-	-	10/1/2025	Fee Schedule	\$78.37
J9056	INJ, VIVIMUSTA, 1 MG	-	-	10/1/2025	Fee Schedule	\$29.85
J9057	INJ., COPANLISIB, 1 MG	-	-	4/1/2025	Fee Schedule	\$89.16
J9060	CISPLATIN 10 MG INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J9061	INJ, AMIVANTAMAB-VMJW	-	-	10/1/2025	Fee Schedule	\$22.54
J9063	INJ, ELAHERE, 1 MG	-	-	10/1/2025	Fee Schedule	\$69.49
J9064	INJ, CABAZITAXEL (SANDOZ)	-	-	1/1/2024	Not Allowed	\$0.00
J9065	INJ CLADRIBINE PER 1 MG	-	-	10/1/2025	Fee Schedule	\$10.68
J9071	INJ CYCLOPHOSPHAMD AUROMEDIC	-	-	10/1/2025	Fee Schedule	\$0.63
J9072	INJ CYCLOPHOS AVYXA 5MG	-	-	10/1/2025	Fee Schedule	\$9.11
J9073	INJ CYCLOPHOS DR REDDYS 5 MG	-	-	10/1/2025	Fee Schedule	\$0.78
J9074	INJ, CYCLOPHOSPHAMD, SANDOZ	-	-	10/1/2025	Fee Schedule	\$3.94
J9075	INJ, CYCLOPHOSPHAMIDE, NOS	-	-	10/1/2025	Fee Schedule	\$0.48
J9076	INJ, CYCLOPHOS (BAXTER) 5MG	-	-	10/1/2025	Fee Schedule	\$5.01
J9100	CYTARABINE HCL 100 MG INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J9118	INJ. CALASPARGASE PEGOL-MKNL	-	-	10/1/2025	Fee Schedule	\$82.08
J9119	INJ., CEMIPIMAB-RWLC, 1 MG	-	-	10/1/2025	Fee Schedule	\$29.29
J9120	DACTINOMYCIN INJECTION	-	-	10/1/2025	Fee Schedule	\$328.34
J9130	DACARBAZINE 100 MG INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J9144	DARATUMUMAB, HYALURONIDASE	-	-	10/1/2025	Fee Schedule	\$55.57
J9145	INJECTION, DARATUMUMAB 10 MG	-	-	10/1/2025	Fee Schedule	\$71.37
J9150	DAUNORUBICIN INJECTION	-	-	1/1/2026	No Separate Payment	\$0.00
J9153	INJ DAUNORUBICIN, CYTARABINE	-	-	10/1/2025	Fee Schedule	\$256.09
J9155	DEGARELIX INJECTION	-	-	10/1/2025	Fee Schedule	\$4.45
J9161	INJ DENILEUK DIFTI-CXDL 1MCG	-	-	10/1/2025	Not Allowed	\$0.00
J9171	DOCETAXEL INJECTION	-	-	1/1/2021	No Separate Payment	\$0.00
J9172	DOCETAXEL (DOCIVYX), 1 MG	-	-	10/1/2025	Fee Schedule	\$50.78
J9173	INJ., DURVALUMAB, 10 MG	-	-	10/1/2025	Fee Schedule	\$85.12
J9174	INJ, DOCETAXEL (BEIZRAY) 1MG	-	-	1/1/2026	Fee Schedule	\$52.47
J9175	ELLIOTTS B SOLUTION PER ML	-	-	7/1/2018	No Separate Payment	\$0.00
J9176	INJECTION, ELOTUZUMAB, 1MG	-	-	10/1/2025	Fee Schedule	\$7.89
J9177	INJ ENFORT VEDO-EJFV 0.25MG	-	-	10/1/2025	Fee Schedule	\$36.74
J9178	INJ, EPIRUBICIN HCL, 2 MG	-	-	1/1/2024	No Separate Payment	\$0.00
J9179	ERIBULIN MESYLATE INJECTION	-	-	10/1/2025	Fee Schedule	\$89.34
J9181	ETOPOSIDE INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J9184	INJ GEMCITABIN (AVYXA) 200MG	-	-	1/1/2026	Fee Schedule	\$378.64
J9185	FLUDARABINE PHOSPHATE INJ	-	-	1/1/2026	No Separate Payment	\$0.00
J9190	FLUOROURACIL INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J9196	INJ GEMCITABINE HCL (ACCORD)	-	-	1/1/2025	No Separate Payment	\$0.00
J9198	INJ. INFUGEM, 100 MG	-	-	1/1/2024	Fee Schedule	\$40.28
J9200	FLOXURIDINE INJECTION	-	-	10/1/2025	Fee Schedule	\$4,128.02
J9201	IN GEMCITABINE HCL NOS 200MG	-	-	1/1/2024	No Separate Payment	\$0.00
J9202	GOSERELIN ACETATE IMPLANT	-	-	10/1/2025	Fee Schedule	\$733.67
J9203	GEMTUZUMAB OZOGAMICIN 0.1 MG	-	-	10/1/2025	Fee Schedule	\$236.62
J9204	INJ MOGAMULIZUMAB-KPKC, 1 MG	-	-	10/1/2025	Fee Schedule	\$248.50
J9205	INJ IRINOTECAN LIPOSOME 1 MG	-	-	10/1/2025	Fee Schedule	\$66.00
J9206	IRINOTECAN INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J9207	IXABEPILONE INJECTION	-	-	10/1/2025	Fee Schedule	\$139.21
J9208	IFOSFAMIDE INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
J9209	MESNA INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J9210	INJ., EMAPALUMAB-LZSG, 1 MG	-	-	10/1/2025	Fee Schedule	\$384.85
J9211	IDARUBICIN HCL INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J9213	INTERFERON ALFA-2A INJ	-	-	1/1/2024	Not Allowed	\$0.00
J9214	INTERFERON ALFA-2B INJ	-	-	1/1/2025	No Separate Payment	\$0.00
J9215	INTERFERON ALFA-N3 INJ	-	-	1/1/2024	Not Allowed	\$0.00
J9216	INTERFERON GAMMA 1-B INJ	-	-	1/1/2024	Not Allowed	\$0.00
J9217	LEUPROLIDE ACETATE SUSPNSION	-	-	10/1/2025	Fee Schedule	\$176.45
J9218	LEUPROLIDE ACETATE INJECTON	-	-	1/1/2025	No Separate Payment	\$0.00
J9219	LEUPROLIDE ACETATE IMPLANT	-	-	1/1/2024	Not Allowed	\$0.00
J9220	INDIGOTINDISULFONATE SOD 1MG	-	-	10/1/2025	Fee Schedule	\$9.96
J9223	INJ. LURBINECTEDIN, 0.1 MG	-	-	10/1/2025	Fee Schedule	\$207.13
J9225	VANTAS IMPLANT	-	-	1/1/2026	No Separate Payment	\$0.00
J9226	SUPPRELIN LA IMPLANT	-	-	10/1/2025	Fee Schedule	\$45,020.65
J9227	INJ. ISATUXIMAB-IRFC 10 MG	-	-	10/1/2025	Fee Schedule	\$81.90
J9228	IPILIMUMAB INJECTION	-	-	10/1/2025	Fee Schedule	\$183.48
J9229	INJ INOTUZUMAB OZOGAM 0.1 MG	-	-	10/1/2025	Fee Schedule	\$2,698.05
J9230	MECHLORETHAMINE HCL INJ	-	-	1/1/2026	No Separate Payment	\$0.00
J9245	INJ MELPHA HYDROCH NOS 50 MG	-	-	10/1/2025	Fee Schedule	\$95.90
J9246	INJ., EVOMELA, 1 MG	-	-	7/1/2025	Fee Schedule	\$18.50
J9248	INJ MELPHALAN (HEPZATO) 1 MG	-	-	10/1/2025	Fee Schedule	\$795.00
J9249	INJ, MELPHALAN (APOTEX) 1 MG	-	-	7/1/2025	Fee Schedule	\$64.78
J9255	INJ, METHOTREXATE (ACCORD)	-	-	1/1/2026	No Separate Payment	\$0.00
J9256	INJ, NIPOCALIMAB-AAHU, 3 MG	-	-	1/1/2026	Fee Schedule	\$32.14
J9260	INJ METHOTREXATE SODIUM 50MG	-	-	1/1/2024	No Separate Payment	\$0.00
J9261	NELARABINE INJECTION	-	-	10/1/2025	Fee Schedule	\$79.86
J9262	INJ, OMACETAXINE MEP, 0.01MG	-	-	4/1/2025	Fee Schedule	\$7.49
J9263	OXALIPLATIN	-	-	7/1/2018	No Separate Payment	\$0.00
J9264	PACLITAXEL PROTEIN BOUND	-	-	10/1/2025	Fee Schedule	\$10.54
J9266	PEGASPARGASE INJECTION	-	-	10/1/2025	Fee Schedule	\$28,424.06
J9267	PACLITAXEL INJECTION	-	-	1/1/2024	No Separate Payment	\$0.00
J9268	PENTOSTATIN INJECTION	-	-	10/1/2025	Fee Schedule	\$2,608.16
J9269	INJ. TAGRAXOFUSP-ERZS 10 MCG	-	-	10/1/2025	Fee Schedule	\$356.93
J9271	INJ PEMBROLIZUMAB	-	-	10/1/2025	Fee Schedule	\$60.29
J9272	INJ, DOSTARLIMAB-GXLY, 10 MG	-	-	10/1/2025	Fee Schedule	\$243.71
J9273	INJ TISOTU VEDOTIN-TFTV, 1MG	-	-	10/1/2025	Fee Schedule	\$188.76
J9274	INJ, TEBENTAFUSP-TEBN, 1 MCG	-	-	10/1/2025	Fee Schedule	\$217.09
J9275	INJ COSIBELIMAB-IPDL, 2 MG	-	-	1/1/2026	Fee Schedule	\$22.92
J9276	INJ ZANIDATAMAB-HRII, 2 MG	-	-	10/1/2025	Fee Schedule	\$25.05
J9280	MITOMYCIN INJECTION	-	-	10/1/2025	Fee Schedule	\$20.35
J9281	MITOMYCIN INSTILLATION	-	-	10/1/2025	Fee Schedule	\$318.53
