Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Definitions:

Modifier – When a modifier is present, this indicates system may have different reimbursement or code edits for that procedure code/modifier combination.
For example:
26 = professional component
TC = technical component

Description – Procedure code short description. You must refer to the appropriate official CPT-4, HCPCS or CDT-5 coding manual for complete definitions in order to assure correct coding.

Effective – This is the first date of service for which the listed fee is applicable. Fees for drugs, radiopharmaceuticals, blood products, immune globins, vaccines, and toxoids are reviewed and updated quarterly -- effective dates that are greater than three months old indicate that there has been no fee change since that date.

Method – Source of fee determination
Fee Sched: Medicaid fee; not determined using RBRVS payment schedule
Medicare: Medicare-prevailing fee.
MSRP: Manufacturers Suggested Retail Price (MSRP): Equals a percentage of billed charges based on MSRP or the provider acquisition cost (when no MSRP is available)
EAC: Estimated Acquisition Cost
Anes Value: Number of anesthesia base value units. This is added to the 15 min. time increment units and multiplied by the anesthesia conversion factor of $29.23
RBRVS: Based on Medicare Relative Value Units (RVU's) x Montana Medicaid conversion factor x policy adjuster. Conversion factor for fiscal year 2015 is $36.93
***If a valid, current code is not present, that code may be a non-covered service**

Fees The facility rate is paid to physicians/practitioners providing services in the following sites: hospitals, emergency rooms, ambulatory surgery centers, IHS provider based and IHS 638 free standing facilities, skilled nursing and nursing facilities, hospice, ambulance, inpatient psychiatric and partial psychiatric hospitals, psychiatric residential treatment centers, comprehensive inpatient rehab facilities, birthing centers and military treatment facilities. All other sites of service receive the office rate.
Procedures not normally done in the office are shown with the same facility rate, while those done in both locations have different rates.
Bundled services, which are covered but paid as part of a related service, are shown with an RBRVS method and a fee of $0.00.
Policy adjustments are applied to certain codes to increase or decrease reimbursement for the service.
Vaccines covered by the Vaccines for Children (VFC) program are not reimbursable for individuals under 19. Please refer to the Medicaid Provider website for the list of VFC vaccines.

Global Days – Global surgery indicator. Global surgery periods are pre- and post-operative time frames assigned to surgical procedures.
000: Same day as procedure
010: Same day and ten days following procedure
090: One day prior to and ninety days following procedure
MMM: In maternity cases, the global period is per the CPT-4 code description
ZZZ: Add-on code, global period does not apply. An add-on code must be billed with its associated primary code
Space: Global concept does not apply to this code

PA – Prior Authorization
Y: Prior authorization is required
Space - this indicator does not apply to this code

Pass - Passport Referral
Y: Passport referral is required

Passport *Not all provider specialties require passport, please refer to your program manual for specifics.*

Indicators
Mult - Multiple surgery guidelines do apply
Bilat - Bilateral. The procedure can be done bilaterally
Assist - Assistant. An assistant is allowed for this procedure
Co-Surg - Co-Surgery. A co-surgeon is allowed for this procedure
Team - A team of surgeons is allowed for this procedure
Y - indicator is applicable to this code
Space - this indicator does not apply to this code
Policy Adjust - M = Maternity, F = Family Planning

CPT codes, descriptors, and other data only are copyright 1999 American Medical Association (or such other date of publication of CPT). All Rights Reserved. Applicable FARS/DFARS Apply.

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
A4206		1 CC STERILE SYRINGE&NEEDLE	7/1/2005	RBRVS	$0.00	$0.00									
A4207		2 CC STERILE SYRINGE&NEEDLE	7/1/2005	RBRVS	$0.00	$0.00									
A4208		3 CC STERILE SYRINGE&NEEDLE	7/1/2005	RBRVS	$0.00	$0.00									
A4209		5+ CC STERILE SYRINGE&NEEDLE	7/1/2005	RBRVS	$0.00	$0.00									
A4211		SUPP FOR SELF-ADM INJECTIONS	7/1/2003	RBRVS	$0.00	$0.00									
A4212		NON CORING NEEDLE OR STYLET	7/1/2003	RBRVS	$0.00	$0.00									
A4213		20+ CC SYRINGE ONLY	7/1/2005	RBRVS	$0.00	$0.00									
A4215		STERILE NEEDLE	7/1/2005	RBRVS	$0.00	$0.00									
A4244		ALCOHOL OR PEROXIDE PER PINT	7/1/2005	RBRVS	$0.00	$0.00									
A4245		ALCOHOL WIPES PER BOX	7/1/2005	RBRVS	$0.00	$0.00									
A4246		BETADINE/PHISOHEX SOLUTION	7/1/2005	RBRVS	$0.00	$0.00									
A4247		BETADINE/IODINE SWABS/WIPES	7/1/2005	RBRVS	$0.00	$0.00									
A4250		URINE REAGENT STRIPS/TABLETS	7/1/2003	RBRVS	$0.00	$0.00									
A4258		LANCET DEVICE EACH	7/1/2003	RBRVS	$0.00	$0.00									
A4261		CERVICAL CAP CONTRACEPTIVE	7/1/2006	MSRP	$0.00	$0.00									
A4262		TEMPORARY TEAR DUCT PLUG	7/1/2003	RBRVS	$0.00	$0.00									
A4263		PERMANENT TEAR DUCT PLUG	7/1/2003	RBRVS	$0.00	$0.00									
A4265		PARAFFIN	7/1/2003	RBRVS	$0.00	$0.00									
A4266		DIAPHRAGM	7/1/2015	FEE SCHED	$46.82	$0.00									
A4267		MALE CONDOM	7/1/2015	FEE SCHED	$3.12	$0.00									
A4268		FEMALE CONDOM	4/1/2012	FEE SCHED	$3.00	$0.00									
A4269		SPERMICIDE	12/1/2003	FEE SCHED	$45.00	$0.00									
A4270		DISPOSABLE ENDOSCOPE SHEATH	7/1/2003	RBRVS	$0.00	$0.00									
A4300		CATH IMPL VASC ACCESS PORTAL	7/1/2003	RBRVS	$0.00	$0.00									
A4305		DRUG DELIVERY SYSTEM >=50 ML	7/1/2003	RBRVS	$0.00	$0.00									
A4306		DRUG DELIVERY SYSTEM <=50 ML	7/1/2003	RBRVS	$0.00	$0.00									
A4310		INSERT TRAY W/O BAG/CATH	7/1/2003	RBRVS	$0.00	$0.00									
A4311		CATHETER W/O BAG 2-WAY LATEX	7/1/2003	RBRVS	$0.00	$0.00									
A4312		CATH W/O BAG 2-WAY SILICONE	7/1/2003	RBRVS	$0.00	$0.00									
A4313		CATHETER W/BAG 3-WAY	7/1/2003	RBRVS	$0.00	$0.00									
A4314		CATH W/DRAINAGE 2-WAY LATEX	7/1/2003	RBRVS	$0.00	$0.00									
A4315		CATH W/DRAINAGE 2-WAY SILCNE	7/1/2003	RBRVS	$0.00	$0.00									
A4316		CATH W/DRAINAGE 3-WAY	7/1/2003	RBRVS	$0.00	$0.00									
A4320		IRRIGATION TRAY	7/1/2003	RBRVS	$0.00	$0.00									
A4321		CATH THERAPEUTIC IRRIG AGENT	7/1/2003	RBRVS	$0.00	$0.00									
A4322		IRRIGATION SYRINGE	7/1/2003	RBRVS	$0.00	$0.00									
A4326		MALE EXTERNAL CATHETER	7/1/2003	RBRVS	$0.00	$0.00									
A4327		FEM URINARY COLLECT DEV CUP	7/1/2003	RBRVS	$0.00	$0.00									
A4328		FEM URINARY COLLECT POUCH	7/1/2003	RBRVS	$0.00	$0.00									
A4330		STOOL COLLECTION POUCH	7/1/2003	RBRVS	$0.00	$0.00									
A4335		INCONTINENCE SUPPLY	7/1/2003	RBRVS	$0.00	$0.00									
A4336		URETHRAL INSERT	1/1/2015	MEDICARE	$1.60	$0.00									
A4338		INDWELLING CATHETER LATEX	7/1/2003	RBRVS	$0.00	$0.00									
A4340		INDWELLING CATHETER SPECIAL	7/1/2003	RBRVS	$0.00	$0.00									
A4344		CATH INDW FOLEY 2 WAY SILICN	7/1/2003	RBRVS	$0.00	$0.00									
A4346		CATH INDW FOLEY 3 WAY	7/1/2003	RBRVS	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
A4351		STRAIGHT TIP URINE CATHETER	7/1/2003	RBRVS	$0.00	$0.00									
A4352		COUDE TIP URINARY CATHETER	7/1/2003	RBRVS	$0.00	$0.00									
A4353		INTERMITTENT URINARY CATH	7/1/2003	RBRVS	$0.00	$0.00									
A4354		CATH INSERTION TRAY W/BAG	7/1/2003	RBRVS	$0.00	$0.00									
A4355		BLADDER IRRIGATION TUBING	7/1/2003	RBRVS	$0.00	$0.00									
A4356		EXT URETH CLMP OR COMPR DVC	7/1/2003	RBRVS	$0.00	$0.00									
A4357		BEDSIDE DRAINAGE BAG	7/1/2003	RBRVS	$0.00	$0.00									
A4358		URINARY LEG OR ABDOMEN BAG	7/1/2003	RBRVS	$0.00	$0.00									
A4361		OSTOMY FACE PLATE	7/1/2003	RBRVS	$0.00	$0.00									
A4362		SOLID SKIN BARRIER	7/1/2003	RBRVS	$0.00	$0.00									
A4364		ADHESIVE, LIQUID OR EQUAL	7/1/2003	RBRVS	$0.00	$0.00									
A4367		OSTOMY BELT	7/1/2003	RBRVS	$0.00	$0.00									
A4368		OSTOMY FILTER	7/1/2003	RBRVS	$0.00	$0.00									
A4369		SKIN BARRIER LIQUID PER OZ	7/1/2003	RBRVS	$0.00	$0.00									
A4371		SKIN BARRIER POWDER PER OZ	7/1/2003	RBRVS	$0.00	$0.00									
A4372		SKIN BARRIER SOLID 4X4 EQUIV	7/1/2003	RBRVS	$0.00	$0.00									
A4373		SKIN BARRIER WITH FLANGE	7/1/2003	RBRVS	$0.00	$0.00									
A4375		DRAINABLE PLASTIC PCH W FCPL	7/1/2003	RBRVS	$0.00	$0.00									
A4376		DRAINABLE RUBBER PCH W FCPLT	7/1/2003	RBRVS	$0.00	$0.00									
A4377		DRAINABLE PLSTIC PCH W/O FP	7/1/2003	RBRVS	$0.00	$0.00									
A4378		DRAINABLE RUBBER PCH W/O FP	7/1/2003	RBRVS	$0.00	$0.00									
A4379		URINARY PLASTIC POUCH W FCPL	7/1/2003	RBRVS	$0.00	$0.00									
A4380		URINARY RUBBER POUCH W FCPLT	7/1/2003	RBRVS	$0.00	$0.00									
A4381		URINARY PLASTIC POUCH W/O FP	7/1/2003	RBRVS	$0.00	$0.00									
A4382		URINARY HVY PLSTC PCH W/O FP	7/1/2003	RBRVS	$0.00	$0.00									
A4383		URINARY RUBBER POUCH W/O FP	7/1/2003	RBRVS	$0.00	$0.00									
A4384		OSTOMY FACEPLT/SILICONE RING	7/1/2003	RBRVS	$0.00	$0.00									
A4385		OST SKN BARRIER SLD EXT WEAR	7/1/2003	RBRVS	$0.00	$0.00									
A4387		OST CLSD POUCH W ATT ST BARR	7/1/2003	RBRVS	$0.00	$0.00									
A4388		DRAINABLE PCH W EX WEAR BARR	7/1/2003	RBRVS	$0.00	$0.00									
A4389		DRAINABLE PCH W ST WEAR BARR	7/1/2003	RBRVS	$0.00	$0.00									
A4390		DRAINABLE PCH EX WEAR CONVEX	7/1/2003	RBRVS	$0.00	$0.00									
A4391		URINARY POUCH W EX WEAR BARR	7/1/2003	RBRVS	$0.00	$0.00									
A4392		URINARY POUCH W ST WEAR BARR	7/1/2003	RBRVS	$0.00	$0.00									
A4393		URINE PCH W EX WEAR BAR CONV	7/1/2003	RBRVS	$0.00	$0.00									
A4394		OSTOMY POUCH LIQ DEODORANT	7/1/2003	RBRVS	$0.00	$0.00									
A4395		OSTOMY POUCH SOLID DEODORANT	7/1/2003	RBRVS	$0.00	$0.00									
A4397		IRRIGATION SUPPLY SLEEVE	7/1/2003	RBRVS	$0.00	$0.00									
A4398		OSTOMY IRRIGATION BAG	7/1/2003	RBRVS	$0.00	$0.00									
A4399		OSTOMY IRRIG CONE/CATH W BRS	7/1/2003	RBRVS	$0.00	$0.00									
A4400		OSTOMY IRRIGATION SET	7/1/2003	RBRVS	$0.00	$0.00									
A4402		LUBRICANT PER OUNCE	7/1/2003	RBRVS	$0.00	$0.00									
A4404		OSTOMY RING EACH	7/1/2003	RBRVS	$0.00	$0.00									
A4421		OSTOMY SUPPLY MISC	7/1/2005	RBRVS	$0.00	$0.00									
A4455		ADHESIVE REMOVER PER OUNCE	7/1/2003	RBRVS	$0.00	$0.00									
A4550		SURGICAL TRAYS	7/1/2003	RBRVS	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
A4556		ELECTRODES, PAIR	7/1/2003	RBRVS	$0.00	$0.00									
A4557		LEAD WIRES, PAIR	7/1/2003	RBRVS	$0.00	$0.00									
A4558		CONDUCTIVE GEL OR PASTE	7/1/2003	RBRVS	$0.00	$0.00									
A4562		PESSARY, NON RUBBER,ANY TYPE	1/1/2015	MEDICARE	$57.12	$0.00									
A4565		SLINGS	1/1/2015	MEDICARE	$8.54	$0.00									
A4570		SPLINT	7/1/2005	RBRVS	$0.00	$0.00									
A4590		SPECIAL CASTING MATERIAL	7/1/2006	EAC	$0.00	$0.00			Y						
A4615		CANNULA NASAL	7/1/2003	RBRVS	$0.00	$0.00									
A4616		TUBING (OXYGEN) PER FOOT	7/1/2003	RBRVS	$0.00	$0.00									
A4617		MOUTH PIECE	7/1/2003	RBRVS	$0.00	$0.00									
A4618		BREATHING CIRCUITS	7/1/2003	RBRVS	$0.00	$0.00									
A4619		FACE TENT	7/1/2003	RBRVS	$0.00	$0.00									
A4620		VARIABLE CONCENTRATION MASK	7/1/2003	RBRVS	$0.00	$0.00									
A4623		TRACHEOSTOMY INNER CANNULA	7/1/2003	RBRVS	$0.00	$0.00									
A4624		TRACHEAL SUCTION TUBE	7/1/2003	RBRVS	$0.00	$0.00									
A4625		TRACH CARE KIT FOR NEW TRACH	7/1/2003	RBRVS	$0.00	$0.00									
A4626		TRACHEOSTOMY CLEANING BRUSH	7/1/2003	RBRVS	$0.00	$0.00									
A4627		SPACER BAG/RESERVOIR	7/1/2003	RBRVS	$0.00	$0.00									
A4628		OROPHARYNGEAL SUCTION CATH	7/1/2003	RBRVS	$0.00	$0.00									
A4629		TRACHEOSTOMY CARE KIT	7/1/2003	RBRVS	$0.00	$0.00									
A4642		IN111 SATUMOMAB	2/20/2005	FEE SCHED	$1,423.75	$0.00		Y							
A4648		IMPLANTABLE TISSUE MARKER	1/1/2008	RBRVS	$0.00	$0.00									
A4649		SURGICAL SUPPLIES	7/1/2003	RBRVS	$0.00	$0.00									
A4650		IMPLANT RADIATION DOSIMETER	1/1/2008	RBRVS	$0.00	$0.00									
A5051		POUCH CLSD W BARR ATTACHED	7/1/2003	RBRVS	$0.00	$0.00									
A5052		CLSD OSTOMY POUCH W/O BARR	7/1/2003	RBRVS	$0.00	$0.00									
A5053		CLSD OSTOMY POUCH FACEPLATE	7/1/2003	RBRVS	$0.00	$0.00									
A5054		CLSD OSTOMY POUCH W/FLANGE	7/1/2003	RBRVS	$0.00	$0.00									
A5055		STOMA CAP	7/1/2003	RBRVS	$0.00	$0.00									
A5061		POUCH DRAINABLE W BARRIER AT	7/1/2003	RBRVS	$0.00	$0.00									
A5062		DRNBLE OSTOMY POUCH W/O BARR	7/1/2003	RBRVS	$0.00	$0.00									
A5063		DRAIN OSTOMY POUCH W/FLANGE	7/1/2003	RBRVS	$0.00	$0.00									
A5071		URINARY POUCH W/BARRIER	7/1/2003	RBRVS	$0.00	$0.00									
A5072		URINARY POUCH W/O BARRIER	7/1/2003	RBRVS	$0.00	$0.00									
A5073		URINARY POUCH ON BARR W/FLNG	7/1/2003	RBRVS	$0.00	$0.00									
A5081		STOMA PLUG OR SEAL, ANY TYPE	7/1/2003	RBRVS	$0.00	$0.00									
A5082		CONTINENT STOMA CATHETER	7/1/2003	RBRVS	$0.00	$0.00									
A5093		OSTOMY ACCESSORY CONVEX INSE	7/1/2003	RBRVS	$0.00	$0.00									
A5102		BEDSIDE DRAIN BTL W/WO TUBE	7/1/2003	RBRVS	$0.00	$0.00									
A5105		URINARY SUSPENSORY	7/1/2003	RBRVS	$0.00	$0.00									
A5112		URINARY LEG BAG	7/1/2003	RBRVS	$0.00	$0.00									
A5113		LATEX LEG STRAP	7/1/2003	RBRVS	$0.00	$0.00									
A5114		FOAM/FABRIC LEG STRAP	7/1/2003	RBRVS	$0.00	$0.00									
A5121		SOLID SKIN BARRIER 6X6	7/1/2003	RBRVS	$0.00	$0.00									
A5122		SOLID SKIN BARRIER 8X8	7/1/2003	RBRVS	$0.00	$0.00									
A5126		DISK/FOAM PAD +OR- ADHESIVE	7/1/2003	RBRVS	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
A5131		APPLIANCE CLEANER	7/1/2003	RBRVS	$0.00	$0.00									
A5513		MULTI DEN INSERT CUSTOM MOLD	1/1/2015	MEDICARE	$42.96	$0.00									
A6154		WOUND POUCH EACH	7/1/2003	RBRVS	$0.00	$0.00									
A6196		ALGINATE DRESSING <=16 SQ IN	7/1/2003	RBRVS	$0.00	$0.00									
A6197		ALGINATE DRSG >16 <=48 SQ IN	7/1/2003	RBRVS	$0.00	$0.00									
A6198		ALGINATE DRESSING > 48 SQ IN	7/1/2003	RBRVS	$0.00	$0.00									
A6199		ALGINATE DRSG WOUND FILLER	7/1/2003	RBRVS	$0.00	$0.00									
A6203		COMPOSITE DRSG <= 16 SQ IN	7/1/2003	RBRVS	$0.00	$0.00									
A6204		COMPOSITE DRSG >16<=48 SQ IN	7/1/2003	RBRVS	$0.00	$0.00									
A6205		COMPOSITE DRSG > 48 SQ IN	7/1/2003	RBRVS	$0.00	$0.00									
A6206		CONTACT LAYER <= 16 SQ IN	7/1/2003	RBRVS	$0.00	$0.00									
A6207		CONTACT LAYER >16<= 48 SQ IN	7/1/2003	RBRVS	$0.00	$0.00									
A6208		CONTACT LAYER > 48 SQ IN	7/1/2003	RBRVS	$0.00	$0.00									
A6209		FOAM DRSG <=16 SQ IN W/O BDR	7/1/2003	RBRVS	$0.00	$0.00									
A6210		FOAM DRG >16<=48 SQ IN W/O B	7/1/2003	RBRVS	$0.00	$0.00									
A6211		FOAM DRG > 48 SQ IN W/O BRDR	7/1/2003	RBRVS	$0.00	$0.00									
A6212		FOAM DRG <=16 SQ IN W/BORDER	7/1/2003	RBRVS	$0.00	$0.00									
A6213		FOAM DRG >16<=48 SQ IN W/BDR	7/1/2003	RBRVS	$0.00	$0.00									
A6214		FOAM DRG > 48 SQ IN W/BORDER	7/1/2003	RBRVS	$0.00	$0.00									
A6215		FOAM DRESSING WOUND FILLER	7/1/2003	RBRVS	$0.00	$0.00									
A6216		NON-STERILE GAUZE<=16 SQ IN	7/1/2003	RBRVS	$0.00	$0.00									
A6217		NON-STERILE GAUZE>16<=48 SQ	7/1/2003	RBRVS	$0.00	$0.00									
A6218		NON-STERILE GAUZE > 48 SQ IN	7/1/2003	RBRVS	$0.00	$0.00									
A6219		GAUZE <= 16 SQ IN W/BORDER	7/1/2003	RBRVS	$0.00	$0.00									
A6220		GAUZE >16 <=48 SQ IN W/BORDR	7/1/2003	RBRVS	$0.00	$0.00									
A6221		GAUZE > 48 SQ IN W/BORDER	7/1/2003	RBRVS	$0.00	$0.00									
A6222		GAUZE <=16 IN NO W/SAL W/O B	7/1/2003	RBRVS	$0.00	$0.00									
A6223		GAUZE >16<=48 NO W/SAL W/O B	7/1/2003	RBRVS	$0.00	$0.00									
A6224		GAUZE > 48 IN NO W/SAL W/O B	7/1/2003	RBRVS	$0.00	$0.00									
A6228		GAUZE <= 16 SQ IN WATER/SAL	7/1/2003	RBRVS	$0.00	$0.00									
A6229		GAUZE >16<=48 SQ IN WATR/SAL	7/1/2003	RBRVS	$0.00	$0.00									
A6230		GAUZE > 48 SQ IN WATER/SALNE	7/1/2003	RBRVS	$0.00	$0.00									
A6234		HYDROCOLLD DRG <=16 W/O BDR	7/1/2003	RBRVS	$0.00	$0.00									
A6235		HYDROCOLLD DRG >16<=48 W/O B	7/1/2003	RBRVS	$0.00	$0.00									
A6236		HYDROCOLLD DRG > 48 IN W/O B	7/1/2003	RBRVS	$0.00	$0.00									
A6237		HYDROCOLLD DRG <=16 IN W/BDR	7/1/2003	RBRVS	$0.00	$0.00									
A6238		HYDROCOLLD DRG >16<=48 W/BDR	7/1/2003	RBRVS	$0.00	$0.00									
A6239		HYDROCOLLD DRG > 48 IN W/BDR	7/1/2003	RBRVS	$0.00	$0.00									
A6240		HYDROCOLLD DRG FILLER PASTE	7/1/2003	RBRVS	$0.00	$0.00									
A6241		HYDROCOLLOID DRG FILLER DRY	7/1/2003	RBRVS	$0.00	$0.00									
A6242		HYDROGEL DRG <=16 IN W/O BDR	7/1/2003	RBRVS	$0.00	$0.00									
A6243		HYDROGEL DRG >16<=48 W/O BDR	7/1/2003	RBRVS	$0.00	$0.00									
A6244		HYDROGEL DRG >48 IN W/O BDR	7/1/2003	RBRVS	$0.00	$0.00									
A6245		HYDROGEL DRG <= 16 IN W/BDR	7/1/2003	RBRVS	$0.00	$0.00									
A6246		HYDROGEL DRG >16<=48 IN W/B	7/1/2003	RBRVS	$0.00	$0.00									
A6247		HYDROGEL DRG > 48 SQ IN W/B	7/1/2003	RBRVS	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
A6248		HYDROGEL DRSG GEL FILLER	7/1/2003	RBRVS	$0.00	$0.00									
A6250		SKIN SEAL PROTECT MOISTURIZR	7/1/2003	RBRVS	$0.00	$0.00									
A6251		ABSORPT DRG <=16 SQ IN W/O B	7/1/2003	RBRVS	$0.00	$0.00									
A6252		ABSORPT DRG >16 <=48 W/O BDR	7/1/2003	RBRVS	$0.00	$0.00									
A6253		ABSORPT DRG > 48 SQ IN W/O B	7/1/2003	RBRVS	$0.00	$0.00									
A6254		ABSORPT DRG <=16 SQ IN W/BDR	7/1/2003	RBRVS	$0.00	$0.00									
A6255		ABSORPT DRG >16<=48 IN W/BDR	7/1/2003	RBRVS	$0.00	$0.00									
A6256		ABSORPT DRG > 48 SQ IN W/BDR	7/1/2003	RBRVS	$0.00	$0.00									
A6257		TRANSPARENT FILM <= 16 SQ IN	7/1/2003	RBRVS	$0.00	$0.00									
A6258		TRANSPARENT FILM >16<=48 IN	7/1/2003	RBRVS	$0.00	$0.00									
A6259		TRANSPARENT FILM > 48 SQ IN	7/1/2003	RBRVS	$0.00	$0.00									
A6260		WOUND CLEANSER ANY TYPE/SIZE	7/1/2003	RBRVS	$0.00	$0.00									
A6261		WOUND FILLER GEL/PASTE /OZ	7/1/2003	RBRVS	$0.00	$0.00									
A6262		WOUND FILLER DRY FORM / GRAM	7/1/2003	RBRVS	$0.00	$0.00									
A6266		IMPREG GAUZE NO H20/SAL/YARD	7/1/2003	RBRVS	$0.00	$0.00									
A6402		STERILE GAUZE <= 16 SQ IN	7/1/2003	RBRVS	$0.00	$0.00									
A6403		STERILE GAUZE>16 <= 48 SQ IN	7/1/2003	RBRVS	$0.00	$0.00									
A6404		STERILE GAUZE > 48 SQ IN	7/1/2003	RBRVS	$0.00	$0.00									
A7520		TRACH/LARYN TUBE NON-CUFFED	1/1/2015	MEDICARE	$52.70	$0.00									
A9155		ARTIFICIAL SALIVA	1/1/2008	RBRVS	$0.00	$0.00									
A9500		TC99M SESTAMIBI	7/1/2015	FEE SCHED	$168.16	$0.00									
A9502		TC99M TETROFOSMIN	7/1/2015	FEE SCHED	$111.11	$0.00									
A9503		TC99M MEDRONATE	7/1/2015	FEE SCHED	$18.53	$0.00									
A9504		TC99M APCITIDE	7/1/2015	EAC	$0.00	$0.00									
A9505		TL201 THALLIUM	7/1/2015	FEE SCHED	$21.81	$0.00									
A9507		IN111 CAPROMAB	7/1/2015	FEE SCHED	$3,568.78	$0.00									
A9508		I131 IODOBENGUATE DX	7/1/2015	EAC	$0.00	$0.00									
A9509		IODINE I-123 SOD IODIDE MIL	7/1/2015	FEE SCHED	$204.90	$0.00									
A9510		TC99M DISOFENIN	7/1/2015	FEE SCHED	$47.88	$0.00									
A9512		TC99M PERTECHNETATE	7/1/2015	FEE SCHED	$5.07	$0.00									
A9516		I123 IODIDE CAP DX	7/1/2015	FEE SCHED	$204.90	$0.00									
A9517		I131 IODIDE CAP RX	7/1/2015	FEE SCHED	$40.70	$0.00									
A9521		TC99M EXAMETAZIME	7/1/2015	FEE SCHED	$1,297.32	$0.00									
A9524		I131 SERUM ALBUMIN DX	7/1/2015	FEE SCHED	$61.75	$0.00									
A9526		NITROGEN N-13 AMMONIA	10/1/2008	EAC	$0.00	$0.00									
A9527		IODINE I-125 SODIUM IODIDE	1/1/2007	EAC	$0.00	$0.00									
A9528		IODINE I-131 IODIDE CAP DX	7/1/2015	FEE SCHED	$40.70	$0.00									
A9529		I131 IODIDE SOL DX	10/1/2008	EAC	$0.00	$0.00									
A9530		I131 IODIDE SOL RX	7/1/2015	FEE SCHED	$11.48	$0.00									
A9531		I131 MAX 100UCI	7/1/2015	FEE SCHED	$4.36	$0.00									
A9532		I125 SERUM ALBUMIN DX	10/1/2008	EAC	$0.00	$0.00									
A9536		TC99M DEPREOTIDE	7/1/2015	EAC	$0.00	$0.00									
A9537		TC99M MEBROFENIN	7/1/2015	FEE SCHED	$51.76	$0.00									
A9538		TC99M PYROPHOSPHATE	7/1/2015	FEE SCHED	$20.03	$0.00									
A9539		TC99M PENTETATE	7/1/2015	FEE SCHED	$23.02	$0.00									
A9540		TC99M MAA	7/1/2015	FEE SCHED	$50.00	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
A9541		TC99M SULFUR COLLOID	7/1/2015	FEE SCHED	$60.65	$0.00									
A9542		IN111 IBRITUMOMAB DX	7/1/2015	FEE SCHED	$3,990.00	$0.00									
A9543		Y90 IBRITUMOMAB RX	7/1/2015	EAC	$0.00	$0.00									
A9544		I131 TOSITUMOMAB DX	7/1/2015	FEE SCHED	$3,243.74	$0.00									
A9545		I131 TOSITUMOMAB RX	7/1/2015	FEE SCHED	$3,243.74	$0.00									
A9547		IN111 OXYQUINOLINE	7/1/2015	EAC	$0.00	$0.00									
A9548		IN111 PENTETATE	7/1/2015	FEE SCHED	$557.77	$0.00									
A9551		TC99M SUCCIMER	7/1/2015	FEE SCHED	$220.00	$0.00									
A9552		F18 FDG	7/1/2015	FEE SCHED	$250.00	$0.00									
A9553		CR51 CHROMATE	7/1/2015	EAC	$0.00	$0.00									
A9554		I125 IOTHALAMATE DX	7/1/2015	EAC	$0.00	$0.00									
A9555		RB82 RUBIDIUM	7/1/2015	FEE SCHED	$291.88	$0.00									
A9556		GA67 GALLIUM	7/1/2015	FEE SCHED	$67.42	$0.00									
A9557		TC99M BICISATE	7/1/2015	EAC	$0.00	$0.00									
A9558		XE133 XENON 10MCI	7/1/2015	FEE SCHED	$79.79	$0.00									
A9559		CO57 CYANO	7/1/2015	EAC	$0.00	$0.00									
A9560		TC99M LABELED RBC	7/1/2015	FEE SCHED	$106.48	$0.00									
A9561		TC99M OXIDRONATE	7/1/2015	FEE SCHED	$50.16	$0.00									
A9562		TC99M MERTIATIDE	7/1/2015	FEE SCHED	$588.24	$0.00									
A9563		P32 NA PHOSPHATE	7/1/2015	EAC	$0.00	$0.00									
A9564		P32 CHROMIC PHOSPHATE	10/1/2007	FEE SCHED	$296.27	$0.00									
A9567		TECHNETIUM TC-99M AEROSOL	7/1/2015	FEE SCHED	$23.02	$0.00									
A9568		TECHNETIUM TC99M ARCITUMOMAB	7/1/2015	FEE SCHED	$1,235.00	$0.00									
A9569		TECHNETIUM TC-99M AUTO WBC	7/1/2015	FEE SCHED	$1,297.32	$0.00									
A9572		INDIUM IN-111 PENTETREOTIDE	7/1/2015	FEE SCHED	$3,235.32	$0.00									
A9579		GAD-BASE MR CONTRAST NOS,1ML	10/1/2015	FEE SCHED	$1.89	$0.00									
A9580		SODIUM FLUORIDE F-18	7/1/2015	FEE SCHED	$263.00	$0.00									
A9600		SR89 STRONTIUM	7/1/2015	FEE SCHED	$1,522.23	$0.00									
A9700		ECHOCARDIOGRAPHY CONTRAST	7/1/2015	FEE SCHED	$160.06	$0.00									
A9946		LOCM 150-199MG/ML IODINE, 1ML	4/1/2005	MEDICARE	$1.96	$0.00									
A9947		LOCM 200-249MG/ML IODINE, 1ML	4/1/2005	MEDICARE	$0.77	$0.00									
B4083		ENTERAL STOMACH TUBE LEVINE	1/1/2015	MEDICARE	$2.53	$0.00									
D1206		TOPICAL FLUORIDE VARNISH	7/1/2015	FEE SCHED	$19.91	$0.00									
E0110		CRUTCH FOREARM PAIR	1/1/2015	MEDICARE	$86.12	$0.00									
E0112		CRUTCH UNDERARM PAIR WOOD	1/1/2015	MEDICARE	$41.07	$0.00									
E0113		CRUTCH UNDERARM EACH WOOD	1/1/2015	MEDICARE	$19.94	$0.00									
E0114		CRUTCH UNDERARM PAIR NO WOOD	1/1/2015	MEDICARE	$52.38	$0.00									
E0116		CRUTCH UNDERARM EACH NO WOOD	1/1/2015	MEDICARE	$30.80	$0.00									
E0117		UNDERARM SPRINGASSIST CRUTCH	1/1/2015	MEDICARE	$213.80	$0.00									
G0008		ADMIN INFLUENZA VIRUS VAC	1/1/2013	FEE SCHED	$21.32	$0.00									
G0009		ADMIN PNEUMOCOCCAL VACCINE	1/1/2013	FEE SCHED	$21.32	$0.00									
G0010		ADMIN HEPATITIS B VACCINE	1/1/2013	FEE SCHED	$21.32	$0.00									
G0101		CA SCREEN;PELVIC/BREAST EXAM	7/1/2015	RBRVS	$40.29	$29.58									
G0102		PROSTATE CA SCREENING; DRE	7/1/2015	RBRVS	$20.39	$9.31									
G0103		PSA SCREENING	1/1/2016	MEDICARE	$25.06	$0.00									
G0108		DIAB MANAGE TRN PER INDIV	7/1/2015	RBRVS	$55.36	$55.36			Y						