J9282	MITOMYCIN INTRAVESICAL INST	-	-	1/1/2026	Fee Schedule	\$284.88
J9285	INJ, OLARATUMAB, 10 MG	-	-	1/1/2024	Not Allowed	\$0.00
J9286	INJ GLOFITAMAB GXBH, 2.5 MG	-	-	10/1/2025	Fee Schedule	\$2,767.88
J9289	INJ NIVOLUMAB 2 MG HYALURON	-	-	10/1/2025	Fee Schedule	\$27.36
J9292	INJ, PEMETREXED DIPOTASSIUM	-	-	10/1/2025	Fee Schedule	\$82.34
J9293	MITOXANTRONE HYDROCHL / 5 MG	-	-	10/1/2025	Fee Schedule	\$23.88
J9294	INJ PEMETREXED, HOSPIRA 10MG	-	-	10/1/2025	Fee Schedule	\$3.55
J9295	INJECTION, NECITUMUMAB, 1 MG	-	-	7/1/2025	Fee Schedule	\$5.73
J9296	INJ PEMETREXED (ACCORD) 10MG	-	-	7/1/2025	Fee Schedule	\$9.74
J9297	INJ PEMETREXED (SANDOZ) 10MG	-	-	1/1/2025	No Separate Payment	\$0.00

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
J9298	INJ NIVOL RELATLIMAB 3MG/1MG	-	-	10/1/2025	Fee Schedule	\$197.83
J9299	INJECTION, NIVOLUMAB	-	-	10/1/2025	Fee Schedule	\$32.96
J9301	OBINUTUZUMAB INJ	-	-	10/1/2025	Fee Schedule	\$79.00
J9302	OFATUMUMAB INJECTION	-	-	7/1/2025	Fee Schedule	\$62.23
J9303	PANITUMUMAB INJECTION	-	-	10/1/2025	Fee Schedule	\$173.03
J9304	INJ. PEMETREXED, 10 MG	-	-	10/1/2025	Fee Schedule	\$46.32
J9305	INJ. PEMETREXED NOS 10MG	-	-	10/1/2025	Fee Schedule	\$4.36
J9306	INJECTION, PERTUZUMAB, 1 MG	-	-	10/1/2025	Fee Schedule	\$17.02
J9307	PRALATREXATE INJECTION	-	-	10/1/2025	Fee Schedule	\$392.63
J9308	INJECTION, RAMUCIRUMAB	-	-	10/1/2025	Fee Schedule	\$74.36
J9309	INJ, POLATUZUMAB VEDOTIN 1MG	-	-	10/1/2025	Fee Schedule	\$136.67
J9311	INJ RITUXIMAB, HYALURONIDASE	-	-	10/1/2025	Fee Schedule	\$36.69
J9312	INJ., RITUXIMAB, 10 MG	-	-	10/1/2025	Fee Schedule	\$75.22
J9313	INJ., LUMOXITI, 0.01 MG	-	-	7/1/2025	Fee Schedule	\$23.39
J9314	INJ PEMETREXED (TEVA) 10MG	-	-	10/1/2025	Fee Schedule	\$15.54
J9316	PERTUZU, TRASTUZU, 10 MG	-	-	10/1/2025	Fee Schedule	\$62.10
J9317	SACITUZUMAB GOVITECAN-HZIY	-	-	10/1/2025	Fee Schedule	\$36.28
J9318	INJ ROMIDEPSIN NON-LYO 0.1MG	-	-	7/1/2025	Fee Schedule	\$28.52
J9319	INJ ROMIDEPSIN LYOPHIL 0.1MG	-	-	10/1/2025	Fee Schedule	\$30.78
J9320	STREPTOZOCIN INJECTION	-	-	1/1/2026	No Separate Payment	\$0.00
J9321	INJ EPCORITAMAB-BYSP 0.16 MG	-	-	10/1/2025	Fee Schedule	\$55.84
J9322	INJ PEMETREXED (BLUEPOINT)	-	-	10/1/2025	Fee Schedule	\$10.60
J9323	INJ PEMETREXED DITROMETHAMIN	-	-	10/1/2025	Fee Schedule	\$0.13
J9324	INJ, PEMRYDI RTU, 10 MG	-	-	10/1/2025	Fee Schedule	\$75.81
J9325	INJ TALIMOGENE LAHERPAREPVEC	-	-	10/1/2025	Fee Schedule	\$73.94
J9326	TELISOTUZUMAB VEDOTIN-TLLV	-	-	1/1/2026	Fee Schedule	\$143.99
J9328	TEMOZOLOMIDE INJECTION	-	-	10/1/2025	Fee Schedule	\$10.39
J9329	INJ, TISLELIZUMAB-JSGR	-	-	10/1/2025	Fee Schedule	\$57.45
J9330	TEMSIROLIMUS INJECTION	-	-	10/1/2025	Fee Schedule	\$26.71
J9331	INJ SIROLIMUS PROT PART 1 MG	-	-	10/1/2025	Fee Schedule	\$84.57
J9332	INJ EFGARTIGIMOD 2MG	-	-	10/1/2025	Fee Schedule	\$32.15
J9333	INJ ROZANOLIXIZUM-NOLI 1 MG	-	-	10/1/2025	Fee Schedule	\$23.17
J9334	INJ EFGART-ALFA 2MG HYA-QVFC	-	-	10/1/2025	Fee Schedule	\$33.89
J9341	INJ THIOTEPA (TEPYLUTE) 1 MG	-	-	10/1/2025	Not Allowed	\$0.00
J9342	INJ THIOTEPA NOS 1 MG	-	-	10/1/2025	Fee Schedule	\$10.54
J9345	INJ, RETIFANLIMAB-DLWR, 1 MG	-	-	10/1/2025	Fee Schedule	\$30.56
J9347	INJ, TREMELIMUMAB-ACTL, 1 MG	-	-	10/1/2025	Fee Schedule	\$140.90
J9348	INJ. NAXITAMAB-GQGK, 1 MG	-	-	10/1/2025	Fee Schedule	\$686.00
J9349	INJ., TAFASITAMAB-CXIX	-	-	10/1/2025	Fee Schedule	\$14.31
J9350	INJ MOSUNETUZUMAB-AXGB, 1 MG	-	-	10/1/2025	Fee Schedule	\$654.63
J9351	TOPOTECAN INJECTION	-	-	7/1/2018	No Separate Payment	\$0.00
J9352	INJECTION TRABECTEDIN 0.1MG	-	-	10/1/2025	Fee Schedule	\$391.07
J9353	INJ. MARGETUXIMAB-CMKB, 5 MG	-	-	10/1/2025	Fee Schedule	\$52.49
J9354	INJ, ADO-TRASTUZUMAB EMT 1MG	-	-	10/1/2025	Fee Schedule	\$42.16
J9355	INJ TRASTUZUMAB EXCL BIOSIMI	-	-	10/1/2025	Fee Schedule	\$75.03
J9356	INJ. HERCEPTIN HYLECTA, 10MG	-	-	10/1/2025	Fee Schedule	\$61.44
J9357	VALRUBICIN INJECTION	-	-	10/1/2025	Fee Schedule	\$1,323.35
J9358	INJ FAM-TRASTU DERU-NXKI 1MG	-	-	10/1/2025	Fee Schedule	\$29.98
J9359	INJ LON TESIRIN-LPYL 0.075MG	-	-	10/1/2025	Fee Schedule	\$216.90
J9360	VINBLASTINE SULFATE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J9361	INJ, EFBEMALENOGRASTIM ALFA-	-	-	7/1/2024	Not Allowed	\$0.00

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
J9370	VINCRIStINE SULFATE 1 MG INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J9376	INJ POZELIMAB-BBFG, 1 MG	-	-	10/1/2025	Fee Schedule	\$91.73
J9380	INJ TECLISTAMAB CQYV 0.5 MG	-	-	10/1/2025	Fee Schedule	\$33.58
J9381	INJ TEPLIZUMAB MZWV 5 MCG	-	-	10/1/2025	Fee Schedule	\$37.66
J9382	INJ ZENOCUTUZUMAB-ZBCO 1 MG	-	-	10/1/2025	Fee Schedule	\$32.91
J9390	VINORELBINE TARTRATE INJ	-	-	7/1/2018	No Separate Payment	\$0.00
J9393	INJ, FULVESTRANT (TEVA)	-	-	1/1/2026	Fee Schedule	\$41.67
J9394	INJ, FULVESTRANT (FRESENIUS)	-	-	10/1/2025	Fee Schedule	\$26.77
J9395	INJECTION, FULVESTRANT	-	-	1/1/2026	No Separate Payment	\$0.00
J9400	INJ, ZIV-AFLIBERCEPT, 1MG	-	-	10/1/2025	Fee Schedule	\$7.88
J9600	PORFIMER SODIUM INJECTION	-	-	1/1/2025	Fee Schedule	\$24,228.42
J9999	CHEMOTHERAPY DRUG	-	-	7/1/2018	No Separate Payment	\$0.00
L8600	IMPLANT BREAST SILICONE/EQ	-	-	1/1/2024	No Separate Payment	\$0.00
L8603	COLLAGEN IMP URINARY 2.5 ML	-	-	1/1/2024	No Separate Payment	\$0.00
L8604	DEXTRANOMER/HYALURONIC ACID	-	-	7/1/2018	No Separate Payment	\$0.00
L8605	INJ BULKING AGENT ANAL CANAL	-	-	7/1/2018	No Separate Payment	\$0.00
L8606	SYNTHETIC IMPLNT URINARY 1ML	-	-	7/1/2018	Not Allowed	\$0.00
L8607	INJ VOCAL CORD BULKING AGENT	-	-	7/1/2018	No Separate Payment	\$0.00
L8608	ARG II EXT COM/SUP/ACC MISC	-	-	1/1/2024	Not Allowed	\$0.00
L8609	ARTIFICIAL CORNEA	-	-	7/1/2018	No Separate Payment	\$0.00
L8610	OCULAR IMPLANT	-	-	7/1/2018	No Separate Payment	\$0.00
L8612	AQUEOUS SHUNT PROSTHESIS	-	-	1/1/2024	No Separate Payment	\$0.00
L8613	OSSICULAR IMPLANT	-	-	1/1/2024	No Separate Payment	\$0.00
L8614	COCHLEAR DEVICE	-	-	1/1/2024	No Separate Payment	\$0.00
L8630	METACARPOPHALANGEAL IMPLANT	-	-	1/1/2024	No Separate Payment	\$0.00
L8631	MCP JOINT REPL 2 PC OR MORE	-	-	7/1/2018	No Separate Payment	\$0.00
L8641	METATARSAL JOINT IMPLANT	-	-	7/1/2018	No Separate Payment	\$0.00
L8642	HALLUX IMPLANT	-	-	7/1/2018	No Separate Payment	\$0.00
L8658	INTERPHALANGEAL JOINT SPACER	-	-	7/1/2018	No Separate Payment	\$0.00
L8659	INTERPHALANGEAL JOINT REPL	-	-	7/1/2018	No Separate Payment	\$0.00
L8670	VASCULAR GRAFT, SYNTHETIC	-	-	7/1/2018	No Separate Payment	\$0.00
L8678	EXT SPLY IMPLT NEUROSTIM	-	-	4/1/2023	No Separate Payment	\$0.00
L8679	IMP NEUROSTI PLS GN ANY TYPE	-	-	7/1/2018	No Separate Payment	\$0.00
L8682	IMPLT NEUROSTIM RADIOFQ REC	-	-	7/1/2018	No Separate Payment	\$0.00
L8690	AUD OSSEO DEV, INT/EXT COMP	-	-	7/1/2018	No Separate Payment	\$0.00
L8699	PROSTHETIC IMPLANT NOS	-	-	7/1/2018	No Separate Payment	\$0.00
L9900	O&P SUPPLY/ACCESSORY/SERVICE	-	-	7/1/2018	No Separate Payment	\$0.00
M1426	TELEHEALTH ENC	-	-	1/1/2026	Not Allowed	\$0.00
M1427	DOC MED RSN BONE SCN	-	-	1/1/2026	Not Allowed	\$0.00
M1428	BILATERAL ABSENCE OF EYES	-	-	1/1/2026	Not Allowed	\$0.00
M1429	RETINOPATHY IN OD, OS, OU	-	-	1/1/2026	Not Allowed	\$0.00
M1430	RET EXM OU NO RETINOPHTY DOC	-	-	1/1/2026	Not Allowed	\$0.00
M1431	TELEHEALTH ENC	-	-	1/1/2026	Not Allowed	\$0.00
M1432	TELEHEALTH ENC	-	-	1/1/2026	Not Allowed	\$0.00
M1433	ORAL CHEMO WTHN 30 DAYS ENC	-	-	1/1/2026	Not Allowed	\$0.00
M1434	ORL CHEMO WTHN 30 D POST ENC	-	-	1/1/2026	Not Allowed	\$0.00
M1435	ORAL CHEMO IN PERF PD	-	-	1/1/2026	Not Allowed	\$0.00
M1436	TELEHEALTH ENC	-	-	1/1/2026	Not Allowed	\$0.00
M1437	TELEHEALTH ENC	-	-	1/1/2026	Not Allowed	\$0.00
M1438	LST KNWN WELL <=210 MIN	-	-	1/1/2026	Not Allowed	\$0.00
M1439	SIG OCU COND IMP SURG OUT	-	-	1/1/2026	Not Allowed	\$0.00

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M1440	TELEHEALTH ENC	-	-	1/1/2026	Not Allowed	\$0.00
M1441	INIT DX SLP APN = 1ST ENC	-	-	1/1/2026	Not Allowed	\$0.00
M1442	TELEHEALTH ENC	-	-	1/1/2026	Not Allowed	\$0.00
M1443	TELEHEALTH ENC	-	-	1/1/2026	Not Allowed	\$0.00
M1444	DEL < 39 WEEKS GEST	-	-	1/1/2026	Not Allowed	\$0.00
M1445	PP CARE VISIT BY 12 WEEKS	-	-	1/1/2026	Not Allowed	\$0.00
M1446	PT DIED BEF END MEAS PD	-	-	1/1/2026	Not Allowed	\$0.00
M1447	PT DX BD BEF END MEAS PD	-	-	1/1/2026	Not Allowed	\$0.00
M1448	PT DX PD BEF END MEAS PD	-	-	1/1/2026	Not Allowed	\$0.00
M1449	PT DX SCZ/PYS BEF END MSR PD	-	-	1/1/2026	Not Allowed	\$0.00
M1450	PT HOS/PAL CARE DUR ID/PF PD	-	-	1/1/2026	Not Allowed	\$0.00
M1451	PT DX PPD DUR ID/PF PD	-	-	1/1/2026	Not Allowed	\$0.00
M1452	PT DX DEMENTIA EVER	-	-	1/1/2026	Not Allowed	\$0.00
M1453	PREOP VIS ACU > 20/40	-	-	1/1/2026	Not Allowed	\$0.00
M1454	NEW CIED	-	-	1/1/2026	Not Allowed	\$0.00
M1455	REP/REV CIED	-	-	1/1/2026	Not Allowed	\$0.00
M1456	PT HAD HTX	-	-	1/1/2026	Not Allowed	\$0.00
M1457	DX ASTH DUR CRNT/PRV PERF PD	-	-	1/1/2026	Not Allowed	\$0.00
M1458	PT DIED BEF END MEAS PD	-	-	1/1/2026	Not Allowed	\$0.00
M1459	PT HOSP/PAL CARE DUR PERF PD	-	-	1/1/2026	Not Allowed	\$0.00
M1460	DX COPD, CF, OR ARF	-	-	1/1/2026	Not Allowed	\$0.00
M1461	PT DX CHRON HEP C	-	-	1/1/2026	Not Allowed	\$0.00
M1462	PT CLIN IND HD IMAGE	-	-	1/1/2026	Not Allowed	\$0.00
M1463	2 F/U WTHN 180 DAY RX ATMP	-	-	1/1/2026	Not Allowed	\$0.00
M1464	NO RECORD OF F/U BY 180 DAYS	-	-	1/1/2026	Not Allowed	\$0.00
M1465	F/U > 180 DAYS AFTER RX	-	-	1/1/2026	Not Allowed	\$0.00
M1466	PT DISC/LAM PROC SAME DAY	-	-	1/1/2026	Not Allowed	\$0.00
M1467	PT DX LYNCH SYN	-	-	1/1/2026	Not Allowed	\$0.00
M1468	HEP B VACCINE RECEIVED	-	-	1/1/2026	Not Allowed	\$0.00
M1469	HX OF HEP B, OR POS BLD TEST	-	-	1/1/2026	Not Allowed	\$0.00
M1470	HEP B VAC NOT REC'D MED RSN	-	-	1/1/2026	Not Allowed	\$0.00
M1471	FFS HEP B NOT COVERED	-	-	1/1/2026	Not Allowed	\$0.00
M1472	HEP B VACCINE NOT RECEIVED	-	-	1/1/2026	Not Allowed	\$0.00
M1473	PT FUNC CAP NOT ALLOW IMPR	-	-	1/1/2026	Not Allowed	\$0.00
M1474	PT DX DEMENTIA	-	-	1/1/2026	Not Allowed	\$0.00
M1475	PT DX HUNTINGTON	-	-	1/1/2026	Not Allowed	\$0.00
M1476	PT DX COG IMP OR AD	-	-	1/1/2026	Not Allowed	\$0.00
M1477	DX DELIRIUM	-	-	1/1/2026	Not Allowed	\$0.00
M1478	PSYCHOACTIVE SUB ABUSE	-	-	1/1/2026	Not Allowed	\$0.00
M1479	PT FUNC CAP NOT ALLOW IMPR	-	-	1/1/2026	Not Allowed	\$0.00
M1480	PT FUNC CAP NOT ALLOW IMPR	-	-	1/1/2026	Not Allowed	\$0.00
M1481	PT IN HOSP/PAL CARE WHO DIED	-	-	1/1/2026	Not Allowed	\$0.00
M1482	POS QUAN HEP C OR QUAL RNA	-	-	1/1/2026	Not Allowed	\$0.00
M1483	NEG QUAN HEP C OR QUAL RNA	-	-	1/1/2026	Not Allowed	\$0.00
M1484	NO RPT HCV RNA PERF MED RSN	-	-	1/1/2026	Not Allowed	\$0.00
M1485	NEG VIRO RESP HEP C/QUAL RNA	-	-	1/1/2026	Not Allowed	\$0.00
M1486	PT ADMITTED TO SNF DUR EVAL	-	-	1/1/2026	Not Allowed	\$0.00
M1487	PT ADM TO HOSPICE DUR EVAL	-	-	1/1/2026	Not Allowed	\$0.00
M1488	DX DEMENTIA IN MSR TIMEFRAME	-	-	1/1/2026	Not Allowed	\$0.00
M1489	PT STATUS DOC	-	-	1/1/2026	Not Allowed	\$0.00
M1490	PT STATUS NOT DOC	-	-	1/1/2026	Not Allowed	\$0.00

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
M1491	REC'D ESRD MCP DUR PERF PD	-	-	1/1/2026	Not Allowed	\$0.00
M1492	NO REPORTED FALL	-	-	1/1/2026	Not Allowed	\$0.00
M1493	NO FALL DOC MED RSN	-	-	1/1/2026	Not Allowed	\$0.00
M1494	FALL REP SINCE LAST VISIT	-	-	1/1/2026	Not Allowed	\$0.00
M1495	FALL W/ POC, NO FALL	-	-	1/1/2026	Not Allowed	\$0.00
M1496	NO DOC OF FALL OR POC	-	-	1/1/2026	Not Allowed	\$0.00
M1497	NO DOC FALL MED RSN	-	-	1/1/2026	Not Allowed	\$0.00
M1498	DIAGNOSTIC RADIOLOGY MVP	-	-	1/1/2026	Not Allowed	\$0.00
M1499	INTERVENTIONAL RADIOLOGY MVP	-	-	1/1/2026	Not Allowed	\$0.00
M1500	NEUROPSYCHOLOGY MVP	-	-	1/1/2026	Not Allowed	\$0.00
M1501	PATHOLOGY MVP	-	-	1/1/2026	Not Allowed	\$0.00
M1502	PODIATRY MVP	-	-	1/1/2026	Not Allowed	\$0.00
M1503	VASCULAR SURGERY MVP	-	-	1/1/2026	Not Allowed	\$0.00
P9041	ALBUMIN (HUMAN),5%, 50ML	-	-	1/1/2026	Fee Schedule	\$10.62
P9045	ALBUMIN (HUMAN), 5%, 250 ML	-	-	7/1/2025	Fee Schedule	\$53.08
P9046	ALBUMIN (HUMAN), 25%, 20 ML	-	-	7/1/2025	Fee Schedule	\$21.23
P9047	ALBUMIN (HUMAN), 25%, 50ML	-	-	1/1/2026	Fee Schedule	\$53.08
P9050	GRANULOCYTES, PHERESIS UNIT	-	-	1/1/2023	Not Allowed	\$0.00
Q0035	CARDIOKYMOGRAPHY	-	-	1/1/2024	No Separate Payment	\$0.00
Q0092	SET UP PORT XRAY EQUIPMENT	-	-	1/1/2024	No Separate Payment	\$0.00
Q0138	FERUMOXYTOL, NON-ESRD	-	-	10/1/2025	Fee Schedule	\$0.32