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
G0109		DIAB MANAGE TRN IND/GROUP	7/1/2015	RBRVS	$14.85	$14.85			Y						
G0123		SCREEN CERV/VAG THIN LAYER	1/1/2016	MEDICARE	$27.60	$0.00									
G0124		SCREEN C/V THIN LAYER BY MD	7/1/2015	RBRVS	$33.79	$33.79									
G0127		TRIM NAIL(S)	7/1/2015	RBRVS	$24.08	$8.20	000		Y	Y					
G0141		SCR C/V CYTO,AUTOSYS AND MD	7/1/2015	RBRVS	$33.79	$33.79									
G0143		SCR C/V CYTO,THINLAYER,RESCR	1/1/2016	MEDICARE	$27.60	$0.00									
G0144		SCR C/V CYTO THINLAYER RESCR	1/1/2016	MEDICARE	$29.11	$0.00									
G0145		SCR C/V CYTO THINLAYER RESCR	1/1/2016	MEDICARE	$36.09	$0.00									
G0147		SCR C/V CYTO, AUTOMATED SYS	1/1/2016	MEDICARE	$15.49	$0.00									
G0148		SCR C/V CYTO, AUTOSYS, RESCR	1/1/2016	MEDICARE	$20.70	$0.00									
G0168		WOUND CLOSURE BY ADHESIVE	7/1/2015	RBRVS	$107.13	$29.58	000		Y	Y					
G0202		SCREENINGMAMMOGRAPHYDIGITAL	7/1/2015	RBRVS	$139.63	$139.63									
G0202	TC	SCREENINGMAMMOGRAPHYDIGITAL	7/1/2015	RBRVS	$102.74	$102.74									
G0202	26	SCREENINGMAMMOGRAPHYDIGITAL	7/1/2015	RBRVS	$36.89	$36.89									
G0204		DIAGNOSTICMAMMOGRAPHYDIGITAL	7/1/2015	RBRVS	$170.03	$170.03									
G0204	TC	DIAGNOSTICMAMMOGRAPHYDIGITAL	7/1/2015	RBRVS	$123.79	$123.79									
G0204	26	DIAGNOSTICMAMMOGRAPHYDIGITAL	7/1/2015	RBRVS	$46.20	$46.20									
G0206		DIAGNOSTICMAMMOGRAPHYDIGITAL	7/1/2015	RBRVS	$134.09	$134.09									
G0206	TC	DIAGNOSTICMAMMOGRAPHYDIGITAL	7/1/2015	RBRVS	$97.20	$97.20									
G0206	26	DIAGNOSTICMAMMOGRAPHYDIGITAL	7/1/2015	RBRVS	$36.89	$36.89									
G0237		THERAPEUTIC PROCD STRG ENDUR	7/1/2015	RBRVS	$10.78	$10.78									
G0239		OTH RESP PROC GROUP	7/1/2015	RBRVS	$13.74	$13.74									
G0245		INITIAL FOOT EXAM PTLOPS	7/1/2015	RBRVS	$68.73	$45.09			Y						
G0246		FOLLOWUP EVAL OF FOOT PT LOP	7/1/2015	RBRVS	$40.14	$22.79			Y						
G0247		ROUTINE FOOTCARE PT W LOPS	7/1/2015	RBRVS	$75.97	$24.63	ZZZ		Y						
G0248		DEMONSTRATE USE HOME INR MON	7/1/2015	RBRVS	$116.14	$116.14									
G0249		PROVIDE INR TEST MATER/EQUIP	7/1/2015	RBRVS	$115.66	$115.66									
G0276		PILD/PLACEBO CONTROL CLIN TR	7/1/2015	RBRVS	$388.30	$388.30	000		Y	Y		Y	Y		
G0277		HBOT, FULL BODY CHAMBER, 30M	7/1/2015	RBRVS	$44.03	$44.03			Y						
G0279		TOMOSYNTHESIS, MAMMO SCREEN	7/1/2015	RBRVS	$52.88	$52.88	ZZZ								
G0279	TC	TOMOSYNTHESIS, MAMMO SCREEN	7/1/2015	RBRVS	$26.66	$26.66	ZZZ								
G0279	26	TOMOSYNTHESIS, MAMMO SCREEN	7/1/2015	RBRVS	$32.09	$32.09	ZZZ								
G0289		ARTHRO LOOSE BODY + CHONDRO	7/1/2015	RBRVS	$95.94	$95.94	ZZZ		Y		Y				
G0306		CBC/DIFFWBC W/O PLATELET	1/1/2016	MEDICARE	$10.59	$0.00									
G0307		CBC WITHOUT PLATELET	1/1/2015	MEDICARE	$8.80	$0.00									
G0328		FECAL BLOOD SCRN IMMUNOASSAY	1/1/2016	MEDICARE	$21.67	$0.00									
G0328	QW	FECAL BLOOD SCRN IMMUNOASSAY	1/1/2016	MEDICARE	$21.67	$0.00									
G0329		ELECTROMAGNETIC TX FOR ULCERS	7/1/2015	RBRVS	$10.41	$10.41									
G0364		BONE MARROW ASPIRATE &BIOPSY	7/1/2015	RBRVS	$11.70	$8.37	ZZZ		Y						
G0365		VESSEL MAPPING HEMO ACCESS	7/1/2015	RBRVS	$186.82	$186.82			Y						
G0365	TC	VESSEL MAPPING HEMO ACCESS	7/1/2015	RBRVS	$194.44	$194.44			Y						
G0365	26	VESSEL MAPPING HEMO ACCESS	7/1/2015	RBRVS	$11.86	$11.86									
G0372		MD SERVICE REQUIRED FOR PMD	7/1/2015	RBRVS	$9.31	$9.31									
G0389		ULTRASOUND EXAM AAA SCREEN	7/1/2015	RBRVS	$120.28	$120.28									
G0389	TC	ULTRASOUND EXAM AAA SCREEN	7/1/2015	RBRVS	$90.18	$90.18									
G0389	26	ULTRASOUND EXAM AAA SCREEN	7/1/2015	RBRVS	$30.10	$30.10									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
G0396		ALCOHOL/SUBS INTERV 15-30MN	7/1/2015	RBRVS	$38.00	$35.79			Y						
G0397		ALCOHOL/SUBS INTERV >30 MIN	7/1/2015	RBRVS	$72.97	$70.76			Y						
G0402		INITIAL PREVENTIVE EXAM	7/1/2015	RBRVS	$157.41	$120.85			Y						
G0403		EKG FOR INITIAL PREVENT EXAM	7/1/2015	RBRVS	$16.11	$16.11			Y						
G0404		EKG TRACING FOR INITIAL PREV	7/1/2015	RBRVS	$8.04	$8.04			Y						
G0405		EKG INTERPRET & REPORT PREVE	7/1/2015	RBRVS	$8.04	$8.04			Y						
G0406		TELHEALTH INPT CONSULT 15MIN	7/1/2015	RBRVS	$36.92	$36.92			Y						
G0407		TELHEATH INPT CONSULT 25MIN	7/1/2015	RBRVS	$68.47	$68.47			Y						
G0408		TELHEALTH INPT CONSULT 35MIN	7/1/2015	RBRVS	$98.78	$98.78			Y						
G0412		OPEN TX ILIAC SPINE UNI/BIL	7/1/2015	RBRVS	$714.36	$714.36	090		Y	Y		Y	Y		
G0413		PELVIC RING FRACTURE UNI/BIL	7/1/2015	RBRVS	$1,048.62	$1,048.62	090		Y	Y		Y	Y		
G0414		PELVIC RING FX TREAT INT FIX	7/1/2015	RBRVS	$943.49	$943.49	090		Y	Y		Y	Y		
G0415		OPEN TX POST PELVIC FXCTURE	7/1/2015	RBRVS	$1,348.82	$1,348.82	090			Y		Y	Y		
G0416		SAT BIOPSY PROSTATE 1-20 SPC	7/1/2015	RBRVS	$667.84	$667.84									
G0416	TC	SAT BIOPSY PROSTATE 1-20 SPC	7/1/2015	RBRVS	$479.43	$479.43									
G0416	26	SAT BIOPSY PROSTATE 1-20 SPC	7/1/2015	RBRVS	$188.38	$188.38									
G0422		INTENS CARDIAC REHAB W/EXERC	7/1/2015	RBRVS	$107.39	$107.39		Y	Y						
G0423		INTENS CARDIAC REHAB NO EXER	7/1/2015	RBRVS	$107.39	$107.39		Y	Y						
G0424		PULMONARY REHAB W EXER	7/1/2015	RBRVS	$31.58	$14.59		Y	Y						
G0432		EIA HIV-1/HIV-2 SCREEN	1/1/2016	MEDICARE	$31.12	$0.00			Y						
G0433		ELISA HIV-1/HIV-2 SCREEN	1/1/2016	MEDICARE	$31.12	$0.00									
G0433	QW	ELISA HIV-1/HIV-2 SCREEN	1/1/2016	MEDICARE	$31.12	$0.00									
G0435		ORAL HIV-1/HIV-2 SCREEN	1/1/2016	MEDICARE	$27.22	$0.00			Y						
G0436		TOBACCO-USE COUNSEL 3-10 MIN	7/1/2015	RBRVS	$14.85	$12.63			Y						
G0437		TOBACCO-USE COUNSEL>10MIN	7/1/2015	RBRVS	$29.43	$27.22			Y						
G0438		PPPS, INITIAL VISIT	7/1/2015	RBRVS	$180.44	$180.44			Y						
G0439		PPPS, SUBSEQ VISIT	7/1/2015	RBRVS	$121.98	$121.98			Y						
G0442		ANNUAL ALCOHOL SCREEN 15 MIN	7/1/2015	RBRVS	$17.01	$9.03			Y						
G0443		BRIEF ALCOHOL MISUSE COUNSEL	7/1/2015	RBRVS	$24.49	$22.50			Y						
G0444		DEPRESSION SCREEN ANNUAL	7/1/2015	RBRVS	$17.01	$9.03			Y						
G0445		HIGH INTEN BEH COUNS STD 30M	7/1/2015	RBRVS	$27.51	$24.19			Y						
G0446		INTENS BEHAVE THER CARDIO DX	7/1/2015	RBRVS	$24.49	$22.50			Y						
G0447		BEHAVIOR COUNSEL OBESITY 15M	7/1/2015	RBRVS	$24.49	$22.50			Y						
G0452	26	MOLECULAR PATHOLOGY INTERPR	7/1/2015	RBRVS	$19.76	$19.76									
G0453		CONT INTRAOP NEURO MONITOR	7/1/2015	RBRVS	$31.27	$31.27									
G0454		MD DOCUMENT VISIT BY NPP	7/1/2015	RBRVS	$8.71	$8.71									
G0455		FECAL MICROBIOTA PREP INSTIL	7/1/2015	RBRVS	$124.01	$72.48	000								
G0464		COLOREC CA SCR, STO BAS DNA	1/1/2015	MEDICARE	$607.68	$0.00			Y						
G0471		VEN BLOOD COLL SNF/HHA	1/1/2015	MEDICARE	$8.33	$0.00									
G0472		HEP C SCREEN HIGH RISK/OTHER	1/1/2016	MEDICARE	$32.40	$0.00									
G0473		GROUP BEHAVE COUNS 2-10	7/1/2015	RBRVS	$11.70	$11.03									
G0477		DRUG TEST PRESUMP OPTICAL	1/1/2016	MEDICARE	$24.77	$0.00									
G0478		DRUG TEST PRESUMP OPT INST	1/1/2016	MEDICARE	$33.02	$0.00									
G0479		DRUG TEST PRESUMP NOT OPT	1/1/2016	MEDICARE	$132.08	$0.00									
G0480		DRUG TEST DEF 1-7 CLASSES	1/1/2016	MEDICARE	$133.23	$0.00									
G0481		DRUG TEST DEF 8-14 CLASSES	1/1/2016	MEDICARE	$204.98	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
G0482		DRUG TEST DEF 15-21 CLASSES	1/1/2016	MEDICARE	$276.72	$0.00									
G0483		DRUG TEST DEF 22+ CLASSES	1/1/2016	MEDICARE	$358.72	$0.00									
G0913		IMPROVE VISUAL FUNCT	1/1/2012	RBRVS	$0.00	$0.00									
G0914		SURVEY NOT COMPLETE	1/1/2012	RBRVS	$0.00	$0.00									
G0915		NO IMPROVE VISUAL FUNCT	1/1/2012	RBRVS	$0.00	$0.00									
G0916		SATISFY WITH CARE	1/1/2012	RBRVS	$0.00	$0.00									
G0917		SATISFY SURVEY NOT COMPLETE	1/1/2012	RBRVS	$0.00	$0.00									
G0918		NO SATISFY WITH CARE	1/1/2012	RBRVS	$0.00	$0.00									
G6001		ECHO GUIDANCE RADIOTHERAPY	7/1/2015	RBRVS	$48.09	$48.09									
G6001	TC	ECHO GUIDANCE RADIOTHERAPY	7/1/2015	RBRVS	$22.60	$22.60									
G6001	26	ECHO GUIDANCE RADIOTHERAPY	7/1/2015	RBRVS	$30.84	$30.84									
G6002		STEREOSCOPIC X-RAY GUIDANCE	7/1/2015	RBRVS	$70.02	$70.02									
G6002	TC	STEREOSCOPIC X-RAY GUIDANCE	7/1/2015	RBRVS	$56.58	$56.58									
G6002	26	STEREOSCOPIC X-RAY GUIDANCE	7/1/2015	RBRVS	$21.23	$21.23									
G6003		RADIATION TREATMENT DELIVERY	7/1/2015	RBRVS	$150.30	$150.30									
G6004		RADIATION TREATMENT DELIVERY	7/1/2015	RBRVS	$116.39	$116.39									
G6005		RADIATION TREATMENT DELIVERY	7/1/2015	RBRVS	$130.02	$130.02									
G6006		RADIATION TREATMENT DELIVERY	7/1/2015	RBRVS	$129.35	$129.35									
G6007		RADIATION TREATMENT DELIVERY	7/1/2015	RBRVS	$239.04	$239.04									
G6008		RADIATION TREATMENT DELIVERY	7/1/2015	RBRVS	$160.93	$160.93									
G6009		RADIATION TREATMENT DELIVERY	7/1/2015	RBRVS	$178.21	$178.21									
G6010		RADIATION TREATMENT DELIVERY	7/1/2015	RBRVS	$178.21	$178.21									
G6011		RADIATION TREATMENT DELIVERY	7/1/2015	RBRVS	$255.66	$255.66									
G6012		RADIATION TREATMENT DELIVERY	7/1/2015	RBRVS	$211.78	$211.78									
G6013		RADIATION TREATMENT DELIVERY	7/1/2015	RBRVS	$238.37	$238.37									
G6014		RADIATION TREATMENT DELIVERY	7/1/2015	RBRVS	$238.37	$238.37									
G6015		RADIATION TX DELIVERY IMRT	7/1/2015	RBRVS	$372.22	$372.22									
G6016		DELIVERY COMP IMRT	7/1/2015	RBRVS	$370.98	$370.98									
G8485		REPORT, DIABETES MEASURES	7/1/2008	RBRVS	$0.00	$0.00									
G8486		REPORT, PREV CARE MEASURES	7/1/2008	RBRVS	$0.00	$0.00									
G8487		REPORT CKD MEASURES	7/1/2008	RBRVS	$0.00	$0.00									
G8545		HEPC MEASURES GRP	1/1/2010	RBRVS	$0.00	$0.00									
G8548		HF MEASURES GRP	1/1/2010	RBRVS	$0.00	$0.00									
G8549		HEPC MG QUAL ACT PERFORM	1/1/2010	RBRVS	$0.00	$0.00									
G8551		HF MG QUAL ACT PERFORM	1/1/2010	RBRVS	$0.00	$0.00									
G8559		PT REF DOC OTO EVAL	1/1/2010	RBRVS	$0.00	$0.00									
G8560		PT HX ACT DRAIN PREV 90 DAYS	1/1/2010	RBRVS	$0.00	$0.00									
G8561		PT INELIG FOR REF OTO EVAL	1/1/2010	RBRVS	$0.00	$0.00									
G8562		PT NO HX ACT DRAIN 90 D	1/1/2010	RBRVS	$0.00	$0.00									
G8563		PT NO REF OTO REAS NO SPEC	1/1/2010	RBRVS	$0.00	$0.00									
G8564		PT REF OTO EVAL	1/1/2010	RBRVS	$0.00	$0.00									
G8565		VER DOC HEAR LOSS	1/1/2010	RBRVS	$0.00	$0.00									
G8566		PT INELIG REF OTO EVAL	1/1/2010	RBRVS	$0.00	$0.00									
G8567		PT NO DOC HEAR LOSS	1/1/2010	RBRVS	$0.00	$0.00									
G8568		PT NO REF OTOLO NO SPEC	1/1/2010	RBRVS	$0.00	$0.00									
G8569		PROL INTUBATION REQ	1/1/2010	RBRVS	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
G8570		NO PROL INTUB REQ	1/1/2010	RBRVS	$0.00	$0.00									
G8571		STER WD IFX 30 D POSTOP	1/1/2010	RBRVS	$0.00	$0.00									
G8572		NO STER WD IFX	1/1/2010	RBRVS	$0.00	$0.00									
G8573		STK/CVA CABG	1/1/2010	RBRVS	$0.00	$0.00									
G8574		NO STRK/CVA CABG	1/1/2010	RBRVS	$0.00	$0.00									
G8575		POSTOP REN INSUF	1/1/2010	RBRVS	$0.00	$0.00									
G8576		NO POSTOP REN INSUF	1/1/2010	RBRVS	$0.00	$0.00									
G8577		REOP REQ BLD GRFT OTH	1/1/2010	RBRVS	$0.00	$0.00									
G8578		NO REOP REQ BLD GRFT OTH	1/1/2010	RBRVS	$0.00	$0.00									
G8598		ASP THERP USED	1/1/2010	RBRVS	$0.00	$0.00									
G8599		NO ASP THERP USED	1/1/2010	RBRVS	$0.00	$0.00									
G8600		TPA INITI W/IN 3 HRS	1/1/2010	RBRVS	$0.00	$0.00									
G8601		NO ELIG TPA INIT W/IN 3 HRS	1/1/2010	RBRVS	$0.00	$0.00									
G8602		NO TPA INIT W/IN 3 HRS	1/1/2010	RBRVS	$0.00	$0.00									
G8627		SURG PROC W/IN 30 DAYS	1/1/2010	RBRVS	$0.00	$0.00									
G8628		NO SURG PROC W/IN 30 DAYS	1/1/2010	RBRVS	$0.00	$0.00									
G8694		LVEF <40%	1/1/2012	RBRVS	$0.00	$0.00									
G8696		ANTITHROMB THX PRESC	1/1/2012	RBRVS	$0.00	$0.00									
G8697		ANTITHROMB NO PRESC DOC REAS	1/1/2012	RBRVS	$0.00	$0.00									
G8698		ANTITHROMB NO PRESC NO REAS	1/1/2012	RBRVS	$0.00	$0.00									
G8708		ANTIBIOTIC NOT PRES	1/1/2012	RBRVS	$0.00	$0.00									
G8709		MED REAS ANTIBIOTIC PRES	1/1/2012	RBRVS	$0.00	$0.00									
G8710		PT PRES ANTIBIOTIC	1/1/2012	RBRVS	$0.00	$0.00									
G8711		PRES ANTIBIOTIC	1/1/2012	RBRVS	$0.00	$0.00									
G8712		NOT PRES ANTIBIOTIC	1/1/2012	RBRVS	$0.00	$0.00									
G8721		PT, PN, HIST GRADE DOC	1/1/2012	RBRVS	$0.00	$0.00									
G8722		MED REAS PT, PN, NOT DOC	1/1/2012	RBRVS	$0.00	$0.00									
G8723		SPEC SIT NOT PRIM TUMOR	1/1/2012	RBRVS	$0.00	$0.00									
G8724		PT, PN, HIST GRADE NOT DOC	1/1/2012	RBRVS	$0.00	$0.00									
G8725		LIPID PROFILE PERF DOC	1/1/2012	RBRVS	$0.00	$0.00									
G8726		DOC REAS NO LIPID PROFILE	1/1/2012	RBRVS	$0.00	$0.00									
G8728		LIPID PROFILE NOT PERF	1/1/2012	RBRVS	$0.00	$0.00									
G8730		PAIN DOC POS AND PLAN	1/1/2012	RBRVS	$0.00	$0.00									
G8731		PAIN NEG NO PLAN	1/1/2012	RBRVS	$0.00	$0.00									
G8732		NO DOC OF PAIN	1/1/2012	RBRVS	$0.00	$0.00									
G8733		DOC POS ELDER MAL SCRN PLAN	1/1/2012	RBRVS	$0.00	$0.00									
G8734		DOC NEG ELDER MAL NO PLAN	1/1/2012	RBRVS	$0.00	$0.00									
G8735		ELD MAL SCRN POS NO PLAN	1/1/2012	RBRVS	$0.00	$0.00									
G8749		SIGNS OF MELANOMA ABSENT	1/1/2012	RBRVS	$0.00	$0.00									
G8752		SYS BP LESS 140	1/1/2012	RBRVS	$0.00	$0.00									
G8753		SYS BP > OR = 140	1/1/2012	RBRVS	$0.00	$0.00									
G8754		DIAS BP LESS 90	1/1/2012	RBRVS	$0.00	$0.00									
G8755		DIAS BP > OR = 90	1/1/2012	RBRVS	$0.00	$0.00									
G8756		NO BP MEASURE DOC	1/1/2012	RBRVS	$0.00	$0.00									
G8757		COPD MG QUAL ACT PERFORM	1/1/2012	RBRVS	$0.00	$0.00									
G8758		IBD MG QUAL ACT PERFORM	1/1/2012	RBRVS	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
G8759		OSA MG QUAL ACT PERFORM	1/1/2012	RBRVS	$0.00	$0.00									
G8761		DEMENTIA MG QUAL ACT PERFORM	1/1/2012	RBRVS	$0.00	$0.00									
G8762		PD MG QUAL ACT PERFORM	1/1/2012	RBRVS	$0.00	$0.00									
G8765		CATARACT MG QUAL ACT PERFORM	1/1/2012	RBRVS	$0.00	$0.00									
G8783		BP SCRN PERF REC INTERVAL	1/1/2012	RBRVS	$0.00	$0.00									
G8784		PT NO ELIG FOR BP ASSESS	1/1/2012	RBRVS	$0.00	$0.00									
G8785		BP SCRN NO PERF AT INTERVAL	1/1/2012	RBRVS	$0.00	$0.00									
G8797		SPECIMEN SITE NOT ESOPHAGUS	1/1/2012	RBRVS	$0.00	$0.00									
G8798		SPECIMEN SITE NOT PROSTATE	1/1/2012	RBRVS	$0.00	$0.00									
G8806		TRANSAB OR TRANSVAG US	1/1/2012	RBRVS	$0.00	$0.00									
G8807		DOC REAS NO US	1/1/2012	RBRVS	$0.00	$0.00									
G8808		NO TRANSAB OR TRANSVAG US	1/1/2012	RBRVS	$0.00	$0.00									
G8809		RH-IMMUNOGLOBULIN ORDER	1/1/2012	RBRVS	$0.00	$0.00									
G8810		DOC REAS NO RH-IMMUNO	1/1/2012	RBRVS	$0.00	$0.00									
G8811		NO RH-IMMUNOGLOBULIN ORDER	1/1/2012	RBRVS	$0.00	$0.00									
G8815		DOC REAS NO STATIN THERAPY	1/1/2012	RBRVS	$0.00	$0.00									
G8816		STATIN MED PRES AT DISCH	1/1/2012	RBRVS	$0.00	$0.00									
G8817		DOC REAS NO STATIN MED DISCH	1/1/2012	RBRVS	$0.00	$0.00									
G8818		PT DISCH TO HOME BY DAY#7	1/1/2012	RBRVS	$0.00	$0.00									
G8825		PT NOT DISCH TO HOME DAY#7	1/1/2012	RBRVS	$0.00	$0.00									
G8826		PT DISCH HOME DAY #2 EVAR	1/1/2012	RBRVS	$0.00	$0.00									
G8833		PT NOT DISCH HOME DAY#2 EVAR	1/1/2012	RBRVS	$0.00	$0.00									
G8834		PT DISCH HOME DAY #2 CEA	1/1/2012	RBRVS	$0.00	$0.00									
G8838		NOT DISCH HOME BY DAY #2	1/1/2012	RBRVS	$0.00	$0.00									
G8839		SLEEP APNEA ASSESS	1/1/2012	RBRVS	$0.00	$0.00									
G8840		DOC REAS NO SLEEP APNEA	1/1/2012	RBRVS	$0.00	$0.00									
G8841		NO SLEEP APNEA ASSESS	1/1/2012	RBRVS	$0.00	$0.00									
G8842		AHI OR RDI INITIAL DX	1/1/2012	RBRVS	$0.00	$0.00									
G8843		DOC REAS NO AHI OR RDI	1/1/2012	RBRVS	$0.00	$0.00									
G8844		NO AHI OR RDI INITIAL DX	1/1/2012	RBRVS	$0.00	$0.00									
G8845		POS AIRWAY PRESS PRESCRIBED	1/1/2012	RBRVS	$0.00	$0.00									
G8846		MOD OR SEVERE OSA	1/1/2012	RBRVS	$0.00	$0.00									
G8848		MILD OSA	1/1/2012	RBRVS	$0.00	$0.00									
G8849		DOC REAS NO POS AIR PRESS	1/1/2012	RBRVS	$0.00	$0.00									
G8850		NO PAP PRESCRIBED	1/1/2012	RBRVS	$0.00	$0.00									
G8851		ADHERE POS AIR PRESS THERAPY	1/1/2012	RBRVS	$0.00	$0.00									
G8852		POS AIR PRESS PRESCRIBE	1/1/2012	RBRVS	$0.00	$0.00									
G8853		POS AIR PRESS NOT PRESCRIBE	1/1/2012	RBRVS	$0.00	$0.00									
G8854		REAS NO ADHERE POS AIR PRES	1/1/2012	RBRVS	$0.00	$0.00									
G8855		POS AIR PRESS ADHERE NO PERF	1/1/2012	RBRVS	$0.00	$0.00									
G8856		REF FOR OTO EVAL	1/1/2012	RBRVS	$0.00	$0.00									
G8857		NO ELIG REF FOR OTO EVAL	1/1/2012	RBRVS	$0.00	$0.00									
G8858		NOT REF FOR OTO EVAL	1/1/2012	RBRVS	$0.00	$0.00									
G8860		CORTICOSTEROID 10 MG 60 DAYS	1/1/2012	RBRVS	$0.00	$0.00									
G8861		DXA ORDERED FOR OSTEO	1/1/2012	RBRVS	$0.00	$0.00									
G8863		NO ASSESS BONE LOSS	1/1/2012	RBRVS	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
G8864		PNEUMOCOCCAL VACCINE ADMIN	1/1/2012	RBRVS	$0.00	$0.00									
G8865		DOC MED REAS NO PNEUMOCOCCAL	1/1/2012	RBRVS	$0.00	$0.00									
G8866		DOC PT REAS NO PNEUMOCOCCAL	1/1/2012	RBRVS	$0.00	$0.00									
G8867		NO PNEUMOCOCCAL ADMIN	1/1/2012	RBRVS	$0.00	$0.00									
G8868		1ST COURSE ANTITNF	1/1/2012	RBRVS	$0.00	$0.00									
G8869		DOC IMMUN HEP B 1ST ANTITNF	1/1/2012	RBRVS	$0.00	$0.00									
G8872		INTRAOP IMAGE CONFIRM EXCISE	1/1/2012	RBRVS	$0.00	$0.00									
G8873		SPECIMEN NOT INTRAOP IMAGE	1/1/2012	RBRVS	$0.00	$0.00									
G8874		TISSUE NOT IMAGE INTRAOP	1/1/2012	RBRVS	$0.00	$0.00									
G8875		BREAST CANCER DX MIN INVSIVE	1/1/2012	RBRVS	$0.00	$0.00									
G8876		DOC REAS NO MIN INV DX	1/1/2012	RBRVS	$0.00	$0.00									
G8877		NO BRST CNCR DX MIN INVASIVE	1/1/2012	RBRVS	$0.00	$0.00									
G8878		SENT LYMPH NODE BIOPSY	1/1/2012	RBRVS	$0.00	$0.00									
G8879		NODE NEG INV BRST CNCR	1/1/2012	RBRVS	$0.00	$0.00									
G8880		DOC REAS NO LYMPH NODE BIOP	1/1/2012	RBRVS	$0.00	$0.00									
G8881		BRST CNCR STAGE > T1N0M0	1/1/2012	RBRVS	$0.00	$0.00									
G8882		NO SENT LYMPH NODE BIOPSY	1/1/2012	RBRVS	$0.00	$0.00									
G8883		REV, COMM, TRACK, DOC BIOPSY	1/1/2012	RBRVS	$0.00	$0.00									
G8884		DOC REAS BIOPSY NOT REVIEW	1/1/2012	RBRVS	$0.00	$0.00									
G8885		NO REV, COMM, TRACK BIOPSY	1/1/2012	RBRVS	$0.00	$0.00									
G8898		COPD MEASURES GROUP	1/1/2012	RBRVS	$0.00	$0.00									
G8899		INFLAMMATORY BOWEL DIS MG	1/1/2012	RBRVS	$0.00	$0.00									
G8900		OBSTRUCTIVE SLEEP APNEA MG	1/1/2012	RBRVS	$0.00	$0.00									
G8902		DEMENTIA MEASURES GROUP	1/1/2012	RBRVS	$0.00	$0.00									
G8903		PARKINSONFS DISEASE MG	1/1/2012	RBRVS	$0.00	$0.00									
G8906		CATARACT MEASURES GROUP	1/1/2012	RBRVS	$0.00	$0.00									
G8907		PT DOC NO EVENTS ON DISCHARG	1/1/2013	RBRVS	$0.00	$0.00									
G8908		PT DOC W BURN PRIOR TO D/C	1/1/2013	RBRVS	$0.00	$0.00									
G8909		PT DOC NO BURN PRIOR TO D/C	1/1/2013	RBRVS	$0.00	$0.00									
G8910		PT DOC TO HAVE FALL IN ASC	1/1/2013	RBRVS	$0.00	$0.00									
G8911		PT DOC NO FALL IN ASC	1/1/2013	RBRVS	$0.00	$0.00									
G8912		PT DOC WITH WRONG EVENT	1/1/2013	RBRVS	$0.00	$0.00									
G8913		PT DOC NO WRONG EVENT	1/1/2013	RBRVS	$0.00	$0.00									
G8914		PT TRANS TO HOSP POST D/C	1/1/2013	RBRVS	$0.00	$0.00									
G8915		PT NOT TRANS TO HOSP AT D/C	1/1/2013	RBRVS	$0.00	$0.00									
G8916		PT W IV AB GIVEN ON TIME	1/1/2013	RBRVS	$0.00	$0.00									
G8917		PT W IV AB NOT GIVEN ON TIME	1/1/2013	RBRVS	$0.00	$0.00									
G8918		PT W/O PREOP ORDER IV AB PRO	1/1/2013	RBRVS	$0.00	$0.00									
G8923		LVEF < 40% OR LVSD	1/1/2013	RBRVS	$0.00	$0.00									
G8924		SPIRO EV1/FVC <60% COPD SYM	1/1/2013	RBRVS	$0.00	$0.00									
G8925		FEV>=60% & NO COPD SYM	1/1/2013	RBRVS	$0.00	$0.00									
G8926		SPIRO NO PERF OR DOC	1/1/2013	RBRVS	$0.00	$0.00									
G8927		ADJ CHEM PRES AJCC III	1/1/2013	RBRVS	$0.00	$0.00									
G8928		ADJ CHEM NOT PRES RSN SPEC	1/1/2013	RBRVS	$0.00	$0.00									
G8929		ADJ CMO NOT PRES RSN NOT GVN	1/1/2013	RBRVS	$0.00	$0.00									
G8934		LVEF <40% OR DEP LV SYS FCN	1/1/2013	RBRVS	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
G8935		RX ACE OR ARB THERAPY	1/1/2013	RBRVS	$0.00	$0.00									
G8936		PT NOT ELIGIBLE ACE/ARB	1/1/2013	RBRVS	$0.00	$0.00									
G8937		NO RX ACE/ARB THERAPY	1/1/2013	RBRVS	$0.00	$0.00									
G8938		BMI CALC, PT NO F/U PLAN ELG	1/1/2013	RBRVS	$0.00	$0.00									
G8939		PAIN ASSESS DOC, F/U NO DOC	1/1/2013	RBRVS	$0.00	$0.00									
G8940		SRN CLIN DEP DOC NO F/U PLN	1/1/2013	RBRVS	$0.00	$0.00									
G8941		NO DOC ELDER SCRN, PT NO EL	1/1/2013	RBRVS	$0.00	$0.00									
G8942		DOC FCN/CARE PLAN W/30 DAYS	1/1/2013	RBRVS	$0.00	$0.00									
G8944		AJCC MEL CNR STG 0 - IIC	1/1/2013	RBRVS	$0.00	$0.00									
G8946		MIBM BUT NO DX OF BREAST CA	1/1/2013	RBRVS	$0.00	$0.00									
G8947		1 OR MORE NEUROPSYCH	1/1/2013	RBRVS	$0.00	$0.00									
G8948		NO NEUROPSYCH SYMPTOMS	1/1/2013	RBRVS	$0.00	$0.00									
G8950		PRE-HTN OR HTN DOC, F/U INDC	1/1/2013	RBRVS	$0.00	$0.00									
G8952		PRE-HTN/HTN, NO F/U, NOT GVN	1/1/2013	RBRVS	$0.00	$0.00									
G8953		ONCOLOGY MG QUAL ACT PERFORM	1/1/2013	RBRVS	$0.00	$0.00									
G8955		MOST RECENT ASSESS VOL MGMT	1/1/2013	RBRVS	$0.00	$0.00									
G8956		PT RCV HEDIA OUTPT DYLS FAC	1/1/2013	RBRVS	$0.00	$0.00									
G8958		ASSESS VOL MGMT NOT DOC	1/1/2013	RBRVS	$0.00	$0.00									
G8959		CLIN TX MDD COMM TO TX CLIN	1/1/2013	RBRVS	$0.00	$0.00									
G8960		CLIN TX MDD NOT COMM	1/1/2013	RBRVS	$0.00	$0.00									
G8961		CSIT LOWRISK SURG PTS PREOP	1/1/2013	RBRVS	$0.00	$0.00									
G8962		CSIT ON PT ANY REAS 30 DAYS	1/1/2013	RBRVS	$0.00	$0.00									
G8963		CSI PER ASX PT W/PCI 2 YRS	1/1/2013	RBRVS	$0.00	$0.00									
G8964		CSI ANY OTHER THAN PCI 2 YR	1/1/2013	RBRVS	$0.00	$0.00									
G8965		CSIT PERF ON LOW CHD RSK	1/1/2013	RBRVS	$0.00	$0.00									
G8966		CSIT PERF SX OR HIGH CHD RSK	1/1/2013	RBRVS	$0.00	$0.00									
G8967		WRFRN OR ORAL ANTIGOAG PRES	1/1/2013	RBRVS	$0.00	$0.00									
G8968		MD RSN NO PRES WRFRN OR OTHR	1/1/2013	RBRVS	$0.00	$0.00									
G8969		PT RSN NO PRES WRFRN OR OTHR	1/1/2013	RBRVS	$0.00	$0.00									
G8970		NO RSK FAC OR 1 MOD RISK TE	1/1/2013	RBRVS	$0.00	$0.00									
G8971		WARFRN OR OTHR ANTCOG NO RX	1/1/2013	RBRVS	$0.00	$0.00									
G8972		1>=RISK OR>= MOD RISK FOR TE	1/1/2013	RBRVS	$0.00	$0.00									
G8973		MST RCNT HBB < 10G/DL	1/1/2013	RBRVS	$0.00	$0.00									
G8974		HGB NOT DOC RNS NOT GVN	1/1/2013	RBRVS	$0.00	$0.00									
G8975		HGB <10G/DL, MED RSN	1/1/2013	RBRVS	$0.00	$0.00									
G8976		HGB >= 10 G/DL	1/1/2013	RBRVS	$0.00	$0.00									
G8977		ONCOLOGY MEASURES GRP	1/1/2013	RBRVS	$0.00	$0.00									
G8978		MOBILITY CURRENT STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G8979		MOBILITY GOAL STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G8980		MOBILITY D/C STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G8981		BODY POS CURRENT STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G8982		BODY POS GOAL STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G8983		BODY POS D/C STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G8984		CARRY CURRENT STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G8985		CARRY GOAL STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G8986		CARRY D/C STATUS	1/1/2013	RBRVS	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
G8987		SELF CARE CURRENT STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G8988		SELF CARE GOAL STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G8989		SELF CARE D/C STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G8990		OTHER PT/OT CURRENT STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G8991		OTHER PT/OT GOAL STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G8992		OTHER PT/OT D/C STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G8993		SUB PT/OT CURRENT STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G8994		SUB PT/OT GOAL STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G8995		SUB PT/OT D/C STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G8996		SWALLOW CURRENT STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G8997		SWALLOW GOAL STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G8998		SWALLOW D/C STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G8999		MOTOR SPEECH CURRENT STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G9063		ONC DX NSCLC STGI NO DX PROG	1/1/2006	RBRVS	$0.00	$0.00									
G9064		ONC DX NSCLC STG2 NO DX PROG	1/1/2006	RBRVS	$0.00	$0.00									
G9065		ONC DX NSCLC STG3A NODX PROG	1/1/2006	RBRVS	$0.00	$0.00									
G9066		ONC DX NSCLC STG3B-4 METASTA	1/1/2006	RBRVS	$0.00	$0.00									
G9067		ONC DX NSCLC DX UNKNOWN NOS	1/1/2006	RBRVS	$0.00	$0.00									
G9068		ONC DX NSCLC/SCLC LIMITED	1/1/2006	RBRVS	$0.00	$0.00									
G9069		ONC DX SCLC/NSCLC EXT AT DX	1/1/2006	RBRVS	$0.00	$0.00									
G9070		ONC DX SCLC/NSCLC EXT UNKNWN	1/1/2006	RBRVS	$0.00	$0.00									
G9071		ONC DX BRST STG1 2B NO DX PR	1/1/2006	RBRVS	$0.00	$0.00									
G9072		ONC DX BRST STG1-2 NOPROGRES	1/1/2006	RBRVS	$0.00	$0.00									
G9073		ONC DX BRST STG3-W/PROGRES	1/1/2006	RBRVS	$0.00	$0.00									
G9074		ONC DX BRST STG3-NOPROGRESS	1/1/2006	RBRVS	$0.00	$0.00									
G9075		ONC DX BRST METASTIC/ RECUR	1/1/2006	RBRVS	$0.00	$0.00									
G9077		ONC DX PROSTATE T1NO PROGRES	1/1/2006	RBRVS	$0.00	$0.00									
G9078		ONC DX PROSTATE T2NO PROGRES	1/1/2006	RBRVS	$0.00	$0.00									
G9079		ONC DX PROSTATE T3B-T4NOPROG	1/1/2006	RBRVS	$0.00	$0.00									
G9080		ONC DX PROSTATE W/RISE PSA	1/1/2006	RBRVS	$0.00	$0.00									
G9083		ONC DX PROSTATE UNKNOWN NOS	1/1/2006	RBRVS	$0.00	$0.00									
G9084		ONC DX COLON T1-3 N1-2 NO PR	1/1/2006	RBRVS	$0.00	$0.00									
G9085		ONC DX COLON T4 N0 W/O PROG	1/1/2006	RBRVS	$0.00	$0.00									
G9086		ONC DX COLON T1-4 NO DX PROG	1/1/2006	RBRVS	$0.00	$0.00									
G9087		ONC DX COLON RADIOLG EVID DX	1/1/2006	RBRVS	$0.00	$0.00									
G9088		ONC DX COLON M1/METS W/O RAD	1/1/2006	RBRVS	$0.00	$0.00									
G9089		ONC DX COLON EXTENT UNKNOWN	1/1/2006	RBRVS	$0.00	$0.00									
G9090		ONC DX RECTAL T1-2 NO PROGR	1/1/2006	RBRVS	$0.00	$0.00									
G9091		ONC DX RECTAL T3 N0 NO PROG	1/1/2006	RBRVS	$0.00	$0.00									
G9092		ONC DX RECTAL T1-3 N1-2NOPRG	1/1/2006	RBRVS	$0.00	$0.00									
G9093		ONC DX RECTAL T4 N M0 NO PRG	1/1/2006	RBRVS	$0.00	$0.00									
G9094		ONC DX RECTAL M1 W/METS PROG	1/1/2006	RBRVS	$0.00	$0.00									
G9095		ONC DX RECTAL EXTENT UNKNWN	1/1/2006	RBRVS	$0.00	$0.00									
G9096		ONC DX ESOPHAG T1-T3 NOPROG	1/1/2006	RBRVS	$0.00	$0.00									
G9097		ONC DX ESOPHAGEAL T4 NO PROG	1/1/2006	RBRVS	$0.00	$0.00									
G9098		ONC DX ESOPHAGEAL METS RECUR	1/1/2006	RBRVS	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
G9099		ONC DX ESOPHAGEAL UNKNOWN	1/1/2006	RBRVS	$0.00	$0.00									
G9100		ONC DX GASTRIC NO RECURRENCE	1/1/2006	RBRVS	$0.00	$0.00									
G9101		ONC DX GASTRIC P R1-R2NOPROG	1/1/2006	RBRVS	$0.00	$0.00									
G9102		ONC DX GASTRIC UNRESECTABLE	1/1/2006	RBRVS	$0.00	$0.00									
G9103		ONC DX GASTRIC RECURRENT	1/1/2006	RBRVS	$0.00	$0.00									
G9104		ONC DX GASTRIC UNKNOWN NOS	1/1/2006	RBRVS	$0.00	$0.00									
G9105		ONC DX PANCREATC P R0 RES NO	1/1/2006	RBRVS	$0.00	$0.00									
G9106		ONC DX PANCREATC P R1/R2 NO	1/1/2006	RBRVS	$0.00	$0.00									
G9107		ONC DX PANCREATIC UNRESECTAB	1/1/2006	RBRVS	$0.00	$0.00									
G9108		ONC DX PANCREATIC UNKNWN NOS	1/1/2006	RBRVS	$0.00	$0.00									
G9109		ONC DX HEAD/NECK T1-T2NO PRG	1/1/2006	RBRVS	$0.00	$0.00									
G9110		ONC DX HEAD/NECK T3-4 NOPROG	1/1/2006	RBRVS	$0.00	$0.00									
G9111		ONC DX HEAD/NECK M1 METS REC	1/1/2006	RBRVS	$0.00	$0.00									
G9112		ONC DX HEAD/NECK EXT UNKNOWN	1/1/2006	RBRVS	$0.00	$0.00									
G9113		ONC DX OVARIAN STG1A-B NO PR	1/1/2006	RBRVS	$0.00	$0.00									
G9114		ONC DX OVARIAN STG1A-B OR 2	1/1/2006	RBRVS	$0.00	$0.00									
G9115		ONC DX OVARIAN STG3/4 NOPROG	1/1/2006	RBRVS	$0.00	$0.00									
G9116		ONC DX OVARIAN RECURRENCE	1/1/2006	RBRVS	$0.00	$0.00									
G9117		ONC DX OVARIAN UNKNOWN NOS	1/1/2006	RBRVS	$0.00	$0.00									
G9123		ONC DX NHL LGE BCELL RELAP	1/1/2006	RBRVS	$0.00	$0.00									
G9124		ONC DX NHL RELAPSE/REFRACTOR	1/1/2006	RBRVS	$0.00	$0.00									
G9125		ONC DX NHL STG UNKNOWN	1/1/2006	RBRVS	$0.00	$0.00									
G9126		ONC DX OVARIAN STG IA/B	1/1/2006	RBRVS	$0.00	$0.00									
G9128		ONC DX MULT MYELOMA STG2 HIG	1/1/2006	RBRVS	$0.00	$0.00									
G9129		ONC DX MULT MYELOMA UNKWN OP	1/1/2006	RBRVS	$0.00	$0.00									
G9130		ONC DX MULTI MYELOMA UNKNOWN	1/1/2006	RBRVS	$0.00	$0.00									
G9131		ONC DX BRST UNKNOWN NOS	1/1/2007	RBRVS	$0.00	$0.00									
G9132		ONC DX PROSTATE METS NO CAST	1/1/2007	RBRVS	$0.00	$0.00									
G9133		ONC DX PROSTATE CLINICAL MET	1/1/2007	RBRVS	$0.00	$0.00									
G9134		ONC NHLSTG 1-2 NO RELAP NO	1/1/2007	RBRVS	$0.00	$0.00									
G9135		ONC DX NHL STG 3-4 NOT RELAP	1/1/2007	RBRVS	$0.00	$0.00									
G9136		ONC DX NHL TRANS TO LG BCELL	1/1/2007	RBRVS	$0.00	$0.00									
G9137		ONC DX NHL RELAPSE/REFRACTOR	1/1/2007	RBRVS	$0.00	$0.00									
G9138		ONC DX NHL STG UNKNOWN	1/1/2007	RBRVS	$0.00	$0.00									
G9139		ONC DX CML DX STATUS UNKNOWN	1/1/2007	RBRVS	$0.00	$0.00									
G9157		TRANSESOPH DOPPL CARDIAC MON	7/1/2015	RBRVS	$102.59	$102.59									
G9158		MOTOR SPEECH D/C STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G9159		LANG COMP CURRENT STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G9160		LANG COMP GOAL STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G9161		LANG COMP D/C STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G9162		LANG EXPRESS CURRENT STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G9163		LANG EXPRESS GOAL STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G9164		LANG EXPRESS D/C STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G9165		ATTEN CURRENT STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G9166		ATTEN GOAL STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G9167		ATTEN D/C STATUS	1/1/2013	RBRVS	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
G9168		MEMORY CURRENT STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G9169		MEMORY GOAL STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G9170		MEMORY D/C STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G9171		VOICE CURRENT STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G9172		VOICE GOAL STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G9173		VOICE D/C STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G9174		SPEECH LANG CURRENT STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G9175		SPEECH LANG GOAL STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G9176		SPEECH LANG D/C STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G9186		MOTOR SPEECH GOAL STATUS	1/1/2013	RBRVS	$0.00	$0.00									
G9188		BETA NOT GIVEN NO REASON	1/1/2014	RBRVS	$0.00	$0.00									
G9189		BETA PRES OR ALREADY TAKING	1/1/2014	RBRVS	$0.00	$0.00									
G9190		MEDICAL REASON FOR NO BETA	1/1/2014	RBRVS	$0.00	$0.00									
G9191		PT REASON FOR NO BETA	1/1/2014	RBRVS	$0.00	$0.00									
G9192		SYSTEM REASON FOR NO BETA	1/1/2014	RBRVS	$0.00	$0.00									
G9196		MED REASON FOR NO CEPH	1/1/2014	RBRVS	$0.00	$0.00									
G9197		ORDER FOR CEPH	1/1/2014	RBRVS	$0.00	$0.00									
G9198		NO ORDER FOR CEPH NO REASON	1/1/2014	RBRVS	$0.00	$0.00									
G9203		HEP C RNA DONE PRIOR TO MED	1/1/2014	RBRVS	$0.00	$0.00									
G9204		NO REASON FOR NO HEP C RNA	1/1/2014	RBRVS	$0.00	$0.00									
G9205		HEP C ANTIVIRAL STARTED	1/1/2014	RBRVS	$0.00	$0.00									
G9206		HEP C THERAPY STARTED	1/1/2014	RBRVS	$0.00	$0.00									
G9207		HEP C GENOTYPE PRIOR TO MED	1/1/2014	RBRVS	$0.00	$0.00									
G9208		NO REASON FOR NO HEP C GENO	1/1/2014	RBRVS	$0.00	$0.00									
G9209		HEP C RNA 4TO12 WK AFTER MED	1/1/2014	RBRVS	$0.00	$0.00									
G9210		NO HEPC RNA AFTER MED DOCRSN	1/1/2014	RBRVS	$0.00	$0.00									
G9211		NO HEPC RNA AFTER MED NO RSN	1/1/2014	RBRVS	$0.00	$0.00									
G9212		DOC OF DSM-IV INIT EVAL	1/1/2014	RBRVS	$0.00	$0.00									
G9213		NO DOC OF DSM-IV	1/1/2014	RBRVS	$0.00	$0.00									
G9217		NO PCP PROPH LOW CD4 NORSN	1/1/2014	RBRVS	$0.00	$0.00									
G9219		NO ODER PJP FOR MED REASON	1/1/2014	RBRVS	$0.00	$0.00									
G9222		PJP PROPH ORDERED LOW CD4	1/1/2014	RBRVS	$0.00	$0.00									
G9223		PJP PROPH ORDERED CD4 LOW	1/1/2014	RBRVS	$0.00	$0.00									
G9225		NORSN NO FOOT EXAM	1/1/2014	RBRVS	$0.00	$0.00									
G9226		3 COMP FOOT EXAM COMPLETED	1/1/2014	RBRVS	$0.00	$0.00									
G9227		DOCRSN NO CARE PLAN	1/1/2014	RBRVS	$0.00	$0.00									
G9228		GC CHL SYP DOCUMENTED	1/1/2014	RBRVS	$0.00	$0.00									
G9229		PTRSN NO GC CHL SYP TEST	1/1/2014	RBRVS	$0.00	$0.00									
G9230		NORSN FOR GC CHL SYP TEST	1/1/2014	RBRVS	$0.00	$0.00									
G9231		DOC ESRD DIA TRANS PREG	1/1/2014	RBRVS	$0.00	$0.00									
G9232		DOCRSN NO COMM COMORB	1/1/2014	RBRVS	$0.00	$0.00									
G9233		TKR COMPOSITE	1/1/2014	RBRVS	$0.00	$0.00									
G9234		TKR INTENT	1/1/2014	RBRVS	$0.00	$0.00									
G9235		GS MG COMPOSITE	1/1/2014	RBRVS	$0.00	$0.00									
G9236		OP RAD MG COMPOSITE	1/1/2014	RBRVS	$0.00	$0.00									
G9237		GS MG INTENT	1/1/2014	RBRVS	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
G9238		OP RAD MG INTENT	1/1/2014	RBRVS	$0.00	$0.00									
G9239		DOCRSN FOR CATHETER	1/1/2014	RBRVS	$0.00	$0.00									
G9240		DOC PT W CATH MAINT DIA	1/1/2014	RBRVS	$0.00	$0.00									
G9241		DOC PT W OUT CATH MAINT DIA	1/1/2014	RBRVS	$0.00	$0.00									
G9242		DOC VIRAL LOAD >=200	1/1/2014	RBRVS	$0.00	$0.00									
G9243		DOC VIRAL LOAD <200	1/1/2014	RBRVS	$0.00	$0.00									
G9244		ANTIVIRAL NOT ORDERED	1/1/2014	RBRVS	$0.00	$0.00									
G9245		ANTIVIRAL ORDERED	1/1/2014	RBRVS	$0.00	$0.00									
G9246		NO MED VISIT IN 24MO	1/1/2014	RBRVS	$0.00	$0.00									
G9247		1 MED VISIT IN 24MO	1/1/2014	RBRVS	$0.00	$0.00									
G9250		DOC OF PAIN COMFORT 48HR	1/1/2014	RBRVS	$0.00	$0.00									
G9251		DOC NO PAIN COMFORT 48HR	1/1/2014	RBRVS	$0.00	$0.00									
G9254		DOC PT DISCHG >2D	1/1/2014	RBRVS	$0.00	$0.00									
G9255		DOC PT DISCHG <=2D	1/1/2014	RBRVS	$0.00	$0.00									
G9256		DOC DEATH AFTER CAS	1/1/2014	RBRVS	$0.00	$0.00									
G9257		DOC STROKE AFTER CAS	1/1/2014	RBRVS	$0.00	$0.00									
G9258		DOC STROKE AFTER CEA	1/1/2014	RBRVS	$0.00	$0.00									
G9259		DOC SURV NO STROKE AFTER CAS	1/1/2014	RBRVS	$0.00	$0.00									
G9260		DOC DEATH AFTER CEA	1/1/2014	RBRVS	$0.00	$0.00									
G9261		DOC SURV NO STROKE AFTER CEA	1/1/2014	RBRVS	$0.00	$0.00									
G9262		DOC DEATH IN HOSP AAA REPAIR	1/1/2014	RBRVS	$0.00	$0.00									
G9263		DOC SURV IN HOSP AAA REPAIR	1/1/2014	RBRVS	$0.00	$0.00									
G9264		DOCRSN FOR CATH MAINT DIA	1/1/2014	RBRVS	$0.00	$0.00									
G9265		DOC CATH >90D FOR MAINT DIA	1/1/2014	RBRVS	$0.00	$0.00									
G9266		NORSN PT CATH >=90D	1/1/2014	RBRVS	$0.00	$0.00									
G9267		DOC COMP OR MORT W IN 30D	1/1/2014	RBRVS	$0.00	$0.00									
G9268		DOC COMP OR MORT W IN 90D	1/1/2014	RBRVS	$0.00	$0.00									
G9269		DOC NO COMP OR MORT W IN 30D	1/1/2014	RBRVS	$0.00	$0.00									
G9270		DOC NO COMP OR MORT W IN 90D	1/1/2014	RBRVS	$0.00	$0.00									
G9273		SYS<140 AND DIA<90	1/1/2014	RBRVS	$0.00	$0.00									
G9274		BP OUT OF NRML LIMITS	1/1/2014	RBRVS	$0.00	$0.00									
G9275		DOC OF NON TOBACCO USER	1/1/2014	RBRVS	$0.00	$0.00									
G9276		DOC OF TOBACCO USER	1/1/2014	RBRVS	$0.00	$0.00									
G9277		DOC DAILY ASPIRIN OR CONTRA	1/1/2014	RBRVS	$0.00	$0.00									
G9278		DOC NO DAILY ASPIRIN	1/1/2014	RBRVS	$0.00	$0.00									
G9279		PNE SCRN DONE DOC VAC DONE	1/1/2014	RBRVS	$0.00	$0.00									
G9280		PNE NOT GIVEN NORSN	1/1/2014	RBRVS	$0.00	$0.00									
G9281		PNE SCRN DONE DOC NOT IND	1/1/2014	RBRVS	$0.00	$0.00									
G9282		DOC MEDRSN NO HISTO TYPE	1/1/2014	RBRVS	$0.00	$0.00									
G9283		HIST TYPE DOC ON REPORT	1/1/2014	RBRVS	$0.00	$0.00									
G9284		NO HIST TYPE DOC ON REPORT	1/1/2014	RBRVS	$0.00	$0.00									
G9285		SITE NOT SMALL CELL LUNG CA	1/1/2014	RBRVS	$0.00	$0.00									
G9286		DOC ANTIBIO ORDER W IN 7D	1/1/2014	RBRVS	$0.00	$0.00									
G9287		NO DOC ANTIBIO ORDER W IN 7D	1/1/2014	RBRVS	$0.00	$0.00									
G9288		DOC MEDRSN NO HIST TYPE RPT	1/1/2014	RBRVS	$0.00	$0.00									
G9289		DOC TYPE NSM LUNG CA	1/1/2014	RBRVS	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
G9290		NO DOC TYPE NSM LUNG CA	1/1/2014	RBRVS	$0.00	$0.00									
G9291		NOT NSM LUNG CA	1/1/2014	RBRVS	$0.00	$0.00									
G9292		MEDRSN NO PT CATEGORY	1/1/2014	RBRVS	$0.00	$0.00									
G9293		NO PT CATEGORY ON REPORT	1/1/2014	RBRVS	$0.00	$0.00									
G9294		PT CAT AND THCK ON REPORT	1/1/2014	RBRVS	$0.00	$0.00									
G9295		NON CUTANEOUS LOC	1/1/2014	RBRVS	$0.00	$0.00									
G9296		DOC SHARE DEC PRIOR PROC	1/1/2014	RBRVS	$0.00	$0.00									
G9297		NO DOC SHARE DEC PRIOR PROC	1/1/2014	RBRVS	$0.00	$0.00									
G9298		EVAL RISK VTE CARD 30D PRIOR	1/1/2014	RBRVS	$0.00	$0.00									
G9299		NO EVAL RISKK VTE CARD PRIOR	1/1/2014	RBRVS	$0.00	$0.00									
G9300		DOC MEDRSN NO COMPL ANTIBIO	1/1/2014	RBRVS	$0.00	$0.00									
G9301		DOC COMPL INF ANTIBIO	1/1/2014	RBRVS	$0.00	$0.00									
G9302		NORSN INCOMP INF ANTIBIO	1/1/2014	RBRVS	$0.00	$0.00									
G9303		NORSN NO PROS INFO OP RPT	1/1/2014	RBRVS	$0.00	$0.00									
G9304		PROS INFO OP RPT	1/1/2014	RBRVS	$0.00	$0.00									
G9305		NO INTERV REQ FOR LEAK	1/1/2014	RBRVS	$0.00	$0.00									
G9306		INTERV REQ FOR LEAK	1/1/2014	RBRVS	$0.00	$0.00									
G9307		NO RET FOR SURG W IN 30D	1/1/2014	RBRVS	$0.00	$0.00									
G9308		UNPLND RET TO SURG W IN 30D	1/1/2014	RBRVS	$0.00	$0.00									
G9309		NO UNPLND HOSP READM IN 30D	1/1/2014	RBRVS	$0.00	$0.00									
G9310		UNPLND HOSP READM IN 30D	1/1/2014	RBRVS	$0.00	$0.00									
G9311		NO SURG SITE INFECTION	1/1/2014	RBRVS	$0.00	$0.00									
G9312		SURGICAL SITE INFECTION	1/1/2014	RBRVS	$0.00	$0.00									
G9313		DOCRSN NOT FIRST LINE AMOX	1/1/2014	RBRVS	$0.00	$0.00									
G9314		NORSN NOT FIRST LINE AMOX	1/1/2014	RBRVS	$0.00	$0.00									
G9315		DOC FIRST LINE AMOX	1/1/2014	RBRVS	$0.00	$0.00									
G9316		DOC COMM RISK CALC	1/1/2014	RBRVS	$0.00	$0.00									
G9317		NO DOC COMM RISK CALC	1/1/2014	RBRVS	$0.00	$0.00									
G9318		IMAGE STD NOMENCLATURE	1/1/2014	RBRVS	$0.00	$0.00									
G9319		IMAGE NOT STD NOMENCLATURE	1/1/2014	RBRVS	$0.00	$0.00									
G9321		DOC COUNT OF CT IN 12MO	1/1/2014	RBRVS	$0.00	$0.00									
G9322		NO DOC COUNT OF CT IN 12MO	1/1/2014	RBRVS	$0.00	$0.00									
G9324		NOT ALL DATA NORSN	1/1/2014	RBRVS	$0.00	$0.00									
G9326		NORSN NO CT RPT TO REG	1/1/2014	RBRVS	$0.00	$0.00									
G9327		CT RPT TO REG	1/1/2014	RBRVS	$0.00	$0.00									
G9329		NORSN NO DICOM FORMAT DOC	1/1/2014	RBRVS	$0.00	$0.00									
G9340		DICOM FORMAT DOC ON RPT	1/1/2014	RBRVS	$0.00	$0.00									
G9341		SRCH FOR CT W IN 12 MOS	1/1/2014	RBRVS	$0.00	$0.00									
G9342		NO SRCH FOR CT IN 12MO NORSN	1/1/2014	RBRVS	$0.00	$0.00									
G9344		SYSRSN NO DICOM SRCH	1/1/2014	RBRVS	$0.00	$0.00									
G9345		FOLLOW UP PULM NOD	1/1/2014	RBRVS	$0.00	$0.00									
G9347		NO FOLLOW UP PULM NOD NORSN	1/1/2014	RBRVS	$0.00	$0.00									
G9348		DOCRSN NO SINUS CT DX	1/1/2014	RBRVS	$0.00	$0.00									
G9349		DOC SINUS CT 28D	1/1/2014	RBRVS	$0.00	$0.00									
G9350		NO DOC SINUS CT 28D OR DX	1/1/2014	RBRVS	$0.00	$0.00									
G9351		DOC >1 SINUS CT W 90D DX	1/1/2014	RBRVS	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
G9352		NOT >1 SINUS CT W 90D DX	1/1/2014	RBRVS	$0.00	$0.00									
G9353		MEDRSN >1 SINUS CT W 90D DX	1/1/2014	RBRVS	$0.00	$0.00									
G9354		NORSN >1 SINUS CT W 90D DX	1/1/2014	RBRVS	$0.00	$0.00									
G9355		NO EARLY IND/DELIVERY	1/1/2014	RBRVS	$0.00	$0.00									
G9356		EARLY IND/DELIVERY	1/1/2014	RBRVS	$0.00	$0.00									
G9357		PP EVAL/EDU PERF	1/1/2014	RBRVS	$0.00	$0.00									
G9358		PP EVAL/EDU NOT PERF	1/1/2014	RBRVS	$0.00	$0.00									
G9359		DOC OF NEG OR MAN POS TB SCN	1/1/2014	RBRVS	$0.00	$0.00									
G9360		NO DOC OF NEG OR MAN POS TB	1/1/2014	RBRVS	$0.00	$0.00			Y						
G9364		SINUS CAUS BAC INX	1/1/2015	RBRVS	$0.00	$0.00			Y						
G9365		1HIGH RISK MED ORD	1/1/2015	RBRVS	$0.00	$0.00			Y						
G9366		1HIGH RISK NO ORD	1/1/2015	RBRVS	$0.00	$0.00			Y						
G9367		2HIGH RISK MED ORD	1/1/2015	RBRVS	$0.00	$0.00			Y						
G9368		2HIGH RISK NO ORD	1/1/2015	RBRVS	$0.00	$0.00									
G9380		OFF ASSIS EOL ISS	1/1/2015	RBRVS	$0.00	$0.00									
G9381		DOC MED REAS NO OFFER EOL	1/1/2015	RBRVS	$0.00	$0.00									
G9382		NO OFF ASSIS EOL	1/1/2015	RBRVS	$0.00	$0.00									
G9383		RECD SCRN HCV INFEC	1/1/2015	RBRVS	$0.00	$0.00									
G9384		DOC MED REAS NO OFFER EOL	1/1/2015	RBRVS	$0.00	$0.00									
G9385		DOC PT REAS NOT REC HCV SRN	1/1/2015	RBRVS	$0.00	$0.00									
G9386		SCRN HCV INFEC NOT RECD	1/1/2015	RBRVS	$0.00	$0.00									
G9389		UNPLN RUP POST CAP	1/1/2015	RBRVS	$0.00	$0.00									
G9390		NO UNPLN RUP POST CAP	1/1/2015	RBRVS	$0.00	$0.00									
G9393		INI PHQ9 >9 REMISS <5	1/1/2015	RBRVS	$0.00	$0.00									
G9394		DX BIPOL, DEATH, NHRES, HOSP	1/1/2015	RBRVS	$0.00	$0.00									
G9395		INI PHQ9 >9 NO REMISS >=5	1/1/2015	RBRVS	$0.00	$0.00									
G9396		INI PHQ9 >9 NOT ASSESS	1/1/2015	RBRVS	$0.00	$0.00			Y						
G9399		DOC DISC TX CHOICES	1/1/2015	RBRVS	$0.00	$0.00									
G9400		DOC REAS NO DISC TX OPT	1/1/2015	RBRVS	$0.00	$0.00									
G9401		NO DISC TX CHOICES	1/1/2015	RBRVS	$0.00	$0.00			Y						
G9402		RECD F/U W/IN 30D DISCH	1/1/2015	RBRVS	$0.00	$0.00									
G9403		DOC REAS NO 30 DAY F/U	1/1/2015	RBRVS	$0.00	$0.00									
G9404		NO 30 DAY F/U	1/1/2015	RBRVS	$0.00	$0.00			Y						
G9405		RECD F/U W/IN 7D DISCH	1/1/2015	RBRVS	$0.00	$0.00									
G9406		DOC REAS NO 7D F/U	1/1/2015	RBRVS	$0.00	$0.00									
G9407		NO 7D F/U	1/1/2015	RBRVS	$0.00	$0.00									
G9408		CARD TAMP W/IN 30D	1/1/2015	RBRVS	$0.00	$0.00									
G9409		NO CARD TAMP E/IN 30D	1/1/2015	RBRVS	$0.00	$0.00			Y						
G9410		ADMIT W/IN 180D REQ REMOV	1/1/2015	RBRVS	$0.00	$0.00									
G9411		NO ADMIT W/IN 180D REQ REMOV	1/1/2015	RBRVS	$0.00	$0.00			Y						
G9412		ADMIT W/IN 180D REQ SURG REV	1/1/2015	RBRVS	$0.00	$0.00									
G9413		NO ADMIT REQ SURG REV	1/1/2015	RBRVS	$0.00	$0.00									
G9414		1DOSE MENIG VAC BTWN 11 & 13	1/1/2015	RBRVS	$0.00	$0.00									
G9415		NO 1DOSE MENI VAC BTWN 11&13	1/1/2015	RBRVS	$0.00	$0.00									
G9416		TDAP OR TD OR 1TET/DIPTH	1/1/2015	RBRVS	$0.00	$0.00									
G9417		NO TDAP OR TD OR 1TET/DIPTH	1/1/2015	RBRVS	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
G9418		LUNGCX BX RPT DOCS CLASS	1/1/2015	RBRVS	$0.00	$0.00									
G9419		MED REAS NO RPT HISTO TYPE	1/1/2015	RBRVS	$0.00	$0.00									
G9420		SPEC SITE NO LUNG	1/1/2015	RBRVS	$0.00	$0.00									
G9421		LUNG CX BX RPT NO DOC CLASS	1/1/2015	RBRVS	$0.00	$0.00									
G9422		RPT DOC CLASS HISTO TYPE	1/1/2015	RBRVS	$0.00	$0.00									
G9423		MED REAS RPT NO HISTO TYPE	1/1/2015	RBRVS	$0.00	$0.00									
G9424		SITE NO LUNG OR LUNG CX	1/1/2015	RBRVS	$0.00	$0.00									
G9425		SPEC RPT NO DOC CLASS HISTO	1/1/2015	RBRVS	$0.00	$0.00									
G9426		IMPR MED TIME EDARR PAIN MED	1/1/2015	RBRVS	$0.00	$0.00									
G9427		NO IMPRO MED TIME PAIN MED	1/1/2015	RBRVS	$0.00	$0.00									
G9428		RPT PT CAT AND PT1	1/1/2015	RBRVS	$0.00	$0.00									
G9429		DOC MED REAS NO PT CAT	1/1/2015	RBRVS	$0.00	$0.00									
G9430		SPEC SITE NO CUTANEOUS	1/1/2015	RBRVS	$0.00	$0.00									
G9431		NO PT CAT AND PT1	1/1/2015	RBRVS	$0.00	$0.00									
G9432		ASTH CONTROLLED	1/1/2015	RBRVS	$0.00	$0.00									
G9434		ASTH NOT CONTROLLED	1/1/2015	RBRVS	$0.00	$0.00									
G9435		ASP PRESC DISCH	1/1/2015	RBRVS	$0.00	$0.00									
G9436		ASP NOT PRESC DOC REAS	1/1/2015	RBRVS	$0.00	$0.00									
G9437		ASP NOT PRESC DISCH	1/1/2015	RBRVS	$0.00	$0.00									
G9438		P2Y INHIB PRESC	1/1/2015	RBRVS	$0.00	$0.00									
G9439		P2Y INHIB NOT PRESC DOC REAS	1/1/2015	RBRVS	$0.00	$0.00									
G9440		P2Y INHIB NOT PRESC	1/1/2015	RBRVS	$0.00	$0.00									
G9441		STATIN PRESC DISCH	1/1/2015	RBRVS	$0.00	$0.00									
G9442		STATIN NOT PRESC DOC REAS	1/1/2015	RBRVS	$0.00	$0.00									
G9443		STATIN NOT PRESC DISCH	1/1/2015	RBRVS	$0.00	$0.00									
G9448		BORN 1945-1965	1/1/2015	RBRVS	$0.00	$0.00									
G9449		HX BLD TRANSF B/F 1992	1/1/2015	RBRVS	$0.00	$0.00									
G9450		HX INJEC DRUG USE	1/1/2015	RBRVS	$0.00	$0.00									
G9451		1X SCRN HCV INFECT	1/1/2015	RBRVS	$0.00	$0.00									
G9452		DOC MED REAS NO SCRN HCV	1/1/2015	RBRVS	$0.00	$0.00									
G9453		PT REAS NO HCV INFECT	1/1/2015	RBRVS	$0.00	$0.00									
G9454		NO HCV INFECT SRN	1/1/2015	RBRVS	$0.00	$0.00									
G9455		ABD IMAG W/US, CT OR MRI	1/1/2015	RBRVS	$0.00	$0.00									
G9456		DOC MED PT REAS NO HCC SCRN	1/1/2015	RBRVS	$0.00	$0.00									
G9457		NO ABD IMAG W/O REASON	1/1/2015	RBRVS	$0.00	$0.00									
G9458		TOB USER RECD CESS INTERV	1/1/2015	RBRVS	$0.00	$0.00									
G9459		TOB NON-USER	1/1/2015	RBRVS	$0.00	$0.00									
G9460		NO TOB ASSESS OR CESS INTER	1/1/2015	RBRVS	$0.00	$0.00									
G9463		SINUSITIS INTENT	1/1/2015	RBRVS	$0.00	$0.00									
G9464		SINUSITIS COMP	1/1/2015	RBRVS	$0.00	$0.00									
G9465		AOE INTENT	1/1/2015	RBRVS	$0.00	$0.00									
G9466		AOE COMP	1/1/2015	RBRVS	$0.00	$0.00									
G9467		RECD CORTICO >=10MG/DAY >60D	1/1/2015	RBRVS	$0.00	$0.00									
G9468		NO RECD CORTICO>=10MG/D >60D	1/1/2015	RBRVS	$0.00	$0.00									
G9469		REC CORTICO>60D OR 1RX 600MG	1/1/2015	RBRVS	$0.00	$0.00									
G9470		NO REC CORTICO>60D 1RX 600MG	1/1/2015	RBRVS	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
G9471		W/IN 2YR DXA NOT ORDER	1/1/2015	RBRVS	$0.00	$0.00									
G9472		NO DXA NO MED HX NO RV SX	1/1/2015	RBRVS	$0.00	$0.00									
J0120		TETRACYCLIN INJECTION	1/1/2009	EAC	$0.00	$0.00									
J0129		ABATACEPT INJECTION	1/1/2016	FEE SCHED	$39.44	$0.00									
J0130		ABCIXIMAB INJECTION	1/1/2016	FEE SCHED	$1,015.54	$0.00									
J0131		ACETAMINOPHEN INJECTION	1/1/2012	EAC	$0.00	$0.00									
J0132		ACETYLCYSTEINE INJECTION	1/1/2016	FEE SCHED	$1.72	$0.00									
J0133		ACYCLOVIR INJECTION	10/1/2015	FEE SCHED	$0.08	$0.00									
J0153		ADENOSINE INJ 1MG	1/1/2016	FEE SCHED	$0.96	$0.00									
J0171		ADRENALIN EPINEPHRINE INJECT	1/1/2016	FEE SCHED	$0.13	$0.00									
J0178		AFLIBERCEPT INJECTION	1/1/2013	FEE SCHED	$980.50	$0.00									
J0180		AGALSIDASE BETA INJECTION	1/1/2016	FEE SCHED	$158.48	$0.00									
J0190		INJ BIPERIDEN LACTATE/5 MG	1/1/2009	EAC	$0.00	$0.00									
J0200		ALATROFLOXACIN MESYLATE	7/19/2005	MEDICARE	$16.99	$0.00									
J0202		INJECTION, ALEMTUZUMAB	1/1/2016	FEE SCHED	$1,743.82	$0.00									
J0205		ALGLUCERASE INJECTION	1/1/2013	FEE SCHED	$42.03	$0.00									
J0207		AMIFOSTINE	1/1/2016	FEE SCHED	$377.88	$0.00									
J0210		METHYLDOPATE HCL INJECTION	1/1/2012	FEE SCHED	$42.40	$0.00									
J0215		ALEFACEPT	7/1/2012	FEE SCHED	$41.64	$0.00									
J0220		ALGLUCOSIDASE ALFA INJECTION	1/1/2016	FEE SCHED	$206.70	$0.00									
J0221		LUMIZYME INJECTION	7/1/2015	FEE SCHED	$153.60	$0.00									
J0256		ALPHA 1 PROTEINASE INHIBITOR	1/1/2016	FEE SCHED	$4.59	$0.00									
J0257		GLASSIA INJECTION	1/1/2016	FEE SCHED	$4.27	$0.00									
J0278		AMIKACIN SULFATE INJECTION	1/1/2016	FEE SCHED	$1.16	$0.00									
J0280		AMINOPHYLLIN 250 MG INJ	1/1/2016	FEE SCHED	$8.88	$0.00									
J0282		AMIODARONE HCL	7/1/2011	FEE SCHED	$0.23	$0.00									
J0285		AMPHOTERICIN B	1/1/2016	FEE SCHED	$19.53	$0.00									
J0287		AMPHOTERICIN B LIPID COMPLEX	1/1/2016	FEE SCHED	$13.03	$0.00									
J0288		AMPHO B CHOLESTERYL SULFATE	4/1/2012	FEE SCHED	$14.00	$0.00									
J0289		AMPHOTERICIN B LIPOSOME INJ	1/1/2016	FEE SCHED	$18.18	$0.00									
J0290		AMPICILLIN 500 MG INJ	1/1/2016	FEE SCHED	$1.43	$0.00									
J0295		AMPICILLIN SODIUM PER 1.5 GM	1/1/2016	FEE SCHED	$2.27	$0.00									
J0300		AMOBARBITAL 125 MG INJ	7/1/2009	FEE SCHED	$6.33	$0.00									
J0330		SUCCINYCHOLINE CHLORIDE INJ	1/1/2011	FEE SCHED	$0.15	$0.00									
J0348		ANADULAFUNGIN INJECTION	1/1/2016	FEE SCHED	$0.59	$0.00									
J0350		INJECTION ANISTREPLASE 30 U	7/20/2006	MEDICARE	$2,268.46	$0.00									
J0360		HYDRALAZINE HCL INJECTION	1/1/2016	FEE SCHED	$10.50	$0.00									
J0364		APOMORPHINE HYDROCHLORIDE	4/1/2014	FEE SCHED	$32.69	$0.00									
J0365		APROTONIN 10 000 KIU	7/1/2009	FEE SCHED	$2.65	$0.00									
J0380		INJ METARAMINOL BITARTRATE	7/19/2005	MEDICARE	$1.15	$0.00									
J0390		CHLOROQUINE INJECTION	5/1/2005	MEDICARE	$17.27	$0.00									
J0395		ARBUTAMINE HCL INJECTION	5/1/2005	MEDICARE	$160.00	$0.00									
J0400		ARIPIPRAZOLE INJECTION	1/1/2016	FEE SCHED	$0.76	$0.00									
J0401		INJ ARIPIPRAZOLE EXT REL 1MG	1/1/2016	FEE SCHED	$4.25	$0.00									
J0456		AZITHROMYCIN	1/1/2016	FEE SCHED	$3.56	$0.00									
J0461		ATROPINE SULFATE INJECTION	10/1/2015	FEE SCHED	$0.05	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
J0470		DIMECAPROL INJECTION	1/1/2016	FEE SCHED	$38.71	$0.00									
J0475		BACLOFEN 10 MG INJECTION	1/1/2016	FEE SCHED	$165.96	$0.00									
J0476		BACLOFEN INTRATHECAL TRIAL	1/1/2016	FEE SCHED	$76.40	$0.00									
J0480		BASILIXIMAB	1/1/2016	FEE SCHED	$3,007.97	$0.00									
J0485		BELATACEPT INJECTION	1/1/2015	FEE SCHED	$3.80	$0.00									
J0490		BELIMUMAB INJECTION	1/1/2016	FEE SCHED	$41.46	$0.00									
J0500		DICYCLOMINE INJECTION	1/1/2016	FEE SCHED	$57.75	$0.00									
J0515		INJ BENZTROPINE MESYLATE	1/1/2016	FEE SCHED	$20.33	$0.00									
J0520		BETHANECHOL CHLORIDE INJECT	5/1/2005	MEDICARE	$4.49	$0.00									
J0558		PENG BENZATHINE/PROCAINE INJ	1/1/2016	FEE SCHED	$6.59	$0.00									
J0561		PENICILLIN G BENZATHINE INJ	1/1/2016	FEE SCHED	$8.33	$0.00									
J0583		BIVALIRUDIN	1/1/2016	FEE SCHED	$3.01	$0.00		Y							
J0585		INJECTION,ONABOTULINUMTOXINA	10/1/2015	FEE SCHED	$5.72	$0.00		Y							
J0586		ABOBOTULINUMTOXINA	1/1/2016	FEE SCHED	$7.90	$0.00		Y							
J0587		INJ, RIMABOTULINUMTOXINB	1/1/2016	FEE SCHED	$11.61	$0.00		Y							
J0588		INCOBOTULINUMTOXIN A	1/1/2016	FEE SCHED	$4.77	$0.00									
J0592		BUPRENORPHINE HYDROCHLORIDE	1/1/2016	FEE SCHED	$2.99	$0.00									
J0594		BUSULFAN INJECTION	1/1/2016	FEE SCHED	$33.18	$0.00									
J0595		BUTORPHANOL TARTRATE 1 MG	1/1/2016	FEE SCHED	$2.39	$0.00									
J0596		INJECTION, RUCONEST	1/1/2016	EAC	$0.00	$0.00									
J0597		C-1 ESTERASE, BERINERT	1/1/2016	FEE SCHED	$46.32	$0.00									
J0598		C-1 ESTERASE, CINRYZE	1/1/2016	FEE SCHED	$54.48	$0.00									
J0600		EDETATE CALCIUM DISODIUM INJ	7/1/2015	FEE SCHED	$5,594.42	$0.00									
J0610		CALCIUM GLUCONATE INJECTION	1/1/2016	FEE SCHED	$3.10	$0.00									
J0620		CALCIUM GLYCER & LACT/10 ML	5/1/2005	MEDICARE	$8.96	$0.00									
J0636		INJ CALCITRIOL PER 0.1 MCG	10/1/2015	FEE SCHED	$0.35	$0.00									
J0637		CASPOFUNGIN ACETATE	1/1/2016	FEE SCHED	$12.94	$0.00									
J0638		CANAKINUMAB INJECTION	1/1/2016	FEE SCHED	$92.12	$0.00									
J0640		LEUCOVORIN CALCIUM INJECTION	1/1/2016	FEE SCHED	$3.84	$0.00									
J0641		LEVOLEUCOVORIN INJECTION	1/1/2016	FEE SCHED	$1.62	$0.00									
J0670		INJ MEPIVACAINE HCL/10 ML	1/1/2016	FEE SCHED	$1.97	$0.00									
J0690		CEFAZOLIN SODIUM INJECTION	1/1/2016	FEE SCHED	$0.89	$0.00									
J0692		CEFEPIME HCL FOR INJECTION	1/1/2016	FEE SCHED	$2.51	$0.00									
J0694		CEFOXITIN SODIUM INJECTION	1/1/2016	FEE SCHED	$4.89	$0.00									
J0695		INJ CEFTOLOZANE TAZOBACTAM	1/1/2016	EAC	$0.00	$0.00									
J0696		CEFTRIAXONE SODIUM INJECTION	1/1/2016	FEE SCHED	$0.77	$0.00									
J0697		STERILE CEFUROXIME INJECTION	1/1/2016	FEE SCHED	$2.42	$0.00									
J0698		CEFOTAXIME SODIUM INJECTION	1/1/2016	FEE SCHED	$3.14	$0.00									
J0702		BETAMETHASONE ACET&SOD PHOSP	1/1/2016	FEE SCHED	$5.83	$0.00									
J0706		CAFFEINE CITRATE INJECTION	4/1/2014	FEE SCHED	$0.55	$0.00									
J0710		CEPHAPIRIN SODIUM INJECTION	1/1/2009	EAC	$0.00	$0.00									
J0712		CEFTAROLINE FOSAMIL INJ	1/1/2016	FEE SCHED	$2.27	$0.00									
J0713		INJ CEFTAZIDIME PER 500 MG	1/1/2016	FEE SCHED	$2.40	$0.00									
J0714		CEFTAZIDIME AND AVIBACTAM	1/1/2016	EAC	$0.00	$0.00									
J0715		CEFTIZOXIME SODIUM / 500 MG	7/1/2009	FEE SCHED	$5.24	$0.00									
J0716		CENTRUROIDES IMMUNE F(AB)	1/1/2013	EAC	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
J0717		CERTOLIZUMAB PEGOL INJ 1MG	1/1/2016	FEE SCHED	$6.47	$0.00									
J0720		CHLORAMPHENICOL SODIUM INJEC	7/1/2014	FEE SCHED	$31.74	$0.00									
J0725		CHORIONIC GONADOTROPIN/1000U	1/1/2016	FEE SCHED	$20.21	$0.00									
J0735		CLONIDINE HYDROCHLORIDE	1/1/2016	FEE SCHED	$11.55	$0.00									
J0740		CIDOFOVIR INJECTION	1/1/2016	FEE SCHED	$566.86	$0.00									
J0743		CILASTATIN SODIUM INJECTION	1/1/2016	FEE SCHED	$4.54	$0.00									
J0744		CIPROFLOXACIN IV	1/1/2016	FEE SCHED	$1.02	$0.00									
J0745		INJ CODEINE PHOSPHATE /30 MG	1/1/2011	FEE SCHED	$1.35	$0.00									
J0760		COLCHICINE INJECTION	7/1/2009	FEE SCHED	$6.57	$0.00									
J0770		COLISTIMETHATE SODIUM INJ	1/1/2016	FEE SCHED	$10.40	$0.00									
J0775		COLLAGENASE, CLOST HIST INJ	1/1/2016	FEE SCHED	$38.46	$0.00									
J0780		PROCHLORPERAZINE INJECTION	1/1/2016	FEE SCHED	$13.09	$0.00									
J0795		CORTICORELIN OVINE TRIFLUTAL	1/1/2016	FEE SCHED	$7.72	$0.00									
J0833		COSYNTROPIN INJECTION NOS	1/1/2011	FEE SCHED	$52.30	$0.00									
J0834		COSYNTROPIN CORTROSYN INJ	1/1/2016	FEE SCHED	$44.49	$0.00									
J0840		CROTALIDAE POLY IMMUNE FAB	10/1/2015	FEE SCHED	$2,542.98	$0.00									
J0850		CYTOMEGALOVIRUS IMM IV /VIAL	10/1/2015	FEE SCHED	$1,064.77	$0.00									
J0875		INJECTION, DALBAVANCIN	1/1/2016	FEE SCHED	$14.58	$0.00									
J0878		DAPTOMYCIN INJECTION	1/1/2016	FEE SCHED	$0.80	$0.00									
J0881		DARBEPOETIN ALFA NON-ESRD	1/1/2016	FEE SCHED	$4.15	$0.00									
J0882		DARBEPOETIN ALFA ESRD USE	1/1/2016	FEE SCHED	$4.15	$0.00									
J0885		EPOETIN ALFA NON-ESRD	1/1/2016	FEE SCHED	$12.33	$0.00									
J0890		PEGINESATIDE INJECTION	7/1/2013	FEE SCHED	$8.20	$0.00									
J0894		DECITABINE INJECTION	1/1/2016	FEE SCHED	$21.78	$0.00									
J0895		DEFEROXAMINE MESYLATE INJ	1/1/2016	FEE SCHED	$15.01	$0.00									
J0897		DENOSUMAB INJECTION	1/1/2016	FEE SCHED	$15.49	$0.00									
J0945		BROMPHENIRAMINE MALEATE INJ	4/10/2007	MEDICARE	$0.80	$0.00									
J1000		DEPO-ESTRADIOL CYPIONATE INJ	1/1/2016	FEE SCHED	$13.80	$0.00									
J1020		METHYLPREDNISOLONE 20 MG INJ	1/1/2016	FEE SCHED	$4.50	$0.00									
J1030		METHYLPREDNISOLONE 40 MG INJ	1/1/2016	FEE SCHED	$4.31	$0.00									
J1040		METHYLPREDNISOLONE 80 MG INJ	1/1/2016	FEE SCHED	$8.33	$0.00									
J1050		MEDROXYPROGESTERONE ACETATE	1/1/2016	FEE SCHED	$0.36	$0.00									
J1071		INJ TESTOSTERONE CYPIONATE	1/1/2015	FEE SCHED	$0.03	$0.00									
J1094		INJ DEXAMETHASONE ACETATE	7/1/2009	FEE SCHED	$0.23	$0.00									
J1100		DEXAMETHASONE SODIUM PHOS	1/1/2016	FEE SCHED	$0.14	$0.00									
J1110		INJ DIHYDROERGOTAMINE MESYLT	1/1/2016	FEE SCHED	$76.74	$0.00									
J1120		ACETAZOLAMID SODIUM INJECTIO	1/1/2016	FEE SCHED	$20.76	$0.00									
J1160		DIGOXIN INJECTION	1/1/2016	FEE SCHED	$4.58	$0.00									
J1162		DIGOXIN IMMUNE FAB (OVINE)	1/1/2016	FEE SCHED	$2,642.71	$0.00									
J1165		PHENYTOIN SODIUM INJECTION	1/1/2016	FEE SCHED	$0.66	$0.00									
J1170		HYDROMORPHONE INJECTION	1/1/2016	FEE SCHED	$2.06	$0.00									
J1180		DYPHYLLINE INJECTION	7/19/2005	MEDICARE	$8.05	$0.00									
J1190		DEXRAZOXANE HCL INJECTION	1/1/2016	FEE SCHED	$166.78	$0.00									
J1200		DIPHENHYDRAMINE HCL INJECTIO	1/1/2016	FEE SCHED	$0.49	$0.00									
J1205		CHLOROTHIAZIDE SODIUM INJ	1/1/2016	FEE SCHED	$115.84	$0.00									
J1212		DIMETHYL SULFOXIDE 50% 50 ML	1/1/2016	FEE SCHED	$217.54	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
J1230		METHADONE INJECTION	1/1/2016	FEE SCHED	$10.26	$0.00									
J1240		DIMENHYDRINATE INJECTION	1/1/2016	FEE SCHED	$6.23	$0.00									
J1245		DIPYRIDAMOLE INJECTION	1/1/2016	FEE SCHED	$0.82	$0.00									
J1250		INJ DOBUTAMINE HCL/250 MG	1/1/2016	FEE SCHED	$5.54	$0.00									
J1260		DOLASETRON MESYLATE	1/1/2016	FEE SCHED	$7.77	$0.00									
J1265		DOPAMINE INJECTION	1/1/2016	FEE SCHED	$0.61	$0.00									
J1267		DORIPENEM INJECTION	1/1/2016	FEE SCHED	$0.80	$0.00									
J1270		INJECTION, DOXERCALCIFEROL	1/1/2016	FEE SCHED	$0.92	$0.00									
J1290		ECALLANTIDE INJECTION	1/1/2016	FEE SCHED	$404.68	$0.00									
J1300		ECULIZUMAB INJECTION	10/1/2015	FEE SCHED	$215.92	$0.00									
J1320		AMITRIPTYLINE INJECTION	7/19/2005	MEDICARE	$2.24	$0.00									
J1325		EPOPROSTENOL INJECTION	1/1/2016	FEE SCHED	$15.48	$0.00									
J1327		EPTIFIBATIDE INJECTION	4/1/2014	FEE SCHED	$27.58	$0.00									
J1330		ERGONOVINE MALEATE INJECTION	1/1/2009	EAC	$0.00	$0.00									
J1335		ERTAPENEM INJECTION	1/1/2016	FEE SCHED	$41.63	$0.00									
J1364		ERYTHRO LACTOBIONATE /500 MG	1/1/2016	FEE SCHED	$48.40	$0.00									
J1380		ESTRADIOL VALERATE 10 MG INJ	1/1/2016	FEE SCHED	$10.27	$0.00									
J1410		INJ ESTROGEN CONJUGATE 25 MG	1/1/2016	FEE SCHED	$228.37	$0.00									
J1430		ETHANOLAMINE OLEATE 100 MG	10/1/2015	FEE SCHED	$404.09	$0.00									
J1435		INJECTION ESTRONE PER 1 MG	4/10/2007	MEDICARE	$0.24	$0.00									
J1436		ETIDRONATE DISODIUM INJ	7/19/2005	MEDICARE	$71.41	$0.00									
J1439		INJ FERRIC CARBOXYMALTOS 1MG	10/1/2015	FEE SCHED	$1.06	$0.00									
J1442		INJ, FILGRASTIM G-CSF 1MCG	1/1/2016	FEE SCHED	$1.01	$0.00									
J1443		INJ FERRIC PYROPHOSPHATE CIT	1/1/2016	EAC	$0.00	$0.00									
J1447		INJ TBO FILGRASTIM 1 MICROG	1/1/2016	FEE SCHED	$3.85	$0.00									
J1450		FLUCONAZOLE	1/1/2016	FEE SCHED	$4.82	$0.00									
J1451		FOMEPIZOLE 15 MG	4/1/2014	FEE SCHED	$6.70	$0.00									
J1452		INTRAOCULAR FOMIVIRSEN NA	7/19/2005	MEDICARE	$212.00	$0.00									
J1453		FOSAPREPITANT INJECTION	10/1/2014	FEE SCHED	$1.73	$0.00									
J1455		FOSCARNET SODIUM INJECTION	10/1/2012	FEE SCHED	$3.50	$0.00									
J1457		GALLIUM NITRATE INJECTION	4/1/2012	FEE SCHED	$2.08	$0.00									
J1458		GALSULFASE INJECTION	1/1/2016	FEE SCHED	$364.39	$0.00									
J1459		INJ IVIG PRIVIGEN 500 MG	1/1/2016	FEE SCHED	$38.26	$0.00									
J1460		GAMMA GLOBULIN 1 CC INJ	1/1/2016	FEE SCHED	$33.45	$0.00									
J1556		INJ, IMM GLOB BIVIGAM, 500MG	1/1/2016	FEE SCHED	$38.86	$0.00									
J1557		GAMMAPLEX INJECTION	1/1/2016	FEE SCHED	$37.31	$0.00									
J1560		GAMMA GLOBULIN > 10 CC INJ	1/1/2016	FEE SCHED	$334.51	$0.00									
J1561		GAMUNEX/GAMUNEX C	1/1/2016	FEE SCHED	$41.77	$0.00									
J1566		IMMUNE GLOBULIN POWDER	1/1/2016	FEE SCHED	$34.90	$0.00									
J1568		OCTAGAM INJECTION	1/1/2016	FEE SCHED	$42.44	$0.00									
J1569		GAMMAGARD LIQUID INJECTION	1/1/2016	FEE SCHED	$38.12	$0.00									
J1570		GANCICLOVIR SODIUM INJECTION	1/1/2016	FEE SCHED	$66.18	$0.00									
J1571		HEPAGAM B IM INJECTION	1/1/2016	FEE SCHED	$55.81	$0.00									
J1572		FLEBOGAMMA INJECTION	1/1/2016	FEE SCHED	$39.36	$0.00									
J1573		HEPAGAM B INTRAVENOUS, INJ	1/1/2014	FEE SCHED	$51.29	$0.00									
J1575		HYQVIA 100MG IMMUNEGLOBULIN	1/1/2016	FEE SCHED	$10.83	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
J1580		GARAMYCIN GENTAMICIN INJ	1/1/2016	FEE SCHED	$1.26	$0.00									
J1590		GATIFLOXACIN INJECTION	7/1/2009	FEE SCHED	$0.80	$0.00									
J1599		IVIG NON-LYOPHILIZED, NOS	1/1/2011	EAC	$0.00	$0.00									
J1600		GOLD SODIUM THIOMALEATE INJ	7/1/2013	FEE SCHED	$30.15	$0.00									
J1602		GOLIMUMAB FOR IV USE 1MG	1/1/2016	FEE SCHED	$24.36	$0.00									
J1610		GLUCAGON HYDROCHLORIDE/1 MG	1/1/2016	FEE SCHED	$197.95	$0.00									
J1620		GONADORELIN HYDROCH/ 100 MCG	1/15/2007	MEDICARE	$180.30	$0.00									
J1626		GRANISETRON HCL INJECTION	1/1/2016	FEE SCHED	$0.43	$0.00									
J1630		HALOPERIDOL INJECTION	1/1/2016	FEE SCHED	$1.52	$0.00									
J1631		HALOPERIDOL DECANOATE INJ	1/1/2016	FEE SCHED	$20.29	$0.00									
J1640		HEMIN, 1 MG	10/1/2015	FEE SCHED	$21.77	$0.00									
J1642		INJ HEPARIN SODIUM PER 10 U	1/1/2016	FEE SCHED	$0.19	$0.00									
J1644		INJ HEPARIN SODIUM PER 1000U	1/1/2016	FEE SCHED	$0.21	$0.00									
J1645		DALTEPARIN SODIUM	1/1/2016	FEE SCHED	$15.60	$0.00									
J1650		INJ ENOXAPARIN SODIUM	1/1/2016	FEE SCHED	$1.15	$0.00									
J1652		FONDAPARINUX SODIUM	1/1/2016	FEE SCHED	$2.54	$0.00									
J1655		TINZAPARIN SODIUM INJECTION	7/1/2011	FEE SCHED	$3.49	$0.00									
J1670		TETANUS IMMUNE GLOBULIN INJ	1/1/2016	FEE SCHED	$402.82	$0.00									
J1700		HYDROCORTISONE ACETATE INJ	2/20/2005	MEDICARE	$0.66	$0.00									
J1710		HYDROCORTISONE SODIUM PH INJ	2/20/2005	MEDICARE	$4.69	$0.00									
J1720		HYDROCORTISONE SODIUM SUCC I	1/1/2016	FEE SCHED	$7.50	$0.00									
J1725		HYDROXYPROGESTERONE CAPROATE	7/1/2014	FEE SCHED	$2.82	$0.00									
J1730		DIAZOXIDE INJECTION	1/15/2007	MEDICARE	$111.85	$0.00									
J1740		IBANDRONATE SODIUM INJECTION	1/1/2016	FEE SCHED	$108.35	$0.00									
J1742		IBUTILIDE FUMARATE INJECTION	1/1/2016	FEE SCHED	$94.25	$0.00									
J1743		IDURSULFASE INJECTION	1/1/2016	FEE SCHED	$519.72	$0.00									
J1745		INFLIXIMAB INJECTION	1/1/2016	FEE SCHED	$79.91	$0.00									
J1750		INJ IRON DEXTRAN	1/1/2016	FEE SCHED	$12.20	$0.00									
J1756		IRON SUCROSE INJECTION	4/1/2015	FEE SCHED	$0.27	$0.00									
J1790		DROPERIDOL INJECTION	10/1/2013	FEE SCHED	$2.14	$0.00									
J1800		PROPRANOLOL INJECTION	1/1/2016	FEE SCHED	$2.89	$0.00									
J1810		DROPERIDOL/FENTANYL INJ	7/20/2006	MEDICARE	$5.58	$0.00									
J1835		INTRACONAZOLE INJECTION	7/1/2009	FEE SCHED	$42.28	$0.00									
J1840		KANAMYCIN SULFATE 500 MG INJ	1/1/2010	FEE SCHED	$7.69	$0.00									
J1850		KANAMYCIN SULFATE 75 MG INJ	1/1/2010	FEE SCHED	$1.15	$0.00									
J1885		KETOROLAC TROMETHAMINE INJ	1/1/2016	FEE SCHED	$0.70	$0.00									
J1890		CEPHALOTHIN SODIUM INJECTION	2/20/2005	MEDICARE	$8.64	$0.00									
J1930		LANREOTIDE INJECTION	1/1/2016	FEE SCHED	$48.17	$0.00									
J1931		LARONIDASE INJECTION	10/1/2014	FEE SCHED	$29.45	$0.00									
J1940		FUROSEMIDE INJECTION	1/1/2016	FEE SCHED	$2.89	$0.00									
J1945		LEPIRUDIN	1/1/2013	FEE SCHED	$570.54	$0.00									
J1950		LEUPROLIDE ACETATE /3.75 MG	1/1/2016	FEE SCHED	$928.95	$0.00									
J1953		LEVETIRACETAM INJECTION	1/1/2016	FEE SCHED	$0.20	$0.00									
J1955		INJ LEVOCARNITINE PER 1 GM	1/1/2016	FEE SCHED	$17.44	$0.00									
J1956		LEVOFLOXACIN INJECTION	1/1/2016	FEE SCHED	$2.39	$0.00									
J1960		LEVORPHANOL TARTRATE INJ	5/1/2005	MEDICARE	$3.17	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
J1980		HYOSCYAMINE SULFATE INJ	1/1/2016	FEE SCHED	$24.38	$0.00									
J1990		CHLORDIAZEPOXIDE INJECTION	4/1/2009	EAC	$0.00	$0.00									
J2001		LIDOCAINE INJECTION	7/1/2009	FEE SCHED	$0.02	$0.00									
J2020		LINEZOLID INJECTION	1/1/2016	FEE SCHED	$23.71	$0.00									
J2060		LORAZEPAM INJECTION	1/1/2016	FEE SCHED	$0.76	$0.00									
J2150		MANNITOL INJECTION	1/1/2016	FEE SCHED	$1.61	$0.00									
J2175		MEPERIDINE HYDROCHL /100 MG	1/1/2016	FEE SCHED	$4.53	$0.00									
J2180		MEPERIDINE/PROMETHAZINE INJ	2/20/2005	MEDICARE	$3.79	$0.00									
J2185		MEROPENEM	1/1/2016	FEE SCHED	$1.31	$0.00									
J2210		METHYLERGONOVIN MALEATE INJ	1/1/2016	FEE SCHED	$4.92	$0.00									
J2248		MICAFUNGIN SODIUM INJECTION	1/1/2016	FEE SCHED	$0.97	$0.00									
J2250		INJ MIDAZOLAM HYDROCHLORIDE	1/1/2016	FEE SCHED	$0.13	$0.00									
J2260		INJ MILRINONE LACTATE / 5 MG	10/1/2015	FEE SCHED	$3.43	$0.00									
J2265		MINOCYCLINE HYDROCHLORIDE	1/1/2012	EAC	$0.00	$0.00									
J2270		MORPHINE SULFATE INJECTION	1/1/2016	FEE SCHED	$1.22	$0.00									
J2274		IN MORPHINE PRESERVATIV FREE	1/1/2016	FEE SCHED	$8.57	$0.00									
J2278		ZICONOTIDE INJECTION	1/1/2016	FEE SCHED	$7.18	$0.00									
J2280		INJ, MOXIFLOXACIN 100MG	1/1/2016	FEE SCHED	$9.18	$0.00									
J2300		INJ NALBUPHINE HYDROCHLORIDE	1/1/2016	FEE SCHED	$2.37	$0.00									
J2310		INJ NALOXONE HYDROCHLORIDE	1/1/2016	FEE SCHED	$27.99	$0.00									
J2315		NALTREXONE, DEPOT FORM	7/1/2015	FEE SCHED	$3.18	$0.00									
J2320		NANDROLONE DECANOATE 50 MG	7/1/2009	FEE SCHED	$3.75	$0.00									
J2323		NATALIZUMAB INJECTION	1/1/2016	FEE SCHED	$17.02	$0.00									
J2325		NESIRITIDE INJECTION	4/1/2014	FEE SCHED	$60.25	$0.00									
J2353		OCTREOTIDE INJECTION DEPOT	1/1/2016	FEE SCHED	$158.71	$0.00									
J2355		OPRELVEKIN INJECTION	1/1/2016	FEE SCHED	$439.06	$0.00									
J2357		OMALIZUMAB INJECTION	1/1/2016	FEE SCHED	$29.97	$0.00									
J2360		ORPHENADRINE INJECTION	1/1/2016	FEE SCHED	$5.70	$0.00									
J2370		PHENYLEPHRINE HCL INJECTION	1/1/2015	FEE SCHED	$3.34	$0.00									
J2400		CHLOROPROCAINE HCL INJECTION	1/1/2016	FEE SCHED	$22.82	$0.00									
J2405		ONDANSETRON HCL INJECTION	10/1/2015	FEE SCHED	$0.10	$0.00									
J2407		INJECTION, ORITAVANCIN	1/1/2016	FEE SCHED	$25.62	$0.00									
J2410		OXYMORPHONE HCL INJECTION	1/1/2016	FEE SCHED	$2.84	$0.00									
J2425		PALIFERMIN INJECTION	1/1/2016	FEE SCHED	$16.41	$0.00									
J2426		PALIPERIDONE PALMITATE INJ	1/1/2016	FEE SCHED	$8.69	$0.00									
J2430		PAMIDRONATE DISODIUM /30 MG	1/1/2016	FEE SCHED	$11.58	$0.00									
J2460		OXYTETRACYCLINE INJECTION	6/29/2006	MEDICARE	$0.94	$0.00									
J2469		PALONOSETRON HCL	1/1/2016	FEE SCHED	$21.47	$0.00									
J2501		PARICALCITOL	1/1/2016	FEE SCHED	$0.95	$0.00									
J2502		INJ, PASIREOTIDE LONG ACTING	1/1/2016	EAC	$0.00	$0.00									
J2503		PEGAPTANIB SODIUM INJECTION	1/1/2016	FEE SCHED	$1,036.15	$0.00									
J2504		PEGADEMASE BOVINE 25 IU	1/1/2016	FEE SCHED	$281.40	$0.00									
J2505		INJECTION PEGFILGRASTIM 6MG	1/1/2016	FEE SCHED	$3,828.10	$0.00		Y							
J2507		PEGLOTICASE INJECTION	1/1/2016	FEE SCHED	$1,363.40	$0.00									
J2510		PENICILLIN G PROCAINE INJ	1/1/2016	FEE SCHED	$22.52	$0.00									
J2513		PENTASTARCH 10% SOLUTION	1/1/2006	MEDICARE	$12.72	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
J2515		PENTOBARBITAL SODIUM INJ	1/1/2016	FEE SCHED	$41.67	$0.00									
J2540		PENICILLIN G POTASSIUM INJ	1/1/2016	FEE SCHED	$0.95	$0.00									
J2543		PIPERACILLIN/TAZOBACTAM	1/1/2016	FEE SCHED	$2.59	$0.00									
J2545		PENTAMIDINE ISETHIONTE/300MG	1/1/2016	FEE SCHED	$113.74	$0.00									
J2547		INJECTION, PERAMIVIR	1/1/2016	EAC	$0.00	$0.00									
J2550		PROMETHAZINE HCL INJECTION	1/1/2016	FEE SCHED	$1.64	$0.00									
J2560		PHENOBARBITAL SODIUM INJ	1/1/2016	FEE SCHED	$29.20	$0.00									
J2562		PLERIXAFOR INJECTION	1/1/2016	FEE SCHED	$307.88	$0.00									
J2590		OXYTOCIN INJECTION	4/1/2014	FEE SCHED	$0.53	$0.00									
J2597		INJ DESMOPRESSIN ACETATE	1/1/2016	FEE SCHED	$13.52	$0.00									
J2650		PREDNISOLONE ACETATE INJ	10/1/2010	FEE SCHED	$0.52	$0.00									
J2670		TOTAZOLINE HCL INJECTION	2/20/2005	MEDICARE	$3.44	$0.00									
J2675		INJ PROGESTERONE PER 50 MG	1/1/2016	FEE SCHED	$0.97	$0.00									
J2680		FLUPHENAZINE DECANOATE 25 MG	1/1/2016	FEE SCHED	$22.26	$0.00									
J2690		0ROCAINAMIDE HCL INJECTION	1/1/2016	FEE SCHED	$46.14	$0.00									
J2700		OXACILLIN SODIUM INJECITON	1/1/2016	FEE SCHED	$1.81	$0.00									
J2704		INJ, PROPOFOL, 10 MG	4/1/2015	FEE SCHED	$0.12	$0.00									
J2710		NEOSTIGMINE METHYLSLFTE INJ	7/1/2009	FEE SCHED	$0.09	$0.00									
J2720		INJ PROTAMINE SULFATE/10 MG	1/1/2016	FEE SCHED	$1.17	$0.00									
J2724		PROTEIN C CONCENTRATE	1/1/2016	FEE SCHED	$15.13	$0.00									
J2725		INJ PROTIRELIN PER 250 MCG	7/19/2005	MEDICARE	$21.78	$0.00									
J2730		PRALIDOXIME CHLORIDE INJ	7/1/2015	FEE SCHED	$91.90	$0.00									
J2765		METOCLOPRAMIDE HCL INJECTION	1/1/2016	FEE SCHED	$0.70	$0.00									
J2770		QUINUPRISTIN/DALFOPRISTIN	1/1/2016	FEE SCHED	$332.13	$0.00									
J2778		RANIBIZUMAB INJECTION	1/1/2016	FEE SCHED	$387.66	$0.00									
J2780		RANITIDINE HYDROCHLORIDE INJ	1/1/2016	FEE SCHED	$1.06	$0.00									
J2783		RASBURICASE	1/1/2016	FEE SCHED	$231.87	$0.00									
J2785		REGADENOSON INJECTION	1/1/2016	FEE SCHED	$54.04	$0.00									
J2788		RHO D IMMUNE GLOBULIN 50 MCG	1/1/2016	FEE SCHED	$24.39	$0.00									
J2790		RHO D IMMUNE GLOBULIN INJ	1/1/2016	FEE SCHED	$83.74	$0.00									
J2791		RHOPHYLAC INJECTION	1/1/2016	FEE SCHED	$4.73	$0.00									
J2792		RHO(D) IMMUNE GLOBULIN H, SD	1/1/2016	FEE SCHED	$20.22	$0.00									
J2793		RILONACEPT INJECTION	1/1/2010	EAC	$0.00	$0.00									
J2794		RISPERIDONE LONG ACTING	1/1/2016	FEE SCHED	$7.28	$0.00									
J2795		ROPIVACAINE HCL INJECTION	10/1/2015	FEE SCHED	$0.08	$0.00									
J2796		ROMIPLOSTIM INJECTION	1/1/2016	FEE SCHED	$59.11	$0.00									
J2800		METHOCARBAMOL INJECTION	1/1/2016	FEE SCHED	$43.22	$0.00									
J2805		SINCALIDE INJECTION	1/1/2016	FEE SCHED	$92.09	$0.00									
J2810		INJ THEOPHYLLINE PER 40 MG	1/1/2016	FEE SCHED	$0.29	$0.00									
J2820		SARGRAMOSTIM INJECTION	1/1/2016	FEE SCHED	$34.28	$0.00									
J2850		INJ SECRETIN SYNTHETIC HUMAN	10/1/2014	FEE SCHED	$34.78	$0.00									
J2860		INJECTION, SILTUXIMAB	1/1/2016	EAC	$0.00	$0.00									
J2910		AUROTHIOGLUCOSE INJECITON	6/29/2006	MEDICARE	$24.50	$0.00									
J2916		NA FERRIC GLUCONATE COMPLEX	1/1/2016	FEE SCHED	$2.57	$0.00									
J2920		METHYLPREDNISOLONE INJECTION	1/1/2016	FEE SCHED	$2.90	$0.00									
J2930		METHYLPREDNISOLONE INJECTION	1/1/2016	FEE SCHED	$4.11	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
J2950		PROMAZINE HCL INJECITON	7/19/2005	MEDICARE	$0.38	$0.00									
J2993		RETEPLASE INJECTION	10/1/2013	FEE SCHED	$2,301.91	$0.00									
J2995		INJ STREPTOKINASE /250000 IU	7/19/2005	MEDICARE	$79.50	$0.00									
J2997		ALTEPLASE RECOMBINANT	1/1/2016	FEE SCHED	$74.69	$0.00									
J3000		STREPTOMYCIN INJECTION	1/1/2016	FEE SCHED	$11.85	$0.00									
J3010		FENTANYL CITRATE INJECITON	7/1/2015	FEE SCHED	$0.49	$0.00									
J3060		INJ, TALIGLUCERACE ALFA 10 U	1/1/2016	FEE SCHED	$38.56	$0.00									
J3070		PENTAZOCINE INJECTION	1/1/2016	FEE SCHED	$123.97	$0.00									
J3090		INJ TEDIZOLID PHOSPHATE	1/1/2016	FEE SCHED	$1.21	$0.00									
J3095		TELAVANCIN INJECTION	1/1/2016	FEE SCHED	$5.30	$0.00									
J3101		TENECTEPLASE INJECTION	1/1/2016	FEE SCHED	$93.93	$0.00									
J3105		TERBUTALINE SULFATE INJ	1/1/2016	FEE SCHED	$0.85	$0.00									
J3121		INJ TESTOSTERO ENANTHATE 1MG	1/1/2016	FEE SCHED	$0.04	$0.00									
J3230		CHLORPROMAZINE HCL INJECTION	1/1/2016	FEE SCHED	$19.21	$0.00									
J3240		THYROTROPIN INJECTION	1/1/2016	FEE SCHED	$1,431.97	$0.00									
J3243		TIGECYCLINE INJECTION	1/1/2016	FEE SCHED	$2.43	$0.00									
J3246		TIROFIBAN HCL	4/1/2014	FEE SCHED	$9.31	$0.00									
J3250		TRIMETHOBENZAMIDE HCL INJ	1/1/2016	FEE SCHED	$23.73	$0.00									
J3260		TOBRAMYCIN SULFATE INJECTION	1/1/2016	FEE SCHED	$2.68	$0.00									
J3262		TOCILIZUMAB INJECTION	1/1/2016	FEE SCHED	$4.00	$0.00									
J3265		INJECTION TORSEMIDE 10 MG/ML	7/1/2009	FEE SCHED	$2.19	$0.00									
J3280		THIETHYLPERAZINE MALEATE INJ	7/19/2005	MEDICARE	$3.87	$0.00									
J3285		TREPROSTINIL INJECTION	1/1/2011	FEE SCHED	$61.24	$0.00									
J3300		TRIAMCINOLONE A INJ PRS-FREE	1/1/2016	FEE SCHED	$3.75	$0.00									
J3301		TRIAMCINOLONE ACETONIDE INJ	1/1/2016	FEE SCHED	$1.81	$0.00									
J3302		TRIAMCINOLONE DIACETATE INJ	7/1/2009	FEE SCHED	$0.28	$0.00									
J3303		TRIAMCINOLONE HEXACETONL INJ	4/1/2015	FEE SCHED	$1.81	$0.00									
J3305		INJ TRIMETREXATE GLUCORONATE	10/1/2007	MEDICARE	$149.71	$0.00									
J3310		PERPHENAZINE INJECITON	1/1/2009	EAC	$0.00	$0.00									
J3315		TRIPTORELIN PAMOATE	1/1/2016	FEE SCHED	$238.97	$0.00									
J3320		SPECTINOMYCN DI-HCL INJ	4/10/2007	MEDICARE	$30.08	$0.00									
J3350		UREA INJECTION	1/1/2009	EAC	$0.00	$0.00									
J3357		USTEKINUMAB INJECTION	1/1/2016	FEE SCHED	$170.98	$0.00									
J3360		DIAZEPAM INJECTION	1/1/2016	FEE SCHED	$6.64	$0.00									
J3364		UROKINASE 5000 IU INJECTION	10/1/2009	FEE SCHED	$9.16	$0.00									
J3365		UROKINASE 250,000 IU INJ	7/1/2009	FEE SCHED	$457.73	$0.00									
J3370		VANCOMYCIN HCL INJECITON	1/1/2016	FEE SCHED	$3.87	$0.00									
J3380		INJECTION, VEDOLIZUMAB	1/1/2016	FEE SCHED	$17.03	$0.00									
J3385		VELAGLUCERASE ALFA	1/1/2016	FEE SCHED	$342.86	$0.00									
J3396		VERTEPORFIN INJECTION	1/1/2016	FEE SCHED	$10.98	$0.00									
J3400		TRIFLUPROMAZINE HCL INJ	1/1/2009	EAC	$0.00	$0.00									
J3410		HYDROXYZINE HCL INJECITON	1/1/2016	FEE SCHED	$2.19	$0.00									
J3411		THIAMINE HCL 100 MG	1/1/2016	FEE SCHED	$3.22	$0.00									
J3415		PYRIDOXINE HCL 100 MG	1/1/2016	FEE SCHED	$9.86	$0.00									
J3420		VITAMIN B12 INJECTION	1/1/2016	FEE SCHED	$2.64	$0.00									
J3430		VITAMIN K PHYTONADIONE INJ	1/1/2016	FEE SCHED	$2.74	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
J3465		INJECTION VORICONAZOLE	1/1/2016	FEE SCHED	$3.88	$0.00									
J3470		HYALURONIDASE INJECTION	7/1/2010	FEE SCHED	$21.20	$0.00									
J3471		OVINE UP TO 999 USP UNITS	1/1/2016	FEE SCHED	$0.32	$0.00									
J3472		OVINE 1000 USP UNITS	4/1/2010	FEE SCHED	$137.80	$0.00									
J3473		HYALURONIDASE RECOMBINANT	1/1/2016	FEE SCHED	$0.36	$0.00									
J3475		INJ MAGNESIUM SULFATE	1/1/2016	FEE SCHED	$0.22	$0.00									
J3480		INJ POTASSIUM CHLORIDE	1/1/2016	FEE SCHED	$0.14	$0.00									
J3485		ZIDOVUDINE	4/1/2013	FEE SCHED	$1.50	$0.00									
J3486		ZIPRASIDONE MESYLATE	1/1/2016	FEE SCHED	$15.58	$0.00									
J3489		ZOLEDRONIC ACID 1MG	1/1/2016	FEE SCHED	$27.53	$0.00									
J3490		DRUGS UNCLASSIFIED INJECTION	1/1/2009	EAC	$0.00	$0.00									
J3520		EDETATE DISODIUM PER 150 MG	1/1/2009	EAC	$0.00	$0.00									
J3530		NASAL VACCINE INHALATION	1/1/2009	EAC	$0.00	$0.00									
J3535		METERED DOSE INHALER DRUG	1/1/2009	EAC	$0.00	$0.00									
J3590		UNCLASSIFIED BIOLOGICS	1/1/2009	EAC	$0.00	$0.00									
J7030		NORMAL SALINE SOLUTION INFUS	1/1/2016	FEE SCHED	$1.88	$0.00									
J7040		NORMAL SALINE SOLUTION INFUS	1/1/2016	FEE SCHED	$0.94	$0.00									
J7042		5% DEXTROSE/NORMAL SALINE	1/1/2016	FEE SCHED	$0.59	$0.00									
J7050		NORMAL SALINE SOLUTION INFUS	10/1/2015	FEE SCHED	$0.46	$0.00									
J7060		5% DEXTROSE/WATER	1/1/2016	FEE SCHED	$1.84	$0.00									
J7070		D5W INFUSION	1/1/2016	FEE SCHED	$3.58	$0.00									
J7100		DEXTRAN 40 INFUSION	1/1/2015	FEE SCHED	$17.77	$0.00									
J7110		DEXTRAN 75 INFUSION	1/1/2012	FEE SCHED	$14.52	$0.00									
J7120		RINGERS LACTATE INFUSION	1/1/2016	FEE SCHED	$1.82	$0.00									
J7121		5% DEXTROSE IN LAC RINGERS	1/1/2016	EAC	$0.00	$0.00									
J7131		HYPERTONIC SALINE SOL	1/1/2012	EAC	$0.00	$0.00									
J7180		FACTOR XIII ANTI-HEM FACTOR	1/1/2016	FEE SCHED	$7.77	$0.00									
J7182		FACTOR VIII RECOMB NOVOEIGHT	1/1/2016	FEE SCHED	$1.45	$0.00									
J7183		WILATE INJECTION	1/1/2016	FEE SCHED	$1.00	$0.00									
J7185		XYNTHA INJ	1/1/2016	FEE SCHED	$1.22	$0.00									
J7186		ANTIHEMOPHILIC VIII/VWF COMP	1/1/2016	FEE SCHED	$0.97	$0.00									
J7187		INJ VONWILLEBRAND FACTOR IU	1/1/2016	FEE SCHED	$1.00	$0.00									
J7188		FACTOR VIII RECOMB OBIZUR	1/1/2016	EAC	$0.00	$0.00									
J7189		FACTOR VIIA	1/1/2016	FEE SCHED	$1.97	$0.00									
J7190		FACTOR VIII	10/1/2015	FEE SCHED	$0.96	$0.00									
J7191		FACTOR VIII (PORCINE)	2/20/2005	MEDICARE	$1.86	$0.00									
J7192		FACTOR VIII RECOMBINANT	1/1/2016	FEE SCHED	$1.18	$0.00									
J7193		FACTOR IX NON-RECOMBINANT	1/1/2016	FEE SCHED	$1.10	$0.00									
J7194		FACTOR IX COMPLEX	1/1/2016	FEE SCHED	$1.22	$0.00									
J7195		FACTOR IX RECOMBINANT	1/1/2016	FEE SCHED	$1.45	$0.00									
J7196		ANTITHROMBIN RECOMBINANT	1/1/2011	EAC	$0.00	$0.00									
J7197		ANTITHROMBIN III INJECTION	1/1/2016	FEE SCHED	$3.62	$0.00									
J7198		ANTI-INHIBITOR	1/1/2016	FEE SCHED	$1.90	$0.00									
J7199		HEMOPHILIA CLOT FACTOR NOC	1/1/2009	EAC	$0.00	$0.00									
J7200		FACTOR IX RECOMBINAN RIXUBIS	1/1/2016	FEE SCHED	$1.24	$0.00									
J7201		FACTOR IX FC FUSION RECOMB	7/1/2015	FEE SCHED	$2.81	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
J7205		FACTOR VIII FC FUSION RECOMB	1/1/2016	FEE SCHED	$1.89	$0.00									
J7297		LEVONORGESTREL IU 52MG 3 YR	1/1/2016	FEE SCHED	$637.50	$0.00									
J7298		LEVONORGESTREL IU 52MG 5 YR	1/1/2016	FEE SCHED	$826.72	$0.00									
J7300		INTRAUT COPPER CONTRACEPTIVE	10/1/2014	FEE SCHED	$753.78	$0.00									
J7301		SKYLA 13.5MG	1/1/2016	FEE SCHED	$633.32	$0.00									
J7303		CONTRACEPTIVE VAGINAL RING	7/1/2015	FEE SCHED	$113.32	$0.00									
J7304		CONTRACEPTIVE HORMONE PATCH	10/1/2014	FEE SCHED	$37.47	$0.00									
J7307		ETONOGESTREL IMPLANT SYSTEM	4/1/2015	FEE SCHED	$786.95	$0.00									
J7308		AMINOLEVULINIC ACID HCL TOP	1/1/2016	FEE SCHED	$292.56	$0.00									
J7309		METHYL AMINOLEVULINATE, TOP	7/1/2013	FEE SCHED	$83.69	$0.00		Y							
J7310		GANCICLOVIR LONG ACT IMPLANT	7/1/2009	FEE SCHED	$16,960.00	$0.00		Y							
J7311		FLUOCINOLONE ACETONIDE IMPLT	1/1/2016	FEE SCHED	$20,150.53	$0.00									
J7312		DEXAMETHASONE INTRA IMPLANT	1/1/2016	FEE SCHED	$201.12	$0.00									
J7313		FLUOCINOL ACET INTRAVIT IMP	1/1/2016	FEE SCHED	$490.95	$0.00									
J7316		INJ, OCRIPLASMIN, 0.125 MG	7/1/2014	FEE SCHED	$1,046.75	$0.00									
J7321		HYALGAN/SUPARTZ INJ PER DOSE	1/1/2016	FEE SCHED	$88.12	$0.00									
J7323		EUFLEXXA INJ PER DOSE	1/1/2016	FEE SCHED	$149.10	$0.00									
J7324		ORTHOVISC INJ PER DOSE	1/1/2016	FEE SCHED	$168.54	$0.00									
J7325		SYNVISC OR SYNVISC-ONE	1/1/2016	FEE SCHED	$13.13	$0.00									
J7326		GEL-ONE	1/1/2016	FEE SCHED	$563.61	$0.00									
J7327		MONOVISC INJ PER DOSE	1/1/2016	FEE SCHED	$963.80	$0.00									
J7328		GEL-SYN INJECTION 0.1 MG	1/1/2016	EAC	$0.00	$0.00									
J7336		CAPSAICIN 8% PATCH	1/1/2016	FEE SCHED	$2.89	$0.00									
J7340		CARBIDOPA LEVODOPA ENTERAL	1/1/2016	EAC	$0.00	$0.00									
J7500		AZATHIOPRINE ORAL 50MG	1/1/2016	FEE SCHED	$0.36	$0.00									
J7501		AZATHIOPRINE PARENTERAL	1/1/2014	FEE SCHED	$217.30	$0.00									
J7502		CYCLOSPORINE ORAL 100 MG	1/1/2016	FEE SCHED	$3.36	$0.00									
J7503		TACROL ENVARSUS EX REL ORAL	1/1/2016	EAC	$0.00	$0.00									
J7504		LYMPHOCYTE IMMUNE GLOBULIN	1/1/2016	FEE SCHED	$1,136.93	$0.00									
J7505		MONOCLONAL ANTIBODIES	4/1/2012	FEE SCHED	$1,156.08	$0.00									
J7507		TACROLIMUS ORAL PER 1 MG	1/1/2016	FEE SCHED	$0.85	$0.00									
J7508		TACROLIMUS EX REL ORAL 0.1MG	1/1/2015	FEE SCHED	$0.39	$0.00									
J7509		METHYLPREDNISOLONE ORAL	1/1/2016	FEE SCHED	$0.33	$0.00									
J7510		PREDNISOLONE ORAL PER 5 MG	1/1/2016	FEE SCHED	$0.13	$0.00									
J7511		ANTITHYMOCYTE GLOBULN RABBIT	1/1/2016	FEE SCHED	$643.00	$0.00									
J7512		PREDNISONE IR OR DR ORAL 1MG	1/1/2016	EAC	$0.00	$0.00									
J7513		DACLIZUMAB, PARENTERAL	7/1/2010	FEE SCHED	$526.34	$0.00									
J7515		CYCLOSPORINE ORAL 25 MG	1/1/2016	FEE SCHED	$0.98	$0.00									
J7516		CYCLOSPORIN PARENTERAL 250MG	1/1/2016	FEE SCHED	$42.69	$0.00									
J7517		MYCOPHENOLATE MOFETIL ORAL	1/1/2016	FEE SCHED	$1.01	$0.00									
J7518		MYCOPHENOLIC ACID	1/1/2016	FEE SCHED	$3.06	$0.00									
J7520		SIROLIMUS, ORAL	1/1/2016	FEE SCHED	$9.67	$0.00									
J7525		TACROLIMUS INJECTION	1/1/2016	FEE SCHED	$164.44	$0.00									
J7527		ORAL EVEROLIMUS	1/1/2016	FEE SCHED	$7.50	$0.00									
J7599		IMMUNOSUPPRESSIVE DRUG NOC	1/1/2009	EAC	$0.00	$0.00									
J7604		ACETYLCYSTEINE COMP UNIT	1/1/2008	EAC	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
J7605		ARFORMOTEROL NON-COMP UNIT	1/1/2016	FEE SCHED	$8.26	$0.00									
J7606		FORMOTEROL FUMARATE, INH	1/1/2016	FEE SCHED	$9.41	$0.00									
J7607		LEVALBUTEROL COMP CON	1/1/2009	EAC	$0.00	$0.00									
J7608		ACETYLCYSTEINE INH SOL U D	1/1/2016	FEE SCHED	$4.02	$0.00									
J7609		ALBUTEROL COMP UNIT	1/1/2009	EAC	$0.00	$0.00									
J7610		ALBUTEROL COMP CON	1/1/2009	EAC	$0.00	$0.00									
J7611		ALBUTEROL NON-COMP	10/1/2015	FEE SCHED	$0.12	$0.00									
J7612		LEVALBUTEROL NONCOMP CON	1/1/2016	FEE SCHED	$0.28	$0.00									
J7613		ALBUTEROL NON-COMP UNIT	7/1/2015	FEE SCHED	$0.05	$0.00									
J7614		LEVALBUTEROL NON-COMP UNIT	1/1/2016	FEE SCHED	$0.08	$0.00									
J7615		LEVALBUTEROL COMP UNIT	1/1/2009	EAC	$0.00	$0.00									
J7620		ALBUTEROL NON-COMPOUNDED	10/1/2015	FEE SCHED	$0.15	$0.00									
J7622		BECLOMETHASONE COMP UNIT	7/19/2005	MEDICARE	$0.04	$0.00									
J7624		BETAMETHASONE COMP UNIT	3/1/2011	EAC	$0.00	$0.00									
J7626		BUDESONIDE NON-COMP UNIT	1/1/2016	FEE SCHED	$5.32	$0.00									
J7627		BUDESONIDE COMP UNIT	1/1/2009	EAC	$0.00	$0.00									
J7628		BITOLTEROL MES INHAL SOL CON	5/1/2005	MEDICARE	$0.18	$0.00									
J7629		BITOLTEROL MES INH SOL U D	3/1/2011	EAC	$0.00	$0.00									
J7631		CROMOLYN SODIUM INH SOL U D	1/1/2016	FEE SCHED	$0.80	$0.00									
J7632		CROMOLYN SODIUM COMP UNIT	1/1/2008	EAC	$0.00	$0.00									
J7633		BUDESONIDE NON-COMP CON	7/19/2005	MEDICARE	$0.01	$0.00									
J7634		BUDESONIDE COMP CON	1/1/2009	EAC	$0.00	$0.00									
J7635		ATROPINE INHAL SOL CON	7/19/2005	MEDICARE	$0.10	$0.00									
J7636		ATROPINE INHAL SOL UNIT DOSE	7/19/2005	MEDICARE	$0.10	$0.00									
J7637		DEXAMETHASONE INHAL SOL CON	3/1/2011	EAC	$0.00	$0.00									
J7638		DEXAMETHASONE INHAL SOL U D	6/29/2006	MEDICARE	$0.13	$0.00									
J7639		DORNASE ALPHA INHAL SOL U D	1/1/2016	FEE SCHED	$38.99	$0.00									
J7640		FORMOTEROL COMP UNIT	1/1/2009	EAC	$0.00	$0.00									
J7641		FLUNISOLIDE COMP UNIT	7/19/2005	MEDICARE	$0.17	$0.00									
J7642		GLYCOPYRROLATE INHAL SOL CON	6/29/2006	MEDICARE	$1.04	$0.00									
J7643		GLYCOPYRROLATE INHAL SOL U D	6/29/2006	MEDICARE	$1.04	$0.00									
J7644		IPRATROPIUM BROM INH SOL U D	10/1/2015	FEE SCHED	$0.21	$0.00									
J7645		IPRATROPIUM BROMIDE COMP	1/1/2009	EAC	$0.00	$0.00									
J7647		ISOETHARINE COMP CON	1/1/2009	EAC	$0.00	$0.00									
J7648		ISOETHARINE HCL INH SOL CON	3/1/2011	EAC	$0.00	$0.00									
J7649		ISOETHARINE HCL INH SOL U D	3/1/2011	EAC	$0.00	$0.00									
J7650		ISOETHARINE COMP UNIT	1/1/2009	EAC	$0.00	$0.00									
J7657		ISOPROTERENOL COMP CON	1/1/2009	EAC	$0.00	$0.00									
J7658		ISOPROTERENOLHCL INH SOL CON	7/19/2005	MEDICARE	$2.07	$0.00									
J7659		ISOPROTERENOL HCL INH SOL UD	7/19/2005	MEDICARE	$2.07	$0.00									
J7660		ISOPROTERENOL COMP UNIT	1/1/2009	EAC	$0.00	$0.00									
J7665		MANNITOL FOR INHALER	4/1/2013	FEE SCHED	$0.67	$0.00									
J7667		METAPROTERENOL COMP CON	1/1/2009	EAC	$0.00	$0.00									
J7668		METAPROTERENOL INH SOL CON	3/1/2011	EAC	$0.00	$0.00									
J7669		METAPROTERENOL INH SOL U D	7/1/2013	FEE SCHED	$0.43	$0.00									
J7670		METAPROTERENOL COMP UNIT	1/1/2009	EAC	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
J7674		METHACHOLINE CHLORIDE NEB	1/1/2016	FEE SCHED	$0.52	$0.00									
J7676		PENTAMIDINE COMP UNIT DOSE	1/1/2008	EAC	$0.00	$0.00									
J7680		TERBUTALINE SO4 INH SOL CON	3/1/2011	EAC	$0.00	$0.00									
J7681		TERBUTALINE SO4 INH SOL U D	7/19/2005	MEDICARE	$0.01	$0.00									
J7682		TOBRAMYCIN INHALATION SOL	1/1/2016	FEE SCHED	$55.61	$0.00									
J7683		TRIAMCINOLONE INH SOL CON	5/1/2005	MEDICARE	$0.56	$0.00									
J7684		TRIAMCINOLONE INH SOL U D	5/1/2005	MEDICARE	$0.56	$0.00									
J7685		TOBRAMYCIN COMP UNIT	1/1/2009	EAC	$0.00	$0.00									
J7686		TREPROSTINIL, NON-COMP UNIT	7/1/2015	FEE SCHED	$506.44	$0.00									
J7699		INHALATION SOLUTION FOR DME	1/1/2009	EAC	$0.00	$0.00									
J7799		NON-INHALATION DRUG FOR DME	1/1/2009	EAC	$0.00	$0.00									
J7999		COMPOUNDED DRUG, NOC	1/1/2016	EAC	$0.00	$0.00									
J8498		ANTIEMETIC RECTAL/SUPP NOS	1/1/2009	EAC	$0.00	$0.00									
J8499		ORAL PRESCRIP DRUG NON CHEMO	1/1/2009	EAC	$0.00	$0.00									
J8501		ORAL APREPITANT	1/1/2016	FEE SCHED	$10.20	$0.00									
J8510		ORAL BUSULFAN	1/1/2016	FEE SCHED	$12.34	$0.00									
J8515		CABERGOLINE ORAL 0.25MG	10/1/2010	FEE SCHED	$14.57	$0.00									
J8520		CAPECITABINE, ORAL, 150 MG	1/1/2016	FEE SCHED	$5.24	$0.00									
J8521		CAPECITABINE, ORAL, 500 MG	1/1/2016	FEE SCHED	$16.65	$0.00									
J8530		CYCLOPHOSPHAMIDE ORAL 25 MG	1/1/2016	FEE SCHED	$3.68	$0.00									
J8540		ORAL DEXAMETHASONE	1/1/2016	FEE SCHED	$0.12	$0.00									
J8560		ETOPOSIDE ORAL 50 MG	1/1/2016	FEE SCHED	$68.62	$0.00									
J8562		ORAL FLUDARABINE PHOSPHATE	4/1/2012	FEE SCHED	$81.77	$0.00									
J8565		GEFITINIB ORAL	1/1/2009	EAC	$0.00	$0.00									
J8597		ANTIEMETIC DRUG ORAL NOS	1/1/2009	EAC	$0.00	$0.00									
J8600		MELPHALAN ORAL 2 MG	1/1/2016	FEE SCHED	$11.21	$0.00									
J8610		METHOTREXATE ORAL 2.5 MG	1/1/2016	FEE SCHED	$1.38	$0.00									
J8655		NETUPITANT PALONOSETRON ORAL	1/1/2016	FEE SCHED	$494.08	$0.00									
J8700		TEMOZOLMIDE	1/1/2016	FEE SCHED	$3.62	$0.00									
J8705		TOPOTECAN ORAL	1/1/2016	FEE SCHED	$101.16	$0.00									
J8999		ORAL PRESCRIPTION DRUG CHEMO	1/1/2009	EAC	$0.00	$0.00									
J9000		DOXORUBIC HCL 10 MG VL CHEMO	1/1/2016	FEE SCHED	$3.10	$0.00									
J9015		ALDESLEUKIN/SINGLE USE VIAL	10/1/2014	FEE SCHED	$2,110.63	$0.00									
J9017		ARSENIC TRIOXIDE	1/1/2016	FEE SCHED	$59.26	$0.00									
J9019		ERWINAZE INJECTION	1/1/2016	FEE SCHED	$388.69	$0.00									
J9020		ASPARAGINASE INJECTION	7/1/2013	FEE SCHED	$64.56	$0.00									
J9025		AZACITIDINE INJECTION	1/1/2016	FEE SCHED	$2.99	$0.00									
J9027		CLOFARABINE INJECTION	1/1/2016	FEE SCHED	$138.32	$0.00									
J9031		BCG LIVE INTRAVESICAL VAC	1/1/2016	FEE SCHED	$123.76	$0.00									
J9032		INJECTION, BELINOSTAT, 10MG	1/1/2016	FEE SCHED	$32.50	$0.00									
J9033		BENDAMUSTINE INJECTION	1/1/2016	FEE SCHED	$24.59	$0.00									
J9035		BEVACIZUMAB INJECTION	1/1/2016	FEE SCHED	$70.84	$0.00									
J9040		BLEOMYCIN SULFATE INJECTION	1/1/2016	FEE SCHED	$21.20	$0.00									
J9041		BORTEZOMIB INJECTION	1/1/2016	FEE SCHED	$46.76	$0.00									
J9042		BRENTUXIMAB VEDOTIN INJ	1/1/2016	FEE SCHED	$124.42	$0.00									
J9043		CABAZITAXEL INJECTION	1/1/2016	FEE SCHED	$147.72	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
J9045		CARBOPLATIN INJECTION	1/1/2016	FEE SCHED	$3.63	$0.00									
J9047		INJECTION, CARFILZOMIB, 1 MG	1/1/2016	FEE SCHED	$30.88	$0.00									
J9050		CARMUS BISCHL NITRO INJ	1/1/2016	FEE SCHED	$3,217.51	$0.00									
J9055		CETUXIMAB INJECTION	1/1/2016	FEE SCHED	$53.81	$0.00									
J9060		CISPLATIN 10 MG INJECITON	1/1/2016	FEE SCHED	$1.55	$0.00									
J9065		INJ CLADRIBINE PER 1 MG	1/1/2016	FEE SCHED	$17.54	$0.00									
J9070		CYCLOPHOSPHAMIDE 100 MG INJ	1/1/2016	FEE SCHED	$48.67	$0.00									
J9098		CYTARABINE LIPOSOME	1/1/2016	FEE SCHED	$581.35	$0.00									
J9100		CYTARABINE HCL 100 MG INJ	1/1/2016	FEE SCHED	$0.88	$0.00									
J9120		DACTINOMYCIN ACTINOMYCIN D	1/1/2016	FEE SCHED	$1,160.34	$0.00									
J9130		DACARBAZINE 100 MG INJ	1/1/2016	FEE SCHED	$3.78	$0.00									
J9150		DAUNORUBICIN	1/1/2016	FEE SCHED	$26.46	$0.00									
J9151		DAUNORUBICIN CITRATE LIPOSOM	7/1/2010	FEE SCHED	$57.66	$0.00									
J9155		DEGARELIX INJECTION	1/1/2016	FEE SCHED	$3.65	$0.00									
J9160		DENILEUKIN DIFTITOX, 300 MCG	1/1/2012	FEE SCHED	$1,646.18	$0.00									
J9165		DIETHYLSTILBESTROL INJECTION	3/1/2011	EAC	$0.00	$0.00									
J9171		DOCETAXEL INJECTION	1/1/2016	FEE SCHED	$2.60	$0.00									
J9175		ELLIOTTS B SOLUTION PER ML	1/1/2014	FEE SCHED	$4.16	$0.00									
J9178		INJ EPIRUBICIN HCL 2 MG	1/1/2016	FEE SCHED	$1.61	$0.00									
J9179		ERIBULIN MESYLATE INJECTION	1/1/2016	FEE SCHED	$104.43	$0.00									
J9181		ETOPOSIDE 10 MG INJ	1/1/2016	FEE SCHED	$0.63	$0.00									
J9185		FLUDARABINE PHOSPHATE INJ	1/1/2016	FEE SCHED	$67.39	$0.00									
J9190		FLUOROURACIL INJECTION	1/1/2016	FEE SCHED	$1.81	$0.00									
J9200		FLOXURIDINE INJECTION	1/1/2016	FEE SCHED	$69.59	$0.00									
J9201		GEMCITABINE HCL, 200 MG	1/1/2016	FEE SCHED	$8.72	$0.00									
J9202		GOSERELIN ACETATE IMPLANT	1/1/2016	FEE SCHED	$276.66	$0.00									
J9206		IRINOTECAN 20 MG	1/1/2016	FEE SCHED	$4.18	$0.00									
J9207		IXABEPILONE INJECTION	1/1/2016	FEE SCHED	$73.47	$0.00									
J9208		IFOSFAMIDE INJECTION	1/1/2016	FEE SCHED	$30.94	$0.00									
J9209		MESNA INJECTION	1/1/2016	FEE SCHED	$4.15	$0.00									
J9211		IDARUBICIN HCL INJECITON	1/1/2016	FEE SCHED	$39.05	$0.00									
J9214		INTERFERON ALFA-2B INJ	1/1/2016	FEE SCHED	$23.90	$0.00									
J9215		INTERFERON ALFA-N3 INJ	2/20/2005	MEDICARE	$8.60	$0.00									
J9217		LEUPROLIDE ACETATE SUSPNSION	1/1/2016	FEE SCHED	$252.59	$0.00									
J9219		LEUPROLIDE ACETATE IMPLANT	7/1/2009	FEE SCHED	$4,819.82	$0.00									
J9225		HISTRELIN IMPLANT	1/1/2016	FEE SCHED	$3,007.40	$0.00		Y							
J9226		SUPPRELIN LA IMPLANT	1/1/2016	FEE SCHED	$23,788.39	$0.00									
J9228		IPILIMUMAB INJECTION	1/1/2016	FEE SCHED	$139.26	$0.00									
J9230		MECHLORETHAMINE HCL INJ	1/1/2016	FEE SCHED	$241.71	$0.00									
J9245		INJ MELPHALAN HYDROCHL 50 MG	1/1/2016	FEE SCHED	$1,604.05	$0.00									
J9250		METHOTREXATE SODIUM INJ	1/1/2016	FEE SCHED	$0.23	$0.00									
J9260		METHOTREXATE SODIUM INJ	1/1/2016	FEE SCHED	$2.31	$0.00									
J9261		NELARABINE INJECTION	1/1/2016	FEE SCHED	$148.12	$0.00									
J9262		INJ, OMACETAXINE MEP, 0.01MG	1/1/2014	EAC	$0.00	$0.00									
J9263		OXALIPLATIN	1/1/2016	FEE SCHED	$0.39	$0.00									
J9264		PACLITAXEL INJECTION	1/1/2016	FEE SCHED	$10.03	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
J9266		PEGASPARGASE/SINGL DOSE VIAL	1/1/2016	FEE SCHED	$8,957.17	$0.00									
J9267		PACLITAXEL INJECTION	1/1/2016	FEE SCHED	$0.15	$0.00									
J9268		PENTOSTATIN INJECTION	1/1/2016	FEE SCHED	$1,620.74	$0.00									
J9270		PLICAMYCIN (MITHRAMYCIN) INJ	2/20/2005	MEDICARE	$78.99	$0.00									
J9271		INJ PEMBROLIZUMAB	1/1/2016	FEE SCHED	$45.70	$0.00									
J9280		MITOMYCIN 5 MG INJ	1/1/2016	FEE SCHED	$107.60	$0.00									
J9293		MITOXANTRONE HYDROCHL / 5 MG	1/1/2016	FEE SCHED	$27.37	$0.00									
J9299		INJECTION, NIVOLUMAB	1/1/2016	FEE SCHED	$25.37	$0.00									
J9300		GEMTUZUMAB OZOGAMICIN	7/1/2011	FEE SCHED	$2,742.59	$0.00									
J9301		OBINUTUZUMAB INJ	1/1/2016	FEE SCHED	$55.36	$0.00									
J9302		OFATUMUMAB INJECTION	1/1/2016	FEE SCHED	$50.53	$0.00									
J9303		PANITUMUMAB INJECTION	1/1/2016	FEE SCHED	$103.39	$0.00									
J9305		PEMETREXED INJECTION	1/1/2016	FEE SCHED	$61.76	$0.00									
J9306		INJECTION, PERTUZUMAB, 1 MG	1/1/2016	FEE SCHED	$10.47	$0.00									
J9307		PRALATREXATE INJECTION	1/1/2016	FEE SCHED	$221.75	$0.00									
J9308		INJECTION, RAMUCIRUMAB	1/1/2016	FEE SCHED	$54.02	$0.00									
J9310		RITUXIMAB CANCER TREATMENT	1/1/2016	FEE SCHED	$769.01	$0.00									
J9315		ROMIDEPSIN INJECTION	1/1/2016	FEE SCHED	$299.30	$0.00									
J9320		STREPTOZOCIN INJECTION	1/1/2016	FEE SCHED	$320.01	$0.00									
J9328		TEMOZOLOMIDE INJECTION	1/1/2016	FEE SCHED	$6.74	$0.00									
J9330		TEMSIROLIMUS INJECTION	1/1/2016	FEE SCHED	$63.74	$0.00									
J9340		THIOTEPA INJECTION	10/1/2013	FEE SCHED	$630.70	$0.00									
J9351		TOPOTECAN INJECTION	1/1/2016	FEE SCHED	$2.00	$0.00									
J9354		INJ, ADO-TRASTUZUMAB EMT 1MG	10/1/2015	FEE SCHED	$29.21	$0.00									
J9355		TRASTUZUMAB	1/1/2016	FEE SCHED	$89.51	$0.00									
J9357		VALRUBICIN, 200 MG	1/1/2016	FEE SCHED	$1,114.16	$0.00									
J9360		VINBLASTINE SULFATE INJ	1/1/2016	FEE SCHED	$2.99	$0.00									
J9370		VINCRISTINE SULFATE 1 MG INJ	1/1/2016	FEE SCHED	$6.49	$0.00									
J9371		INJ, VINCRISTINE SUL LIP 1MG	1/1/2016	FEE SCHED	$2,320.19	$0.00									
J9390		VINORELBINE TARTRATE/10 MG	1/1/2016	FEE SCHED	$11.00	$0.00									
J9395		INJECTION FULVESTRANT	1/1/2016	FEE SCHED	$93.58	$0.00									
J9400		INJ, ZIV-AFLIBERCEPT, 1MG	1/1/2016	FEE SCHED	$8.21	$0.00									
J9600		PORFIMER SODIUM	7/1/2011	FEE SCHED	$3,004.74	$0.00									
J9999		CHEMOTHERAPY DRUG	1/1/2009	EAC	$0.00	$0.00		Y							
L0112		CRANIAL CERVICAL ORTHOSIS	1/1/2015	MEDICARE	$1,354.34	$0.00		Y							
L0113		CRANIAL CERVICAL TORTICOLLIS	1/1/2015	MEDICARE	$275.96	$0.00									
L0120		CERV FLEX N/ADJ FOAM PRE OTS	1/1/2015	MEDICARE	$23.75	$0.00									
L0130		FLEX THERMOPLASTIC COLLAR MO	1/1/2015	MEDICARE	$146.01	$0.00									
L0140		CERVICAL SEMI-RIGID ADJUSTAB	1/1/2015	MEDICARE	$64.69	$0.00									
L0150		CERV SEMI-RIG ADJ MOLDED CHN	1/1/2015	MEDICARE	$96.71	$0.00									
L0160		CERV SR WIRE OCC/MAN PRE OTS	1/1/2015	MEDICARE	$140.17	$0.00									
L0170		CERVICAL COLLAR MOLDED TO PT	1/1/2015	MEDICARE	$577.18	$0.00									
L0172		CERV COL SR FOAM 2PC PRE OTS	1/1/2015	MEDICARE	$118.04	$0.00									
L0174		CERV SR 2PC THOR EXT PRE OTS	1/1/2015	MEDICARE	$287.57	$0.00									
L0180		CER POST COL OCC/MAN SUP ADJ	1/1/2015	MEDICARE	$331.61	$0.00									
L0458		TLSO 2MOD SYMPHIS-XIPHO PRE	1/1/2015	MEDICARE	$862.98	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
L0460		TLSO 2 SHL SYMPHYS-STERN CST	1/1/2015	MEDICARE	$971.38	$0.00									
L0491		TLSO 2 PIECE RIGID SHELL	1/1/2015	MEDICARE	$743.16	$0.00									
L0492		TLSO 3 PIECE RIGID SHELL	1/1/2015	MEDICARE	$468.34	$0.00									
L0621		SIO FLEX PELVIC/SACR PRE OTS	1/1/2015	MEDICARE	$102.11	$0.00									
L0622		SIO FLEX PELVISACRAL CUSTOM	1/1/2015	MEDICARE	$231.21	$0.00									
L0625		LO FLEX L1-BELOW L5 PRE OTS	1/1/2015	MEDICARE	$53.42	$0.00									
L0626		LO SAG RIG PNL STAYS PRE CST	1/1/2015	MEDICARE	$75.56	$0.00									
L0627		LO SAG RI AN/POS PNL PRE CST	1/1/2015	MEDICARE	$398.54	$0.00									
L0628		LSO FLEX NO RI STAYS PRE OTS	1/1/2015	MEDICARE	$81.32	$0.00									
L0630		LSO R POST PNL SJ-T9 PRE CST	1/1/2015	MEDICARE	$157.01	$0.00									
L0631		LSO SAG R AN/POS PNL PRE CST	1/1/2015	MEDICARE	$995.36	$0.00									
L0633		LSO SC R POS/LAT PNL PRE CST	1/1/2015	MEDICARE	$278.03	$0.00									
L0635		LSO SAGIT RIGID PANEL PREFAB	1/1/2015	MEDICARE	$856.67	$0.00		Y							
L0636		LSO SAGITTAL RIGID PANEL CUS	1/1/2015	MEDICARE	$1,490.75	$0.00		Y							
L0637		LSO SC R ANT/POS PNL PRE CST	1/1/2015	MEDICARE	$1,003.61	$0.00		Y							
L0638		LSO SAG-CORONAL PANEL CUSTOM	1/1/2015	MEDICARE	$1,276.27	$0.00		Y							
L0639		LSO S/C SHELL/PANEL PREFAB	1/1/2015	MEDICARE	$1,003.61	$0.00		Y							
L0640		LSO S/C SHELL/PANEL CUSTOM	1/1/2015	MEDICARE	$1,012.54	$0.00		Y							
L0859		MRI COMPATIBLE SYSTEM	1/1/2015	MEDICARE	$1,453.72	$0.00									
L1220		ANTERIOR THORACIC EXTENSION	1/1/2015	MEDICARE	$206.74	$0.00									
L1260		ANTERIOR THORACIC DEROTATION	1/1/2015	MEDICARE	$67.70	$0.00									
L1620		HO FLEX PAVLIK HARNS PRE CST	1/1/2015	MEDICARE	$119.91	$0.00									
L1660		HO ABDUCTION STATIC PLASTIC	1/1/2015	MEDICARE	$153.16	$0.00									
L1810		KO ELASTIC WITH JOINTS	1/1/2015	MEDICARE	$90.36	$0.00									
L1812		KO ELASTIC W/JOINTS PRE OTS	1/1/2015	MEDICARE	$90.36	$0.00									
L1820		KO ELAS W/ CONDYLE PADS & JO	1/1/2015	MEDICARE	$126.92	$0.00									
L1830		KO IMMOB CANVAS LONG PRE OTS	1/1/2015	MEDICARE	$82.68	$0.00									
L1831		KNEE ORTH POS LOCKING JOINT	1/1/2015	MEDICARE	$284.80	$0.00									
L1832		KO ADJ JNT POS R SUP PRE CST	1/1/2015	MEDICARE	$544.12	$0.00									
L1833		KO ADJ JNT POS R SUP PRE OTS	1/1/2015	MEDICARE	$544.12	$0.00									
L1840		KO DEROT ANT CRUCIATE CUSTOM	1/1/2015	MEDICARE	$822.91	$0.00		Y							
L1844		KO W/ADJ JT ROT CNTRL MOLDED	1/1/2015	MEDICARE	$1,606.47	$0.00									
L1845		KO DOUBLE UPRIGHT PRE CST	1/1/2015	MEDICARE	$755.51	$0.00		Y							
L1846		KO W ADJ FLEX/EXT ROTAT MOLD	1/1/2015	MEDICARE	$1,004.50	$0.00									
L1902		AFO ANKLE GAUNTLET PRE OTS	1/1/2015	MEDICARE	$71.44	$0.00									
L1904		AFO MOLDED ANKLE GAUNTLET	1/1/2015	MEDICARE	$420.86	$0.00									
L1906		AFO MULTILIG ANK SUP PRE OTS	1/1/2015	MEDICARE	$143.50	$0.00									
L1920		AFO SING UPRIGHT W/ ADJUST S	1/1/2015	MEDICARE	$393.53	$0.00									
L1930		AFO PLASTIC	1/1/2015	MEDICARE	$231.07	$0.00									
L1932		AFO RIG ANT TIB PREFAB TCF/=	1/1/2015	MEDICARE	$863.45	$0.00									
L1945		AFO MOLDED PLAS RIG ANT TIB	1/1/2015	MEDICARE	$852.45	$0.00									
L1951		AFO SPIRAL PREFABRICATED	1/1/2015	MEDICARE	$812.66	$0.00									
L1960		AFO POS SOLID ANK PLASTIC MO	1/1/2015	MEDICARE	$496.07	$0.00									
L1971		AFO W/ANKLE JOINT, PREFAB	1/1/2015	MEDICARE	$453.55	$0.00									
L1990		AFO DOUB SOLID STIRRUP CALF	1/1/2015	MEDICARE	$398.93	$0.00									
L2000		KAFO SING FRE STIRR THI/CALF	1/1/2015	MEDICARE	$940.52	$0.00		Y							