Q0139	FERUMOXYTOL, ESRD USE	-	-	10/1/2025	Fee Schedule	\$0.32
Q0155	DRONABINOL (SYNDROS) 0.1 MG	-	-	1/1/2025	No Separate Payment	\$0.00
Q0161	CHLORPROMAZINE HCL 5MG ORAL	-	-	7/1/2018	No Separate Payment	\$0.00
Q0162	ONDANSETRON ORAL	-	-	7/1/2018	No Separate Payment	\$0.00
Q0163	DIPHENHYDRAMINE HCL 50MG	-	-	7/1/2018	No Separate Payment	\$0.00
Q0164	PROCHLORPERAZINE MALEATE 5MG	-	-	7/1/2018	No Separate Payment	\$0.00
Q0166	GRANISETRON HCL 1 MG ORAL	-	-	7/1/2018	No Separate Payment	\$0.00
Q0167	DRONABINOL 2.5MG ORAL	-	-	7/1/2018	No Separate Payment	\$0.00
Q0169	PROMETHAZINE HCL 12.5MG ORAL	-	-	7/1/2018	No Separate Payment	\$0.00
Q0173	TRIMETHOBENZAMIDE HCL 250MG	-	-	10/1/2025	No Separate Payment	\$0.00
Q0175	PERPHENAZINE 4MG ORAL	-	-	7/1/2018	No Separate Payment	\$0.00
Q0177	HYDROXYZINE PAMOATE 25MG	-	-	7/1/2018	No Separate Payment	\$0.00
Q0180	DOLASETRON MESYLATE ORAL	-	-	1/1/2026	No Separate Payment	\$0.00
Q0181	UNSPECIFIED ORAL ANTI-EMETIC	-	-	7/1/2018	No Separate Payment	\$0.00
Q0224	INJ, PEMIVIBART, 4500 MG	-	-	7/1/2024	No Separate Payment	\$0.00
Q0235	INJ, MONOCLON ANTIBODY, 1 MG	-	-	10/1/2025	No Separate Payment	\$0.00
Q0237	INJ, TOCILIZUMAB-ANOH, HOSPI	-	-	10/1/2025	No Separate Payment	\$0.00
Q0249	TOCILIZUMAB FOR COVID-19	-	-	10/1/2021	No Separate Payment	\$0.00
Q0507	MISC SUP/ACC EXT VAD	-	-	7/1/2018	No Separate Payment	\$0.00
Q0508	MIS SUP/ACC IMP VAD	-	-	7/1/2018	No Separate Payment	\$0.00
Q0509	MIS SUP/AC IMP VAD NOPAY MED	-	-	7/1/2018	No Separate Payment	\$0.00
Q0515	SERMORELIN ACETATE INJECTION	-	-	1/1/2023	Not Allowed	\$0.00
Q2004	BLADDER CALCULI IRRIG SOL	-	-	1/1/2025	No Separate Payment	\$0.00
Q2009	FOSPHENYTOIN INJ PE	-	-	1/1/2026	Fee Schedule	\$1.47
Q2026	RADIESSE INJECTION	-	-	1/1/2026	Fee Schedule	\$349.19
Q2028	INJ, SCULPTRA, 0.5MG	-	-	1/1/2026	Fee Schedule	\$2.16
Q2034	AGRIFLU VACCINE	-	-	7/1/2018	No Separate Payment	\$0.00
Q2035	AFLURIA VACC, 3 YRS & >, IM	-	-	7/1/2018	No Separate Payment	\$0.00
Q2036	FLULAVAL VACC, 3 YRS & >, IM	-	-	7/1/2018	No Separate Payment	\$0.00
Q2037	FLUVIRIN VACC, 3 YRS & >, IM	-	-	7/1/2018	No Separate Payment	\$0.00

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
Q2038	FLUZONE VACC, 3 YRS & >, IM	-	-	7/1/2018	No Separate Payment	\$0.00
Q2039	INFLUENZA VIRUS VACCINE, NOS	-	-	7/1/2018	No Separate Payment	\$0.00
Q2043	SIPULEUCEL-T AUTO CD54+	-	-	10/1/2025	Fee Schedule	\$55,272.32
Q2049	IMPORTED LIPODOX INJ	-	-	1/1/2026	Fee Schedule	\$298.74
Q2050	DOXORUBICIN INJ 10MG	-	-	10/1/2025	Fee Schedule	\$108.47
Q3027	INJ BETA INTERFERON IM 1 MCG	-	-	10/1/2025	Fee Schedule	\$58.90
Q3031	COLLAGEN SKIN TEST	-	-	7/1/2018	No Separate Payment	\$0.00
Q4101	APLIGRAF	-	-	1/1/2026	Fee Schedule	\$127.14
Q4102	OASIS WOUND MATRIX	-	-	1/1/2026	Fee Schedule	\$127.14
Q4103	OASIS BURN MATRIX	-	-	1/1/2026	Fee Schedule	\$127.14
Q4104	INTEGRA BMWWD	-	-	1/1/2026	Fee Schedule	\$127.14
Q4105	INTEGRA DRT OR OMNIGRAFT	-	-	1/1/2026	Fee Schedule	\$127.14
Q4107	GRAFTJACKET	-	-	1/1/2026	Fee Schedule	\$127.14
Q4108	INTEGRA MATRIX	-	-	1/1/2026	Fee Schedule	\$127.14
Q4110	PRIMATRIX	-	-	1/1/2026	Fee Schedule	\$127.14
Q4111	GAMMAGRAFT	-	-	1/1/2026	Fee Schedule	\$127.14
Q4112	CYMETRA INJECTABLE	-	-	7/1/2018	No Separate Payment	\$0.00
Q4113	GRAFTJACKET XPRESS	-	-	7/1/2018	No Separate Payment	\$0.00
Q4114	INTEGRA FLOWABLE WOUND MATRI	-	-	7/1/2018	No Separate Payment	\$0.00
Q4115	ALLOSKIN	-	-	1/1/2026	Fee Schedule	\$127.14
Q4116	ALLODERM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4117	HYALOMATRIX	-	-	1/1/2026	Fee Schedule	\$127.14
Q4118	MATRISTEM MICROMATRIX	-	-	7/1/2018	No Separate Payment	\$0.00
Q4121	THERASKIN	-	-	1/1/2026	Fee Schedule	\$127.14
Q4122	DERMACELL, AWM, POROUS SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4123	ALLOSKIN	-	-	1/1/2026	Fee Schedule	\$127.14
Q4124	OASIS TRI-LAYER WOUND MATRIX	-	-	1/1/2026	Fee Schedule	\$127.14
Q4125	ARTHROFLEX	-	-	1/1/2026	Fee Schedule	\$127.14
Q4126	MEMODERM/DERMA/TRANZ/INTEGUP	-	-	1/1/2026	Fee Schedule	\$127.14
Q4127	TALYMED	-	-	1/1/2026	Fee Schedule	\$127.14
Q4128	FLEXHD/ALLOPATCHHD/SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4130	STRATTICE TM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4132	GRAFIX CORE, GRAFIXPL CORE	-	-	1/1/2026	Fee Schedule	\$127.14
Q4133	GRAFIX STRAVIX PRIME PL SQCM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4134	HMATRIX	-	-	1/1/2026	Fee Schedule	\$127.14
Q4135	MEDISKIN	-	-	1/1/2026	Fee Schedule	\$127.14
Q4136	EZDERM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4137	AMNIOEXCEL BIODExcel 1SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4138	BIODFENCE DRYFLEX, 1CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4139	AMNIO OR BIODMATRIX, INJ 1CC	-	-	7/1/2018	No Separate Payment	\$0.00
Q4140	BIODFENCE 1CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4141	ALLOSKIN AC, 1 CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4142	XCM BIOLOGIC TISS MATRIX 1CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4143	REPRIZA, 1CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4145	EPIFIX, INJ, 1MG	-	-	7/1/2018	No Separate Payment	\$0.00
Q4146	TENSIX, 1CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4147	ARCHITECT ECM PX FX 1 SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4148	NEOX NEOX RT OR CLARIX CORD	-	-	1/1/2026	Fee Schedule	\$127.14
Q4149	EXCELLAGEN, 0.1 CC	-	-	7/1/2018	No Separate Payment	\$0.00
Q4150	ALLOWRAP DS OR DRY 1 SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4151	AMNIOBAND, GUARDIAN 1 SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14

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

Montana Healthcare Programs Fee Schedule

ASC Covered Surgical and Ancillary Services

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
Q4152	DERMAPURE 1 SQUARE CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4153	DERMAVEST, PLURIVEST SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4154	BIOVANCE 1 SQUARE CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4155	NEOXFLO OR CLARIXFLO 1 MG	-	-	7/1/2018	No Separate Payment	\$0.00
Q4156	NEOX 100 OR CLARIX 100	-	-	1/1/2026	Fee Schedule	\$127.14