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
L2020		KAFO DBL SOLID STIRRUP BAND/	1/1/2015	MEDICARE	$1,045.02	$0.00		Y							
L2034		KAFO PLA SIN UP W/WO K/A CUS	1/1/2015	MEDICARE	$2,013.93	$0.00									
L2106		AFO TIB FX CAST PLASTER MOLD	1/1/2015	MEDICARE	$608.51	$0.00									
L2112		AFO TIBIAL FRACTURE SOFT	1/1/2015	MEDICARE	$417.56	$0.00									
L2114		AFO TIB FX SEMI-RIGID	1/1/2015	MEDICARE	$523.73	$0.00									
L2116		AFO TIBIAL FRACTURE RIGID	1/1/2015	MEDICARE	$637.13	$0.00									
L2180		PLAS SHOE INSERT W ANK JOINT	1/1/2015	MEDICARE	$136.49	$0.00									
L2270		VARUS/VALGUS STRAP PADDED/LI	1/1/2015	MEDICARE	$52.78	$0.00									
L2275		PLASTIC MOD LOW EXT PAD/LINE	1/1/2015	MEDICARE	$133.32	$0.00									
L2280		MOLDED INNER BOOT	1/1/2015	MEDICARE	$405.26	$0.00									
L2310		ABDUCTION BAR-STRAIGHT	1/1/2015	MEDICARE	$119.50	$0.00									
L2340		PRE-TIBIAL SHELL MOLDED TO P	1/1/2015	MEDICARE	$400.00	$0.00									
L2387		ADD LE POLY KNEE CUSTOM KAFO	1/1/2015	MEDICARE	$148.12	$0.00									
L2425		KNEE DISC/DIAL LOCK/ADJ FLEX	1/1/2015	MEDICARE	$138.72	$0.00									
L2795		KNEE CONTROL FULL KNEECAP	1/1/2015	MEDICARE	$76.05	$0.00									
L2800		KNEE CAP MEDIAL OR LATERAL P	1/1/2015	MEDICARE	$104.70	$0.00									
L2820		SOFT INTERFACE BELOW KNEE SE	1/1/2015	MEDICARE	$103.63	$0.00									
L2830		SOFT INTERFACE ABOVE KNEE SE	1/1/2015	MEDICARE	$112.11	$0.00									
L3000		FT INSERT UCB BERKELEY SHELL	1/1/2015	MEDICARE	$303.93	$0.00									
L3001		FOOT INSERT REMOV MOLDED SPE	1/1/2015	MEDICARE	$127.99	$0.00									
L3010		FOOT LONGITUDINAL ARCH SUPPO	1/1/2015	MEDICARE	$168.60	$0.00									
L3020		FOOT LONGITUD/METATARSAL SUP	1/1/2015	MEDICARE	$191.97	$0.00									
L3030		FOOT ARCH SUPPORT REMOV PREM	1/1/2015	MEDICARE	$73.83	$0.00		Y							
L3031		FOOT LAMIN/PREPREG COMPOSITE	1/1/2015	MEDICARE	$118.52	$0.00									
L3040		FT ARCH SUPRT PREMOLD LONGIT	1/1/2015	MEDICARE	$45.54	$0.00									
L3050		FOOT ARCH SUPP PREMOLD METAT	1/1/2015	MEDICARE	$45.54	$0.00									
L3060		FOOT ARCH SUPP LONGITUD/META	1/1/2015	MEDICARE	$71.38	$0.00									
L3080		ARCH SUPP ATT TO SHOE METATA	1/1/2015	MEDICARE	$30.76	$0.00									
L3100		HALLUS-VALGUS NT DYN PRE OTS	1/1/2015	MEDICARE	$41.83	$0.00									
L3170		FOOT PLAS HEEL STABI PRE OTS	1/1/2015	MEDICARE	$49.25	$0.00									
L3202		ORTHOPEDIC SHOE OXFORD WITH SUPI	1/1/2004	MSRP	$0.00	$0.00									
L3211		SURGICAL BOOT EACH JUNIOR	7/1/1991	MSRP	$0.00	$0.00									
L3224		WOMAN'S SHOE OXFORD BRACE	1/1/2015	MEDICARE	$54.73	$0.00									
L3225		MAN'S SHOE OXFORD BRACE	1/1/2015	MEDICARE	$73.03	$0.00									
L3260		AMBULATORY SURGICAL BOOT EAC	7/1/1991	MSRP	$0.00	$0.00									
L3300		SHO LIFT TAPER TO METATARSAL	1/1/2015	MEDICARE	$50.45	$0.00									
L3310		SHOE LIFT ELEV HEEL/SOLE NEO	1/1/2015	MEDICARE	$78.76	$0.00									
L3330		LIFTS ELEVATION METAL EXTENS	1/1/2015	MEDICARE	$547.62	$0.00									
L3332		SHOE LIFTS TAPERED TO ONE-HA	1/1/2015	MEDICARE	$71.38	$0.00									
L3334		SHOE LIFTS ELEVATION HEEL /I	1/1/2015	MEDICARE	$36.94	$0.00									
L3350		SHOE HEEL WEDGE	1/1/2015	MEDICARE	$22.12	$0.00									
L3420		FULL SOLE/HEEL WEDGE BTWEEN	1/1/2015	MEDICARE	$52.92	$0.00									
L3450		SHOE HEEL SACH CUSHION TYPE	1/1/2015	MEDICARE	$102.13	$0.00									
L3460		SHOE HEEL NEW RUBBER STANDAR	1/1/2015	MEDICARE	$33.24	$0.00									
L3470		SHOE HEEL THOMAS EXTEND TO B	1/1/2015	MEDICARE	$60.32	$0.00									
L3480		SHOE HEEL PAD & DEPRESS FOR	1/1/2015	MEDICARE	$60.32	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
L3540		ORTHO SHOE ADD FULL SOLE	1/1/2015	MEDICARE	$49.25	$0.00									
L3650		SO 8 ABD RESTRAINT PRE OTS	1/1/2015	MEDICARE	$51.94	$0.00									
L3660		SO 8 AB RSTR CAN/WEB PRE OTS	1/1/2015	MEDICARE	$117.48	$0.00									
L3670		SO ACRO/CLAV CAN WEB PRE OTS	1/1/2015	MEDICARE	$99.03	$0.00									
L3671		SO CAP DESIGN W/O JNTS CF	1/1/2015	MEDICARE	$793.51	$0.00									
L3702		EO W/O JOINTS CF	1/1/2015	MEDICARE	$254.30	$0.00									
L3710		EO ELAS W/METAL JNTS PRE OTS	1/1/2015	MEDICARE	$108.26	$0.00									
L3720		FOREARM/ARM CUFFS FREE MOTIO	1/1/2015	MEDICARE	$572.82	$0.00									
L3740		CUFFS ADJ LOCK W/ ACTIVE CON	1/1/2015	MEDICARE	$935.98	$0.00									
L3760		EO WITHJOINT, PREFABRICATED	1/1/2015	MEDICARE	$440.41	$0.00									
L3763		EWHO RIGID W/O JNTS CF	1/1/2015	MEDICARE	$591.55	$0.00		Y							
L3764		EWHO W/JOINT(S) CF	1/1/2015	MEDICARE	$676.21	$0.00		Y							
L3765		EWHFO RIGID W/O JNTS CF	1/1/2015	MEDICARE	$1,129.22	$0.00		Y							
L3766		EWHFO W/JOINT(S) CF	1/1/2015	MEDICARE	$1,195.75	$0.00									
L3806		WHFO W/JOINT(S) CUSTOM FAB	1/1/2015	MEDICARE	$400.03	$0.00									
L3807		WHFO W/O JOINTS PRE CST	1/1/2015	MEDICARE	$220.17	$0.00									
L3808		WHFO, RIGID W/O JOINTS	1/1/2015	MEDICARE	$319.59	$0.00									
L3809		WHFO W/O JOINTS PRE OTS	1/1/2015	MEDICARE	$220.17	$0.00									
L3905		WHO W/NONTORSION JNT(S) CF	1/1/2015	MEDICARE	$873.34	$0.00									
L3906		WHO W/O JOINTS CF	1/1/2015	MEDICARE	$358.14	$0.00									
L3908		WHO COCK-UP NONMOLDE PRE OTS	1/1/2015	MEDICARE	$52.47	$0.00									
L3913		HFO W/O JOINTS CF	1/1/2015	MEDICARE	$238.51	$0.00									
L3917		METACARP FX ORTHOSIS PRE CST	1/1/2015	MEDICARE	$93.00	$0.00									
L3919		HO W/O JOINTS CF	1/1/2015	MEDICARE	$238.51	$0.00									
L3921		HFO W/JOINT(S) CF	1/1/2015	MEDICARE	$282.85	$0.00									
L3931		WHFO NONTORSION JOINT PREFAB	1/1/2015	MEDICARE	$169.12	$0.00									
L3933		FO W/O JOINTS CF	1/1/2015	MEDICARE	$187.91	$0.00									
L3935		FO NONTORSION JOINT CF	1/1/2015	MEDICARE	$194.60	$0.00									
L3960		SEWHO AIRPLAN DESIG ABDU POS	1/1/2015	MEDICARE	$643.64	$0.00		Y							
L3961		SEWHO CAP DESIGN W/O JNTS CF	1/1/2015	MEDICARE	$1,479.60	$0.00		Y							
L3967		SEWHO AIRPLANE W/O JNTS CF	1/1/2015	MEDICARE	$1,746.91	$0.00		Y							
L3971		SEWHO CAP DESIGN W/JNT(S) CF	1/1/2015	MEDICARE	$1,658.20	$0.00		Y							
L3973		SEWHO AIRPLANE W/JNT(S) CF	1/1/2015	MEDICARE	$1,746.91	$0.00		Y							
L3975		SEWHFO CAP DESIGN W/O JNT CF	1/1/2015	MEDICARE	$1,479.60	$0.00		Y							
L3976		SEWHFO AIRPLANE W/O JNTS CF	1/1/2015	MEDICARE	$1,479.60	$0.00		Y							
L3977		SEWHFO CAP DESGN W/JNT(S) CF	1/1/2015	MEDICARE	$1,658.20	$0.00		Y							
L3978		SEWHFO AIRPLANE W/JNT(S) CF	1/1/2015	MEDICARE	$1,746.91	$0.00									
L3980		UP EXT FX ORTHOS HUMERAL NOS	1/1/2015	MEDICARE	$270.74	$0.00									
L3984		UPPER EXT FX ORTHOSIS WRIST	1/1/2015	MEDICARE	$346.37	$0.00									
L4130		REPLACE PRETIBIAL SHELL	1/1/2015	MEDICARE	$510.30	$0.00									
L4350		ANKLE CONTROL ORTHO PRE OTS	1/1/2015	MEDICARE	$80.00	$0.00									
L4360		PNEUMAT WALKING BOOT PRE CST	1/1/2015	MEDICARE	$267.42	$0.00									
L4361		PNEUMA/VAC WALK BOOT PRE OTS	1/1/2015	MEDICARE	$267.42	$0.00									
L4370		PNEUM FULL LEG SPLNT PRE OTS	1/1/2015	MEDICARE	$185.33	$0.00									
L4386		NON-PNEUM WALK BOOT PRE CST	1/1/2015	MEDICARE	$153.41	$0.00									
L4387		NON-PNEUM WALK BOOT PRE OTS	1/1/2015	MEDICARE	$153.41	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
L4392		REPLACE AFO SOFT INTERFACE	1/1/2015	MEDICARE	$22.36	$0.00									
L4396		STATIC OR DYNAMI AFO PRE CST	1/1/2015	MEDICARE	$159.47	$0.00									
L8000		MASTECTOMY BRA	1/1/2015	MEDICARE	$35.86	$0.00									
L8010		MASTECTOMY SLEEVE	7/1/1991	MSRP	$0.00	$0.00									
L8020		MASTECTOMY FORM	1/1/2015	MEDICARE	$191.28	$0.00									
L8030		BREAST PROSTHES W/O ADHESIVE	1/1/2015	MEDICARE	$339.44	$0.00		Y							
L8031		BREAST PROSTHESIS W ADHESIVE	1/1/2015	MEDICARE	$339.44	$0.00		Y							
L8032		REUSABLE NIPPLE PROSTHESIS	1/1/2015	MEDICARE	$37.97	$0.00									
L8499		UNLISTED PROCEDURE FOR MISCELLAN	10/1/1986	MSRP	$0.00	$0.00									
L8501		TRACHEOSTOMY SPEAKING VALVE	1/1/2015	MEDICARE	$115.18	$0.00									
L8603		COLLAGEN IMP URINARY 2.5 ML	1/1/2015	MEDICARE	$417.52	$0.00		Y							
L8627		CID EXT SPEECH PROCESS REPL	1/1/2016	MEDICARE	$6,705.14	$0.00		Y							
L8628		CID EXT CONTROLLER REPL	1/1/2016	MEDICARE	$1,210.01	$0.00									
L8629		CID TRANSMIT COIL AND CABLE	1/1/2016	MEDICARE	$173.25	$0.00									
P2028		CEPHALIN FLOCULATION TEST	10/1/2007	EAC	$0.00	$0.00									
P2029		CONGO RED BLOOD TEST	10/1/2007	EAC	$0.00	$0.00									
P2033		BLOOD THYMOL TURBIDITY	10/1/2007	EAC	$0.00	$0.00									
P2038		BLOOD MUCOPROTEIN	1/1/2015	MEDICARE	$6.85	$0.00									
P9010		WHOLE BLOOD FOR TRANSFUSION	10/1/2007	EAC	$0.00	$0.00									
P9011		BLOOD SPLIT UNIT	10/1/2007	EAC	$0.00	$0.00									
P9012		CRYOPRECIPITATE EACH UNIT	10/1/2007	EAC	$0.00	$0.00									
P9016		RBC LEUKOCYTES REDUCED	10/1/2007	EAC	$0.00	$0.00									
P9017		PLASMA 1 DONOR FRZ W/IN 8 HR	10/1/2007	EAC	$0.00	$0.00									
P9019		PLATELETS, EACH UNIT	10/1/2007	EAC	$0.00	$0.00									
P9020		PLAELET RICH PLASMA UNIT	10/1/2007	EAC	$0.00	$0.00									
P9021		RED BLOOD CELLS UNIT	10/1/2007	EAC	$0.00	$0.00									
P9022		WASHED RED BLOOD CELLS UNIT	10/1/2007	EAC	$0.00	$0.00									
P9023		FROZEN PLASMA, POOLED, SD	10/1/2007	EAC	$0.00	$0.00									
P9031		PLATELETS LEUKOCYTES REDUCED	10/1/2007	EAC	$0.00	$0.00									
P9032		PLATELETS, IRRADIATED	10/1/2007	EAC	$0.00	$0.00									
P9033		PLATELETS LEUKOREDUCED IRRAD	10/1/2007	EAC	$0.00	$0.00									
P9034		PLATELETS, PHERESIS	10/1/2007	EAC	$0.00	$0.00									
P9035		PLATELET PHERES LEUKOREDUCED	10/1/2007	EAC	$0.00	$0.00									
P9036		PLATELET PHERESIS IRRADIATED	10/1/2007	EAC	$0.00	$0.00									
P9037		PLATE PHERES LEUKOREDU IRRAD	10/1/2007	EAC	$0.00	$0.00									
P9038		RBC IRRADIATED	10/1/2007	EAC	$0.00	$0.00									
P9039		RBC DEGLYCEROLIZED	10/1/2007	EAC	$0.00	$0.00									
P9040		RBC LEUKOREDUCED IRRADIATED	10/1/2007	EAC	$0.00	$0.00									
P9041		ALBUMIN (HUMAN),5%, 50ML	10/1/2014	FEE SCHED	$10.91	$0.00									
P9043		PLASMA PROTEIN FRACT,5%,50ML	4/1/2014	FEE SCHED	$9.57	$0.00									
P9044		CRYOPRECIPITATEREDUCEDPLASMA	10/1/2007	EAC	$0.00	$0.00									
P9045		ALBUMIN (HUMAN), 5%, 250 ML	10/1/2014	FEE SCHED	$54.54	$0.00									
P9046		ALBUMIN (HUMAN), 25%, 20 ML	10/1/2014	FEE SCHED	$22.49	$0.00									
P9047		ALBUMIN (HUMAN), 25%, 50ML	10/1/2014	FEE SCHED	$53.44	$0.00									
P9048		PLASMAPROTEIN FRACT,5%,250ML	4/1/2014	FEE SCHED	$47.86	$0.00									
P9050		GRANULOCYTES, PHERESIS UNIT	10/1/2007	EAC	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
P9051		BLOOD L/R CMV-NEG	10/1/2007	EAC	$0.00	$0.00									
P9052		PLATELETS HLA-M L/R UNIT	10/1/2007	EAC	$0.00	$0.00									
P9053		PLT PHER L/R CMV-NEG IRR	10/1/2007	EAC	$0.00	$0.00									
P9054		BLOOD L/R FROZ/DEGLY/WASH	10/1/2007	EAC	$0.00	$0.00									
P9055		PLT APH/PHER L/R CMV-NEG	10/1/2007	EAC	$0.00	$0.00									
P9056		BLOOD L/R IRRADIATED	10/1/2007	EAC	$0.00	$0.00									
P9057		RBC FRZ/DEG/WSH L/R IRRAD	10/1/2007	EAC	$0.00	$0.00									
P9058		RBC L/R CMV-NEG IRRAD	10/1/2007	EAC	$0.00	$0.00									
P9059		PLASMA FRZ BETWEEN 8-24HOUR	10/1/2007	EAC	$0.00	$0.00									
P9060		FR FRZ PLASMA DONOR RETESTED	10/1/2007	EAC	$0.00	$0.00									
P9612		CATHETERIZE FOR URINE SPEC	1/1/1999	MEDICARE	$3.00	$0.00									
P9615		URINE SPECIMEN COLLECT MULT	1/1/1999	MEDICARE	$3.00	$0.00									
Q0081		INFUSION THERAPY USING OTHER THAN	7/1/2014	EAC	$0.00	$0.00									
Q0091		OBTAINING SCREEN PAP SMEAR	7/1/2015	RBRVS	$42.50	$18.90									
Q0092		SET UP PORT XRAY EQUIPMENT	7/1/2015	RBRVS	$23.66	$23.66									
Q0111		WET MOUNTS/ W PREPARATIONS	1/1/2016	MEDICARE	$5.82	$0.00									
Q0112		POTASSIUM HYDROXIDE PREPS	1/1/2016	MEDICARE	$5.82	$0.00									
Q0113		PINWORM EXAMINATIONS	1/1/2016	MEDICARE	$6.21	$0.00									
Q0114		FERN TEST	1/1/2016	MEDICARE	$9.75	$0.00									
Q0144		AZITHROMYCIN DIHYDRATE, ORAL	4/1/2010	FEE SCHED	$32.21	$0.00									
Q0161		CHLORPROMAZINE HCL 5MG ORAL	7/1/2014	EAC	$0.00	$0.00									
Q0162		ONDANSETRON ORAL	1/1/2016	FEE SCHED	$0.03	$0.00									
Q0163		DIPHENHYDRAMINE HCL 50MG	10/1/2015	FEE SCHED	$0.26	$0.00									
Q0164		PROCHLORPERAZINE MALEATE 5MG	1/1/2016	FEE SCHED	$0.05	$0.00									
Q0166		GRANISETRON HCL 1 MG ORAL	1/1/2016	FEE SCHED	$1.30	$0.00									
Q0167		DRONABINOL 2.5MG ORAL	1/1/2016	FEE SCHED	$1.64	$0.00									
Q0169		PROMETHAZINE HCL 12.5MG ORAL	7/1/2015	FEE SCHED	$0.03	$0.00									
Q0173		TRIMETHOBENZAMIDE HCL 250MG	4/1/2011	FEE SCHED	$0.84	$0.00									
Q0174		THIETHYLPERAZINE MALEATE10MG	7/19/2005	MEDICARE	$0.52	$0.00									
Q0175		PERPHENAZINE 4MG ORAL	4/1/2011	FEE SCHED	$0.55	$0.00									
Q0177		HYDROXYZINE PAMOATE 25MG	1/1/2011	FEE SCHED	$0.04	$0.00									
Q0180		DOLASETRON MESYLATE ORAL	1/1/2016	FEE SCHED	$111.52	$0.00									
Q0181		UNSPECIFIED ORAL ANTI-EMETIC	10/1/2007	EAC	$0.00	$0.00									
Q2009		FOSPHENYTOIN, 50 MG	4/1/2014	FEE SCHED	$1.41	$0.00									
Q2017		TENIPOSIDE, 50 MG	1/1/2014	FEE SCHED	$346.95	$0.00									
Q2033		INFLUENZA VACCINE, (FLUBLOK)	10/1/2015	FEE SCHED	$32.75	$0.00									
Q2035		AFLURIA VACC, 3 YRS & >, IM	10/1/2015	FEE SCHED	$11.65	$0.00									
Q2036		FLULAVAL VACC, 3 YRS & >, IM	10/1/2013	FEE SCHED	$7.68	$0.00									
Q2037		FLUVIRIN VACC, 3 YRS & >, IM	10/1/2015	FEE SCHED	$14.16	$0.00									
Q2038		FLUZONE VACC, 3 YRS & >, IM	10/1/2013	FEE SCHED	$10.77	$0.00									
Q2039		NOS VACC, 3 YRS & >, IM	10/1/2010	EAC	$0.00	$0.00			Y						
Q2049		IMPORTED LIPODOX INJ	10/1/2014	FEE SCHED	$508.43	$0.00									
Q2050		DOXORUBICIN INJ 10MG	1/1/2016	FEE SCHED	$431.52	$0.00									
Q2052		IVIG DEMO, SERVICES/SUPPLIES	7/1/2014	EAC	$0.00	$0.00									
Q3001		BRACHYTHERAPY RADIOELEMENTS	10/1/2008	EAC	$0.00	$0.00									
Q3027		INJ BETA INTERFERON IM 1 MCG	1/1/2016	FEE SCHED	$41.79	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
Q3031		COLLAGEN SKIN TEST	4/1/2003	RBRVS	$0.00	$0.00									
Q4001		CAST SUP BODY CAST PLASTER	1/1/2015	FEE SCHED	$48.57	$0.00									
Q4002		CAST SUP BODY CAST FIBERGLAS	1/1/2015	FEE SCHED	$183.53	$0.00									
Q4003		CAST SUP SHOULDER CAST PLSTR	1/1/2015	FEE SCHED	$34.88	$0.00									
Q4004		CAST SUP SHOULDER CAST FBRGL	1/1/2015	FEE SCHED	$120.74	$0.00									
Q4005		CAST SUP LONG ARM ADULT PLST	1/1/2015	FEE SCHED	$12.86	$0.00									
Q4006		CAST SUP LONG ARM ADULT FBRG	1/1/2015	FEE SCHED	$28.98	$0.00									
Q4007		CAST SUP LONG ARM PED PLSTER	1/1/2015	FEE SCHED	$6.44	$0.00									
Q4008		CAST SUP LONG ARM PED FBRGLS	1/1/2015	FEE SCHED	$14.48	$0.00									
Q4009		CAST SUP SHT ARM ADULT PLSTR	1/1/2015	FEE SCHED	$8.59	$0.00									
Q4010		CAST SUP SHT ARM ADULT FBRGL	1/1/2015	FEE SCHED	$19.33	$0.00									
Q4011		CAST SUP SHT ARM PED PLASTER	1/1/2015	FEE SCHED	$4.28	$0.00									
Q4012		CAST SUP SHT ARM PED FBRGLAS	1/1/2015	FEE SCHED	$9.67	$0.00									
Q4013		CAST SUP GAUNTLET PLASTER	1/1/2015	FEE SCHED	$15.63	$0.00									
Q4014		CAST SUP GAUNTLET FIBERGLASS	1/1/2015	FEE SCHED	$26.36	$0.00									
Q4015		CAST SUP GAUNTLET PED PLSTER	1/1/2015	FEE SCHED	$7.83	$0.00									
Q4016		CAST SUP GAUNTLET PED FBRGLS	1/1/2015	FEE SCHED	$13.17	$0.00									
Q4017		CAST SUP LNG ARM SPLINT PLST	1/1/2015	FEE SCHED	$9.04	$0.00									
Q4018		CAST SUP LNG ARM SPLINT FBRG	1/1/2015	FEE SCHED	$14.40	$0.00									
Q4019		CAST SUP LNG ARM SPLNT PED P	1/1/2015	FEE SCHED	$4.53	$0.00									
Q4020		CAST SUP LNG ARM SPLNT PED F	1/1/2015	FEE SCHED	$7.22	$0.00									
Q4021		CAST SUP SHT ARM SPLINT PLST	1/1/2015	FEE SCHED	$6.69	$0.00									
Q4022		CAST SUP SHT ARM SPLINT FBRG	1/1/2015	FEE SCHED	$12.07	$0.00									
Q4023		CAST SUP SHT ARM SPLNT PED P	1/1/2015	FEE SCHED	$3.36	$0.00									
Q4024		CAST SUP SHT ARM SPLNT PED F	1/1/2015	FEE SCHED	$6.04	$0.00									
Q4025		CAST SUP HIP SPICA PLASTER	1/1/2015	FEE SCHED	$37.49	$0.00									
Q4026		CAST SUP HIP SPICA FIBERGLAS	1/1/2015	FEE SCHED	$117.07	$0.00									
Q4027		CAST SUP HIP SPICA PED PLSTR	1/1/2015	FEE SCHED	$18.76	$0.00									
Q4028		CAST SUP HIP SPICA PED FBRGL	1/1/2015	FEE SCHED	$58.56	$0.00									
Q4029		CAST SUP LONG LEG PLASTER	1/1/2015	FEE SCHED	$28.67	$0.00									
Q4030		CAST SUP LONG LEG FIBERGLASS	1/1/2015	FEE SCHED	$75.48	$0.00									
Q4031		CAST SUP LNG LEG PED PLASTER	1/1/2015	FEE SCHED	$14.33	$0.00									
Q4032		CAST SUP LNG LEG PED FBRGLS	1/1/2015	FEE SCHED	$37.74	$0.00									
Q4033		CAST SUP LNG LEG CYLINDER PL	1/1/2015	FEE SCHED	$26.75	$0.00									
Q4034		CAST SUP LNG LEG CYLINDER FB	1/1/2015	FEE SCHED	$66.52	$0.00									
Q4035		CAST SUP LNGLEG CYLNDR PED P	1/1/2015	FEE SCHED	$13.37	$0.00									
Q4036		CAST SUP LNGLEG CYLNDR PED F	1/1/2015	FEE SCHED	$33.27	$0.00									
Q4037		CAST SUP SHRT LEG PLASTER	1/1/2015	FEE SCHED	$16.31	$0.00									
Q4038		CAST SUP SHRT LEG FIBERGLASS	1/1/2015	FEE SCHED	$40.87	$0.00									
Q4039		CAST SUP SHRT LEG PED PLSTER	1/1/2015	FEE SCHED	$8.17	$0.00									
Q4040		CAST SUP SHRT LEG PED FBRGLS	1/1/2015	FEE SCHED	$20.43	$0.00									
Q4041		CAST SUP LNG LEG SPLNT PLSTR	1/1/2015	FEE SCHED	$19.84	$0.00									
Q4042		CAST SUP LNG LEG SPLNT FBRGL	1/1/2015	FEE SCHED	$33.87	$0.00									
Q4043		CAST SUP LNG LEG SPLNT PED P	1/1/2015	FEE SCHED	$9.93	$0.00									
Q4044		CAST SUP LNG LEG SPLNT PED F	1/1/2015	FEE SCHED	$16.94	$0.00									
Q4045		CAST SUP SHT LEG SPLNT PLSTR	1/1/2015	FEE SCHED	$11.52	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
Q4046		CAST SUP SHT LEG SPLNT FBRGL	1/1/2015	FEE SCHED	$18.52	$0.00									
Q4047		CAST SUP SHT LEG SPLNT PED P	1/1/2015	FEE SCHED	$5.74	$0.00									
Q4048		CAST SUP SHT LEG SPLNT PED F	1/1/2015	FEE SCHED	$9.27	$0.00									
Q4049		FINGER SPLINT, STATIC	1/1/2015	FEE SCHED	$2.10	$0.00									
Q4050		CAST SUPPLIES UNLISTED	7/1/2006	EAC	$0.00	$0.00									
Q4081		EPO ALFA 100 UNITS, ESRD	1/1/2016	FEE SCHED	$1.23	$0.00									
Q4112		CYMETRA INJECTABLE	1/1/2016	FEE SCHED	$223.73	$0.00									
Q4113		GRAFTJACKET XPRESS	1/1/2016	FEE SCHED	$223.73	$0.00									
Q4114		INTEGRA FLOWABLE WOUND MATRI	1/1/2016	FEE SCHED	$1,577.70	$0.00									
Q4115		ALLOSKIN	1/1/2016	FEE SCHED	$9.57	$0.00									
Q4116		ALLODERM	1/1/2016	FEE SCHED	$32.56	$0.00									
Q4117		HYALOMATRIX	10/1/2015	FEE SCHED	$5.15	$0.00									
Q4121		THERASKIN	1/1/2016	FEE SCHED	$38.47	$0.00									
Q4123		ALLOSKIN	1/1/2016	FEE SCHED	$22.25	$0.00									
Q4131		EPIFIX	1/1/2016	FEE SCHED	$187.53	$0.00									
Q4132		GRAFIX CORE	10/1/2015	FEE SCHED	$100.00	$0.00									
Q4133		GRAFIX PRIME	10/1/2015	FEE SCHED	$100.00	$0.00									
Q4137		AMNIOEXCEL OR BIODEXCEL, 1CM	7/1/2014	EAC	$0.00	$0.00									
Q4138		BIODFENCE DRYFLEX, 1CM	7/1/2014	EAC	$0.00	$0.00									
Q4139		AMNIO OR BIODMATRIX, INJ 1CC	7/1/2014	EAC	$0.00	$0.00									
Q4140		BIODFENCE 1CM	7/1/2014	EAC	$0.00	$0.00									
Q4141		ALLOSKIN AC, 1 CM	7/1/2014	EAC	$0.00	$0.00									
Q4142		XCM BIOLOGIC TISS MATRIX 1CM	7/1/2014	EAC	$0.00	$0.00									
Q4143		REPRIZA, 1CM	7/1/2014	EAC	$0.00	$0.00									
Q4145		EPIFIX, INJ, 1MG	7/1/2014	EAC	$0.00	$0.00									
Q4146		TENSIX, 1CM	7/1/2014	EAC	$0.00	$0.00									
Q4147		ARCHITECT ECM, 1CM	7/1/2014	EAC	$0.00	$0.00									
Q4148		NEOX 1K, 1CM	7/1/2014	EAC	$0.00	$0.00									
Q4149		EXCELLAGEN, 0.1 CC	7/1/2014	EAC	$0.00	$0.00									
Q4161		BIO-CONNEKT PER SQUARE CM	1/1/2016	EAC	$0.00	$0.00									
Q4162		AMNIO BIO AND WOUNDEX FLOW	1/1/2016	EAC	$0.00	$0.00									
Q4163		AMNIO BIO AND WOUNDEX SQ CM	1/1/2016	EAC	$0.00	$0.00									
Q4164		HELICOLL, PER SQUARE CM	1/1/2016	EAC	$0.00	$0.00									
Q4165		KERAMATRIX, PER SQUARE CM	1/1/2016	EAC	$0.00	$0.00									
Q5101		INJ FILGRASTIM G-CSF BIOSIM	10/1/2015	FEE SCHED	$0.97	$0.00									
Q9950		INJ SULF HEXA LIPID MICROSPH	1/1/2016	FEE SCHED	$33.06	$0.00									
Q9951		LOCM >= 400 MG/ML IODINE, 1ML	10/1/2007	EAC	$0.00	$0.00									
Q9953		INJ FE-BASED MR CONTRAST, ML	4/1/2010	FEE SCHED	$62.05	$0.00									
Q9954		ORAL MR CONTRAST, 100ML	1/1/2013	FEE SCHED	$11.66	$0.00									
Q9955		INJ PERFLEXANE LIP MICROS, ML	4/1/2005	MEDICARE	$13.25	$0.00									
Q9956		INJ OCTAFLUOROPROPANE MIC, ML	1/1/2016	FEE SCHED	$34.91	$0.00									
Q9957		INJ PERFLUTREN LIP MICROS, ML	1/1/2016	FEE SCHED	$52.37	$0.00									
Q9958		HOCM <=149 MG/ML IODINE, 1ML	1/1/2016	FEE SCHED	$0.08	$0.00									
Q9960		HOCM 200-249 MG/ML IODINE, 1ML	7/1/2015	FEE SCHED	$0.19	$0.00									
Q9961		HOCM 250-299 MG/ML IODINE, 1ML	10/1/2015	FEE SCHED	$0.20	$0.00									
Q9962		HOCM 300-349 MG/ML IODINE, 1ML	7/1/2009	FEE SCHED	$0.18	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
Q9963		HOCM 350-399 MG/ML IODINE, 1ML	1/1/2016	FEE SCHED	$0.19	$0.00									
Q9964		HOCM >=400 MG/ML IODINE, 1ML	7/1/2009	FEE SCHED	$0.29	$0.00									
Q9965		LOCM 100-199MG/ML IODINE,1ML	1/1/2016	FEE SCHED	$0.88	$0.00									
Q9966		LOCM 200-299MG/ML IODINE,1ML	10/1/2015	FEE SCHED	$0.18	$0.00									
Q9967		LOCM 300-399MG/ML IODINE,1ML	1/1/2016	FEE SCHED	$0.13	$0.00			Y						
Q9969		NON-HEU TC-99M ADD-ON/DOSE	1/1/2013	EAC	$0.00	$0.00									
Q9980		GENVISC, INJ, 1MG	1/1/2016	EAC	$0.00	$0.00									
R0076		TRANSPORT PORTABLE EKG	7/1/2003	RBRVS	$0.00	$0.00									
S0190		MITEPRISTONE, ORAL, 200MG	7/1/2003	FEE SCHED	$76.50	$0.00									
S0191		MISOPROSTOL, ORAL, 200 MCG	2/26/2004	FEE SCHED	$1.02	$0.00		Y							
S0220		MEDICAL CONFERENCE BY PHYSIC	1/1/2008	RBRVS	$0.00	$0.00									
S4989		CONTRACEPT IUD	4/1/2005	FEE SCHED	$111.08	$0.00									
S4993		CONTRACEPTIVE PILLS FOR BIRTH CONT	9/1/2003	FEE SCHED	$45.00	$0.00									
S9455		DIABETIC MANAGEMENT PROGRAM,	1/1/2014	FEE SCHED	$26.00	$0.00									
S9460		DIABETIC MANAGEMENT PROGRAM,	1/1/2014	FEE SCHED	$22.88	$0.00									
0001F		HEART FAILURE ASSESSED	10/1/2007	RBRVS	$0.00	$0.00									
0005F		OSTEOARTHRITIS COMPOSITE	10/1/2007	RBRVS	$0.00	$0.00									
00100		ANESTH SALIVARY GLAND	10/1/2007	ANES VALU	5.00	0.00									
00102		ANESTH REPAIR OF CLEFT LIP	10/1/2007	ANES VALU	6.00	0.00									
00103		ANESTH BLEPHAROPLASTY	10/1/2007	ANES VALU	5.00	0.00									
00104		ANESTH ELECTROSHOCK	10/1/2007	ANES VALU	4.00	0.00									
0012F		CAP BACTERIAL ASSESS	7/1/2006	RBRVS	$0.00	$0.00									
00120		ANESTH EAR SURGERY	10/1/2007	ANES VALU	5.00	0.00									
00124		ANESTH EAR EXAM	10/1/2007	ANES VALU	4.00	0.00									
00126		ANESTH TYMPANOTOMY	10/1/2007	ANES VALU	4.00	0.00									
00140		ANESTH PROCEDURES ON EYE	10/1/2007	ANES VALU	5.00	0.00									
00142		ANESTH LENS SURGERY	10/1/2007	ANES VALU	4.00	0.00									
00144		ANESTH CORNEAL TRANSPLANT	10/1/2007	ANES VALU	6.00	0.00									
00145		ANESTH VITREORETINAL SURG	10/1/2007	ANES VALU	6.00	0.00									
00147		ANESTH IRIDECTOMY	10/1/2007	ANES VALU	4.00	0.00									
00148		ANESTH EYE EXAM	10/1/2007	ANES VALU	4.00	0.00									
00160		ANESTH NOSE/SINUS SURGERY	10/1/2007	ANES VALU	5.00	0.00									
00162		ANESTH NOSE/SINUS SURGERY	10/1/2007	ANES VALU	7.00	0.00									
00164		ANESTH BIOPSY OF NOSE	10/1/2007	ANES VALU	4.00	0.00									
00170		ANESTH PROCEDURE ON MOUTH	10/1/2007	ANES VALU	5.00	0.00									
00172		ANESTH CLEFT PALATE REPAIR	10/1/2007	ANES VALU	6.00	0.00									
00174		ANESTH PHARYNGEAL SURGERY	10/1/2007	ANES VALU	6.00	0.00									
00176		ANESTH PHARYNGEAL SURGERY	10/1/2007	ANES VALU	7.00	0.00									
00190		ANESTH FACE/SKULL BONE SURG	10/1/2007	ANES VALU	5.00	0.00									
00192		ANESTH FACIAL BONE SURGERY	10/1/2007	ANES VALU	7.00	0.00									
00210		ANESTH CRANIAL SURG NOS	10/1/2007	ANES VALU	11.00	0.00									
00211		ANESTH CRAN SURG HEMOTOMA	1/1/2009	ANES VALU	10.00	0.00									
00212		ANESTH SKULL DRAINAGE	10/1/2007	ANES VALU	5.00	0.00									
00214		ANESTH SKULL DRAINAGE	10/1/2007	ANES VALU	9.00	0.00									
00215		ANESTH SKULL REPAIR/FRACT	10/1/2007	ANES VALU	9.00	0.00									
00216		ANESTH HEAD VESSEL SURGERY	10/1/2007	ANES VALU	15.00	0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
00218		ANESTH SPECIAL HEAD SURGERY	10/1/2007	ANES VALU	13.00	0.00									
00220		ANESTH INTRCRN NERVE	10/1/2007	ANES VALU	10.00	0.00									
00222		ANESTH HEAD NERVE SURGERY	10/1/2007	ANES VALU	6.00	0.00									
00300		ANESTH HEAD/NECK/PTRUNK	10/1/2007	ANES VALU	5.00	0.00									
00320		ANESTH NECK ORGAN 1YR/>	10/1/2007	ANES VALU	6.00	0.00									
00322		ANESTH BIOPSY OF THYROID	10/1/2007	ANES VALU	3.00	0.00									
00326		ANESTH LARYNX/TRACH < 1 YR	10/1/2007	ANES VALU	7.00	0.00									
00350		ANESTH NECK VESSEL SURGERY	10/1/2007	ANES VALU	10.00	0.00									
00352		ANESTH NECK VESSEL SURGERY	10/1/2007	ANES VALU	5.00	0.00									
00400		ANESTH SKIN EXT/PER/ATRUNK	10/1/2007	ANES VALU	3.00	0.00									
00402		ANESTH SURGERY OF BREAST	10/1/2007	ANES VALU	5.00	0.00									
00404		ANESTH SURGERY OF BREAST	10/1/2007	ANES VALU	5.00	0.00									
00406		ANESTH SURGERY OF BREAST	10/1/2007	ANES VALU	13.00	0.00									
00410		ANESTH CORRECT HEART RHYTHM	10/1/2007	ANES VALU	4.00	0.00									
00450		ANESTH SURGERY OF SHOULDER	10/1/2007	ANES VALU	5.00	0.00									
00452		ANESTH SURGERY OF SHOULDER	1/1/2016	ANES VALU	6.00	0.00									
00454		ANESTH COLLAR BONE BIOPSY	10/1/2007	ANES VALU	3.00	0.00									
00470		ANESTH REMOVAL OF RIB	10/1/2007	ANES VALU	6.00	0.00									
00472		ANESTH CHEST WALL REPAIR	10/1/2007	ANES VALU	10.00	0.00									
00474		ANESTH SURGERY OF RIB	10/1/2007	ANES VALU	13.00	0.00									
00500		ANESTH ESOPHAGEAL SURGERY	10/1/2007	ANES VALU	15.00	0.00									
00520		ANESTH CHEST PROCEDURE	10/1/2007	ANES VALU	6.00	0.00									
00522		ANESTH CHEST LINING BIOPSY	10/1/2007	ANES VALU	4.00	0.00									
00524		ANESTH CHEST DRAINAGE	10/1/2007	ANES VALU	4.00	0.00									
00528		ANES MEDIASCPY & DX THORSCPY	10/1/2007	ANES VALU	8.00	0.00									
00529		ANES MEDSCPY&THORSCPY 1 LUNG	10/1/2007	ANES VALU	11.00	0.00									
00530		ANESTH PACEMAKER INSERTION	10/1/2007	ANES VALU	4.00	0.00									
00532		ANESTH VASCULAR ACCESS	10/1/2007	ANES VALU	4.00	0.00									
00534		ANESTH CARDIOVERTER/DEFIB	10/1/2007	ANES VALU	7.00	0.00									
00537		ANESTH CARDIAC ELECTROPHYS	10/1/2007	ANES VALU	7.00	0.00									
00539		ANESTH TRACH-BRONCH RECONST	10/1/2007	ANES VALU	18.00	0.00									
00540		ANESTH CHEST SURGERY	10/1/2007	ANES VALU	12.00	0.00									
00541		ANESTH ONE LUNG VENTILATION	10/1/2007	ANES VALU	15.00	0.00									
00542		ANESTHESIA REMOVAL PLEURA	10/1/2007	ANES VALU	15.00	0.00									
00546		ANESTH LUNG CHEST WALL SURG	10/1/2007	ANES VALU	15.00	0.00									
00548		ANESTH TRACHEA BRONCHI SURG	10/1/2007	ANES VALU	17.00	0.00									
00550		ANESTH STERNAL DEBRIDEMENT	10/1/2007	ANES VALU	10.00	0.00									
00560		ANESTH HEART SURG W/O PUMP	10/1/2007	ANES VALU	15.00	0.00									
00561		ANESTH HEART SURG <1 YR	10/1/2007	ANES VALU	25.00	0.00									
00562		ANESTH HEART SURG W/PUMP	10/1/2007	ANES VALU	20.00	0.00									
00563		ANESTH HEART SURG W/ARREST	10/1/2007	ANES VALU	25.00	0.00									
00566		ANESTH CABG W/O PUMP	10/1/2007	ANES VALU	25.00	0.00									
00567		ANESTH CABG W/PUMP	1/1/2009	ANES VALU	18.00	0.00									
00580		ANESTH HEART/LUNG TRANSPLNT	10/1/2007	ANES VALU	20.00	0.00									
00600		ANESTH SPINE CORD SURGERY	10/1/2007	ANES VALU	10.00	0.00									
00604		ANESTH SITTING PROCEDURE	10/1/2007	ANES VALU	13.00	0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
00620		ANESTH SPINE CORD SURGERY	10/1/2007	ANES VALU	10.00	0.00									
00622		ANESTH REMOVAL OF NERVES	1/1/2016	ANES VALU	13.00	0.00									
00625		ANES SPINE TRANTHOR W/O VENT	10/1/2007	ANES VALU	13.00	0.00									
00626		ANES SPINE TRANSTHOR W/VENT	10/1/2007	ANES VALU	15.00	0.00									
00630		ANESTH SPINE CORD SURGERY	10/1/2007	ANES VALU	8.00	0.00									
00632		ANESTH REMOVAL OF NERVES	10/1/2007	ANES VALU	7.00	0.00									
00634		ANESTHESIA FOR CHEMONUCLEOLYSIS	1/1/2016	ANES VALU	10.00	0.00									
00635		ANESTH LUMBAR PUNCTURE	10/1/2007	ANES VALU	4.00	0.00									
00640		ANESTH SPINE MANIPULATION	10/1/2007	ANES VALU	3.00	0.00									
00670		ANESTH SPINE CORD SURGERY	10/1/2007	ANES VALU	13.00	0.00									
00700		ANESTH ABDOMINAL WALL SURG	10/1/2007	ANES VALU	4.00	0.00									
00702		ANESTH FOR LIVER BIOPSY	10/1/2007	ANES VALU	4.00	0.00									
00730		ANESTH ABDOMINAL WALL SURG	10/1/2007	ANES VALU	5.00	0.00									
00740		ANESTH UPPER GI VISUALIZE	10/1/2007	ANES VALU	5.00	0.00									
00750		ANESTH REPAIR OF HERNIA	10/1/2007	ANES VALU	4.00	0.00									
00752		ANESTH REPAIR OF HERNIA	10/1/2007	ANES VALU	6.00	0.00									
00754		ANESTH REPAIR OF HERNIA	10/1/2007	ANES VALU	7.00	0.00									
00756		ANESTH REPAIR OF HERNIA	10/1/2007	ANES VALU	7.00	0.00									
00770		ANESTH BLOOD VESSEL REPAIR	10/1/2007	ANES VALU	15.00	0.00									
00790		ANESTH SURG UPPER ABDOMEN	10/1/2007	ANES VALU	7.00	0.00									
00792		ANESTH HEMORR/EXCISE LIVER	10/1/2007	ANES VALU	13.00	0.00									
00794		ANESTH PANCREAS REMOVAL	10/1/2007	ANES VALU	8.00	0.00									
00796		ANESTH FOR LIVER TRANSPLANT	10/1/2007	ANES VALU	30.00	0.00									
00797		ANESTH SURGERY FOR OBESITY	7/1/2008	ANES VALU	11.00	0.00									
00800		ANESTH ABDOMINAL WALL SURG	10/1/2007	ANES VALU	4.00	0.00									
00802		ANESTH FAT LAYER REMOVAL	10/1/2007	ANES VALU	5.00	0.00									
00810		ANESTH LOW INTESTINE SCOPE	10/1/2007	ANES VALU	5.00	0.00									
00820		ANESTH ABDOMINAL WALL SURG	10/1/2007	ANES VALU	5.00	0.00									
00830		ANESTH REPAIR OF HERNIA	10/1/2007	ANES VALU	4.00	0.00									
00832		ANESTH REPAIR OF HERNIA	10/1/2007	ANES VALU	6.00	0.00									
00834		ANESTH HERNIA REPAIR < 1 YR	10/1/2007	ANES VALU	5.00	0.00									
00836		ANESTH HERNIA REPAIR PREEMIE	10/1/2007	ANES VALU	6.00	0.00									
00840		ANESTH SURG LOWER ABDOMEN	10/1/2007	ANES VALU	6.00	0.00									
00842		ANESTH AMNIOCENTESIS	10/1/2007	ANES VALU	4.00	0.00									
00844		ANESTH PELVIS SURGERY	10/1/2007	ANES VALU	7.00	0.00									
00846		ANESTH HYSTERECTOMY	10/1/2007	ANES VALU	8.00	0.00									
00848		ANESTH PELVIC ORGAN SURG	10/1/2007	ANES VALU	8.00	0.00									
00851		ANESTH TUBAL LIGATION	10/1/2007	ANES VALU	6.00	0.00									
00860		ANESTH SURGERY OF ABDOMEN	10/1/2007	ANES VALU	6.00	0.00									
00862		ANESTH KIDNEY/URETER SURG	10/1/2007	ANES VALU	7.00	0.00									
00864		ANESTH REMOVAL OF BLADDER	10/1/2007	ANES VALU	8.00	0.00									
00865		ANESTH REMOVAL OF PROSTATE	10/1/2007	ANES VALU	7.00	0.00									
00866		ANESTH REMOVAL OF ADRENAL	10/1/2007	ANES VALU	10.00	0.00									
00868		ANESTH KIDNEY TRANSPLANT	10/1/2007	ANES VALU	10.00	0.00									
00870		ANESTH BLADDER STONE SURG	10/1/2007	ANES VALU	5.00	0.00									
00872		ANESTHESIA FOR LITHOTRIPSY EXTRAC	10/1/2007	ANES VALU	7.00	0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
00873		ANESTHESIA FOR LITHOTRIPSY EXTRAC	10/1/2007	ANES VALU	5.00	0.00									
00880		ANESTH ABDOMEN VESSEL SURG	10/1/2007	ANES VALU	15.00	0.00									
00882		ANESTH MAJOR VEIN LIGATION	10/1/2007	ANES VALU	10.00	0.00									
00902		ANESTH ANORECTAL SURGERY	10/1/2007	ANES VALU	5.00	0.00									
00904		ANESTH PERINEAL SURGERY	10/1/2007	ANES VALU	7.00	0.00									
00906		ANESTH REMOVAL OF VULVA	10/1/2007	ANES VALU	4.00	0.00									
00908		ANESTH REMOVAL OF PROSTATE	10/1/2007	ANES VALU	6.00	0.00									
00910		ANESTH BLADDER SURGERY	10/1/2007	ANES VALU	3.00	0.00									
00912		ANESTH BLADDER TUMOR SURG	10/1/2007	ANES VALU	5.00	0.00									
00914		ANESTH REMOVAL OF PROSTATE	10/1/2007	ANES VALU	5.00	0.00									
00916		ANESTH BLEEDING CONTROL	10/1/2007	ANES VALU	5.00	0.00									
00918		ANESTH STONE REMOVAL	10/1/2007	ANES VALU	5.00	0.00									
00920		ANESTH GENITALIA SURGERY	10/1/2007	ANES VALU	3.00	0.00									
00921		ANESTH VASECTOMY	10/1/2007	ANES VALU	3.00	0.00									
00922		ANESTH SPERM DUCT SURGERY	10/1/2007	ANES VALU	6.00	0.00									
00924		ANESTH TESTIS EXPLORATION	10/1/2007	ANES VALU	4.00	0.00									
00926		ANESTH REMOVAL OF TESTIS	10/1/2007	ANES VALU	4.00	0.00									
00928		ANESTH REMOVAL OF TESTIS	10/1/2007	ANES VALU	6.00	0.00									
00930		ANESTH TESTIS SUSPENSION	10/1/2007	ANES VALU	4.00	0.00									
00932		ANESTH AMPUTATION OF PENIS	10/1/2007	ANES VALU	4.00	0.00									
00934		ANESTH PENIS NODES REMOVAL	10/1/2007	ANES VALU	6.00	0.00									
00936		ANESTH PENIS NODES REMOVAL	10/1/2007	ANES VALU	8.00	0.00									
00938		ANESTH INSERT PENIS DEVICE	10/1/2007	ANES VALU	4.00	0.00									
00940		ANESTH VAGINAL PROCEDURES	10/1/2007	ANES VALU	3.00	0.00									
00942		ANESTH SURG ON VAG/URETHRAL	10/1/2007	ANES VALU	4.00	0.00									
00944		ANESTH VAGINAL HYSTERECTOMY	10/1/2007	ANES VALU	6.00	0.00									
00948		ANESTH REPAIR OF CERVIX	10/1/2007	ANES VALU	4.00	0.00									
00950		ANESTH VAGINAL ENDOSCOPY	10/1/2007	ANES VALU	5.00	0.00									
00952		ANESTH HYSTEROSCOPE/GRAPH	10/1/2007	ANES VALU	4.00	0.00									
01112		ANESTH BONE ASPIRATE/BX	10/1/2007	ANES VALU	5.00	0.00									
01120		ANESTH PELVIS SURGERY	10/1/2007	ANES VALU	6.00	0.00									
01130		ANESTH BODY CAST PROCEDURE	10/1/2007	ANES VALU	3.00	0.00									
01140		ANESTH AMPUTATION AT PELVIS	10/1/2007	ANES VALU	15.00	0.00									
01150		ANESTH PELVIC TUMOR SURGERY	10/1/2007	ANES VALU	10.00	0.00									
01160		ANESTH PELVIS PROCEDURE	10/1/2007	ANES VALU	4.00	0.00									
01170		ANESTH PELVIS SURGERY	10/1/2007	ANES VALU	8.00	0.00									
01173		ANESTH FX REPAIR PELVIS	10/1/2007	ANES VALU	12.00	0.00									
01180		ANESTH PELVIS NERVE REMOVAL	10/1/2007	ANES VALU	3.00	0.00									
01190		ANESTH PELVIS NERVE REMOVAL	10/1/2007	ANES VALU	4.00	0.00									
01200		ANESTH HIP JOINT PROCEDURE	10/1/2007	ANES VALU	4.00	0.00									
01202		ANESTH ARTHROSCOPY OF HIP	10/1/2007	ANES VALU	4.00	0.00									
01210		ANESTH HIP JOINT SURGERY	10/1/2007	ANES VALU	6.00	0.00									
01212		ANESTH HIP DISARTICULATION	10/1/2007	ANES VALU	10.00	0.00									
01214		ANESTH HIP ARTHROPLASTY	10/1/2007	ANES VALU	8.00	0.00									
01215		ANESTH REVISE HIP REPAIR	10/1/2007	ANES VALU	10.00	0.00									
01220		ANESTH PROCEDURE ON FEMUR	10/1/2007	ANES VALU	4.00	0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
01230		ANESTH SURGERY OF FEMUR	10/1/2007	ANES VALU	6.00	0.00									
01232		ANESTH AMPUTATION OF FEMUR	10/1/2007	ANES VALU	5.00	0.00									
01234		ANESTH RADICAL FEMUR SURG	10/1/2007	ANES VALU	8.00	0.00									
01250		ANESTH UPPER LEG SURGERY	10/1/2007	ANES VALU	4.00	0.00									
01260		ANESTH UPPER LEG VEINS SURG	10/1/2007	ANES VALU	3.00	0.00									
01270		ANESTH THIGH ARTERIES SURG	10/1/2007	ANES VALU	8.00	0.00									
01272		ANESTH FEMORAL ARTERY SURG	10/1/2007	ANES VALU	4.00	0.00									
01274		ANESTH FEMORAL EMBOLECTOMY	10/1/2007	ANES VALU	6.00	0.00									
01320		ANESTH KNEE AREA SURGERY	10/1/2007	ANES VALU	4.00	0.00									
01340		ANESTH KNEE AREA PROCEDURE	10/1/2007	ANES VALU	4.00	0.00									
01360		ANESTH KNEE AREA SURGERY	10/1/2007	ANES VALU	5.00	0.00									
01380		ANESTH KNEE JOINT PROCEDURE	10/1/2007	ANES VALU	3.00	0.00									
01382		ANESTH DX KNEE ARTHROSCOPY	10/1/2007	ANES VALU	3.00	0.00									
01390		ANESTH KNEE AREA PROCEDURE	10/1/2007	ANES VALU	3.00	0.00									
01392		ANESTH KNEE AREA SURGERY	10/1/2007	ANES VALU	4.00	0.00									
01400		ANESTH KNEE JOINT SURGERY	10/1/2007	ANES VALU	4.00	0.00									
01402		ANESTH KNEE ARTHROPLASTY	10/1/2007	ANES VALU	7.00	0.00									
01404		ANESTH AMPUTATION AT KNEE	10/1/2007	ANES VALU	5.00	0.00									
01420		ANESTH KNEE JOINT CASTING	10/1/2007	ANES VALU	3.00	0.00									
01430		ANESTH KNEE VEINS SURGERY	10/1/2007	ANES VALU	3.00	0.00									
01432		ANESTH KNEE VESSEL SURG	10/1/2007	ANES VALU	6.00	0.00									
01440		ANESTH KNEE ARTERIES SURG	10/1/2007	ANES VALU	8.00	0.00									
01442		ANESTH KNEE ARTERY SURG	10/1/2007	ANES VALU	8.00	0.00									
01444		ANESTH KNEE ARTERY REPAIR	10/1/2007	ANES VALU	8.00	0.00									
01462		ANESTH LOWER LEG PROCEDURE	10/1/2007	ANES VALU	3.00	0.00									
01464		ANESTH ANKLE/FT ARTHROSCOPY	10/1/2007	ANES VALU	3.00	0.00									
01470		ANESTH LOWER LEG SURGERY	10/1/2007	ANES VALU	3.00	0.00									
01472		ANESTH ACHILLES TENDON SURG	10/1/2007	ANES VALU	5.00	0.00									
01474		ANESTH LOWER LEG SURGERY	10/1/2007	ANES VALU	5.00	0.00									
01480		ANESTH LOWER LEG BONE SURG	10/1/2007	ANES VALU	3.00	0.00									
01482		ANESTH RADICAL LEG SURGERY	10/1/2007	ANES VALU	4.00	0.00									
01484		ANESTH LOWER LEG REVISION	10/1/2007	ANES VALU	4.00	0.00									
01486		ANESTH ANKLE REPLACEMENT	10/1/2007	ANES VALU	7.00	0.00									
01490		ANESTH LOWER LEG CASTING	10/1/2007	ANES VALU	3.00	0.00									
01500		ANESTH LEG ARTERIES SURG	10/1/2007	ANES VALU	8.00	0.00									
01502		ANESTH LWR LEG EMBOLECTOMY	10/1/2007	ANES VALU	6.00	0.00									
01520		ANESTH LOWER LEG VEIN SURG	10/1/2007	ANES VALU	3.00	0.00									
01522		ANESTH LOWER LEG VEIN SURG	10/1/2007	ANES VALU	5.00	0.00									
01610		ANESTH SURGERY OF SHOULDER	10/1/2007	ANES VALU	5.00	0.00									
01620		ANESTH SHOULDER PROCEDURE	10/1/2007	ANES VALU	4.00	0.00									
01622		ANES DX SHOULDER ARTHROSCOPY	10/1/2007	ANES VALU	4.00	0.00									
01630		ANESTH SURGERY OF SHOULDER	10/1/2007	ANES VALU	5.00	0.00									
01634		ANESTH SHOULDER JOINT AMPUT	10/1/2007	ANES VALU	9.00	0.00									
01636		ANESTH FOREQUARTER AMPUT	10/1/2007	ANES VALU	15.00	0.00									
01638		ANESTH SHOULDER REPLACEMENT	10/1/2007	ANES VALU	10.00	0.00									
01650		ANESTH SHOULDER ARTERY SURG	10/1/2007	ANES VALU	6.00	0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
01652		ANESTH SHOULDER VESSEL SURG	10/1/2007	ANES VALU	10.00	0.00									
01654		ANESTH SHOULDER VESSEL SURG	10/1/2007	ANES VALU	8.00	0.00									
01656		ANESTH ARM-LEG VESSEL SURG	10/1/2007	ANES VALU	10.00	0.00									
01670		ANESTH SHOULDER VEIN SURG	10/1/2007	ANES VALU	4.00	0.00									
01680		ANESTH SHOULDER CASTING	10/1/2007	ANES VALU	3.00	0.00									
01682		ANESTH AIRPLANE CAST	10/1/2007	ANES VALU	4.00	0.00									
01710		ANESTH ELBOW AREA SURGERY	10/1/2007	ANES VALU	3.00	0.00									
01712		ANESTH UPPR ARM TENDON SURG	10/1/2007	ANES VALU	5.00	0.00									
01714		ANESTH UPPR ARM TENDON SURG	10/1/2007	ANES VALU	5.00	0.00									
01716		ANESTH BICEPS TENDON REPAIR	10/1/2007	ANES VALU	5.00	0.00									
01730		ANESTH UPPR ARM PROCEDURE	10/1/2007	ANES VALU	3.00	0.00									
01732		ANESTH DX ELBOW ARTHROSCOPY	10/1/2007	ANES VALU	3.00	0.00									
01740		ANESTH UPPER ARM SURGERY	10/1/2007	ANES VALU	4.00	0.00									
01742		ANESTH HUMERUS SURGERY	10/1/2007	ANES VALU	5.00	0.00									
01744		ANESTH HUMERUS REPAIR	10/1/2007	ANES VALU	5.00	0.00									
01756		ANESTH RADICAL HUMERUS SURG	10/1/2007	ANES VALU	6.00	0.00									
01758		ANESTH HUMERAL LESION SURG	10/1/2007	ANES VALU	5.00	0.00									
01760		ANESTH ELBOW REPLACEMENT	10/1/2007	ANES VALU	7.00	0.00									
01770		ANESTH UPPR ARM ARTERY SURG	10/1/2007	ANES VALU	6.00	0.00									
01772		ANESTH UPPR ARM EMBOLECTOMY	10/1/2007	ANES VALU	6.00	0.00									
01780		ANESTH UPPER ARM VEIN SURG	10/1/2007	ANES VALU	3.00	0.00									
01782		ANESTH UPPR ARM VEIN REPAIR	10/1/2007	ANES VALU	4.00	0.00									
01810		ANESTH LOWER ARM SURGERY	10/1/2007	ANES VALU	3.00	0.00									
01820		ANESTH LOWER ARM PROCEDURE	10/1/2007	ANES VALU	3.00	0.00									
01829		ANESTH DX WRIST ARTHROSCOPY	10/1/2007	ANES VALU	3.00	0.00									
01830		ANESTH LOWER ARM SURGERY	10/1/2007	ANES VALU	3.00	0.00									
01832		ANESTH WRIST REPLACEMENT	10/1/2007	ANES VALU	6.00	0.00									
01840		ANESTH LWR ARM ARTERY SURG	10/1/2007	ANES VALU	6.00	0.00									
01842		ANESTH LWR ARM EMBOLECTOMY	10/1/2007	ANES VALU	6.00	0.00									
01844		ANESTH VASCULAR SHUNT SURG	10/1/2007	ANES VALU	6.00	0.00									
01850		ANESTH LOWER ARM VEIN SURG	10/1/2007	ANES VALU	3.00	0.00									
01852		ANESTH LWR ARM VEIN REPAIR	10/1/2007	ANES VALU	4.00	0.00									
01860		ANESTH LOWER ARM CASTING	10/1/2007	ANES VALU	3.00	0.00									
01916		ANESTH DX ARTERIOGRAPHY	1/1/2008	ANES VALU	5.00	0.00									
01920		ANESTH CATHETERIZE HEART	10/1/2007	ANES VALU	7.00	0.00									
01922		ANESTH CAT OR MRI SCAN	10/1/2007	ANES VALU	7.00	0.00									
01924		ANES THER INTERVEN RAD ARTRL	10/1/2007	ANES VALU	5.00	0.00									
01925		ANES THER INTERVEN RAD CARD	10/1/2007	ANES VALU	7.00	0.00									
01926		ANES TX INTERV RAD HRT/CRAN	10/1/2007	ANES VALU	8.00	0.00									
01930		ANES THER INTERVEN RAD VEIN	10/1/2007	ANES VALU	5.00	0.00									
01931		ANES THER INTERVEN RAD TIPS	10/1/2007	ANES VALU	7.00	0.00									
01932		ANES TX INTERV RAD TH VEIN	10/1/2007	ANES VALU	6.00	0.00									
01933		ANES TX INTERV RAD CRAN VEIN	10/1/2007	ANES VALU	7.00	0.00									
01935		ANESTH PERC IMG DX SP PROC	1/1/2008	ANES VALU	5.00	0.00									
01936		ANESTH PERC IMG TX SP PROC	1/1/2008	ANES VALU	5.00	0.00									
01951		ANESTH BURN LESS 4 PERCENT	10/1/2007	ANES VALU	3.00	0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
01952		ANESTH BURN 4-9 PERCENT	10/1/2007	ANES VALU	5.00	0.00									
01953		ANESTH BURN EACH 9 PERCENT	7/1/2015	RBRVS	$28.74	$28.74									
01958		ANESTH ANTEPARTUM MANIPUL	10/1/2007	ANES VALU	5.00	0.00									
01960		ANESTH VAGINAL DELIVERY	10/1/2007	ANES VALU	5.00	0.00									
01961		ANESTH CS DELIVERY	10/1/2007	ANES VALU	7.00	0.00									
01962		ANESTH EMER HYSTERECTOMY	10/1/2007	ANES VALU	8.00	0.00									
01963		ANESTH CS HYSTERECTOMY	10/1/2007	ANES VALU	8.00	0.00									
01965		ANESTH INC/MISSED AB PROC	10/1/2007	ANES VALU	4.00	0.00									
01966		ANESTH INDUCED AB PROCEDURE	10/1/2007	ANES VALU	4.00	0.00									
01967		ANESTH/ANALG VAG DELIVERY	10/1/2007	ANES VALU	5.00	0.00									
01968		ANES/ANALG CS DELIVER ADD-ON	10/1/2007	ANES VALU	2.00	0.00									
01969		ANESTH/ANALG CS HYST ADD-ON	10/1/2007	ANES VALU	5.00	0.00									
01990		PHYSIOLOGICAL SUPPORT FOR HARVES	10/1/2007	ANES VALU	7.00	0.00									
01991		ANESTH NERVE BLOCK/INJ	10/1/2007	ANES VALU	3.00	0.00									
01992		ANESTH N BLOCK/INJ PRONE	10/1/2007	ANES VALU	5.00	0.00									
01996		HOSP MANAGE CONT DRUG ADMIN	7/1/2015	RBRVS	$86.22	$86.22									
0500F		INITIAL PRENATAL CARE VISIT	10/1/2007	RBRVS	$0.00	$0.00									
0501F		PRENATAL FLOW SHEET	10/1/2007	RBRVS	$0.00	$0.00									
0502F		SUBSEQUENT PRENATAL CARE	10/1/2007	RBRVS	$0.00	$0.00									
0503F		POSTPARTUM CARE VISIT	10/1/2007	RBRVS	$0.00	$0.00									
0505F		HEMODIALYSIS PLAN DOCD	10/1/2006	RBRVS	$0.00	$0.00									
0507F		PERITON DIALYSIS PLAN DOCD	10/1/2006	RBRVS	$0.00	$0.00									
0525F		INITIAL VISIT FOR EPISODE	4/1/2008	RBRVS	$0.00	$0.00									
0526F		SUBS. VISIT FOR EPISODE	4/1/2008	RBRVS	$0.00	$0.00									
0528F		RCMND FLW-UP 10 YRS DOCD	7/1/2009	RBRVS	$0.00	$0.00									
0529F		INTRVL 3/>YR PTS CLNSCP DOCD	1/1/2009	RBRVS	$0.00	$0.00									
0535F		DYSPNEA MNGMNT PLAN DOCD	7/1/2009	RBRVS	$0.00	$0.00									
0540F		GLUCO MNGMNT PLAN DOCD	1/1/2009	RBRVS	$0.00	$0.00			Y						
0545F		FOLLOW UP CARE PLAN MDD DOCD	9/1/2011	RBRVS	$0.00	$0.00									
0550F		CYTOPATH REPORT NONGYN SPCMN	7/1/2011	RBRVS	$0.00	$0.00									
0551F		CYTOPATH REPORT NON ROUTINE	7/1/2011	RBRVS	$0.00	$0.00									
0555F		SYMPTOM MGMNT PLAN CARE DOCD	1/1/2012	RBRVS	$0.00	$0.00									
0557F		PLAN CAREMNG ANGNL SYMPTDOCD	1/1/2012	RBRVS	$0.00	$0.00									
0580F		MULTIDISCIPLINARY CARE PLAN	1/1/2013	RBRVS	$0.00	$0.00									
0581F		PT TRNSFRD FROM ANESTH TO CC	1/1/2013	RBRVS	$0.00	$0.00									
0582F		NO TRNSFR FROM ANESTH TO CC	1/1/2013	RBRVS	$0.00	$0.00									
0583F		TRANSFER CARE CHECKLIST USED	1/1/2013	RBRVS	$0.00	$0.00									
0584F		NO TRANSFERCARE CHKLIST USED	1/1/2013	RBRVS	$0.00	$0.00									
1000F		TOBACCO USE SMOKING ASSESS	10/1/2007	RBRVS	$0.00	$0.00									
1002F		ASSESS ANGINAL SYMPTOM/LEVEL	10/1/2007	RBRVS	$0.00	$0.00									
1003F		LEVEL OF ACTIVITY ASSESS	1/1/2006	RBRVS	$0.00	$0.00	000		Y	Y	Y				
10035		PERQ DEV SOFT TISS 1ST IMAG	1/1/2016	RBRVS	$505.80	$84.35	ZZZ		Y	Y					
10036		PERQ DEV SOFT TISS ADD IMAG	1/1/2016	RBRVS	$439.06	$42.54									
1004F		CLIN SYMP VOL OVRLD ASSESS	1/1/2006	RBRVS	$0.00	$0.00	010		Y	Y					
10040		ACNE SURGERY	7/1/2015	RBRVS	$96.19	$84.22									
1005F		ASTHMA SYMPTOMS EVALUATE	1/1/2006	RBRVS	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
1006F		OSTEOARTHRITIS ASSESS	1/1/2006	RBRVS	$0.00	$0.00	010		Y	Y					
10060		DRAINAGE OF SKIN ABSCESS	7/1/2015	RBRVS	$110.91	$92.62	010		Y	Y					
10061		DRAINAGE OF SKIN ABSCESS	7/1/2015	RBRVS	$196.69	$172.76									
1008F		GI/RENAL RISK ASSESS	1/1/2006	RBRVS	$0.00	$0.00	010		Y	Y					
10080		DRAINAGE OF PILONIDAL CYST	7/1/2015	RBRVS	$170.20	$99.41	010		Y	Y					
10081		DRAINAGE OF PILONIDAL CYST	7/1/2015	RBRVS	$255.55	$164.16									
1010F		SEVERITY ANGINA BY ACTVTY	1/1/2012	RBRVS	$0.00	$0.00									
1011F		ANGINA PRESENT	1/1/2012	RBRVS	$0.00	$0.00									
1012F		ANGINA ABSENT	1/1/2012	RBRVS	$0.00	$0.00	010		Y	Y					
10120		REMOVE FOREIGN BODY	7/1/2015	RBRVS	$144.71	$99.51	010		Y	Y					
10121		REMOVE FOREIGN BODY	7/1/2015	RBRVS	$260.57	$179.47	010		Y	Y					
10140		DRAINAGE OF HEMATOMA/FLUID	7/1/2015	RBRVS	$154.98	$113.76									
1015F		COPD SYMPTOMS ASSESS	7/1/2006	RBRVS	$0.00	$0.00	010		Y	Y					
10160		PUNCTURE DRAINAGE OF LESION	7/1/2015	RBRVS	$123.84	$92.26									
1018F		ASSESS DYSPNEA NOT PRESENT	7/1/2006	RBRVS	$0.00	$0.00	010		Y	Y					
10180		COMPLEX DRAINAGE WOUND	7/1/2015	RBRVS	$236.07	$174.25									
1019F		ASSESS DYSPNEA PRESENT	7/1/2006	RBRVS	$0.00	$0.00									
1022F		PNEUMO IMM STATUS ASSESS	7/1/2006	RBRVS	$0.00	$0.00									
1026F		CO-MORBID CONDITION ASSESS	7/1/2006	RBRVS	$0.00	$0.00									
1030F		INFLUENZA IMM STATUS ASSESS	7/1/2006	RBRVS	$0.00	$0.00									
1034F		CURRENT TOBACCO SMOKER	7/1/2006	RBRVS	$0.00	$0.00									
1035F		SMOKELESS TOBACCO USER	7/1/2006	RBRVS	$0.00	$0.00									
1036F		TOBACCO NON-USER	7/1/2006	RBRVS	$0.00	$0.00									
1038F		PERSISTENT ASTHMA	7/1/2006	RBRVS	$0.00	$0.00									
1039F		INTERMITTENT ASTHMA	7/1/2006	RBRVS	$0.00	$0.00									
1050F		HISTORY OF MOLE CHANGES	1/1/2007	RBRVS	$0.00	$0.00									
1052F		TYPE LOCATION ACTIVITY ASSES	1/1/2012	RBRVS	$0.00	$0.00									
1055F		VISUAL FUNCT STATUS ASSESS	1/1/2007	RBRVS	$0.00	$0.00	000		Y	Y					
11000		DEBRIDE INFECTED SKIN	7/1/2015	RBRVS	$51.55	$27.62	ZZZ		Y						
11001		DEBRIDE INFECTED SKIN ADD-ON	7/1/2015	RBRVS	$19.77	$13.46	000		Y	Y					
11004		DEBRIDE GENITALIA & PERINEUM	7/1/2015	RBRVS	$571.64	$571.64	000		Y						
11005		DEBRIDE ABDOM WALL	7/1/2015	RBRVS	$775.62	$775.62	000		Y	Y					
11006		DEBRIDE GENIT/PER/ABDOM WALL	7/1/2015	RBRVS	$692.42	$692.42	ZZZ		Y						
11008		REMOVE MESH FROM ABD WALL	7/1/2015	RBRVS	$273.04	$273.04	000		Y	Y					
11012		DEB SKIN BONE AT FX SITE	7/1/2015	RBRVS	$679.86	$415.96	000		Y	Y					
11042		DEB SUBQ TISSUE 20 SQ CM/<	7/1/2015	RBRVS	$110.91	$59.72	000		Y	Y					
11043		DEB MUSC/FASCIA 20 SQ CM/<	7/1/2015	RBRVS	$218.36	$151.56	000		Y	Y					
11044		DEB BONE 20 SQ CM/<	7/1/2015	RBRVS	$302.82	$227.04	ZZZ		Y						
11045		DEB SUBQ TISSUE ADD-ON	7/1/2015	RBRVS	$39.42	$25.46	ZZZ		Y						
11046		DEB MUSC/FASCIA ADD-ON	7/1/2015	RBRVS	$70.06	$54.44	ZZZ		Y						
11047		DEB BONE ADD-ON	7/1/2015	RBRVS	$119.88	$97.61	000		Y	Y					
11055		TRIM SKIN LESION	7/1/2015	RBRVS	$45.03	$15.45	000		Y	Y					
11056		TRIM SKIN LESIONS 2 TO 4	7/1/2015	RBRVS	$55.07	$21.83	000		Y	Y					
11057		TRIM SKIN LESIONS OVER 4	7/1/2015	RBRVS	$61.78	$28.54	000		Y	Y					
11100		BIOPSY SKIN LESION	7/1/2015	RBRVS	$97.81	$46.96	ZZZ		Y						
11101		BIOPSY SKIN ADD-ON	7/1/2015	RBRVS	$30.94	$23.96	010		Y	Y					

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
11200		REMOVAL OF SKIN TAGS <W/15	7/1/2015	RBRVS	$83.52	$70.22	ZZZ		Y						
11201		REMOVE SKIN TAGS ADD-ON	7/1/2015	RBRVS	$17.84	$15.85	000		Y	Y					
11300		SHAVE SKIN LESION 0.5 CM/<	7/1/2015	RBRVS	$91.60	$33.76	000		Y	Y					
11301		SHAVE SKIN LESION 0.6-1.0 CM	7/1/2015	RBRVS	$113.17	$51.68	000		Y	Y					
11302		SHAVE SKIN LESION 1.1-2.0 CM	7/1/2015	RBRVS	$133.34	$60.89	000		Y	Y					
11303		SHAVE SKIN LESION >2.0 CM	7/1/2015	RBRVS	$147.10	$71.65	000		Y	Y					
11305		SHAVE SKIN LESION 0.5 CM/<	7/1/2015	RBRVS	$92.86	$37.35	000		Y	Y					
11306		SHAVE SKIN LESION 0.6-1.0 CM	7/1/2015	RBRVS	$114.76	$49.95	000		Y	Y					
11307		SHAVE SKIN LESION 1.1-2.0 CM	7/1/2015	RBRVS	$135.67	$64.21	000		Y	Y					
11308		SHAVE SKIN LESION >2.0 CM	7/1/2015	RBRVS	$142.65	$71.19	000		Y	Y					
11310		SHAVE SKIN LESION 0.5 CM/<	7/1/2015	RBRVS	$107.12	$45.63	000		Y	Y					
11311		SHAVE SKIN LESION 0.6-1.0 CM	7/1/2015	RBRVS	$105.42	$63.54	000		Y	Y					
11312		SHAVE SKIN LESION 1.1-2.0 CM	7/1/2015	RBRVS	$151.49	$75.38	000		Y	Y					
11313		SHAVE SKIN LESION >2.0 CM	7/1/2015	RBRVS	$175.55	$97.11									
1134F		EPSD BK PAIN FOR 6 WKS/<	4/1/2008	RBRVS	$0.00	$0.00									
1135F		EPSD BK PAIN FOR >6 WKS	4/1/2008	RBRVS	$0.00	$0.00									
1136F		EPSD BK PAIN FOR 12 WKS/<	4/1/2008	RBRVS	$0.00	$0.00									
1137F		EPSD BK PAIN FOR >12 WKS	4/1/2008	RBRVS	$0.00	$0.00	010		Y	Y					
11400		EXC TR-EXT B9+MARG 0.5 CM<	7/1/2015	RBRVS	$117.55	$77.01	010		Y	Y					
11401		EXC TR-EXT B9+MARG 0.6-1 CM	7/1/2015	RBRVS	$141.29	$99.74	010		Y	Y					
11402		EXC TR-EXT B9+MARG 1.1-2 CM	7/1/2015	RBRVS	$157.21	$110.01	010		Y	Y					
11403		EXC TR-EXT B9+MARG 2.1-3CM/<	7/1/2015	RBRVS	$182.47	$142.58	010		Y	Y					
11404		EXC TR-EXT B9+MARG 3.1-4 CM	7/1/2015	RBRVS	$206.86	$157.01	010		Y	Y					
11406		EXC TR-EXT B9+MARG >4.0 CM	7/1/2015	RBRVS	$300.39	$240.23	010		Y	Y					
11420		EXC H-F-NK-SP B9+MARG 0.5/<	7/1/2015	RBRVS	$115.83	$77.94	010		Y	Y					
11421		EXC H-F-NK-SP B9+MARG 0.6-1	7/1/2015	RBRVS	$149.00	$105.79	010		Y	Y					
11422		EXC H-F-NK-SP B9+MARG 1.1-2	7/1/2015	RBRVS	$166.65	$130.41	010		Y	Y					
11423		EXC H-F-NK-SP B9+MARG 2.1-3	7/1/2015	RBRVS	$192.51	$152.28	010		Y	Y					
11424		EXC H-F-NK-SP B9+MARG 3.1-4	7/1/2015	RBRVS	$222.78	$174.59	010		Y	Y					
11426		EXC H-F-NK-SP B9+MARG >4 CM	7/1/2015	RBRVS	$319.64	$267.46	010		Y	Y					
11440		EXC FACE-MM B9+MARG 0.5 CM/<	7/1/2015	RBRVS	$127.19	$98.28	010		Y	Y					
11441		EXC FACE-MM B9+MARG 0.6-1 CM	7/1/2015	RBRVS	$159.86	$126.63	010		Y	Y					
11442		EXC FACE-MM B9+MARG 1.1-2 CM	7/1/2015	RBRVS	$178.51	$140.29	010		Y	Y					
11443		EXC FACE-MM B9+MARG 2.1-3 CM	7/1/2015	RBRVS	$213.08	$172.19	010		Y	Y					
11444		EXC FACE-MM B9+MARG 3.1-4 CM	7/1/2015	RBRVS	$268.32	$220.13	010		Y	Y					
11446		EXC FACE-MM B9+MARG >4 CM	7/1/2015	RBRVS	$374.04	$315.21	090		Y	Y	Y				
11450		REMOVAL SWEAT GLAND LESION	7/1/2015	RBRVS	$366.60	$245.95	090		Y	Y	Y				
11462		REMOVAL SWEAT GLAND LESION	7/1/2015	RBRVS	$354.47	$233.48	090		Y	Y					
11470		REMOVAL SWEAT GLAND LESION	7/1/2015	RBRVS	$392.93	$272.27									
1150F		DOC PT RSK DEATH W/IN 1YR	7/1/2009	RBRVS	$0.00	$0.00									
1151F		DOC NO PT RSK DEATH W/IN 1YR	7/1/2009	RBRVS	$0.00	$0.00									
1152F		DOC ADVNCD DIS COMFORT GOAL	7/1/2009	RBRVS	$0.00	$0.00									
1153F		DOC ADVNCD DIS CMFRT NOTGOAL	7/1/2009	RBRVS	$0.00	$0.00									
1157F		ADVNC CARE PLAN IN RCRD	7/1/2009	RBRVS	$0.00	$0.00									
1158F		ADVNC CARE PLAN TLK DOCD	7/1/2009	RBRVS	$0.00	$0.00									
1159F		MED LIST DOCD IN RCRD	7/1/2009	RBRVS	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
1160F		RVW MEDS BY RX/DR IN RCRD	7/1/2009	RBRVS	$0.00	$0.00	010		Y	Y					
11600		EXC TR-EXT MAL+MARG 0.5 CM/<	7/1/2015	RBRVS	$182.20	$115.39	010		Y	Y					
11601		EXC TR-EXT MAL+MARG 0.6-1 CM	7/1/2015	RBRVS	$216.57	$143.78	010		Y	Y					
11602		EXC TR-EXT MAL+MARG 1.1-2 CM	7/1/2015	RBRVS	$260.36	$175.05	010		Y	Y					
11603		EXC TR-EXT MAL+MARG 2.1-3 CM	7/1/2015	RBRVS	$298.51	$210.24	010		Y	Y					
11604		EXC TR-EXT MAL+MARG 3.1-4 CM	7/1/2015	RBRVS	$332.41	$231.96	010		Y	Y					
11620		EXC H-F-NK-SP MAL+MARG 0.5/<	7/1/2015	RBRVS	$204.74	$129.77	010		Y	Y					
11621		EXC S/N/H/F/G MAL+MRG 0.6-1	7/1/2015	RBRVS	$242.19	$161.31	010		Y	Y					
11622		EXC S/N/H/F/G MAL+MRG 1.1-2	7/1/2015	RBRVS	$269.85	$184.17	010		Y	Y					
11623		EXC S/N/H/F/G MAL+MRG 2.1-3	7/1/2015	RBRVS	$317.38	$228.38	010		Y	Y					
11624		EXC S/N/H/F/G MAL+MRG 3.1-4	7/1/2015	RBRVS	$358.11	$258.77	010		Y	Y					
11640		EXC F/E/E/N/L MAL+MRG 0.5CM<	7/1/2015	RBRVS	$210.65	$134.20	010		Y	Y					
11641		EXC F/E/E/N/L MAL+MRG 0.6-1	7/1/2015	RBRVS	$250.39	$167.66	010		Y	Y					
11642		EXC F/E/E/N/L MAL+MRG 1.1-2	7/1/2015	RBRVS	$285.62	$197.72	010		Y	Y					
11643		EXC F/E/E/N/L MAL+MRG 2.1-3	7/1/2015	RBRVS	$338.09	$248.35									
1170F		FXNL STATUS ASSESSED	1/1/2009	RBRVS	$0.00	$0.00	000		Y	Y					
11719		TRIM NAIL(S) ANY NUMBER	7/1/2015	RBRVS	$13.03	$7.38	000		Y						
11720		DEBRIDE NAIL 1-5	7/1/2015	RBRVS	$30.41	$14.13	000		Y						
11721		DEBRIDE NAIL 6 OR MORE	7/1/2015	RBRVS	$42.11	$23.49	000		Y	Y					
11730		REMOVAL OF NAIL PLATE	7/1/2015	RBRVS	$93.26	$48.39	ZZZ		Y						
11732		REMOVE NAIL PLATE ADD-ON	7/1/2015	RBRVS	$33.80	$19.51	000		Y	Y					
11740		DRAIN BLOOD FROM UNDER NAIL	7/1/2015	RBRVS	$46.76	$31.14									
1175F		FUNCTION STAT ASSESSED RVWD	1/1/2012	RBRVS	$0.00	$0.00	010		Y	Y					
11750		REMOVAL OF NAIL BED	7/1/2015	RBRVS	$211.15	$165.95	010		Y	Y					
11752		REMOVE NAIL BED/TIP	7/1/2015	RBRVS	$309.40	$253.23	000		Y	Y					
11755		BIOPSY NAIL UNIT	7/1/2015	RBRVS	$126.07	$74.54	010		Y	Y					
11760		REPAIR OF NAIL BED	7/1/2015	RBRVS	$216.70	$126.63	010		Y	Y					
11765		EXCISION OF NAIL FOLD TOE	7/1/2015	RBRVS	$157.87	$89.73	010		Y	Y					
11770		REMOVE PILONIDAL CYST SIMPLE	7/1/2015	RBRVS	$264.69	$180.27	090		Y	Y					
11771		REMOVE PILONIDAL CYST EXTEN	7/1/2015	RBRVS	$551.50	$423.20	090		Y	Y					
11772		REMOVE PILONIDAL CYST COMPL	7/1/2015	RBRVS	$670.45	$561.43									
1180F		THROMBOEMB RISK ASSESSED	7/1/2009	RBRVS	$0.00	$0.00									
1181F		NEUROPSYCHIA SYMPTS ASSESSED	1/1/2012	RBRVS	$0.00	$0.00									
1182F		NEUROPSYCHI SYMPT 1+PRESENT	1/1/2012	RBRVS	$0.00	$0.00									
1183F		NEUROPSYCHIATRIC SYMP ABSENT	1/1/2012	RBRVS	$0.00	$0.00	000		Y	Y					
11900		INJECT SKIN LESIONS </W 7	7/1/2015	RBRVS	$52.31	$30.04	000		Y	Y					
11901		INJECT SKIN LESIONS >7	7/1/2015	RBRVS	$65.80	$46.19	000		Y	Y					
11920		CORRECT SKIN COLOR 6.0 CM/<	7/1/2015	RBRVS	$180.92	$122.94	000		Y	Y					
11921		CORRECT SKN COLOR 6.1-20.0CM	7/1/2015	RBRVS	$209.39	$144.77	ZZZ		Y						
11922		CORRECT SKIN COLOR EA 20.0CM	7/1/2015	RBRVS	$64.48	$31.98	000		Y	Y					
11976		REMOVE CONTRACEPTIVE CAPSULE	7/1/2015	RBRVS	$151.41	$101.56	000		Y	Y					
11980		IMPLANT HORMONE PELLET(S)	7/1/2015	RBRVS	$89.30	$54.40			Y	Y					
11981		INSERT DRUG IMPLANT DEVICE	7/1/2015	RBRVS	$150.34	$90.52			Y	Y					
11982		REMOVE DRUG IMPLANT DEVICE	7/1/2015	RBRVS	$170.25	$109.31			Y	Y					
11983		REMOVE/INSERT DRUG IMPLANT	7/1/2015	RBRVS	$237.05	$188.31	000		Y	Y					
12001		RPR S/N/AX/GEN/TRNK 2.5CM/<	7/1/2015	RBRVS	$84.92	$43.03	000		Y	Y					