Q4157	REVITALON 1 SQUARE CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4158	KERECIS OMEGA3, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4159	AFFINITY1 SQUARE CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4160	NUSHIELD 1 SQUARE CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4161	BIO-CONNEKT PER SQUARE CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4162	WNDEX FLW, BIOSKN FLW, 0.5CC	-	-	7/1/2018	No Separate Payment	\$0.00
Q4163	WOUNDEX, BIOSKIN, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4164	HELICOLL, PER SQUARE CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4165	KERAMATRIX, KERASORB SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4166	CYTAL, PER SQUARE CENTIMETER	-	-	1/1/2026	Fee Schedule	\$127.14
Q4167	TRUSKIN, PER SQ CENTIMETER	-	-	1/1/2026	Fee Schedule	\$127.14
Q4168	AMNIOBAND, 1 MG	-	-	7/1/2018	No Separate Payment	\$0.00
Q4169	ARTACENT WOUND, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4170	CYGNUS, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4171	INTERFYL, 1 MG	-	-	7/1/2018	No Separate Payment	\$0.00
Q4173	PALINGEN OR PALINGEN XPLUS	-	-	1/1/2026	Fee Schedule	\$127.14
Q4174	PALINGEN OR PROMATRX	-	-	7/1/2018	No Separate Payment	\$0.00
Q4175	MIRODERM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4176	NEOPATCH OR THERION, 1 SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4177	FLOWERAMNIOFLO, 0.1 CC	-	-	7/1/2018	No Separate Payment	\$0.00
Q4178	FLOWERAMNIOPATCH, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4179	FLOWERDERM, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4180	REVITA, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4181	AMNIO WOUND, PER SQUARE CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4182	TRANSCYTE, PER SQ CENTIMETER	-	-	1/1/2026	Fee Schedule	\$127.14
Q4183	SURGIGRAFT, 1 SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4184	CELLESTA OR DUO PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4185	CELLESTA FLOWAB AMNION 0.5CC	-	-	1/1/2019	No Separate Payment	\$0.00
Q4186	EPIFIX 1 SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4187	EPICORD 1 SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4188	AMNIOARMOR 1 SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4189	ARTACENT AC, 1 MG	-	-	1/1/2019	No Separate Payment	\$0.00
Q4190	ARTACENT AC 1 SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4191	RESTORIGIN 1 SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4192	RESTORIGIN, 1 CC	-	-	1/1/2019	No Separate Payment	\$0.00
Q4193	COLL-E-DERM 1 SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4194	NOVACHOR 1 SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4195	PURAPLY 1 SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4196	PURAPLY AM 1 SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4197	PURAPLY XT 1 SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4198	GENESIS AMNIO MEMBRANE 1SQCM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4199	CYGNUS MATRIX, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4200	SKIN TE 1 SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4201	MATRION 1 SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4202	KEROXX (2.5G/CC), 1CC	-	-	1/1/2019	No Separate Payment	\$0.00
Q4203	DERMA-GIDE, 1 SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
Q4204	XWRAP 1 SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4205	MEMBRANE GRAFT OR WRAP SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4206	FLUID FLOW OR FLUID GF 1 CC	-	-	7/1/2020	No Separate Payment	\$0.00
Q4208	NOVAFIX PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4209	SURGRAFT PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4211	AMNION BIO OR AXOBIO SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4212	ALLOGEN, PER CC	-	-	1/1/2024	No Separate Payment	\$0.00
Q4213	ASCENT, 0.5 MG	-	-	1/1/2024	No Separate Payment	\$0.00
Q4214	CELLESTA CORD PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4215	AXOLOTL AMBIENT, CRYO 0.1 MG	-	-	1/1/2024	No Separate Payment	\$0.00
Q4216	ARTACENT CORD PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4217	WOUNDFIX BIOWOUND PLUS XPLUS	-	-	1/1/2026	Fee Schedule	\$127.14
Q4218	SURGICORD PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4219	SURGIGRAFT DUAL PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4220	BELLACELL HD, SUREDERM SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4221	AMNIOWRAP2 PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4222	PROGENAMATRIX, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4224	HHF10-P PER SQ CM	-	-	1/1/2024	No Separate Payment	\$0.00
Q4225	AMNIO OR DERMA TL, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4226	MYOWN HARV PREP PROC SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4227	AMNIOCORE PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4229	COGENEX AMNIO MEMB PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4230	COGENEX FLOW AMNION 0.5 CC	-	-	1/1/2024	No Separate Payment	\$0.00
Q4232	CORPLEX, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4233	SURFACTOR /NUDYN PER 0.5 CC	-	-	1/1/2024	No Separate Payment	\$0.00
Q4234	XCELLERATE, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4235	AMNIOREPAIR OR ALTIPLY SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4236	CAREPATCH PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4237	CRYO-CORD, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4238	DERM-MAXX, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4239	AMNIO-MAXX OR LITE PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4240	CORECYTE TOPICAL ONLY 0.5 CC	-	-	1/1/2024	No Separate Payment	\$0.00
Q4241	POLYCYTE, TOPICAL ONLY 0.5CC	-	-	1/1/2024	No Separate Payment	\$0.00
Q4242	AMNIOCYTE PLUS, PER 0.5 CC	-	-	1/1/2024	No Separate Payment	\$0.00
Q4245	AMNIOTEXT, PER CC	-	-	1/1/2024	No Separate Payment	\$0.00
Q4246	CORETEXT OR PROTEXT, PER CC	-	-	1/1/2024	No Separate Payment	\$0.00
Q4247	AMNIOTEXT PATCH, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4248	DERMACYTE AMN MEM ALLO SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4249	AMNIPLY, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4250	AMNIOAMP-MP PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4251	VIM, PER SQUARE CENTIMETER	-	-	1/1/2026	Fee Schedule	\$127.14