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
12002		RPR S/N/AX/GEN/TRNK2.6-7.5CM	7/1/2015	RBRVS	$103.89	$57.03	000		Y	Y					
12004		RPR S/N/AX/GEN/TRK7.6-12.5CM	7/1/2015	RBRVS	$122.54	$71.36	000		Y	Y					
12005		RPR S/N/A/GEN/TRK12.6-20.0CM	7/1/2015	RBRVS	$159.07	$96.58	000		Y	Y					
12006		RPR S/N/A/GEN/TRK20.1-30.0CM	7/1/2015	RBRVS	$190.08	$117.29	000		Y	Y			Y		
12007		RPR S/N/AX/GEN/TRNK >30.0 CM	7/1/2015	RBRVS	$221.56	$146.43	000		Y	Y					
12011		RPR F/E/E/N/L/M 2.5 CM/<	7/1/2015	RBRVS	$104.16	$53.64	000		Y	Y					
12013		RPR F/E/E/N/L/M 2.6-5.0 CM	7/1/2015	RBRVS	$114.27	$60.42	000		Y	Y					
12014		RPR F/E/E/N/L/M 5.1-7.5 CM	7/1/2015	RBRVS	$135.34	$76.84	000		Y	Y					
12015		RPR F/E/E/N/L/M 7.6-12.5 CM	7/1/2015	RBRVS	$163.72	$95.92	000		Y	Y					
12016		RPR FE/E/EN/L/M 12.6-20.0 CM	7/1/2015	RBRVS	$203.74	$129.96	000		Y	Y					
12017		RPR FE/E/EN/L/M 20.1-30.0 CM	7/1/2015	RBRVS	$150.89	$150.89	000		Y	Y		Y			
12018		RPR F/E/E/N/L/M >30.0 CM	7/1/2015	RBRVS	$171.50	$171.50	010		Y	Y					
12020		CLOSURE OF SPLIT WOUND	7/1/2015	RBRVS	$267.32	$182.90	010		Y	Y					
12021		CLOSURE OF SPLIT WOUND	7/1/2015	RBRVS	$156.87	$134.61	010		Y	Y					
12031		INTMD RPR S/A/T/EXT 2.5 CM/<	7/1/2015	RBRVS	$224.21	$147.77	010		Y	Y					
12032		INTMD RPR S/A/T/EXT 2.6-7.5	7/1/2015	RBRVS	$286.47	$188.09	010		Y	Y					
12034		INTMD RPR S/TR/EXT 7.6-12.5	7/1/2015	RBRVS	$295.93	$200.55	010		Y	Y					
12035		INTMD RPR S/A/T/EXT 12.6-20	7/1/2015	RBRVS	$363.38	$233.75	010		Y	Y					
12036		INTMD RPR S/A/T/EXT 20.1-30	7/1/2015	RBRVS	$400.37	$271.74	010		Y	Y			Y		
12037		INTMD RPR S/TR/EXT >30.0 CM	7/1/2015	RBRVS	$460.50	$321.23	010		Y	Y					
12041		INTMD RPR N-HF/GENIT 2.5CM/<	7/1/2015	RBRVS	$228.93	$151.49	010		Y	Y					
12042		INTMD RPR N-HF/GENIT2.6-7.5	7/1/2015	RBRVS	$273.41	$193.30	010		Y	Y					
12044		INTMD RPR N-HF/GENIT7.6-12.5	7/1/2015	RBRVS	$340.87	$208.92	010		Y	Y					
12045		INTMD RPR N-HF/GENIT12.6-20	7/1/2015	RBRVS	$384.82	$264.16	010		Y	Y					
12046		INTMD RPR N-HF/GENIT20.1-30	7/1/2015	RBRVS	$462.09	$305.21	010		Y	Y		Y	Y		
12047		INTMD RPR N-HF/GENIT >30.0CM	7/1/2015	RBRVS	$532.79	$365.27	010		Y	Y					
12051		INTMD RPR FACE/MM 2.5 CM/<	7/1/2015	RBRVS	$244.12	$165.69	010		Y	Y					
12052		INTMD RPR FACE/MM 2.6-5.0 CM	7/1/2015	RBRVS	$278.52	$197.09	010		Y	Y					
12053		INTMD RPR FACE/MM 5.1-7.5 CM	7/1/2015	RBRVS	$327.51	$210.85	010		Y	Y					
12054		INTMD RPR FACE/MM 7.6-12.5CM	7/1/2015	RBRVS	$348.92	$220.95	010		Y	Y					
12055		INTMD RPR FACE/MM 12.6-20 CM	7/1/2015	RBRVS	$452.69	$293.14	010		Y	Y					
12056		INTMD RPR FACE/MM 20.1-30.0	7/1/2015	RBRVS	$475.58	$339.31	010		Y	Y		Y	Y		
12057		INTMD RPR FACE/MM >30.0 CM	7/1/2015	RBRVS	$555.25	$368.13	010		Y	Y					
13100		CMPLX RPR TRUNK 1.1-2.5 CM	7/1/2015	RBRVS	$316.98	$199.65	010		Y	Y					
13101		CMPLX RPR TRUNK 2.6-7.5 CM	7/1/2015	RBRVS	$374.61	$244.32	ZZZ		Y						
13102		CMPLX RPR TRUNK ADDL 5CM/<	7/1/2015	RBRVS	$116.22	$72.69	010		Y	Y					
13120		CMPLX RPR S/A/L 1.1-2.5 CM	7/1/2015	RBRVS	$331.50	$228.47	010		Y	Y					
13121		CMPLX RPR S/A/L 2.6-7.5 CM	7/1/2015	RBRVS	$403.89	$258.31	ZZZ		Y						
13122		CMPLX RPR S/A/L ADDL 5 CM/>	7/1/2015	RBRVS	$127.36	$83.49	010		Y	Y					
13131		CMPLX RPR F/C/C/M/N/AX/G/H/F	7/1/2015	RBRVS	$365.21	$242.23	010		Y	Y					
13132		CMPLX RPR F/C/C/M/N/AX/G/H/F	7/1/2015	RBRVS	$451.98	$304.08	ZZZ		Y						
13133		CMPLX RPR F/C/C/M/N/AX/G/H/F	7/1/2015	RBRVS	$170.56	$127.70	010		Y	Y					
13151		CMPLX RPR E/N/E/L 1.1-2.5 CM	7/1/2015	RBRVS	$401.17	$278.19	010		Y	Y					
13152		CMPLX RPR E/N/E/L 2.6-7.5 CM	7/1/2015	RBRVS	$481.17	$336.59	ZZZ		Y						
13153		CMPLX RPR E/N/E/L ADDL 5CM/<	7/1/2015	RBRVS	$185.49	$137.97	090		Y	Y					
13160		LATE CLOSURE OF WOUND	7/1/2015	RBRVS	$787.18	$787.18									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
1400F		PARKINSON DIAG RVIEWED	1/1/2011	RBRVS	$0.00	$0.00	090		Y	Y		Y			
14301		TIS TRNFR ANY 30.1-60 SQ CM	7/1/2015	RBRVS	$1,030.91	$855.42	ZZZ		Y			Y			
14302		TIS TRNFR ADDL 30 SQ CM/<	7/1/2015	RBRVS	$216.87	$216.87									
1450F		SYMPTOMS IMPROVED/CONSIST	1/1/2012	RBRVS	$0.00	$0.00									
1451F		SYMPT SHOW CLIN IMPORT DROP	1/1/2012	RBRVS	$0.00	$0.00									
1460F		QUAL CARD DIAG PRIOR 12 MONS	1/1/2012	RBRVS	$0.00	$0.00									
1461F		NO QUAL CARD DIAG PRIOR12MON	1/1/2012	RBRVS	$0.00	$0.00									
1490F		DEM SEVERITY CLASSIFIED MILD	1/1/2012	RBRVS	$0.00	$0.00									
1491F		DEM SEVERITY CLASSIFIED MOD	7/1/2011	RBRVS	$0.00	$0.00									
1493F		DEM SEVERITY CLASS SEVERE	1/1/2012	RBRVS	$0.00	$0.00									
1494F		COGNIT ASSESSED AND REVIEWED	1/1/2012	RBRVS	$0.00	$0.00									
1500F		SYMPTOM+SIGN SYMM POLYNEURO	1/1/2013	RBRVS	$0.00	$0.00	000		Y						
15002		WOUND PREP TRK/ARM/LEG	7/1/2015	RBRVS	$332.10	$221.76	ZZZ		Y						
15003		WOUND PREP ADDL 100 CM	7/1/2015	RBRVS	$72.91	$45.00	000		Y						
15004		WOUND PREP F/N/HF/G	7/1/2015	RBRVS	$384.28	$264.30	ZZZ		Y						
15005		WND PREP F/N/HF/G ADDL CM	7/1/2015	RBRVS	$120.08	$89.17									
1501F		NOT INITIAL EVAL FOR COND	1/1/2013	RBRVS	$0.00	$0.00									
1502F		PT QUERIED PAIN FXN W/ INSTR	1/1/2013	RBRVS	$0.00	$0.00									
1503F		PT QUERIED SYMP RESP INSUFF	1/1/2013	RBRVS	$0.00	$0.00									
1504F		PT HAS RESP INSUFFICIENCY	1/1/2013	RBRVS	$0.00	$0.00	000		Y						
15040		HARVEST CULTURED SKIN GRAFT	7/1/2015	RBRVS	$242.49	$124.83									
1505F		PT HAS NO RESP INSUFFICIENCY	1/1/2013	RBRVS	$0.00	$0.00	090		Y	Y					
15100		SKIN SPLT GRFT TRNK/ARM/LEG	7/1/2015	RBRVS	$826.43	$697.48	090		Y	Y					
15110		EPIDRM AUTOGRFT TRNK/ARM/LEG	7/1/2015	RBRVS	$787.05	$690.00	ZZZ		Y						
15111		EPIDRM AUTOGRFT T/A/L ADD-ON	7/1/2015	RBRVS	$113.57	$102.93	090		Y	Y					
15115		EPIDRM A-GRFT FACE/NCK/HF/G	7/1/2015	RBRVS	$796.49	$699.11	ZZZ		Y				Y		
15116		EPIDRM A-GRFT F/N/HF/G ADDL	7/1/2015	RBRVS	$163.09	$149.13	090		Y	Y					
15130		DERM AUTOGRAFT TRNK/ARM/LEG	7/1/2015	RBRVS	$653.47	$553.42	ZZZ		Y				Y		
15131		DERM AUTOGRAFT T/A/L ADD-ON	7/1/2015	RBRVS	$89.77	$82.45	090		Y	Y					
15135		DERM AUTOGRAFT FACE/NCK/HF/G	7/1/2015	RBRVS	$808.02	$712.30	ZZZ		Y				Y		
15136		DERM AUTOGRAFT F/N/HF/G ADD	7/1/2015	RBRVS	$92.36	$86.38	090		Y	Y					
15150		CULT SKIN GRFT T/ARM/LEG	7/1/2015	RBRVS	$678.73	$623.22	ZZZ		Y						
15151		CULT SKIN GRFT T/A/L ADDL	7/1/2015	RBRVS	$118.59	$109.94	ZZZ		Y						
15152		CULT SKIN GRAFT T/A/L +%	7/1/2015	RBRVS	$146.51	$137.87	090		Y	Y					
15155		CULT SKIN GRAFT F/N/HF/G	7/1/2015	RBRVS	$659.98	$609.79	ZZZ		Y				Y		
15156		CULT SKIN GRFT F/N/HFG ADD	7/1/2015	RBRVS	$160.23	$151.92	ZZZ		Y				Y		
15157		CULT EPIDERM GRFT F/N/HFG +%	7/1/2015	RBRVS	$150.22	$139.93	090		Y	Y					
15731		FOREHEAD FLAP W/VASC PEDICLE	7/1/2015	RBRVS	$1,085.65	$979.29	090		Y	Y		Y			
15750		NEUROVASCULAR PEDICLE FLAP	7/1/2015	RBRVS	$896.73	$896.73	090		Y	Y		Y	Y		
15756		FREE MYO/SKIN FLAP MICROVASC	7/1/2015	RBRVS	$2,268.62	$2,268.62	090		Y	Y		Y	Y		
15757		FREE SKIN FLAP MICROVASC	7/1/2015	RBRVS	$2,247.08	$2,247.08	090		Y	Y		Y	Y		
15758		FREE FASCIAL FLAP MICROVASC	7/1/2015	RBRVS	$2,242.53	$2,242.53	090		Y	Y		Y	Y		
15770		DERMA-FAT-FASCIA GRAFT	7/1/2015	RBRVS	$650.07	$650.07	090	Y	Y	Y		Y	Y		
15830		EXC SKIN ABD	7/1/2015	RBRVS	$1,141.52	$1,141.52	090	Y	Y	Y	Y	Y	Y		
15832		EXCISE EXCESSIVE SKIN THIGH	7/1/2015	RBRVS	$886.19	$886.19	090		Y	Y		Y	Y		
15841		NERVE PALSY MUSCLE GRAFT	7/1/2015	RBRVS	$1,557.91	$1,557.91	090		Y	Y		Y			

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
15845		SKIN AND MUSCLE REPAIR FACE	7/1/2015	RBRVS	$961.65	$961.65			Y						
15847		EXC SKIN ABD ADD-ON	7/1/2014	FEE SCHED	$1,453.10	$0.00	000		Y	Y					
15860		TEST FOR BLOOD FLOW IN GRAFT	7/1/2015	RBRVS	$108.98	$108.98	090		Y	Y		Y	Y		
15922		REMOVAL OF TAIL BONE ULCER	7/1/2015	RBRVS	$755.67	$755.67	090		Y	Y			Y		
15946		REMOVE HIP PRESSURE SORE	7/1/2015	RBRVS	$1,590.09	$1,590.09	090		Y	Y		Y	Y		
15952		REMOVE THIGH PRESSURE SORE	7/1/2015	RBRVS	$873.99	$873.99	090		Y	Y			Y		
15956		REMOVE THIGH PRESSURE SORE	7/1/2015	RBRVS	$1,118.82	$1,118.82	090		Y	Y			Y		
15958		REMOVE THIGH PRESSURE SORE	7/1/2015	RBRVS	$1,143.18	$1,143.18	000		Y	Y					
16000		INITIAL TREATMENT OF BURN(S)	7/1/2015	RBRVS	$65.64	$44.70	000		Y	Y					
16020		DRESS/DEBRID P-THICK BURN S	7/1/2015	RBRVS	$77.77	$52.18	000		Y	Y					
16025		DRESS/DEBRID P-THICK BURN M	7/1/2015	RBRVS	$141.95	$108.72	000		Y	Y					
16030		DRESS/DEBRID P-THICK BURN L	7/1/2015	RBRVS	$175.05	$128.52	010		Y	Y					
17000		DESTROY BENIGN/PREMLG LESION	7/1/2015	RBRVS	$62.68	$50.39	ZZZ		Y						
17003		DESTRUCT PREMALG LES 2-14	7/1/2015	RBRVS	$5.38	$2.39	010		Y						
17004		DESTROY PREMAL LESIONS 15/>	7/1/2015	RBRVS	$141.85	$95.32	010		Y	Y					
17110		DESTRUCT B9 LESION 1-14	7/1/2015	RBRVS	$104.22	$66.00	010		Y	Y					
17111		DESTRUCT LESION 15 OR MORE	7/1/2015	RBRVS	$123.80	$81.59	000		Y	Y					
17250		CHEMICAL CAUTERY TISSUE	7/1/2015	RBRVS	$74.91	$35.36	010		Y	Y					
17260		DESTRUCTION OF SKIN LESIONS	7/1/2015	RBRVS	$99.60	$74.49	010		Y	Y					
17261		DESTRUCTION OF SKIN LESIONS	7/1/2015	RBRVS	$135.81	$87.94	010		Y	Y					
17262		DESTRUCTION OF SKIN LESIONS	7/1/2015	RBRVS	$165.42	$111.90	010		Y	Y					
17263		DESTRUCTION OF SKIN LESIONS	7/1/2015	RBRVS	$180.61	$124.11	010		Y	Y					
17264		DESTRUCTION OF SKIN LESIONS	7/1/2015	RBRVS	$194.47	$132.98	010		Y	Y					
17270		DESTRUCTION OF SKIN LESIONS	7/1/2015	RBRVS	$158.47	$106.76	010		Y	Y					
17271		DESTRUCTION OF SKIN LESIONS	7/1/2015	RBRVS	$171.98	$118.80	010		Y	Y					
17272		DESTRUCTION OF SKIN LESIONS	7/1/2015	RBRVS	$175.95	$123.11	010		Y	Y					
17280		DESTRUCTION OF SKIN LESIONS	7/1/2015	RBRVS	$133.14	$87.28	010		Y	Y					
17281		DESTRUCTION OF SKIN LESIONS	7/1/2015	RBRVS	$186.94	$133.39	010		Y	Y					
17282		DESTRUCTION OF SKIN LESIONS	7/1/2015	RBRVS	$215.04	$154.48	010		Y	Y					
17283		DESTRUCTION OF SKIN LESIONS	7/1/2015	RBRVS	$257.00	$192.37			Y						
17999		SKIN TISSUE PROCEDURE	7/1/2014	FEE SCHED	$1,239.04	$0.00	000		Y	Y	Y				
19105		CRYOSURG ABLATE FA EACH	7/1/2015	RBRVS	$2,357.92	$199.18	090		Y	Y		Y	Y		
19260		REMOVAL OF CHEST WALL LESION	7/1/2015	RBRVS	$1,181.87	$1,181.87	090		Y	Y		Y	Y		
19271		REVISION OF CHEST WALL	7/1/2015	RBRVS	$1,596.10	$1,596.10	090		Y	Y		Y	Y		
19272		EXTENSIVE CHEST WALL SURGERY	7/1/2015	RBRVS	$1,753.11	$1,753.11	000		Y	Y	Y				
19296		PLACE PO BREAST CATH FOR RAD	7/1/2015	RBRVS	$3,693.56	$208.33	ZZZ		Y						
19297		PLACE BREAST CATH FOR RAD	7/1/2015	RBRVS	$94.05	$94.05	000		Y	Y	Y				
19298		PLACE BREAST RAD TUBE/CATHS	7/1/2015	RBRVS	$992.59	$318.54	090	Y	Y	Y	Y				
19300		REMOVAL OF BREAST TISSUE	7/1/2015	RBRVS	$505.17	$402.13	090	Y	Y	Y	Y				
19301		PARTIAL MASTECTOMY	7/1/2015	RBRVS	$640.57	$640.57	090	Y	Y	Y	Y	Y	Y		
19302		P-MASTECTOMY W/LN REMOVAL	7/1/2015	RBRVS	$884.24	$884.24	090	Y	Y	Y	Y	Y	Y		
19303		MAST SIMPLE COMPLETE	7/1/2015	RBRVS	$992.72	$992.72	090	Y	Y	Y	Y	Y	Y		
19304		MAST SUBQ	7/1/2015	RBRVS	$561.51	$561.51	090	Y	Y	Y	Y	Y	Y		
19305		MAST RADICAL	7/1/2015	RBRVS	$1,106.62	$1,106.62	090	Y	Y	Y	Y	Y	Y		
19306		MAST RAD URBAN TYPE	7/1/2015	RBRVS	$1,177.02	$1,177.02	090	Y	Y	Y	Y	Y	Y		
19307		MAST MOD RAD	7/1/2015	RBRVS	$1,175.32	$1,175.32	090	Y	Y	Y	Y	Y	Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
19316		SUSPENSION OF BREAST	7/1/2015	RBRVS	$748.82	$748.82	090	Y	Y	Y	Y	Y	Y		
19318		REDUCTION OF LARGE BREAST	7/1/2015	RBRVS	$1,070.16	$1,070.16	090	Y	Y	Y	Y	Y	Y		
19357		BREAST RECONSTRUCTION	7/1/2015	RBRVS	$1,455.61	$1,455.61	090	Y	Y	Y	Y	Y	Y		
19361		BREAST RECONSTRUCTION	7/1/2015	RBRVS	$1,530.56	$1,530.56	090	Y	Y	Y	Y	Y	Y		
19364		BREAST RECONSTRUCTION	7/1/2015	RBRVS	$2,684.78	$2,684.78	090	Y	Y	Y	Y	Y	Y		
19366		BREAST RECONSTRUCTION	7/1/2015	RBRVS	$1,373.31	$1,373.31	090	Y	Y	Y	Y	Y	Y		
19367		BREAST RECONSTRUCTION	7/1/2015	RBRVS	$1,741.81	$1,741.81	090	Y	Y	Y	Y	Y	Y		
19369		BREAST RECONSTRUCTION	7/1/2015	RBRVS	$1,989.53	$1,989.53		Y	Y						
19499		BREAST SURGERY PROCEDURE	7/1/2014	FEE SCHED	$357.28	$0.00									
2000F		BLOOD PRESSURE MEASURE	10/1/2007	RBRVS	$0.00	$0.00	010		Y	Y					
20005		INCISION OF DEEP ABSCESS	7/1/2015	RBRVS	$295.28	$226.47									
2001F		WEIGHT RECORD	1/1/2006	RBRVS	$0.00	$0.00									
2002F		CLIN SIGN VOL OVRLD ASSESS	1/1/2006	RBRVS	$0.00	$0.00									
2004F		INITIAL EXAM INVOLVED JOINTS	1/1/2006	RBRVS	$0.00	$0.00	010		Y	Y	Y	Y			
20100		EXPLORE WOUND NECK	7/1/2015	RBRVS	$599.72	$599.72	010		Y	Y					
20101		EXPLORE WOUND CHEST	7/1/2015	RBRVS	$433.61	$206.60	010		Y	Y					
20102		EXPLORE WOUND ABDOMEN	7/1/2015	RBRVS	$471.00	$251.30	010		Y	Y					
20103		EXPLORE WOUND EXTREMITY	7/1/2015	RBRVS	$557.72	$338.68									
2014F		MENTAL STATUS ASSESS	7/1/2006	RBRVS	$0.00	$0.00	090		Y	Y	Y	Y	Y		
20150		EXCISE EPIPHYSEAL BAR	7/1/2015	RBRVS	$874.86	$874.86									
2018F		HYDRATION STATUS ASSESS	7/1/2006	RBRVS	$0.00	$0.00									
2019F		DILATED MACUL EXAM DONE	7/1/2007	RBRVS	$0.00	$0.00									
2020F		DILATED FUNDUS EVAL DONE	7/1/2007	RBRVS	$0.00	$0.00	000		Y	Y					
20200		MUSCLE BIOPSY	7/1/2015	RBRVS	$199.22	$94.52	000		Y	Y					
20205		DEEP MUSCLE BIOPSY	7/1/2015	RBRVS	$278.69	$154.71	000		Y	Y					
20206		NEEDLE BIOPSY MUSCLE	7/1/2015	RBRVS	$223.78	$57.60									
2022F		DIL RETINA EXAM INTERP REV	7/1/2006	RBRVS	$0.00	$0.00	000		Y	Y					
20220		BONE BIOPSY TROCAR/NEEDLE	7/1/2015	RBRVS	$160.10	$70.69	000		Y	Y					
20225		BONE BIOPSY TROCAR/NEEDLE	7/1/2015	RBRVS	$498.12	$106.58									
2024F		7 FIELD PHOTO INTERP DOC REV	7/1/2006	RBRVS	$0.00	$0.00	010		Y	Y					
20240		BONE BIOPSY EXCISIONAL	7/1/2015	RBRVS	$210.75	$210.75	010		Y	Y		Y			
20251		OPEN BONE BIOPSY	7/1/2015	RBRVS	$415.06	$415.06									
2026F		EYE IMAGE VALID TO DX REV	7/1/2006	RBRVS	$0.00	$0.00									
2027F		OPTIC NERVE HEAD EVAL DONE	1/1/2007	RBRVS	$0.00	$0.00									
2029F		COMPLETE PHYS SKIN EXAM DONE	1/1/2007	RBRVS	$0.00	$0.00									
2030F		H2O STAT DOCD, NORMAL	10/1/2006	RBRVS	$0.00	$0.00									
2031F		H2O STAT DOCD, DEHYDRATED	10/1/2006	RBRVS	$0.00	$0.00									
2044F		DOC MNTL TST PRIOR BK TRXMNT	4/1/2008	RBRVS	$0.00	$0.00									
2050F		WOUND CHAR SIZE ETC DOCD	7/1/2009	RBRVS	$0.00	$0.00	010		Y	Y					
20500		INJECTION OF SINUS TRACT	7/1/2015	RBRVS	$100.10	$82.16	000		Y	Y					
20501		INJECT SINUS TRACT FOR X-RAY	7/1/2015	RBRVS	$112.21	$37.08	010		Y	Y					
20520		REMOVAL OF FOREIGN BODY	7/1/2015	RBRVS	$194.53	$142.02	010		Y	Y					
20525		REMOVAL OF FOREIGN BODY	7/1/2015	RBRVS	$460.29	$243.59	000		Y	Y	Y				
20526		THER INJECTION CARP TUNNEL	7/1/2015	RBRVS	$74.32	$56.36	000		Y	Y	Y				
20550		INJ TENDON SHEATH/LIGAMENT	7/1/2015	RBRVS	$56.50	$40.54	000		Y	Y					
20551		INJ TENDON ORIGIN/INSERTION	7/1/2015	RBRVS	$57.83	$41.54	000		Y	Y					