Q4252	VENDAJE, PER SQUARE CENTIMET	-	-	1/1/2026	Fee Schedule	\$127.14
Q4253	ZENITH AMNIOTIC MEMBRANE PSC	-	-	1/1/2026	Fee Schedule	\$127.14
Q4254	NOVAFIX DL PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4255	REGUARD, TOPICAL USE PER SQ	-	-	1/1/2026	Fee Schedule	\$127.14
Q4256	MLG COMPLET, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4257	RELESE, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4258	ENVERSE, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4259	CELERA PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4260	SIGNATURE APATCH, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4261	TAG, PER SQUARE CENTIMETER	-	-	1/1/2026	Fee Schedule	\$127.14

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
Q4262	DUAL LAYER IMPAX, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4263	SURGRAFT TL, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4264	COCOON MEMBRANE, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4265	NEOSTIM TL PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4266	NEOSTIM PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4267	NEOSTIM DL PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4268	SURGRAFT FT PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4269	SURGRAFT XT PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4270	COMPLETE SL PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4271	COMPLETE FT PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4272	ESANO A, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4273	ESANO AAA, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4274	ESANO AC, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4275	ESANO ACA, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4276	ORION, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4278	EPIEFFECT, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4279	VENDAJE AC, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4280	XCELL AMNIO MATRIX PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4281	BARRERA SLOR DL PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4282	CYGNUS DUAL PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4283	BIOVANCE TRI OR 3L, SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4284	DERMABIND SL, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4285	NUDYN DL OR DL MESH PR SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4286	NUDYN SL OR SLW, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4287	DERMABIND DL, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4288	DERMABIND CH, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4289	REVOSHIELD+ AMNIO, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4290	MEMBRANE WRAP HYDR PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4291	LAMELLAS XT, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4292	LAMELLAS, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4293	ACESSO DL, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4294	AMNIO QUAD-CORE, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4295	AMNIO TRI-CORE, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4296	REBOUND MATRIX, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4297	EMERGE MATRIX, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4298	AMNICORE PRO, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4299	AMNICORE PRO+, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4300	ACESSO TL, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4301	ACTIVATE MATRIX, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4302	COMPLETE ACA, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4303	COMPLETE AA, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4304	GRAFIX PLUS, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4305	AMER AM AC TRI-LAY PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4306	AMERIC AMNION AC PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4307	AMERICAN AMNION, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4308	SANOPELLIS, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4309	VIA MATRIX, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4310	PROCENTA, PER 100 MG	-	-	4/1/2024	No Separate Payment	\$0.00
Q4311	ACESSO, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4312	ACESSO AC, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4313	DERMABIND FM, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
Q4314	REEVA, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4315	REGENELINK AMNIOTIC MEM ALLO	-	-	1/1/2026	Fee Schedule	\$127.14
Q4316	AMCHOPLAST, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4317	VITOGRAFT, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4318	E-GRAFT, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4319	SANOGRAFT, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4320	PELLOGRAFT, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4321	RENOGRAFT, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4322	CAREGRAFT, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4323	ALLOPLY, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4324	AMNIOTX, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4325	ACAPATCH, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4326	WOUNDPLUS, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4327	DUOAMNION, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4328	MOST, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4329	SINGLAY, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4330	TOTAL, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4331	AXOLOTL GRAFT, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4332	AXOLOTL DUALGRAFT, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4333	ARDEOGRAFT, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4334	AMNIOPLAST 1, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4335	AMNIOPLAST 2, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4336	ARTECENT C, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4337	