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
20552		INJ TRIGGER POINT 1/2 MUSCL	7/1/2015	RBRVS	$52.31	$36.36	000		Y	Y					
20553		INJECT TRIGGER POINTS 3/>	7/1/2015	RBRVS	$60.68	$41.40	000		Y	Y					
20555		PLACE NDL MUSC/TIS FOR RT	7/1/2015	RBRVS	$323.46	$323.46									
2060F		PT TALK EVAL HLTHWKR RE MDD	9/1/2011	RBRVS	$0.00	$0.00	000		Y	Y	Y				
20600		DRAIN/INJ JOINT/BURSA W/O US	7/1/2015	RBRVS	$45.40	$34.43	000		Y	Y	Y				
20604		DRAIN/INJ JOINT/BURSA W/US	7/1/2015	RBRVS	$68.90	$44.64	000		Y	Y	Y				
20605		DRAIN/INJ JOINT/BURSA W/O US	7/1/2015	RBRVS	$47.39	$35.76	000		Y	Y	Y				
20606		DRAIN/INJ JOINT/BURSA W/US	7/1/2015	RBRVS	$76.34	$51.08	000		Y	Y	Y				
20610		DRAIN/INJ JOINT/BURSA W/O US	7/1/2015	RBRVS	$57.66	$44.70	000		Y	Y	Y				
20611		DRAIN/INJ JOINT/BURSA W/US	7/1/2015	RBRVS	$88.34	$60.42	000		Y	Y					
20612		ASPIRATE/INJ GANGLION CYST	7/1/2015	RBRVS	$58.16	$40.54	010		Y	Y					
20615		TREATMENT OF BONE CYST	7/1/2015	RBRVS	$236.05	$159.93	010		Y	Y			Y		
20650		INSERT AND REMOVE BONE PIN	7/1/2015	RBRVS	$197.42	$151.22	010		Y	Y					
20670		REMOVAL OF SUPPORT IMPLANT	7/1/2015	RBRVS	$361.81	$143.11	090		Y	Y					
20680		REMOVAL OF SUPPORT IMPLANT	7/1/2015	RBRVS	$594.63	$412.17	090		Y	Y		Y	Y		
20692		APPLY BONE FIXATION DEVICE	7/1/2015	RBRVS	$1,091.53	$1,091.53	090		Y	Y		Y	Y		
20696		COMP MULTIPLANE EXT FIXATION	7/1/2015	RBRVS	$1,184.93	$1,184.93	000		Y			Y	Y		
20697		COMP EXT FIXATE STRUT CHANGE	7/1/2015	RBRVS	$1,993.62	$1,993.62	090		Y	Y	Y	Y	Y		
20802		REPLANTATION ARM COMPLETE	7/1/2015	RBRVS	$2,719.44	$2,719.44	090		Y	Y	Y	Y	Y		
20805		REPLANT FOREARM COMPLETE	7/1/2015	RBRVS	$3,204.08	$3,204.08	090		Y	Y	Y	Y	Y		
20808		REPLANTATION HAND COMPLETE	7/1/2015	RBRVS	$3,879.95	$3,879.95	090		Y	Y		Y	Y		
20816		REPLANTATION DIGIT COMPLETE	7/1/2015	RBRVS	$2,051.19	$2,051.19	090		Y	Y		Y	Y		
20822		REPLANTATION DIGIT COMPLETE	7/1/2015	RBRVS	$1,752.65	$1,752.65	090		Y	Y	Y	Y	Y		
20824		REPLANTATION THUMB COMPLETE	7/1/2015	RBRVS	$1,987.70	$1,987.70	090		Y	Y	Y	Y	Y		
20827		REPLANTATION THUMB COMPLETE	7/1/2015	RBRVS	$1,801.57	$1,801.57	090		Y	Y	Y	Y	Y		
20838		REPLANTATION FOOT COMPLETE	7/1/2015	RBRVS	$2,079.27	$2,079.27	000		Y	Y		Y	Y		
20900		REMOVAL OF BONE FOR GRAFT	7/1/2015	RBRVS	$402.30	$186.59	000		Y	Y		Y	Y		
20902		REMOVAL OF BONE FOR GRAFT	7/1/2015	RBRVS	$281.81	$281.81	090		Y	Y			Y		
20920		REMOVAL OF FASCIA FOR GRAFT	7/1/2015	RBRVS	$381.99	$381.99	090		Y	Y		Y	Y		
20922		REMOVAL OF FASCIA FOR GRAFT	7/1/2015	RBRVS	$587.49	$488.78	090		Y	Y		Y	Y		
20924		REMOVAL OF TENDON FOR GRAFT	7/1/2015	RBRVS	$494.80	$494.80	ZZZ		Y			Y	Y		
20937		SPINAL BONE AUTOGRAFT	7/1/2015	RBRVS	$168.74	$168.74	ZZZ		Y			Y	Y		
20938		SPINAL BONE AUTOGRAFT	7/1/2015	RBRVS	$188.01	$188.01	000		Y	Y					
20950		FLUID PRESSURE MUSCLE	7/1/2015	RBRVS	$235.05	$88.47	090		Y	Y		Y	Y		
20955		FIBULA BONE GRAFT MICROVASC	7/1/2015	RBRVS	$2,466.25	$2,466.25	090		Y	Y		Y	Y		
20956		ILIAC BONE GRAFT MICROVASC	7/1/2015	RBRVS	$2,615.41	$2,615.41	090		Y	Y		Y	Y		
20957		MT BONE GRAFT MICROVASC	7/1/2015	RBRVS	$2,040.58	$2,040.58	090		Y	Y		Y	Y		
20962		OTHER BONE GRAFT MICROVASC	7/1/2015	RBRVS	$1,961.84	$1,961.84	090		Y	Y		Y	Y		
20969		BONE/SKIN GRAFT MICROVASC	7/1/2015	RBRVS	$2,694.85	$2,694.85	090		Y	Y		Y	Y		
20970		BONE/SKIN GRAFT ILIAC CREST	7/1/2015	RBRVS	$2,829.63	$2,829.63	090		Y	Y		Y			
20972		BONE/SKIN GRAFT METATARSAL	7/1/2015	RBRVS	$2,221.79	$2,221.79	090		Y	Y	Y	Y	Y		
20973		BONE/SKIN GRAFT GREAT TOE	7/1/2015	RBRVS	$2,447.60	$2,447.60	000		Y			Y	Y		
20975		ELECTRICAL BONE STIMULATION	7/1/2015	RBRVS	$177.61	$177.61	ZZZ		Y						
20985		CPTR-ASST DIR MS PX	7/1/2015	RBRVS	$145.74	$145.74	090		Y	Y		Y			
21011		EXC FACE LES SC <2 CM	7/1/2015	RBRVS	$334.03	$250.60	090		Y	Y		Y			
21012		EXC FACE LES SBQ 2 CM/>	7/1/2015	RBRVS	$329.01	$329.01	090		Y	Y		Y			

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
21013		EXC FACE TUM DEEP < 2 CM	7/1/2015	RBRVS	$499.22	$389.53	090		Y	Y		Y			
21014		EXC FACE TUM DEEP 2 CM/>	7/1/2015	RBRVS	$506.46	$506.46	090		Y	Y		Y			
21016		RESECT FACE TUM 2 CM/>	7/1/2015	RBRVS	$997.50	$997.50	090		Y	Y	Y				
21030		EXCISE MAX/ZYGOMA B9 TUMOR	7/1/2015	RBRVS	$503.64	$407.91	090		Y	Y					
21040		EXCISE MANDIBLE LESION	7/1/2015	RBRVS	$508.35	$409.64	090		Y	Y			Y		
21046		REMOVE MANDIBLE CYST COMPLEX	7/1/2015	RBRVS	$1,096.02	$1,096.02	090		Y	Y		Y	Y		
21047		EXCISE LWR JAW CYST W/REPAIR	7/1/2015	RBRVS	$1,296.14	$1,296.14	090		Y	Y			Y		
21048		REMOVE MAXILLA CYST COMPLEX	7/1/2015	RBRVS	$1,125.44	$1,125.44	090		Y	Y		Y	Y		
21049		EXCIS UPPR JAW CYST W/REPAIR	7/1/2015	RBRVS	$1,184.63	$1,184.63	090		Y	Y	Y	Y	Y		
21060		REMOVE JAW JOINT CARTILAGE	7/1/2015	RBRVS	$793.36	$793.36	090		Y	Y	Y				
21073		MNPJ OF TMJ W/ANESTH	7/1/2015	RBRVS	$382.59	$248.64	000		Y	Y	Y				
21116		INJECTION JAW JOINT X-RAY	7/1/2015	RBRVS	$141.42	$43.37	090	Y	Y	Y			Y		
21120		RECONSTRUCTION OF CHIN	7/1/2015	RBRVS	$579.38	$465.04	090	Y	Y	Y		Y			
21121		RECONSTRUCTION OF CHIN	7/1/2015	RBRVS	$776.61	$649.64	090	Y	Y	Y		Y			
21122		RECONSTRUCTION OF CHIN	7/1/2015	RBRVS	$616.81	$616.81	090	Y	Y	Y		Y	Y		
21123		RECONSTRUCTION OF CHIN	7/1/2015	RBRVS	$744.48	$744.48	090	Y	Y	Y		Y			
21125		AUGMENTATION LOWER JAW BONE	7/1/2015	RBRVS	$3,003.66	$716.95	090	Y	Y	Y		Y	Y		
21127		AUGMENTATION LOWER JAW BONE	7/1/2015	RBRVS	$4,152.69	$865.89	090	Y	Y	Y		Y			
21137		REDUCTION OF FOREHEAD	7/1/2015	RBRVS	$681.15	$681.15	090	Y	Y	Y		Y	Y		
21138		REDUCTION OF FOREHEAD	7/1/2015	RBRVS	$847.94	$847.94	090	Y	Y	Y		Y	Y		
21139		REDUCTION OF FOREHEAD	7/1/2015	RBRVS	$1,094.16	$1,094.16	090	Y	Y	Y		Y			
21145		LEFORT I-1 PIECE W/ GRAFT	7/1/2015	RBRVS	$1,600.32	$1,600.32	090	Y	Y	Y		Y	Y		
21146		LEFORT I-2 PIECE W/ GRAFT	7/1/2015	RBRVS	$1,666.56	$1,666.56	090	Y	Y	Y		Y			
21147		LEFORT I-3/> PIECE W/ GRAFT	7/1/2015	RBRVS	$1,761.75	$1,761.75	090	Y	Y	Y		Y			
21150		LEFORT II ANTERIOR INTRUSION	7/1/2015	RBRVS	$1,639.94	$1,639.94	090	Y	Y	Y		Y			
21151		LEFORT II W/BONE GRAFTS	7/1/2015	RBRVS	$2,007.21	$2,007.21	090	Y	Y	Y		Y	Y		
21154		LEFORT III W/O LEFORT I	7/1/2015	RBRVS	$2,159.37	$2,159.37	090	Y	Y	Y		Y			
21155		LEFORT III W/ LEFORT I	7/1/2015	RBRVS	$2,273.27	$2,273.27	090	Y	Y	Y		Y	Y		
21159		LEFORT III W/FHDW/O LEFORT I	7/1/2015	RBRVS	$2,328.02	$2,328.02	090	Y	Y	Y		Y			
21160		LEFORT III W/FHD W/ LEFORT I	7/1/2015	RBRVS	$2,526.38	$2,526.38	090	Y	Y	Y		Y	Y		
21172		RECONSTRUCT ORBIT/FOREHEAD	7/1/2015	RBRVS	$1,707.15	$1,707.15	090	Y	Y	Y		Y			
21175		RECONSTRUCT ORBIT/FOREHEAD	7/1/2015	RBRVS	$2,328.58	$2,328.58	090	Y	Y	Y		Y			
21179		RECONSTRUCT ENTIRE FOREHEAD	7/1/2015	RBRVS	$1,264.36	$1,264.36	090	Y	Y	Y		Y	Y		
21180		RECONSTRUCT ENTIRE FOREHEAD	7/1/2015	RBRVS	$1,493.93	$1,493.93	090	Y	Y	Y		Y	Y		
21182		RECONSTRUCT CRANIAL BONE	7/1/2015	RBRVS	$1,870.34	$1,870.34	090	Y	Y	Y		Y	Y		
21183		RECONSTRUCT CRANIAL BONE	7/1/2015	RBRVS	$2,150.92	$2,150.92	090	Y	Y	Y		Y			
21184		RECONSTRUCT CRANIAL BONE	7/1/2015	RBRVS	$2,354.07	$2,354.07	090	Y	Y	Y		Y			
21188		RECONSTRUCTION OF MIDFACE	7/1/2015	RBRVS	$1,524.18	$1,524.18	090	Y	Y	Y		Y	Y		
21193		RECONST LWR JAW W/O GRAFT	7/1/2015	RBRVS	$1,159.56	$1,159.56	090	Y	Y	Y		Y			
21194		RECONST LWR JAW W/GRAFT	7/1/2015	RBRVS	$1,464.65	$1,464.65	090	Y	Y	Y		Y			
21195		RECONST LWR JAW W/O FIXATION	7/1/2015	RBRVS	$1,310.37	$1,310.37	090	Y	Y	Y		Y	Y		
21196		RECONST LWR JAW W/FIXATION	7/1/2015	RBRVS	$1,440.89	$1,440.89	090	Y	Y	Y		Y	Y		
21198		RECONSTR LWR JAW SEGMENT	7/1/2015	RBRVS	$1,135.00	$1,135.00	090	Y	Y	Y		Y	Y		
21206		RECONSTRUCT UPPER JAW BONE	7/1/2015	RBRVS	$1,207.30	$1,207.30	090	Y	Y	Y	Y	Y	Y		
21242		RECONSTRUCTION OF JAW JOINT	7/1/2015	RBRVS	$1,006.21	$1,006.21	090	Y	Y	Y	Y	Y	Y		
21247		RECONSTRUCT LOWER JAW BONE	7/1/2015	RBRVS	$1,488.38	$1,488.38	090	Y	Y	Y	Y	Y	Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
21255		RECONSTRUCT LOWER JAW BONE	7/1/2015	RBRVS	$1,282.01	$1,282.01	090	Y	Y	Y	Y	Y	Y		
21256		RECONSTRUCTION OF ORBIT	7/1/2015	RBRVS	$1,150.29	$1,150.29	090		Y	Y		Y	Y		
21260		REVISE EYE SOCKETS	7/1/2015	RBRVS	$1,104.56	$1,104.56	090		Y	Y		Y	Y		
21261		REVISE EYE SOCKETS	7/1/2015	RBRVS	$1,961.08	$1,961.08	090		Y	Y		Y	Y		
21263		REVISE EYE SOCKETS	7/1/2015	RBRVS	$1,812.21	$1,812.21	090		Y	Y	Y	Y	Y		
21267		REVISE EYE SOCKETS	7/1/2015	RBRVS	$1,514.64	$1,514.64	090		Y	Y	Y	Y	Y		
21268		REVISE EYE SOCKETS	7/1/2015	RBRVS	$1,796.09	$1,796.09	090		Y	Y	Y	Y	Y		
21270		AUGMENTATION CHEEK BONE	7/1/2015	RBRVS	$923.52	$696.18	090		Y	Y		Y	Y		
21275		REVISION ORBITOFACIAL BONES	7/1/2015	RBRVS	$813.87	$813.87	090		Y	Y		Y	Y		
21339		OPEN NASOETHMOID FX W/ FIXJ	7/1/2015	RBRVS	$824.44	$824.44	090		Y	Y		Y	Y		
21343		OPEN TX DPRSD FRONT SINUS FX	7/1/2015	RBRVS	$1,179.41	$1,179.41	090		Y	Y		Y	Y		
21344		OPEN TX COMPL FRONT SINUS FX	7/1/2015	RBRVS	$1,355.27	$1,355.27	090		Y	Y		Y	Y		
21347		OPN TX NASOMAX FX MULTPLE	7/1/2015	RBRVS	$1,104.63	$1,104.63	090		Y	Y		Y	Y		
21348		OPN TX NASOMAX FX W/GRAFT	7/1/2015	RBRVS	$1,176.39	$1,176.39	090		Y	Y	Y	Y	Y		
21365		OPN TX COMPLX MALAR FX	7/1/2015	RBRVS	$1,084.15	$1,084.15	090		Y	Y	Y	Y	Y		
21366		OPN TX COMPLX MALAR W/GRFT	7/1/2015	RBRVS	$1,133.28	$1,133.28	090		Y	Y	Y	Y	Y		
21385		OPN TX ORBIT FX TRANSANTRAL	7/1/2015	RBRVS	$662.21	$662.21	090		Y	Y	Y	Y			
21386		OPN TX ORBIT FX PERIORBITAL	7/1/2015	RBRVS	$676.83	$676.83	090		Y	Y	Y	Y			
21387		OPN TX ORBIT FX COMBINED	7/1/2015	RBRVS	$691.56	$691.56	090		Y	Y	Y	Y	Y		
21390		OPN TX ORBIT PERIORBTL IMPLT	7/1/2015	RBRVS	$767.90	$767.90	090		Y	Y	Y	Y	Y		
21395		OPN TX ORBIT PERIORBT W/GRFT	7/1/2015	RBRVS	$981.81	$981.81	090		Y	Y	Y	Y			
21401		CLOSED TX ORBIT W/MANIPULJ	7/1/2015	RBRVS	$473.62	$297.80	090		Y	Y	Y	Y	Y		
21406		OPN TX ORBIT FX W/O IMPLANT	7/1/2015	RBRVS	$555.82	$555.82	090		Y	Y	Y	Y	Y		
21407		OPN TX ORBIT FX W/IMPLANT	7/1/2015	RBRVS	$624.22	$624.22	090		Y	Y	Y	Y	Y		
21408		OPN TX ORBIT FX W/BONE GRFT	7/1/2015	RBRVS	$874.93	$874.93	090		Y	Y		Y	Y		
21422		TREAT MOUTH ROOF FRACTURE	7/1/2015	RBRVS	$656.56	$656.56	090		Y	Y		Y	Y		
21423		TREAT MOUTH ROOF FRACTURE	7/1/2015	RBRVS	$771.22	$771.22	090		Y	Y		Y			
21431		TREAT CRANIOFACIAL FRACTURE	7/1/2015	RBRVS	$763.72	$763.72	090		Y	Y		Y			
21432		TREAT CRANIOFACIAL FRACTURE	7/1/2015	RBRVS	$622.99	$622.99	090		Y	Y		Y	Y		
21433		TREAT CRANIOFACIAL FRACTURE	7/1/2015	RBRVS	$1,697.04	$1,697.04	090		Y	Y		Y			
21435		TREAT CRANIOFACIAL FRACTURE	7/1/2015	RBRVS	$1,230.13	$1,230.13	090		Y	Y		Y	Y		
21436		TREAT CRANIOFACIAL FRACTURE	7/1/2015	RBRVS	$1,990.99	$1,990.99	090		Y	Y		Y			
21445		TREAT DENTAL RIDGE FRACTURE	7/1/2015	RBRVS	$750.39	$612.45	090		Y	Y			Y		
21461		TREAT LOWER JAW FRACTURE	7/1/2015	RBRVS	$2,054.68	$913.32	090		Y	Y		Y	Y		
21462		TREAT LOWER JAW FRACTURE	7/1/2015	RBRVS	$2,186.82	$1,018.54	090		Y	Y	Y	Y	Y		
21465		TREAT LOWER JAW FRACTURE	7/1/2015	RBRVS	$912.51	$912.51	090		Y	Y		Y	Y		
21470		TREAT LOWER JAW FRACTURE	7/1/2015	RBRVS	$1,181.53	$1,181.53	090		Y	Y	Y	Y	Y		
21490		REPAIR DISLOCATED JAW	7/1/2015	RBRVS	$900.72	$900.72	090		Y	Y		Y			
21495		TREAT HYOID BONE FRACTURE	7/1/2015	RBRVS	$614.08	$614.08	090		Y	Y					
21501		DRAIN NECK/CHEST LESION	7/1/2015	RBRVS	$436.36	$312.06	090		Y	Y		Y			
21502		DRAIN CHEST LESION	7/1/2015	RBRVS	$500.58	$500.58	010		Y	Y					
21550		BIOPSY OF NECK/CHEST	7/1/2015	RBRVS	$251.33	$153.28	090		Y	Y		Y			
21552		EXC NECK LES SC 3 CM/>	7/1/2015	RBRVS	$437.99	$437.99	090		Y	Y		Y			
21554		EXC NECK TUM DEEP 5 CM/>	7/1/2015	RBRVS	$718.05	$718.05	090		Y	Y					
21555		REMOVE LESION, NECK/CHEST	7/1/2015	RBRVS	$400.86	$298.17	090		Y	Y					
21556		REMOVE LESION, NECK/CHEST	7/1/2015	RBRVS	$517.96	$517.96	090		Y	Y		Y	Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
21557		REMOVE TUMOR, NECK/CHEST	7/1/2015	RBRVS	$939.78	$939.78	090		Y	Y		Y	Y		
21558		RESECT NECK TUM 5 CM/>	7/1/2015	RBRVS	$1,321.33	$1,321.33	090		Y	Y		Y	Y		
21600		PARTIAL REMOVAL OF RIB	7/1/2015	RBRVS	$545.35	$545.35	090		Y	Y		Y			
21610		PARTIAL REMOVAL OF RIB	7/1/2015	RBRVS	$1,230.06	$1,230.06	090		Y	Y	Y	Y	Y		
21615		REMOVAL OF RIB	7/1/2015	RBRVS	$618.07	$618.07	090		Y	Y	Y	Y			
21616		REMOVAL OF RIB AND NERVES	7/1/2015	RBRVS	$725.16	$725.16	090		Y	Y		Y	Y		
21620		PARTIAL REMOVAL OF STERNUM	7/1/2015	RBRVS	$495.69	$495.69	090		Y	Y		Y			
21627		STERNAL DEBRIDEMENT	7/1/2015	RBRVS	$531.69	$531.69	090		Y	Y		Y	Y		
21630		EXTENSIVE STERNUM SURGERY	7/1/2015	RBRVS	$1,176.09	$1,176.09	090		Y	Y		Y	Y		
21632		EXTENSIVE STERNUM SURGERY	7/1/2015	RBRVS	$1,191.81	$1,191.81	090		Y	Y		Y	Y		
21685		HYOID MYOTOMY & SUSPENSION	7/1/2015	RBRVS	$969.22	$969.22	090		Y	Y	Y	Y			
21700		REVISION OF NECK MUSCLE	7/1/2015	RBRVS	$364.58	$364.58	090		Y	Y	Y	Y			
21705		REVISION OF NECK MUSCLE/RIB	7/1/2015	RBRVS	$544.39	$544.39	090		Y	Y		Y			
21720		REVISION OF NECK MUSCLE	7/1/2015	RBRVS	$466.94	$466.94	090		Y	Y		Y	Y		
21725		REVISION OF NECK MUSCLE	7/1/2015	RBRVS	$528.83	$528.83	090		Y	Y		Y	Y		
21740		RECONSTRUCTION OF STERNUM	7/1/2015	RBRVS	$1,023.43	$1,023.43			Y						
21743		REPAIR STERNUM/NUSS W/SCOPE	7/1/2014	FEE SCHED	$1,961.12	$0.00	090		Y	Y		Y	Y		
21825		TREAT STERNUM FRACTURE	7/1/2015	RBRVS	$531.72	$531.72			Y						
21899		NECK/CHEST SURGERY PROCEDURE	7/1/2014	FEE SCHED	$3,541.01	$0.00	010		Y	Y					
21920		BIOPSY SOFT TISSUE OF BACK	7/1/2015	RBRVS	$245.02	$154.95	090		Y	Y		Y			
21931		EXC BACK LES SC 3 CM/>	7/1/2015	RBRVS	$460.99	$460.99	090		Y	Y		Y			
21932		EXC BACK TUM DEEP < 5 CM	7/1/2015	RBRVS	$649.35	$649.35	090		Y	Y		Y			
21933		EXC BACK TUM DEEP 5 CM/>	7/1/2015	RBRVS	$726.32	$726.32	090		Y	Y		Y	Y		
21936		RESECT BACK TUM 5 CM/>	7/1/2015	RBRVS	$1,390.14	$1,390.14	090		Y	Y					
22010		I&D P-SPINE C/T/CERV-THOR	7/1/2015	RBRVS	$944.43	$944.43	090		Y	Y					
22015		I&D ABSCESS P-SPINE L/S/LS	7/1/2015	RBRVS	$895.30	$895.30	090		Y	Y		Y	Y		
22100		REMOVE PART OF NECK VERTEBRA	7/1/2015	RBRVS	$939.41	$939.41	090		Y	Y		Y	Y		
22101		REMOVE PART THORAX VERTEBRA	7/1/2015	RBRVS	$808.22	$808.22	090		Y	Y		Y	Y		
22102		REMOVE PART LUMBAR VERTEBRA	7/1/2015	RBRVS	$784.39	$784.39	ZZZ		Y			Y	Y		
22103		REMOVE EXTRA SPINE SEGMENT	7/1/2015	RBRVS	$140.99	$140.99	090		Y	Y		Y	Y		
22110		REMOVE PART OF NECK VERTEBRA	7/1/2015	RBRVS	$1,043.91	$1,043.91	090		Y	Y		Y	Y		
22112		REMOVE PART THORAX VERTEBRA	7/1/2015	RBRVS	$1,142.72	$1,142.72	090		Y	Y		Y	Y		
22114		REMOVE PART LUMBAR VERTEBRA	7/1/2015	RBRVS	$977.73	$977.73	ZZZ		Y			Y	Y		
22116		REMOVE EXTRA SPINE SEGMENT	7/1/2015	RBRVS	$142.85	$142.85	090		Y	Y		Y	Y		
22206		INCIS SPINE 3 COLUMN THORAC	7/1/2015	RBRVS	$2,450.93	$2,450.93	090		Y	Y		Y	Y		
22207		INCIS SPINE 3 COLUMN LUMBAR	7/1/2015	RBRVS	$2,394.63	$2,394.63	ZZZ		Y			Y	Y		
22208		INCIS SPINE 3 COLUMN ADL SEG	7/1/2015	RBRVS	$574.29	$574.29	090		Y	Y		Y	Y		
22210		INCIS 1 VERTEBRAL SEG CERV	7/1/2015	RBRVS	$1,793.77	$1,793.77	090		Y	Y		Y	Y		
22214		INCIS 1 VERTEBRAL SEG LUMBAR	7/1/2015	RBRVS	$1,476.55	$1,476.55	090		Y	Y		Y	Y		
22220		INCIS W/DISCECTOMY CERVICAL	7/1/2015	RBRVS	$1,591.65	$1,591.65	090		Y	Y		Y	Y		
22224		INCIS W/DISCECTOMY LUMBAR	7/1/2015	RBRVS	$1,567.98	$1,567.98	090		Y	Y					
22310		CLOSED TX VERT FX W/O MANJ	7/1/2015	RBRVS	$332.55	$307.07	090		Y	Y		Y	Y		
22325		TREAT SPINE FRACTURE	7/1/2015	RBRVS	$1,431.62	$1,431.62	090		Y	Y		Y	Y		
22326		TREAT NECK SPINE FRACTURE	7/1/2015	RBRVS	$1,508.16	$1,508.16	090		Y	Y		Y	Y		
22327		TREAT THORAX SPINE FRACTURE	7/1/2015	RBRVS	$1,509.15	$1,509.15	090		Y	Y		Y	Y		
22532		LAT THORAX SPINE FUSION	7/1/2015	RBRVS	$1,783.82	$1,783.82	090		Y	Y		Y	Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
22533		LAT LUMBAR SPINE FUSION	7/1/2015	RBRVS	$1,638.45	$1,638.45	ZZZ		Y			Y	Y		
22534		LAT THOR/LUMB ADDL SEG	7/1/2015	RBRVS	$363.05	$363.05	090		Y	Y		Y	Y		
22548		NECK SPINE FUSION	7/1/2015	RBRVS	$2,020.21	$2,020.21	090		Y	Y		Y	Y		
22551		NECK SPINE FUSE&REMOV BEL C2	7/1/2015	RBRVS	$1,732.17	$1,732.17	ZZZ		Y			Y	Y		
22552		ADDL NECK SPINE FUSION	7/1/2015	RBRVS	$407.34	$407.34	090		Y	Y		Y	Y		
22554		NECK SPINE FUSION	7/1/2015	RBRVS	$1,262.90	$1,262.90	090		Y	Y		Y	Y		
22556		THORAX SPINE FUSION	7/1/2015	RBRVS	$1,680.46	$1,680.46	090		Y	Y		Y	Y		
22558		LUMBAR SPINE FUSION	7/1/2015	RBRVS	$1,537.34	$1,537.34	ZZZ		Y			Y	Y		
22585		ADDITIONAL SPINAL FUSION	7/1/2015	RBRVS	$333.27	$333.27	090		Y	Y		Y	Y		
22586		PRESCRL FUSE W/ INSTR L5-S1	7/1/2015	RBRVS	$2,054.80	$2,054.80	090		Y	Y		Y	Y		
22590		SPINE & SKULL SPINAL FUSION	7/1/2015	RBRVS	$1,597.16	$1,597.16	090		Y	Y		Y	Y		
22595		NECK SPINAL FUSION	7/1/2015	RBRVS	$1,526.64	$1,526.64	090		Y	Y		Y	Y		
22600		NECK SPINE FUSION	7/1/2015	RBRVS	$1,298.73	$1,298.73	090		Y	Y		Y	Y		
22610		THORAX SPINE FUSION	7/1/2015	RBRVS	$1,266.73	$1,266.73	090		Y	Y		Y	Y		
22612		LUMBAR SPINE FUSION	7/1/2015	RBRVS	$1,588.29	$1,588.29	ZZZ		Y			Y	Y		
22614		SPINE FUSION EXTRA SEGMENT	7/1/2015	RBRVS	$398.51	$398.51	090		Y	Y		Y	Y		
22630		LUMBAR SPINE FUSION	7/1/2015	RBRVS	$1,582.08	$1,582.08	ZZZ		Y			Y	Y		
22632		SPINE FUSION EXTRA SEGMENT	7/1/2015	RBRVS	$327.34	$327.34	090		Y	Y		Y	Y		
22800		POST FUSION </6 VERT SEG	7/1/2015	RBRVS	$1,346.79	$1,346.79	090		Y	Y		Y	Y		
22802		POST FUSION 7-12 VERT SEG	7/1/2015	RBRVS	$2,091.70	$2,091.70	090		Y	Y		Y	Y		
22810		ANT FUSION 4-7 VERT SEG	7/1/2015	RBRVS	$2,022.37	$2,022.37	090		Y	Y		Y	Y		
22812		ANT FUSION 8/> VERT SEG	7/1/2015	RBRVS	$2,187.49	$2,187.49	090		Y	Y		Y	Y		
22830		EXPLORATION OF SPINAL FUSION	7/1/2015	RBRVS	$809.78	$809.78	ZZZ		Y			Y	Y		
22840		INSERT SPINE FIXATION DEVICE	7/1/2015	RBRVS	$771.99	$771.99			Y						
22841		INSERT SPINE FIXATION DEVICE	7/1/2003	RBRVS	$0.00	$0.00	ZZZ		Y			Y	Y		
22842		INSERT SPINE FIXATION DEVICE	7/1/2015	RBRVS	$773.99	$773.99	ZZZ		Y			Y	Y		
22843		INSERT SPINE FIXATION DEVICE	7/1/2015	RBRVS	$828.03	$828.03	ZZZ		Y			Y	Y		
22844		INSERT SPINE FIXATION DEVICE	7/1/2015	RBRVS	$995.38	$995.38	ZZZ		Y			Y	Y		
22845		INSERT SPINE FIXATION DEVICE	7/1/2015	RBRVS	$745.97	$745.97	ZZZ		Y			Y	Y		
22846		INSERT SPINE FIXATION DEVICE	7/1/2015	RBRVS	$774.18	$774.18	ZZZ		Y			Y	Y		
22847		INSERT SPINE FIXATION DEVICE	7/1/2015	RBRVS	$798.05	$798.05	ZZZ		Y			Y	Y		
22848		INSERT PELV FIXATION DEVICE	7/1/2015	RBRVS	$363.07	$363.07	090		Y	Y		Y	Y		
22849		REINSERT SPINAL FIXATION	7/1/2015	RBRVS	$1,304.82	$1,304.82	090		Y	Y		Y	Y		
22850		REMOVE SPINE FIXATION DEVICE	7/1/2015	RBRVS	$721.77	$721.77	ZZZ		Y			Y	Y		
22851		APPLY SPINE PROSTH DEVICE	7/1/2015	RBRVS	$413.66	$413.66	090		Y	Y		Y	Y		
22852		REMOVE SPINE FIXATION DEVICE	7/1/2015	RBRVS	$691.20	$691.20	090		Y	Y		Y	Y		
22855		REMOVE SPINE FIXATION DEVICE	7/1/2015	RBRVS	$1,112.74	$1,112.74	090	Y	Y	Y		Y	Y		
22864		REMOVE CERV ARTIF DISC	7/1/2015	RBRVS	$2,379.95	$2,379.95	090	Y	Y	Y		Y	Y	Y	
22865		REMOVE LUMB ARTIF DISC	7/1/2015	RBRVS	$2,027.35	$2,027.35			Y						
22899		SPINE SURGERY PROCEDURE	7/1/2014	FEE SCHED	$1,988.46	$0.00	090		Y	Y		Y	Y		
22900		EXC ABDL TUM DEEP < 5 CM	7/1/2015	RBRVS	$553.56	$553.56	090		Y	Y		Y	Y		
22901		EXC ABDL TUM DEEP 5 CM/>	7/1/2015	RBRVS	$653.84	$653.84	090		Y	Y		Y	Y		
22902		EXC ABD LES SC < 3 CM	7/1/2015	RBRVS	$424.23	$323.19	090		Y	Y		Y	Y		
22903		EXC ABD LES SC 3 CM/>	7/1/2015	RBRVS	$431.15	$431.15	090		Y	Y		Y	Y	Y	
22904		RESECT ABD TUM < 5 CM	7/1/2015	RBRVS	$1,036.26	$1,036.26	090		Y	Y		Y	Y	Y	
22905		RESECT ABD TUM 5 CM/>	7/1/2015	RBRVS	$1,309.06	$1,309.06	090		Y	Y	Y	Y	Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
23000		REMOVAL OF CALCIUM DEPOSITS	7/1/2015	RBRVS	$565.42	$363.01	090		Y	Y	Y	Y			
23020		RELEASE SHOULDER JOINT	7/1/2015	RBRVS	$673.14	$673.14	010		Y	Y					
23030		DRAIN SHOULDER LESION	7/1/2015	RBRVS	$424.87	$250.03	010		Y	Y	Y				
23031		DRAIN SHOULDER BURSA	7/1/2015	RBRVS	$409.87	$214.44	090		Y	Y	Y	Y			
23035		DRAIN SHOULDER BONE LESION	7/1/2015	RBRVS	$665.17	$665.17	090		Y	Y	Y	Y	Y		
23040		EXPLORATORY SHOULDER SURGERY	7/1/2015	RBRVS	$702.86	$702.86	090		Y	Y	Y		Y		
23044		EXPLORATORY SHOULDER SURGERY	7/1/2015	RBRVS	$559.11	$559.11	010		Y	Y	Y				
23065		BIOPSY SHOULDER TISSUES	7/1/2015	RBRVS	$207.43	$161.90	090		Y	Y	Y				
23066		BIOPSY SHOULDER TISSUES	7/1/2015	RBRVS	$535.71	$347.58	090		Y	Y	Y	Y			
23071		EXC SHOULDER LES SC 3 CM/>	7/1/2015	RBRVS	$410.40	$410.40	090		Y	Y	Y	Y			
23073		EXC SHOULDER TUM DEEP 5 CM/>	7/1/2015	RBRVS	$679.86	$679.86	090		Y	Y	Y				
23075		REMOVAL OF SHOULDER LESION	7/1/2015	RBRVS	$451.62	$318.34	090		Y	Y	Y				
23076		REMOVAL OF SHOULDER LESION	7/1/2015	RBRVS	$527.33	$527.33	090		Y	Y	Y	Y	Y		
23077		REMOVE TUMOR OF SHOULDER	7/1/2015	RBRVS	$1,120.32	$1,120.32	090		Y	Y	Y	Y	Y		
23078		RESECT SHOULDER TUM 5 CM/>	7/1/2015	RBRVS	$1,405.92	$1,405.92	090		Y	Y	Y	Y	Y		
23100		BIOPSY OF SHOULDER JOINT	7/1/2015	RBRVS	$488.05	$488.05	090		Y	Y	Y		Y		
23101		SHOULDER JOINT SURGERY	7/1/2015	RBRVS	$438.09	$438.09	090		Y	Y	Y	Y	Y		
23105		REMOVE SHOULDER JOINT LINING	7/1/2015	RBRVS	$621.66	$621.66	090		Y	Y	Y		Y		
23106		INCISION OF COLLARBONE JOINT	7/1/2015	RBRVS	$484.32	$484.32	090		Y	Y	Y	Y	Y		
23120		PARTIAL REMOVAL COLLAR BONE	7/1/2015	RBRVS	$569.48	$569.48	090		Y	Y	Y	Y	Y		
23125		REMOVAL OF COLLAR BONE	7/1/2015	RBRVS	$694.55	$694.55	090		Y	Y	Y		Y		
23130		REMOVE SHOULDER BONE PART	7/1/2015	RBRVS	$595.47	$595.47	090		Y	Y	Y				
23140		REMOVAL OF BONE LESION	7/1/2015	RBRVS	$515.80	$515.80	090		Y	Y	Y	Y	Y		
23145		REMOVAL OF BONE LESION	7/1/2015	RBRVS	$680.92	$680.92	090		Y	Y	Y				
23146		REMOVAL OF BONE LESION	7/1/2015	RBRVS	$607.37	$607.37	090		Y	Y	Y	Y	Y		
23150		REMOVAL OF HUMERUS LESION	7/1/2015	RBRVS	$647.89	$647.89	090		Y	Y	Y	Y	Y		
23155		REMOVAL OF HUMERUS LESION	7/1/2015	RBRVS	$777.34	$777.34	090		Y	Y	Y	Y			
23156		REMOVAL OF HUMERUS LESION	7/1/2015	RBRVS	$663.87	$663.87	090		Y	Y	Y				
23170		REMOVE COLLAR BONE LESION	7/1/2015	RBRVS	$547.54	$547.54	090		Y	Y	Y	Y			
23172		REMOVE SHOULDER BLADE LESION	7/1/2015	RBRVS	$552.93	$552.93	090		Y	Y	Y	Y	Y		
23174		REMOVE HUMERUS LESION	7/1/2015	RBRVS	$741.75	$741.75	090		Y	Y	Y		Y		
23180		REMOVE COLLAR BONE LESION	7/1/2015	RBRVS	$653.17	$653.17	090		Y	Y	Y	Y			
23182		REMOVE SHOULDER BLADE LESION	7/1/2015	RBRVS	$644.03	$644.03	090		Y	Y	Y	Y	Y		
23184		REMOVE HUMERUS LESION	7/1/2015	RBRVS	$718.48	$718.48	090		Y	Y	Y	Y	Y		
23190		PARTIAL REMOVAL OF SCAPULA	7/1/2015	RBRVS	$558.47	$558.47	090		Y	Y	Y	Y	Y		
23195		REMOVAL OF HEAD OF HUMERUS	7/1/2015	RBRVS	$740.12	$740.12	090		Y	Y	Y	Y	Y		
23200		REMOVAL OF COLLAR BONE	7/1/2015	RBRVS	$1,493.93	$1,493.93	090		Y	Y	Y	Y	Y		
23210		REMOVAL OF SHOULDER BLADE	7/1/2015	RBRVS	$1,756.84	$1,756.84	090		Y	Y	Y	Y	Y		
23220		PARTIAL REMOVAL OF HUMERUS	7/1/2015	RBRVS	$1,926.45	$1,926.45	010		Y	Y	Y				
23330		REMOVE SHOULDER FOREIGN BODY	7/1/2015	RBRVS	$231.66	$149.23	090		Y	Y	Y		Y		
23334		SHOULDER PROSTHESIS REMOVAL	7/1/2015	RBRVS	$1,165.62	$1,165.62	090		Y	Y	Y		Y		
23335		SHOULDER PROSTHESIS REMOVAL	7/1/2015	RBRVS	$1,389.16	$1,389.16	000		Y	Y	Y				
23350		INJECTION FOR SHOULDER X-RAY	7/1/2015	RBRVS	$124.74	$49.95	090		Y	Y		Y	Y		
23395		MUSCLE TRANSFER SHOULDER/ARM	7/1/2015	RBRVS	$1,256.82	$1,256.82	090		Y	Y		Y	Y		
23397		MUSCLE TRANSFERS	7/1/2015	RBRVS	$1,122.61	$1,122.61	090		Y	Y	Y	Y	Y		
23400		FIXATION OF SHOULDER BLADE	7/1/2015	RBRVS	$952.83	$952.83	090		Y	Y		Y	Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
23405		INCISION OF TENDON & MUSCLE	7/1/2015	RBRVS	$609.73	$609.73	090		Y	Y		Y			
23406		INCISE TENDON(S) & MUSCLE(S)	7/1/2015	RBRVS	$753.35	$753.35	090		Y	Y	Y	Y	Y		
23410		REPAIR ROTATOR CUFF ACUTE	7/1/2015	RBRVS	$804.00	$804.00	090		Y	Y	Y	Y	Y		
23412		REPAIR ROTATOR CUFF CHRONIC	7/1/2015	RBRVS	$833.12	$833.12	090		Y	Y	Y		Y		
23415		RELEASE OF SHOULDER LIGAMENT	7/1/2015	RBRVS	$682.22	$682.22	090		Y	Y	Y	Y	Y		
23420		REPAIR OF SHOULDER	7/1/2015	RBRVS	$947.32	$947.32	090		Y	Y	Y	Y	Y		
23430		REPAIR BICEPS TENDON	7/1/2015	RBRVS	$729.28	$729.28	090		Y	Y	Y	Y	Y		
23440		REMOVE/TRANSPLANT TENDON	7/1/2015	RBRVS	$739.08	$739.08	090		Y	Y	Y	Y	Y		
23450		REPAIR SHOULDER CAPSULE	7/1/2015	RBRVS	$931.59	$931.59	090		Y	Y	Y	Y	Y		
23455		REPAIR SHOULDER CAPSULE	7/1/2015	RBRVS	$981.15	$981.15	090		Y	Y	Y	Y	Y		
23460		REPAIR SHOULDER CAPSULE	7/1/2015	RBRVS	$1,070.89	$1,070.89	090		Y	Y	Y	Y	Y		
23462		REPAIR SHOULDER CAPSULE	7/1/2015	RBRVS	$1,046.50	$1,046.50	090		Y	Y	Y	Y	Y		
23465		REPAIR SHOULDER CAPSULE	7/1/2015	RBRVS	$1,101.31	$1,101.31	090		Y	Y	Y	Y	Y		
23466		REPAIR SHOULDER CAPSULE	7/1/2015	RBRVS	$1,101.47	$1,101.47	090		Y	Y	Y	Y	Y		
23470		RECONSTRUCT SHOULDER JOINT	7/1/2015	RBRVS	$1,179.91	$1,179.91	090		Y	Y	Y	Y	Y		
23472		RECONSTRUCT SHOULDER JOINT	7/1/2015	RBRVS	$1,430.05	$1,430.05	090		Y	Y	Y	Y	Y		
23473		REVIS RECONST SHOULDER JOINT	7/1/2015	RBRVS	$1,598.03	$1,598.03	090		Y	Y	Y	Y	Y		
23474		REVIS RECONST SHOULDER JOINT	7/1/2015	RBRVS	$1,728.62	$1,728.62	090		Y	Y	Y		Y		
23480		REVISION OF COLLAR BONE	7/1/2015	RBRVS	$805.23	$805.23	090		Y	Y	Y	Y	Y		
23485		REVISION OF COLLAR BONE	7/1/2015	RBRVS	$934.79	$934.79	090		Y	Y	Y	Y			
23490		REINFORCE CLAVICLE	7/1/2015	RBRVS	$845.74	$845.74	090		Y	Y	Y	Y	Y		
23491		REINFORCE SHOULDER BONES	7/1/2015	RBRVS	$993.75	$993.75	090		Y	Y	Y				
23500		TREAT CLAVICLE FRACTURE	7/1/2015	RBRVS	$208.92	$212.24	090		Y	Y	Y				
23505		TREAT CLAVICLE FRACTURE	7/1/2015	RBRVS	$340.24	$321.30	090		Y	Y	Y	Y	Y		
23515		TREAT CLAVICLE FRACTURE	7/1/2015	RBRVS	$702.82	$702.82	090		Y	Y	Y				
23520		TREAT CLAVICLE DISLOCATION	7/1/2015	RBRVS	$223.29	$226.27	090		Y	Y	Y				
23525		TREAT CLAVICLE DISLOCATION	7/1/2015	RBRVS	$371.95	$344.70	090		Y	Y	Y	Y			
23530		TREAT CLAVICLE DISLOCATION	7/1/2015	RBRVS	$559.94	$559.94	090		Y	Y	Y	Y			
23532		TREAT CLAVICLE DISLOCATION	7/1/2015	RBRVS	$610.20	$610.20	090		Y	Y	Y				
23540		TREAT CLAVICLE DISLOCATION	7/1/2015	RBRVS	$216.14	$219.46	090		Y	Y	Y				
23545		TREAT CLAVICLE DISLOCATION	7/1/2015	RBRVS	$326.75	$297.17	090		Y	Y	Y	Y	Y		
23550		TREAT CLAVICLE DISLOCATION	7/1/2015	RBRVS	$552.40	$552.40	090		Y	Y	Y	Y	Y		
23552		TREAT CLAVICLE DISLOCATION	7/1/2015	RBRVS	$636.29	$636.29	090		Y	Y	Y				
23570		TREAT SHOULDER BLADE FX	7/1/2015	RBRVS	$223.08	$229.73	090		Y	Y	Y				
23575		TREAT SHOULDER BLADE FX	7/1/2015	RBRVS	$387.84	$363.91	090		Y	Y	Y	Y	Y		
23585		TREAT SCAPULA FRACTURE	7/1/2015	RBRVS	$959.38	$959.38	090		Y	Y	Y				
23600		TREAT HUMERUS FRACTURE	7/1/2015	RBRVS	$312.56	$294.61	090		Y	Y	Y				
23605		TREAT HUMERUS FRACTURE	7/1/2015	RBRVS	$447.73	$410.84	090		Y	Y	Y	Y	Y		
23615		TREAT HUMERUS FRACTURE	7/1/2015	RBRVS	$864.63	$864.63	090		Y	Y	Y	Y	Y		
23616		TREAT HUMERUS FRACTURE	7/1/2015	RBRVS	$1,217.70	$1,217.70	090		Y	Y	Y				
23620		TREAT HUMERUS FRACTURE	7/1/2015	RBRVS	$259.28	$246.98	090		Y	Y	Y				
23625		TREAT HUMERUS FRACTURE	7/1/2015	RBRVS	$367.03	$342.44	090		Y	Y	Y	Y	Y		
23630		TREAT HUMERUS FRACTURE	7/1/2015	RBRVS	$762.95	$762.95	090		Y	Y	Y				
23650		TREAT SHOULDER DISLOCATION	7/1/2015	RBRVS	$300.59	$276.00	090		Y	Y	Y				
23655		TREAT SHOULDER DISLOCATION	7/1/2015	RBRVS	$388.93	$388.93	090		Y	Y	Y	Y	Y		
23660		TREAT SHOULDER DISLOCATION	7/1/2015	RBRVS	$565.06	$565.06	090		Y	Y	Y				