ARTECENT TRIDENT, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4338	ARTACENT VELOS, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4339	ARTACENT VERICLEN, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4340	SIMPLIGRAFT, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4341	SIMPLIMAX, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4342	THERAMEND, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4343	DERMACYTE AC MATRX PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4344	TRI MEMBRANE WRAP, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4345	MATRIX HD ALLOGRFT PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4346	SHELTER DM MATRIX PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4347	RAMPART DL MATRIX PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4348	SENTRY SL MATRIX PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4349	MANTLE DL MATRIX PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4350	PALISADE DM MATRIX PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4351	ENCLOSE TL MATRIX, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4352	OVERLAY SL MATRIX, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4353	XCEED TL MATRIX PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4354	PALINGEN DUAL-LAYER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4355	ABIO XPL ABIO XPL HY P SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4356	ABIO MEM ABIO HYD PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4357	XWRAP PLUS, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4358	XWRAP DUAL, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4359	CHORIPLY, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4360	AMCHOPLAST FD PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4361	EPIXPRESS, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4362	CYGNUS DISK, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4363	AM BUR MEM HYDRO PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4364	AM BUR XP MEM XPL HY P SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
Q4365	AMNIO BUR DL MEM PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4366	DL AMNIO BUR X-MEM PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4367	AMNIOCORE SL, PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4368	AMCHOTHICK PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4369	AMNIOPLAST 3 PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4370	AEROGUARD PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4371	NEOGUARD PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4372	AMCHOPLAST EXCL PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4373	MEMBRANE WRP LT PER SQ CM	-	-	1/1/2026	Not Allowed	\$0.00
Q4375	DUOGRAFT AC PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4376	DUOGRAFT AA PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4377	TRIGRAFT FT PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4378	RENEW FT MATRIX PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4379	AMNIODEFEND FT PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4380	ADVOGRAFT ONE PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4382	ADVOGRAFT DUAL PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4383	AXOLOTL GRAFT ULT PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4384	AXOLOTL DUAL ULT PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4385	APOLLO FT PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4386	ACESSO TRIFACA PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4387	NEOTHELIUM FT PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4388	NEOTHELIUM 4L PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4389	NEOTHELIUM 4L+ PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4390	ASCENDION PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4391	AMNIOPLAST DOUBLE PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4392	GRAFIX DUO PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4393	SURGRAFT AC PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4394	SURGRAFT ACA PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4395	ACELAGRAFT PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4396	NATALIN PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4397	SUMMIT AAA PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4398	SUMMIT AC PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4399	SUMMIT FX PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4400	POLYGON3 PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4401	ABSOLV3 PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4402	XWRAP 2.0 PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4403	XWRAP DUAL PLUS PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4404	XWRAP HYDRO PLUS PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4405	XWRAP FENESTRA PLUS SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4406	XWRAP FENESTRA PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4407	XWRAP TRIBUS PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4408	XWRAP HYDRO PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4409	AMNIOMATRIXF3X PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4410	AMCHOMATRIXDL PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4411	AMNIOMATRIXF4X PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4412	CHORIOFIX PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4413	CYGNUS SOLO PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4414	SIMPLICHOR PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4415	ALEXIGUARD ST-L PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4416	ALEXIGUARD TL-T PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4417	ALEXIGUARD DL-T PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14

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

Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
Q4420	NUFORM PER SQ CM	-	-	1/1/2026	Fee Schedule	\$127.14
Q4431	PMA SKIN SUBSTITUTE, NOS	-	-	1/1/2026	Fee Schedule	\$127.14
Q4432	510(K) SKIN SUBS, NOS	-	-	1/1/2026	Fee Schedule	\$127.14
Q4433	361 HCT/P SKIN SUBS, NOS	-	-	1/1/2026	Fee Schedule	\$127.14
Q5098	INJ USTEKINUMAB-SRLF, 1 MG	-	-	10/1/2025	Not Allowed	\$0.00
Q5099	INJ USTEKINUMAB-STBA, 1 MG	-	-	10/1/2025	Fee Schedule	\$12.64
Q5100	INJ USTEKINUMAB-KFCE, 1 MG	-	-	10/1/2025	Fee Schedule	\$24.98
Q5101	INJECTION, ZARXIO	-	-	10/1/2025	Fee Schedule	\$0.46
Q5103	INJECTION, INFLECTRA	-	-	10/1/2025	Fee Schedule	\$19.99
Q5104	INJECTION, RENFLEXIS	-	-	10/1/2025	Fee Schedule	\$27.00
Q5105	INJ RETACRIT ESRD ON DIALYSI	-	-	1/1/2026	No Separate Payment	\$0.00
Q5106	INJ RETACRIT NON-ESRD USE	-	-	10/1/2025	Fee Schedule	\$7.85
Q5107	INJ MVASI 10 MG	-	-	10/1/2025	Fee Schedule	\$27.86
Q5108	INJECTION, FULPHILA	-	-	10/1/2025	Fee Schedule	\$99.13
Q5110	NIVESTYM	-	-	10/1/2025	Fee Schedule	\$0.30
Q5111	INJECTION, UDENYCA 0.5 MG	-	-	10/1/2025	Fee Schedule	\$106.33
Q5112	INJ ONTRUZANT 10 MG	-	-	10/1/2025	Fee Schedule	\$19.00
Q5113	INJ HERZUMA 10 MG	-	-	10/1/2025	Fee Schedule	\$69.37
Q5114	INJ OGIVRI 10 MG	-	-	10/1/2025	Fee Schedule	\$40.29
Q5115	INJ TRUXIMA 10 MG	-	-	10/1/2025	Fee Schedule	\$29.38
Q5116	INJ., TRAZIMERA, 10 MG	-	-	10/1/2025	Fee Schedule	\$27.99
Q5117	INJ., KANJINTI, 10 MG	-	-	10/1/2025	Fee Schedule	\$47.55
Q5118	INJ., ZIRABEV, 10 MG	-	-	10/1/2025	Fee Schedule	\$25.77
Q5119	INJ RUXIENCE, 10 MG	-	-	10/1/2025	Fee Schedule	\$27.85
Q5120	INJ PEGFILGRASTIM-BMEZ 0.5MG	-	-	10/1/2025	Fee Schedule	\$30.32
Q5121	INJ. AVSOLA, 10 MG	-	-	10/1/2025	Fee Schedule	\$20.41
Q5122	INJ, NYVEPRIA	-	-	10/1/2025	Fee Schedule	\$131.16
Q5123	INJ. RIABNI, 10 MG	-	-	10/1/2025	Fee Schedule	\$26.51
Q5124	INJ. BYOOVIZ, 0.1 MG	-	-	10/1/2025	Fee Schedule	\$61.80
Q5125	INJ, RELEUKO 1 MCG	-	-	10/1/2025	Fee Schedule	\$0.38
Q5126	INJ ALYMSYS 10 MG	-	-	10/1/2025	Fee Schedule	\$37.82
Q5127	INJ, STIMUFEND, 0.5 MG	-	-	10/1/2025	Fee Schedule	\$184.91
Q5128	INJ, CIMERLI, 0.1 MG	-	-	10/1/2025	Fee Schedule	\$86.16
Q5129	INJ, VEGZELMA, 10 MG	-	-	10/1/2025	Fee Schedule	\$39.96
Q5130	INJ, FYLNETRA, 0.5 MG	-	-	10/1/2025	Fee Schedule	\$137.97
Q5133	INJ, TOFIDENCE, 1 MG	-	-	10/1/2025	Fee Schedule	\$5.54
Q5134	INJ, TYRUKO, 1 MG	-	-	1/1/2026	Fee Schedule	\$24.39
Q5135	INJ, TYENNE, 1 MG	-	-	10/1/2025	Fee Schedule	\$4.42
Q5136	INJ. DENOSUMAB-BBDZ, 1 MG	-	-	7/1/2025	Fee Schedule	\$27.54
Q5137	INJ, WEZLANA, SUB CU, 1 MG	-	-	1/1/2025	Not Allowed	\$0.00
Q5138	INJ, WEZLANA, IV, 1 MG	-	-	10/1/2025	Fee Schedule	\$11.65
Q5140	INJ ADALIMUMAB-FKJP, 1 MG	-	-	10/1/2025	Fee Schedule	\$13.18
Q5141	INJ ADALIMUMAB-AATY, 1 MG	-	-	10/1/2025	Fee Schedule	\$13.75
Q5142	INJ ADALIMUMAB-RYVK, 1 MG	-	-	10/1/2025	Fee Schedule	\$10.47
Q5143	INJ ADALIMUMAB-ADBIM, 1 MG	-	-	7/1/2025	Fee Schedule	\$10.43
Q5144	INJ, IDACIO, 1 MG	-	-	10/1/2025	Fee Schedule	\$7.69
Q5145	INJ, ABRILADA, 1 MG	-	-	10/1/2025	Fee Schedule	\$19.47
Q5146	INJ, HERCESSI, 10 MG	-	-	10/1/2025	Fee Schedule	\$40.03
Q5147	INJ, AFLIBERCEPT-AYYH, 1 MG	-	-	10/1/2025	Fee Schedule	\$859.36
Q5148	INJ, NYPOSI 1 MCG	-	-	10/1/2025	Fee Schedule	\$0.55
Q5149	INJ, AFLIBERCEPT-ABZV, 1 MG	-	-	10/1/2025	Not Allowed	\$0.00

Montana Healthcare Programs Fee Schedule
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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
Q5150	INJ, AFLIBERCEPT-MRBB, 1 MG	-	-	10/1/2025	Not Allowed	\$0.00
Q5151	INJ, ECULIZUMAB-AAGH, 2 MG	-	-	10/1/2025	Fee Schedule	\$31.35
Q5152	INJ, ECULIZUMAB-AEEB, 2 MG	-	-	10/1/2025	Fee Schedule	\$40.31
Q5153	INJ, AFLIBERCEPT-YSZY, 1 MG	-	-	10/1/2025	Not Allowed	\$0.00
Q5154	INJ, OMLYCLO, 5 MG	-	-	10/1/2025	Not Allowed	\$0.00
Q5155	INJ, AFLIBERCEPT-JBVF, 1 MG	-	-	10/1/2025	Not Allowed	\$0.00
Q5156	INJ, TOCILIZUMAB-ANOI, 1 MG	-	-	10/1/2025	Not Allowed	\$0.00
Q5157	INJ, DENOSUMAB-BMWO, 1 MG	-	-	10/1/2025	Fee Schedule	\$28.13
Q5158	INJ, DENOSUMAB-BNHT, 1 MG	-	-	10/1/2025	Fee Schedule	\$28.72
Q5159	INJ, DENOSUMAB-DSSB, 1 MG	-	-	10/1/2025	Not Allowed	\$0.00
Q5160	INJ, JOBEVNE, 10 MG	-	-	1/1/2026	Fee Schedule	\$84.38
Q9950	INJ SULF HEXA LIPID MICROSPH	-	-	10/1/2020	No Separate Payment	\$0.00
Q9951	LOCM >= 400 MG/ML IODINE,1ML	-	-	7/1/2018	No Separate Payment	\$0.00
Q9953	INJ FE-BASED MR CONTRAST,1ML	-	-	7/1/2018	No Separate Payment	\$0.00
Q9954	ORAL MR CONTRAST, 100 ML	-	-	7/1/2018	No Separate Payment	\$0.00
Q9955	INJ PERFLEXANE LIP MICROS,ML	-	-	7/1/2018	No Separate Payment	\$0.00
Q9956	INJ OCTAFLUOROPROPANE MIC,ML	-	-	7/1/2018	No Separate Payment	\$0.00
Q9957	INJ PERFLUTREN LIP MICROS,ML	-	-	7/1/2018	No Separate Payment	\$0.00
Q9958	HOCM <=149 MG/ML IODINE, 1ML	-	-	7/1/2018	No Separate Payment	\$0.00
Q9959	HOCM 150-199MG/ML IODINE,1ML	-	-	7/1/2018	No Separate Payment	\$0.00
Q9960	HOCM 200-249MG/ML IODINE,1ML	-	-	7/1/2018	No Separate Payment	\$0.00
Q9961	HOCM 250-299MG/ML IODINE,1ML	-	-	7/1/2018	No Separate Payment	\$0.00
Q9962	HOCM 300-349MG/ML IODINE,1ML	-	-	7/1/2018	No Separate Payment	\$0.00
Q9963	HOCM 350-399MG/ML IODINE,1ML	-	-	7/1/2018	No Separate Payment	\$0.00
Q9964	HOCM>= 400MG/ML IODINE, 1ML	-	-	7/1/2018	No Separate Payment	\$0.00
Q9965	LOCM 100-199MG/ML IODINE,1ML	-	-	7/1/2018	No Separate Payment	\$0.00
Q9966	LOCM 200-299MG/ML IODINE,1ML	-	-	7/1/2018	No Separate Payment	\$0.00
Q9967	LOCM 300-399MG/ML IODINE,1ML	-	-	7/1/2018	No Separate Payment	\$0.00
Q9968	VISUALIZATION ADJUNCT	-	-	10/1/2025	Fee Schedule	\$8.73
Q9982	FLUTEMETAMOL F18 DIAGNOSTIC	-	-	1/1/2026	Fee Schedule	\$1,944.01
Q9983	FLORBETABEN F18 DIAGNOSTIC	-	-	1/1/2026	Fee Schedule	\$1,584.67
Q9991	BUPRENORPH XR 100 MG OR LESS	-	-	4/1/2024	Not Allowed	\$0.00
Q9992	BUPRENORPHINE XR OVER 100 MG	-	-	4/1/2024	Not Allowed	\$0.00
Q9996	USTEKINUMAB- TTWE SUB CU INJ	-	-	1/1/2025	Not Allowed	\$0.00
Q9997	USTEKINUMAB-TTWE IV INJ 1 MG	-	-	10/1/2025	Fee Schedule	\$9.29
Q9998	INJ USTEKINUMAB-AEKN, 1 MG	-	-	10/1/2025	Fee Schedule	\$40.35
Q9999	INJ USTEKINUMAB-AAUZ 1 MG	-	-	10/1/2025	Fee Schedule	\$33.09
V2630	ANTER CHAMBER INTRAOCUL LENS	-	-	7/1/2018	No Separate Payment	\$0.00
V2631	IRIS SUPPORT INTRAOCLR LENS	-	-	7/1/2018	No Separate Payment	\$0.00
V2632	POST CHMBR INTRAOCULAR LENS	-	-	7/1/2018	No Separate Payment	\$0.00
V2785	CORNEAL TISSUE PROCESSING	-	-	4/1/2016	Fee Schedule	\$0.00
V2790	AMNIOTIC MEMBRANE	-	-	1/1/2025	No Separate Payment	\$0.00