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
23665		TREAT DISLOCATION/FRACTURE	7/1/2015	RBRVS	$409.50	$381.92	090		Y	Y	Y	Y	Y		
23670		TREAT DISLOCATION/FRACTURE	7/1/2015	RBRVS	$858.84	$858.84	090		Y	Y	Y				
23675		TREAT DISLOCATION/FRACTURE	7/1/2015	RBRVS	$535.21	$488.34	090		Y	Y	Y	Y	Y		
23680		TREAT DISLOCATION/FRACTURE	7/1/2015	RBRVS	$910.12	$910.12	010		Y	Y	Y				
23700		FIXATION OF SHOULDER	7/1/2015	RBRVS	$192.04	$192.04	090		Y	Y	Y	Y	Y		
23800		FUSION OF SHOULDER JOINT	7/1/2015	RBRVS	$1,007.45	$1,007.45	090		Y	Y	Y	Y	Y		
23802		FUSION OF SHOULDER JOINT	7/1/2015	RBRVS	$1,262.51	$1,262.51	090		Y	Y		Y			
23900		AMPUTATION OF ARM & GIRDLE	7/1/2015	RBRVS	$1,367.13	$1,367.13	090		Y	Y	Y	Y	Y		
23920		AMPUTATION AT SHOULDER JOINT	7/1/2015	RBRVS	$1,107.72	$1,107.72	090		Y	Y	Y				
23921		AMPUTATION FOLLOW-UP SURGERY	7/1/2015	RBRVS	$445.60	$445.60	010		Y	Y	Y				
23930		DRAINAGE OF ARM LESION	7/1/2015	RBRVS	$337.75	$210.45	010		Y	Y	Y				
23931		DRAINAGE OF ARM BURSA	7/1/2015	RBRVS	$274.10	$155.11	090		Y	Y	Y				
23935		DRAIN ARM/ELBOW BONE LESION	7/1/2015	RBRVS	$492.07	$492.07	090		Y	Y	Y		Y		
24000		EXPLORATORY ELBOW SURGERY	7/1/2015	RBRVS	$464.68	$464.68	090		Y	Y	Y	Y	Y		
24006		RELEASE ELBOW JOINT	7/1/2015	RBRVS	$693.45	$693.45	010		Y	Y	Y				
24065		BIOPSY ARM/ELBOW SOFT TISSUE	7/1/2015	RBRVS	$244.45	$162.36	090		Y	Y	Y				
24066		BIOPSY ARM/ELBOW SOFT TISSUE	7/1/2015	RBRVS	$602.95	$406.18	090		Y	Y	Y	Y			
24071		EXC ARM/ELBOW LES SC 3 CM/>	7/1/2015	RBRVS	$396.68	$396.68	090		Y	Y	Y	Y			
24073		EX ARM/ELBOW TUM DEEP 5 CM/>	7/1/2015	RBRVS	$680.39	$680.39	090		Y	Y	Y				
24075		REMOVE ARM/ELBOW LESION	7/1/2015	RBRVS	$471.66	$320.43	090		Y	Y	Y				
24076		REMOVE ARM/ELBOW LESION	7/1/2015	RBRVS	$528.90	$528.90	090		Y	Y	Y		Y		
24077		REMOVE TUMOR OF ARM/ELBOW	7/1/2015	RBRVS	$1,014.52	$1,014.52	090		Y	Y	Y	Y	Y		
24079		RESECT ARM/ELBOW TUM 5 CM/>	7/1/2015	RBRVS	$1,302.72	$1,302.72	090		Y	Y	Y	Y	Y		
24100		BIOPSY ELBOW JOINT LINING	7/1/2015	RBRVS	$406.81	$406.81	090		Y	Y	Y	Y			
24101		EXPLORE/TREAT ELBOW JOINT	7/1/2015	RBRVS	$486.18	$486.18	090		Y	Y	Y	Y	Y		
24102		REMOVE ELBOW JOINT LINING	7/1/2015	RBRVS	$598.89	$598.89	090		Y	Y	Y	Y	Y		
24115		REMOVE/GRAFT BONE LESION	7/1/2015	RBRVS	$722.53	$722.53	090		Y	Y	Y	Y			
24116		REMOVE/GRAFT BONE LESION	7/1/2015	RBRVS	$845.91	$845.91	090		Y	Y	Y	Y	Y		
24125		REMOVE/GRAFT BONE LESION	7/1/2015	RBRVS	$606.77	$606.77	090		Y	Y	Y	Y			
24126		REMOVE/GRAFT BONE LESION	7/1/2015	RBRVS	$634.39	$634.39	090		Y	Y	Y		Y		
24130		REMOVAL OF HEAD OF RADIUS	7/1/2015	RBRVS	$493.13	$493.13	090		Y	Y	Y	Y			
24134		REMOVAL OF ARM BONE LESION	7/1/2015	RBRVS	$732.34	$732.34	090		Y	Y	Y				
24136		REMOVE RADIUS BONE LESION	7/1/2015	RBRVS	$568.48	$568.48	090		Y	Y	Y	Y			
24138		REMOVE ELBOW BONE LESION	7/1/2015	RBRVS	$659.16	$659.16	090		Y	Y	Y	Y			
24140		PARTIAL REMOVAL OF ARM BONE	7/1/2015	RBRVS	$687.14	$687.14	090		Y	Y	Y		Y		
24145		PARTIAL REMOVAL OF RADIUS	7/1/2015	RBRVS	$578.69	$578.69	090		Y	Y	Y	Y	Y		
24149		RADICAL RESECTION OF ELBOW	7/1/2015	RBRVS	$1,144.25	$1,144.25	090		Y	Y	Y	Y	Y		
24150		EXTENSIVE HUMERUS SURGERY	7/1/2015	RBRVS	$1,533.95	$1,533.95	090		Y	Y	Y	Y	Y		
24152		EXTENSIVE RADIUS SURGERY	7/1/2015	RBRVS	$1,331.04	$1,331.04	090		Y	Y	Y	Y	Y		
24155		REMOVAL OF ELBOW JOINT	7/1/2015	RBRVS	$836.97	$836.97	090		Y	Y	Y		Y		
24160		REMOVE ELBOW JOINT IMPLANT	7/1/2015	RBRVS	$1,233.65	$1,233.65	090		Y	Y	Y		Y		
24164		REMOVE RADIUS HEAD IMPLANT	7/1/2015	RBRVS	$710.77	$710.77	010		Y	Y	Y				
24200		REMOVAL OF ARM FOREIGN BODY	7/1/2015	RBRVS	$198.75	$136.26	090		Y	Y	Y				
24201		REMOVAL OF ARM FOREIGN BODY	7/1/2015	RBRVS	$537.57	$357.43	000		Y	Y	Y				
24220		INJECTION FOR ELBOW X-RAY	7/1/2015	RBRVS	$152.95	$67.20	090		Y	Y	Y				
24300		MANIPULATE ELBOW W/ANESTH	7/1/2015	RBRVS	$402.90	$402.90	090		Y	Y		Y	Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
24301		MUSCLE/TENDON TRANSFER	7/1/2015	RBRVS	$726.06	$726.06	090		Y	Y		Y	Y		
24320		REPAIR OF ARM TENDON	7/1/2015	RBRVS	$765.71	$765.71	090		Y	Y	Y	Y			
24330		REVISION OF ARM MUSCLES	7/1/2015	RBRVS	$703.06	$703.06	090		Y	Y	Y	Y			
24331		REVISION OF ARM MUSCLES	7/1/2015	RBRVS	$770.76	$770.76	090		Y	Y	Y	Y	Y		
24340		REPAIR OF BICEPS TENDON	7/1/2015	RBRVS	$596.24	$596.24	090		Y	Y	Y	Y	Y		
24341		REPAIR ARM TENDON/MUSCLE	7/1/2015	RBRVS	$726.32	$726.32	090		Y	Y	Y	Y	Y		
24342		REPAIR OF RUPTURED TENDON	7/1/2015	RBRVS	$757.30	$757.30	090		Y	Y	Y	Y	Y		
24343		REPR ELBOW LAT LIGMNT W/TISS	7/1/2015	RBRVS	$687.33	$687.33	090		Y	Y	Y	Y	Y		
24344		RECONSTRUCT ELBOW LAT LIGMNT	7/1/2015	RBRVS	$1,077.24	$1,077.24	090		Y	Y	Y	Y	Y		
24345		REPR ELBW MED LIGMNT W/TISSU	7/1/2015	RBRVS	$692.12	$692.12	090		Y	Y	Y	Y	Y		
24346		RECONSTRUCT ELBOW MED LIGMNT	7/1/2015	RBRVS	$1,077.24	$1,077.24	090		Y	Y	Y				
24357		REPAIR ELBOW PERC	7/1/2015	RBRVS	$418.45	$418.45	090		Y	Y	Y				
24358		REPAIR ELBOW W/DEB OPEN	7/1/2015	RBRVS	$507.69	$507.69	090		Y	Y	Y				
24359		REPAIR ELBOW DEB/ATTCH OPEN	7/1/2015	RBRVS	$640.71	$640.71	090		Y	Y	Y	Y	Y		
24360		RECONSTRUCT ELBOW JOINT	7/1/2015	RBRVS	$882.47	$882.47	090		Y	Y	Y	Y	Y		
24361		RECONSTRUCT ELBOW JOINT	7/1/2015	RBRVS	$987.57	$987.57	090		Y	Y	Y	Y			
24362		RECONSTRUCT ELBOW JOINT	7/1/2015	RBRVS	$1,040.81	$1,040.81	090		Y	Y	Y	Y			
24363		REPLACE ELBOW JOINT	7/1/2015	RBRVS	$1,426.83	$1,426.83	090		Y	Y	Y	Y	Y		
24365		RECONSTRUCT HEAD OF RADIUS	7/1/2015	RBRVS	$625.41	$625.41	090		Y	Y	Y	Y	Y		
24366		RECONSTRUCT HEAD OF RADIUS	7/1/2015	RBRVS	$664.11	$664.11	090		Y	Y	Y	Y			
24370		REVISE RECONST ELBOW JOINT	7/1/2015	RBRVS	$1,522.38	$1,522.38	090		Y	Y	Y	Y			
24371		REVISE RECONST ELBOW JOINT	7/1/2015	RBRVS	$1,768.00	$1,768.00	090		Y	Y	Y	Y	Y		
24400		REVISION OF HUMERUS	7/1/2015	RBRVS	$799.84	$799.84	090		Y	Y	Y	Y	Y		
24410		REVISION OF HUMERUS	7/1/2015	RBRVS	$1,037.86	$1,037.86	090		Y	Y	Y	Y	Y		
24420		REVISION OF HUMERUS	7/1/2015	RBRVS	$973.14	$973.14	090		Y	Y	Y	Y	Y		
24430		REPAIR OF HUMERUS	7/1/2015	RBRVS	$1,034.66	$1,034.66	090		Y	Y	Y	Y	Y		
24435		REPAIR HUMERUS WITH GRAFT	7/1/2015	RBRVS	$1,053.51	$1,053.51	090		Y	Y	Y	Y			
24470		REVISION OF ELBOW JOINT	7/1/2015	RBRVS	$656.53	$656.53	090		Y	Y	Y	Y	Y		
24498		REINFORCE HUMERUS	7/1/2015	RBRVS	$851.30	$851.30	090		Y	Y	Y				
24500		TREAT HUMERUS FRACTURE	7/1/2015	RBRVS	$344.50	$313.92	090		Y	Y	Y				
24505		TREAT HUMERUS FRACTURE	7/1/2015	RBRVS	$482.26	$437.40	090		Y	Y	Y	Y	Y		
24515		TREAT HUMERUS FRACTURE	7/1/2015	RBRVS	$856.08	$856.08	090		Y	Y	Y	Y	Y		
24516		TREAT HUMERUS FRACTURE	7/1/2015	RBRVS	$841.76	$841.76	090		Y	Y	Y				
24530		TREAT HUMERUS FRACTURE	7/1/2015	RBRVS	$365.21	$331.30	090		Y	Y	Y				
24535		TREAT HUMERUS FRACTURE	7/1/2015	RBRVS	$593.41	$548.87	090		Y	Y	Y	Y	Y		
24545		TREAT HUMERUS FRACTURE	7/1/2015	RBRVS	$909.49	$909.49	090		Y	Y	Y	Y	Y		
24546		TREAT HUMERUS FRACTURE	7/1/2015	RBRVS	$1,016.62	$1,016.62	090		Y	Y	Y				
24560		TREAT HUMERUS FRACTURE	7/1/2015	RBRVS	$306.61	$274.70	090		Y	Y	Y				
24565		TREAT HUMERUS FRACTURE	7/1/2015	RBRVS	$516.60	$475.05	090		Y	Y	Y	Y	Y		
24575		TREAT HUMERUS FRACTURE	7/1/2015	RBRVS	$716.35	$716.35	090		Y	Y	Y				
24576		TREAT HUMERUS FRACTURE	7/1/2015	RBRVS	$326.52	$293.61	090		Y	Y	Y				
24577		TREAT HUMERUS FRACTURE	7/1/2015	RBRVS	$532.69	$489.15	090		Y	Y	Y	Y	Y		
24579		TREAT HUMERUS FRACTURE	7/1/2015	RBRVS	$815.67	$815.67	090		Y	Y	Y	Y	Y		
24586		TREAT ELBOW FRACTURE	7/1/2015	RBRVS	$1,060.95	$1,060.95	090		Y	Y	Y	Y	Y		
24587		TREAT ELBOW FRACTURE	7/1/2015	RBRVS	$1,068.83	$1,068.83	090		Y	Y	Y				
24600		TREAT ELBOW DISLOCATION	7/1/2015	RBRVS	$350.08	$320.84	090		Y	Y	Y				

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
24605		TREAT ELBOW DISLOCATION	7/1/2015	RBRVS	$456.60	$456.60	090		Y	Y	Y	Y	Y		
24615		TREAT ELBOW DISLOCATION	7/1/2015	RBRVS	$692.73	$692.73	090		Y	Y	Y				
24620		TREAT ELBOW FRACTURE	7/1/2015	RBRVS	$529.16	$529.16	090		Y	Y	Y	Y	Y		
24635		TREAT ELBOW FRACTURE	7/1/2015	RBRVS	$655.47	$655.47	010		Y	Y	Y				
24640		TREAT ELBOW DISLOCATION	7/1/2015	RBRVS	$133.94	$91.40	090		Y	Y	Y				
24650		TREAT RADIUS FRACTURE	7/1/2015	RBRVS	$250.03	$229.77	090		Y	Y	Y				
24655		TREAT RADIUS FRACTURE	7/1/2015	RBRVS	$418.05	$381.15	090		Y	Y	Y	Y	Y		
24665		TREAT RADIUS FRACTURE	7/1/2015	RBRVS	$634.52	$634.52	090		Y	Y	Y	Y	Y		
24666		TREAT RADIUS FRACTURE	7/1/2015	RBRVS	$715.13	$715.13	090		Y	Y	Y				
24670		TREAT ULNAR FRACTURE	7/1/2015	RBRVS	$279.22	$251.97	090		Y	Y	Y				
24675		TREAT ULNAR FRACTURE	7/1/2015	RBRVS	$439.46	$401.90	090		Y	Y	Y	Y	Y		
24685		TREAT ULNAR FRACTURE	7/1/2015	RBRVS	$636.98	$636.98	090		Y	Y	Y	Y	Y		
24800		FUSION OF ELBOW JOINT	7/1/2015	RBRVS	$812.31	$812.31	090		Y	Y	Y	Y			
24802		FUSION/GRAFT OF ELBOW JOINT	7/1/2015	RBRVS	$982.75	$982.75	090		Y	Y	Y	Y	Y		
24900		AMPUTATION OF UPPER ARM	7/1/2015	RBRVS	$708.18	$708.18	090		Y	Y	Y	Y	Y		
24920		AMPUTATION OF UPPER ARM	7/1/2015	RBRVS	$717.88	$717.88	090		Y	Y	Y	Y			
24925		AMPUTATION FOLLOW-UP SURGERY	7/1/2015	RBRVS	$499.08	$499.08	090		Y	Y	Y	Y			
24930		AMPUTATION FOLLOW-UP SURGERY	7/1/2015	RBRVS	$759.63	$759.63	090		Y	Y	Y	Y			
24931		AMPUTATE UPPER ARM & IMPLANT	7/1/2015	RBRVS	$742.24	$742.24			Y						
24940		REVISION OF UPPER ARM	7/1/2014	FEE SCHED	$794.51	$0.00			Y						
24999		UPPER ARM/ELBOW SURGERY	7/1/2014	FEE SCHED	$954.80	$0.00	090		Y	Y	Y				
25001		INCISE FLEXOR CARPI RADIALIS	7/1/2015	RBRVS	$331.97	$331.97	090		Y	Y	Y				
25024		DECOMPRESS FOREARM 2 SPACES	7/1/2015	RBRVS	$758.93	$758.93	090		Y	Y	Y				
25025		DECOMPRESS FOREARM 2 SPACES	7/1/2015	RBRVS	$1,205.83	$1,205.83	090		Y	Y	Y				
25028		DRAINAGE OF FOREARM LESION	7/1/2015	RBRVS	$506.16	$506.16	090		Y	Y	Y				
25031		DRAINAGE OF FOREARM BURSA	7/1/2015	RBRVS	$353.94	$353.94	090		Y	Y	Y				
25035		TREAT FOREARM BONE LESION	7/1/2015	RBRVS	$566.02	$566.02	010		Y	Y	Y				
25065		BIOPSY FOREARM SOFT TISSUES	7/1/2015	RBRVS	$242.96	$158.54	090		Y	Y	Y				
25066		BIOPSY FOREARM SOFT TISSUES	7/1/2015	RBRVS	$348.66	$348.66	090		Y	Y	Y	Y			
25071		EXC FOREARM LES SC 3 CM/>	7/1/2015	RBRVS	$415.23	$415.23	090		Y	Y	Y	Y			
25073		EXC FOREARM TUM DEEP 3 CM/>	7/1/2015	RBRVS	$518.52	$518.52	090		Y	Y	Y				
25075		REMOVAL FOREARM LESION SUBCU	7/1/2015	RBRVS	$458.37	$306.47	090		Y	Y	Y				
25076		REMOVAL FOREARM LESION DEEP	7/1/2015	RBRVS	$501.81	$501.81	090		Y	Y	Y	Y			
25078		RESECT FORARM/WRIST TUM 3CM>	7/1/2015	RBRVS	$1,141.75	$1,141.75	090		Y	Y	Y	Y			
25085		INCISION OF WRIST CAPSULE	7/1/2015	RBRVS	$439.36	$439.36	090		Y	Y	Y	Y	Y		
25107		REMOVE WRIST JOINT CARTILAGE	7/1/2015	RBRVS	$598.42	$598.42	090		Y	Y	Y				
25109		EXCISE TENDON FOREARM/WRIST	7/1/2015	RBRVS	$520.36	$520.36	090		Y	Y	Y				
25111		REMOVE WRIST TENDON LESION	7/1/2015	RBRVS	$309.30	$309.30	090		Y	Y	Y				
25112		REREMOVE WRIST TENDON LESION	7/1/2015	RBRVS	$372.55	$372.55	090		Y	Y	Y	Y	Y		
25119		PARTIAL REMOVAL OF ULNA	7/1/2015	RBRVS	$485.06	$485.06	090		Y	Y	Y	Y			
25126		REMOVE/GRAFT FOREARM LESION	7/1/2015	RBRVS	$583.17	$583.17	090		Y	Y	Y				
25130		REMOVAL OF WRIST LESION	7/1/2015	RBRVS	$430.72	$430.72	090		Y	Y	Y	Y	Y		
25135		REMOVE & GRAFT WRIST LESION	7/1/2015	RBRVS	$544.65	$544.65	090		Y	Y	Y	Y	Y		
25136		REMOVE & GRAFT WRIST LESION	7/1/2015	RBRVS	$480.67	$480.67	090		Y	Y	Y	Y			
25145		REMOVE FOREARM BONE LESION	7/1/2015	RBRVS	$503.77	$503.77	090		Y	Y	Y	Y	Y		
25151		PARTIAL REMOVAL OF RADIUS	7/1/2015	RBRVS	$573.13	$573.13	090		Y	Y	Y	Y	Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
25170		EXTENSIVE FOREARM SURGERY	7/1/2015	RBRVS	$1,456.87	$1,456.87	090		Y	Y	Y	Y	Y		
25215		REMOVAL OF WRIST BONES	7/1/2015	RBRVS	$599.06	$599.06	000		Y	Y	Y				
25246		INJECTION FOR WRIST X-RAY	7/1/2015	RBRVS	$154.68	$73.58	090		Y	Y	Y				
25248		REMOVE FOREARM FOREIGN BODY	7/1/2015	RBRVS	$402.86	$402.86	090		Y	Y	Y	Y			
25250		REMOVAL OF WRIST PROSTHESIS	7/1/2015	RBRVS	$517.20	$517.20	090		Y	Y	Y	Y			
25251		REMOVAL OF WRIST PROSTHESIS	7/1/2015	RBRVS	$687.77	$687.77	090		Y	Y	Y				
25259		MANIPULATE WRIST W/ANESTHES	7/1/2015	RBRVS	$401.06	$401.06	090		Y	Y					
25260		REPAIR FOREARM TENDON/MUSCLE	7/1/2015	RBRVS	$611.12	$611.12	090		Y	Y		Y			
25263		REPAIR FOREARM TENDON/MUSCLE	7/1/2015	RBRVS	$611.89	$611.89	090		Y	Y		Y			
25265		REPAIR FOREARM TENDON/MUSCLE	7/1/2015	RBRVS	$732.84	$732.84	090		Y	Y	Y	Y			
25300		FUSION OF TENDONS AT WRIST	7/1/2015	RBRVS	$669.29	$669.29	090		Y	Y	Y	Y			
25301		FUSION OF TENDONS AT WRIST	7/1/2015	RBRVS	$624.15	$624.15	090		Y	Y		Y	Y		
25310		TRANSPLANT FOREARM TENDON	7/1/2015	RBRVS	$600.26	$600.26	090		Y	Y		Y	Y		
25312		TRANSPLANT FOREARM TENDON	7/1/2015	RBRVS	$698.01	$698.01	090		Y	Y	Y	Y			
25315		REVISE PALSY HAND TENDON(S)	7/1/2015	RBRVS	$755.77	$755.77	090		Y	Y	Y	Y			
25316		REVISE PALSY HAND TENDON(S)	7/1/2015	RBRVS	$895.40	$895.40	090		Y	Y	Y	Y			
25320		REPAIR/REVISE WRIST JOINT	7/1/2015	RBRVS	$957.25	$957.25	090		Y	Y	Y	Y			
25332		REVISE WRIST JOINT	7/1/2015	RBRVS	$816.13	$816.13	090		Y	Y	Y	Y			
25335		REALIGNMENT OF HAND	7/1/2015	RBRVS	$924.48	$924.48	090		Y	Y	Y	Y			
25350		REVISION OF RADIUS	7/1/2015	RBRVS	$654.53	$654.53	090		Y	Y	Y	Y			
25355		REVISION OF RADIUS	7/1/2015	RBRVS	$750.39	$750.39	090		Y	Y	Y	Y	Y		
25360		REVISION OF ULNA	7/1/2015	RBRVS	$636.48	$636.48	090		Y	Y	Y	Y			
25365		REVISE RADIUS & ULNA	7/1/2015	RBRVS	$896.40	$896.40	090		Y	Y	Y	Y			
25370		REVISE RADIUS OR ULNA	7/1/2015	RBRVS	$986.04	$986.04	090		Y	Y	Y	Y	Y		
25375		REVISE RADIUS & ULNA	7/1/2015	RBRVS	$934.02	$934.02	090		Y	Y	Y	Y	Y		
25390		SHORTEN RADIUS OR ULNA	7/1/2015	RBRVS	$747.76	$747.76	090		Y	Y	Y	Y	Y		
25391		LENGTHEN RADIUS OR ULNA	7/1/2015	RBRVS	$977.10	$977.10	090		Y	Y	Y	Y			
25392		SHORTEN RADIUS & ULNA	7/1/2015	RBRVS	$979.26	$979.26	090		Y	Y	Y	Y			
25393		LENGTHEN RADIUS & ULNA	7/1/2015	RBRVS	$1,094.19	$1,094.19	090		Y	Y	Y	Y	Y		
25394		REPAIR CARPAL BONE SHORTEN	7/1/2015	RBRVS	$778.24	$778.24	090		Y	Y	Y	Y	Y		
25400		REPAIR RADIUS OR ULNA	7/1/2015	RBRVS	$782.03	$782.03	090		Y	Y	Y	Y	Y		
25405		REPAIR/GRAFT RADIUS OR ULNA	7/1/2015	RBRVS	$1,009.40	$1,009.40	090		Y	Y	Y	Y	Y		
25415		REPAIR RADIUS & ULNA	7/1/2015	RBRVS	$949.08	$949.08	090		Y	Y	Y	Y	Y		
25420		REPAIR/GRAFT RADIUS & ULNA	7/1/2015	RBRVS	$1,147.64	$1,147.64	090		Y	Y	Y	Y	Y		
25425		REPAIR/GRAFT RADIUS OR ULNA	7/1/2015	RBRVS	$943.90	$943.90	090		Y	Y	Y	Y	Y		
25426		REPAIR/GRAFT RADIUS & ULNA	7/1/2015	RBRVS	$1,104.12	$1,104.12	090		Y	Y	Y				
25430		VASC GRAFT INTO CARPAL BONE	7/1/2015	RBRVS	$715.62	$715.62	090		Y	Y	Y	Y	Y		
25431		REPAIR NONUNION CARPAL BONE	7/1/2015	RBRVS	$758.46	$758.46	090		Y	Y	Y	Y	Y		
25440		REPAIR/GRAFT WRIST BONE	7/1/2015	RBRVS	$746.76	$746.76	090		Y	Y	Y	Y	Y		
25441		RECONSTRUCT WRIST JOINT	7/1/2015	RBRVS	$902.81	$902.81	090		Y	Y	Y	Y	Y		
25442		RECONSTRUCT WRIST JOINT	7/1/2015	RBRVS	$771.73	$771.73	090		Y	Y	Y	Y	Y		
25443		RECONSTRUCT WRIST JOINT	7/1/2015	RBRVS	$765.08	$765.08	090		Y	Y	Y	Y			
25444		RECONSTRUCT WRIST JOINT	7/1/2015	RBRVS	$808.65	$808.65	090		Y	Y	Y	Y	Y		
25446		WRIST REPLACEMENT	7/1/2015	RBRVS	$1,140.06	$1,140.06	090		Y	Y	Y	Y	Y		
25447		REPAIR WRIST JOINTS	7/1/2015	RBRVS	$803.24	$803.24	090		Y	Y	Y	Y	Y		
25449		REMOVE WRIST JOINT IMPLANT	7/1/2015	RBRVS	$1,002.09	$1,002.09	090		Y	Y	Y				

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
25450		REVISION OF WRIST JOINT	7/1/2015	RBRVS	$479.07	$479.07	090		Y	Y	Y				
25455		REVISION OF WRIST JOINT	7/1/2015	RBRVS	$567.81	$567.81	090		Y	Y	Y	Y			
25490		REINFORCE RADIUS	7/1/2015	RBRVS	$649.81	$649.81	090		Y	Y	Y	Y			
25491		REINFORCE ULNA	7/1/2015	RBRVS	$724.59	$724.59	090		Y	Y	Y	Y			
25492		REINFORCE RADIUS AND ULNA	7/1/2015	RBRVS	$885.79	$885.79	090		Y	Y	Y				
25500		TREAT FRACTURE OF RADIUS	7/1/2015	RBRVS	$260.97	$239.70	090		Y	Y	Y				
25505		TREAT FRACTURE OF RADIUS	7/1/2015	RBRVS	$483.30	$443.74	090		Y	Y	Y	Y	Y		
25515		TREAT FRACTURE OF RADIUS	7/1/2015	RBRVS	$652.97	$652.97	090		Y	Y	Y				
25520		TREAT FRACTURE OF RADIUS	7/1/2015	RBRVS	$550.97	$523.38	090		Y	Y	Y	Y	Y		
25525		TREAT FRACTURE OF RADIUS	7/1/2015	RBRVS	$765.45	$765.45	090		Y	Y	Y	Y	Y		
25526		TREAT FRACTURE OF RADIUS	7/1/2015	RBRVS	$936.81	$936.81	090		Y	Y	Y				
25530		TREAT FRACTURE OF ULNA	7/1/2015	RBRVS	$251.03	$227.10	090		Y	Y	Y				
25535		TREAT FRACTURE OF ULNA	7/1/2015	RBRVS	$472.79	$438.22	090		Y	Y	Y	Y	Y		
25545		TREAT FRACTURE OF ULNA	7/1/2015	RBRVS	$606.24	$606.24	090		Y	Y	Y				
25560		TREAT FRACTURE RADIUS & ULNA	7/1/2015	RBRVS	$265.52	$240.27	090		Y	Y	Y				
25565		TREAT FRACTURE RADIUS & ULNA	7/1/2015	RBRVS	$501.08	$454.87	090		Y	Y	Y	Y	Y		
25574		TREAT FRACTURE RADIUS & ULNA	7/1/2015	RBRVS	$657.02	$657.02	090		Y	Y	Y	Y	Y		
25575		TREAT FRACTURE RADIUS/ULNA	7/1/2015	RBRVS	$878.58	$878.58	090		Y	Y	Y				
25600		TREAT FRACTURE RADIUS/ULNA	7/1/2015	RBRVS	$313.85	$296.91	090		Y	Y	Y				
25605		TREAT FRACTURE RADIUS/ULNA	7/1/2015	RBRVS	$526.47	$495.56	090		Y	Y	Y				
25606		TREAT FX DISTAL RADIAL	7/1/2015	RBRVS	$645.99	$645.99	090		Y	Y	Y	Y			
25607		TREAT FX RAD EXTRA-ARTICUL	7/1/2015	RBRVS	$714.60	$714.60	090		Y	Y	Y	Y			
25608		TREAT FX RAD INTRA-ARTICUL	7/1/2015	RBRVS	$802.53	$802.53	090		Y	Y	Y	Y			
25609		TREAT FX RADIAL 3+ FRAG	7/1/2015	RBRVS	$1,020.17	$1,020.17	090		Y	Y	Y				
25622		TREAT WRIST BONE FRACTURE	7/1/2015	RBRVS	$290.42	$264.83	090		Y	Y	Y				
25624		TREAT WRIST BONE FRACTURE	7/1/2015	RBRVS	$462.52	$421.97	090		Y	Y	Y	Y			
25628		TREAT WRIST BONE FRACTURE	7/1/2015	RBRVS	$700.20	$700.20	090		Y	Y	Y				
25630		TREAT WRIST BONE FRACTURE	7/1/2015	RBRVS	$292.48	$268.88	090		Y	Y	Y				
25635		TREAT WRIST BONE FRACTURE	7/1/2015	RBRVS	$430.72	$384.51	090		Y	Y	Y	Y			
25645		TREAT WRIST BONE FRACTURE	7/1/2015	RBRVS	$556.38	$556.38	090		Y	Y	Y				
25650		TREAT WRIST BONE FRACTURE	7/1/2015	RBRVS	$305.84	$287.23	090		Y	Y	Y				
25651		PIN ULNAR STYLOID FRACTURE	7/1/2015	RBRVS	$468.20	$468.20	090		Y	Y	Y		Y		
25652		TREAT FRACTURE ULNAR STYLOID	7/1/2015	RBRVS	$606.97	$606.97	090		Y	Y	Y				
25660		TREAT WRIST DISLOCATION	7/1/2015	RBRVS	$394.85	$394.85	090		Y	Y	Y	Y	Y		
25670		TREAT WRIST DISLOCATION	7/1/2015	RBRVS	$587.66	$587.66	090		Y	Y	Y				
25671		PIN RADIOULNAR DISLOCATION	7/1/2015	RBRVS	$516.00	$516.00	090		Y	Y	Y				
25675		TREAT WRIST DISLOCATION	7/1/2015	RBRVS	$419.88	$383.31	090		Y	Y	Y	Y			
25676		TREAT WRIST DISLOCATION	7/1/2015	RBRVS	$613.91	$613.91	090		Y	Y	Y				
25680		TREAT WRIST FRACTURE	7/1/2015	RBRVS	$451.89	$451.89	090		Y	Y	Y	Y			
25685		TREAT WRIST FRACTURE	7/1/2015	RBRVS	$720.87	$720.87	090		Y	Y	Y				
25690		TREAT WRIST DISLOCATION	7/1/2015	RBRVS	$467.67	$467.67	090		Y	Y	Y	Y	Y		
25695		TREAT WRIST DISLOCATION	7/1/2015	RBRVS	$619.27	$619.27	090		Y	Y	Y	Y	Y		
25800		FUSION OF WRIST JOINT	7/1/2015	RBRVS	$711.13	$711.13	090		Y	Y	Y	Y	Y		
25805		FUSION/GRAFT OF WRIST JOINT	7/1/2015	RBRVS	$827.46	$827.46	090		Y	Y	Y	Y	Y		
25810		FUSION/GRAFT OF WRIST JOINT	7/1/2015	RBRVS	$842.42	$842.42	090		Y	Y	Y	Y	Y		
25820		FUSION OF HAND BONES	7/1/2015	RBRVS	$595.34	$595.34	090		Y	Y	Y	Y	Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
25825		FUSE HAND BONES WITH GRAFT	7/1/2015	RBRVS	$732.90	$732.90	090		Y	Y	Y	Y	Y		
25830		FUSION RADIOULNAR JNT/ULNA	7/1/2015	RBRVS	$926.25	$926.25	090		Y	Y	Y	Y			
25905		AMPUTATION OF FOREARM	7/1/2015	RBRVS	$686.80	$686.80	090		Y	Y	Y	Y			
25907		AMPUTATION FOLLOW-UP SURGERY	7/1/2015	RBRVS	$599.06	$599.06	090		Y	Y	Y	Y			
25909		AMPUTATION FOLLOW-UP SURGERY	7/1/2015	RBRVS	$670.82	$670.82	090		Y	Y	Y	Y			
25915		AMPUTATION OF FOREARM	7/1/2015	RBRVS	$939.04	$939.04	090		Y	Y	Y	Y			
25922		AMPUTATE HAND AT WRIST	7/1/2015	RBRVS	$596.40	$596.40	090		Y	Y	Y	Y			
25924		AMPUTATION FOLLOW-UP SURGERY	7/1/2015	RBRVS	$664.34	$664.34	090		Y	Y	Y	Y			
25929		AMPUTATION FOLLOW-UP SURGERY	7/1/2015	RBRVS	$536.21	$536.21	090		Y	Y	Y				
25931		AMPUTATION FOLLOW-UP SURGERY	7/1/2015	RBRVS	$722.57	$722.57			Y						
25999		FOREARM OR WRIST SURGERY	7/1/2014	FEE SCHED	$762.42	$0.00	010		Y	Y					
26010		DRAINAGE OF FINGER ABSCESS	7/1/2015	RBRVS	$250.74	$132.41	010		Y	Y					
26011		DRAINAGE OF FINGER ABSCESS	7/1/2015	RBRVS	$370.92	$179.14	090		Y	Y					
26020		DRAIN HAND TENDON SHEATH	7/1/2015	RBRVS	$419.35	$419.35	090		Y	Y	Y				
26025		DRAINAGE OF PALM BURSA	7/1/2015	RBRVS	$408.87	$408.87	090		Y	Y	Y				
26030		DRAINAGE OF PALM BURSAS	7/1/2015	RBRVS	$476.05	$476.05	090		Y	Y					
26034		TREAT HAND BONE LESION	7/1/2015	RBRVS	$522.05	$522.05	090		Y	Y					
26035		DECOMPRESS FINGERS/HAND	7/1/2015	RBRVS	$838.17	$838.17	090		Y	Y		Y			
26111		EXC HAND LES SC 1.5 CM/>	7/1/2015	RBRVS	$405.85	$405.85	090		Y	Y		Y			
26113		EXC HAND TUM DEEP 1.5 CM/>	7/1/2015	RBRVS	$530.92	$530.92	090		Y	Y					
26115		REMOVAL HAND LESION SUBCUT	7/1/2015	RBRVS	$482.49	$321.63	090		Y	Y					
26116		REMOVAL HAND LESION DEEP	7/1/2015	RBRVS	$510.62	$510.62	090		Y	Y		Y			
26118		EXC HAND TUM RA 3 CM/>	7/1/2015	RBRVS	$1,029.54	$1,029.54	090		Y	Y	Y	Y	Y		
26185		REMOVE FINGER BONE	7/1/2015	RBRVS	$522.35	$522.35	090		Y	Y					
26205		REMOVE/GRAFT BONE LESION	7/1/2015	RBRVS	$588.13	$588.13	090		Y	Y					
26215		REMOVE/GRAFT FINGER LESION	7/1/2015	RBRVS	$549.60	$549.60	090		Y	Y		Y			
26260		EXTENSIVE FINGER SURGERY	7/1/2015	RBRVS	$787.68	$787.68	090		Y	Y		Y			
26262		PARTIAL REMOVAL OF FINGER	7/1/2015	RBRVS	$619.56	$619.56	090		Y	Y	Y				
26340		MANIPULATE FINGER W/ANESTH	7/1/2015	RBRVS	$319.23	$319.23	090		Y	Y		Y	Y		
26352		REPAIR/GRAFT HAND TENDON	7/1/2015	RBRVS	$773.19	$773.19	090		Y	Y		Y			
26358		REPAIR/GRAFT HAND TENDON	7/1/2015	RBRVS	$853.52	$853.52	090		Y	Y		Y			
26372		REPAIR/GRAFT HAND TENDON	7/1/2015	RBRVS	$848.43	$848.43	090		Y	Y		Y			
26373		REPAIR FINGER/HAND TENDON	7/1/2015	RBRVS	$787.18	$787.18	090		Y	Y		Y	Y		
26390		REVISE HAND/FINGER TENDON	7/1/2015	RBRVS	$804.24	$804.24	090		Y	Y		Y	Y		
26392		REPAIR/GRAFT HAND TENDON	7/1/2015	RBRVS	$935.45	$935.45	090		Y	Y		Y			
26420		REPAIR/GRAFT FINGER TENDON	7/1/2015	RBRVS	$671.15	$671.15	090		Y	Y		Y			
26434		REPAIR/GRAFT FINGER TENDON	7/1/2015	RBRVS	$618.40	$618.40	090		Y	Y		Y			
26474		FUSION OF FINGER TENDONS	7/1/2015	RBRVS	$573.66	$573.66	090		Y	Y					
26476		TENDON LENGTHENING	7/1/2015	RBRVS	$557.15	$557.15	090		Y	Y		Y	Y		
26483		TRANSPLANT/GRAFT HAND TENDON	7/1/2015	RBRVS	$799.28	$799.28	090		Y	Y		Y	Y		
26485		TRANSPLANT PALM TENDON	7/1/2015	RBRVS	$764.84	$764.84	090		Y	Y					
26489		TRANSPLANT/GRAFT PALM TENDON	7/1/2015	RBRVS	$997.70	$997.70	090		Y	Y		Y	Y		
26492		TENDON TRANSFER WITH GRAFT	7/1/2015	RBRVS	$848.07	$848.07	090		Y	Y		Y	Y		
26494		HAND TENDON/MUSCLE TRANSFER	7/1/2015	RBRVS	$741.91	$741.91	090		Y	Y					
26496		REVISE THUMB TENDON	7/1/2015	RBRVS	$901.24	$901.24	090		Y	Y		Y			
26497		FINGER TENDON TRANSFER	7/1/2015	RBRVS	$831.95	$831.95	090		Y	Y		Y	Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
26498		FINGER TENDON TRANSFER	7/1/2015	RBRVS	$1,110.81	$1,110.81	090		Y	Y		Y	Y		
26499		REVISION OF FINGER	7/1/2015	RBRVS	$775.44	$775.44	090		Y	Y		Y			
26502		HAND TENDON RECONSTRUCTION	7/1/2015	RBRVS	$679.89	$679.89	090		Y	Y	Y	Y			
26517		FUSION OF KNUCKLE JOINTS	7/1/2015	RBRVS	$792.76	$792.76	090		Y	Y	Y	Y	Y		
26518		FUSION OF KNUCKLE JOINTS	7/1/2015	RBRVS	$782.00	$782.00	090		Y	Y		Y			
26530		REVISE KNUCKLE JOINT	7/1/2015	RBRVS	$520.32	$520.32	090		Y	Y		Y	Y		
26531		REVISE KNUCKLE WITH IMPLANT	7/1/2015	RBRVS	$603.98	$603.98	090		Y	Y		Y	Y		
26541		REPAIR HAND JOINT WITH GRAFT	7/1/2015	RBRVS	$762.52	$762.52	090		Y	Y	Y	Y			
26546		REPAIR NONUNION HAND	7/1/2015	RBRVS	$948.68	$948.68	090		Y	Y					
26548		RECONSTRUCT FINGER JOINT	7/1/2015	RBRVS	$721.41	$721.41	090		Y	Y	Y	Y			
26550		CONSTRUCT THUMB REPLACEMENT	7/1/2015	RBRVS	$1,596.73	$1,596.73	090		Y	Y		Y			
26555		POSITIONAL CHANGE OF FINGER	7/1/2015	RBRVS	$1,326.85	$1,326.85	090		Y	Y		Y			
26560		REPAIR OF WEB FINGER	7/1/2015	RBRVS	$563.69	$563.69	090		Y	Y		Y	Y		
26561		REPAIR OF WEB FINGER	7/1/2015	RBRVS	$886.76	$886.76	090		Y	Y		Y			
26562		REPAIR OF WEB FINGER	7/1/2015	RBRVS	$1,272.80	$1,272.80	090		Y	Y		Y			
26565		CORRECT METACARPAL FLAW	7/1/2015	RBRVS	$649.11	$649.11	090		Y	Y		Y			
26568		LENGTHEN METACARPAL/FINGER	7/1/2015	RBRVS	$863.43	$863.43	090		Y	Y	Y	Y			
26580		REPAIR HAND DEFORMITY	7/1/2015	RBRVS	$1,466.61	$1,466.61	090		Y	Y		Y			
26590		REPAIR FINGER DEFORMITY	7/1/2015	RBRVS	$1,365.91	$1,365.91	090		Y	Y		Y			
26596		EXCISION CONSTRICTING TISSUE	7/1/2015	RBRVS	$717.94	$717.94	090		Y	Y					
26600		TREAT METACARPAL FRACTURE	7/1/2015	RBRVS	$280.91	$264.63	090		Y	Y					
26605		TREAT METACARPAL FRACTURE	7/1/2015	RBRVS	$308.57	$281.32	090		Y	Y					
26607		TREAT METACARPAL FRACTURE	7/1/2015	RBRVS	$444.37	$444.37	090		Y	Y					
26608		TREAT METACARPAL FRACTURE	7/1/2015	RBRVS	$459.83	$459.83	090		Y	Y					
26615		TREAT METACARPAL FRACTURE	7/1/2015	RBRVS	$558.47	$558.47	090		Y	Y	Y				
26641		TREAT THUMB DISLOCATION	7/1/2015	RBRVS	$362.21	$330.30	090		Y	Y	Y				
26645		TREAT THUMB FRACTURE	7/1/2015	RBRVS	$414.03	$380.79	090		Y	Y	Y		Y		
26665		TREAT THUMB FRACTURE	7/1/2015	RBRVS	$610.76	$610.76	090		Y	Y					
26670		TREAT HAND DISLOCATION	7/1/2015	RBRVS	$323.00	$294.08	090		Y	Y					
26675		TREAT HAND DISLOCATION	7/1/2015	RBRVS	$440.09	$405.52	090		Y	Y					
26676		PIN HAND DISLOCATION	7/1/2015	RBRVS	$483.46	$483.46	090		Y	Y		Y			
26686		TREAT HAND DISLOCATION	7/1/2015	RBRVS	$609.10	$609.10	090		Y	Y					
26700		TREAT KNUCKLE DISLOCATION	7/1/2015	RBRVS	$308.20	$289.26	090		Y	Y					
26705		TREAT KNUCKLE DISLOCATION	7/1/2015	RBRVS	$402.16	$369.26	090		Y	Y					
26706		PIN KNUCKLE DISLOCATION	7/1/2015	RBRVS	$419.61	$419.61	090		Y	Y					
26715		TREAT KNUCKLE DISLOCATION	7/1/2015	RBRVS	$553.36	$553.36	090		Y	Y					
26720		TREAT FINGER FRACTURE EACH	7/1/2015	RBRVS	$188.98	$176.02	090		Y	Y					
26725		TREAT FINGER FRACTURE EACH	7/1/2015	RBRVS	$323.06	$291.82	090		Y	Y					
26727		TREAT FINGER FRACTURE EACH	7/1/2015	RBRVS	$453.12	$453.12	090		Y	Y					
26735		TREAT FINGER FRACTURE EACH	7/1/2015	RBRVS	$578.12	$578.12	090		Y	Y					
26740		TREAT FINGER FRACTURE EACH	7/1/2015	RBRVS	$219.06	$205.76	090		Y	Y					
26742		TREAT FINGER FRACTURE EACH	7/1/2015	RBRVS	$351.64	$319.41	090		Y	Y					
26746		TREAT FINGER FRACTURE EACH	7/1/2015	RBRVS	$719.14	$719.14	090		Y	Y					
26750		TREAT FINGER FRACTURE EACH	7/1/2015	RBRVS	$175.59	$175.92	090		Y	Y					
26755		TREAT FINGER FRACTURE EACH	7/1/2015	RBRVS	$300.46	$261.57	090		Y	Y					
26756		PIN FINGER FRACTURE EACH	7/1/2015	RBRVS	$401.49	$401.49	090		Y	Y					

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
26765		TREAT FINGER FRACTURE EACH	7/1/2015	RBRVS	$484.12	$484.12	090		Y	Y					
26770		TREAT FINGER DISLOCATION	7/1/2015	RBRVS	$263.03	$243.75	090		Y	Y					
26775		TREAT FINGER DISLOCATION	7/1/2015	RBRVS	$367.39	$333.17	090		Y	Y					
26776		PIN FINGER DISLOCATION	7/1/2015	RBRVS	$427.32	$427.32	090		Y	Y					
26785		TREAT FINGER DISLOCATION	7/1/2015	RBRVS	$528.73	$528.73	090		Y	Y	Y	Y	Y		
26820		THUMB FUSION WITH GRAFT	7/1/2015	RBRVS	$755.47	$755.47	090		Y	Y	Y	Y	Y		
26842		THUMB FUSION WITH GRAFT	7/1/2015	RBRVS	$747.63	$747.63	090		Y	Y		Y	Y		
26843		FUSION OF HAND JOINT	7/1/2015	RBRVS	$707.55	$707.55	090		Y	Y		Y	Y		
26844		FUSION/GRAFT OF HAND JOINT	7/1/2015	RBRVS	$766.17	$766.17	090		Y	Y		Y	Y		
26852		FUSION OF KNUCKLE WITH GRAFT	7/1/2015	RBRVS	$755.47	$755.47	090		Y	Y					
26860		FUSION OF FINGER JOINT	7/1/2015	RBRVS	$533.81	$533.81	090		Y	Y		Y	Y		
26862		FUSION/GRAFT OF FINGER JOINT	7/1/2015	RBRVS	$688.77	$688.77	ZZZ		Y			Y			
26863		FUSE/GRAFT ADDED JOINT	7/1/2015	RBRVS	$224.28	$224.28	090		Y	Y					
26951		AMPUTATION OF FINGER/THUMB	7/1/2015	RBRVS	$619.60	$619.60	090		Y	Y					
26990		DRAINAGE OF PELVIS LESION	7/1/2015	RBRVS	$610.46	$610.46	090		Y	Y					
26991		DRAINAGE OF PELVIS BURSA	7/1/2015	RBRVS	$678.03	$507.19	090		Y	Y	Y		Y		
27000		INCISION OF HIP TENDON	7/1/2015	RBRVS	$404.36	$404.36	090		Y	Y	Y	Y	Y		
27001		INCISION OF HIP TENDON	7/1/2015	RBRVS	$526.74	$526.74	090		Y	Y	Y	Y	Y		
27003		INCISION OF HIP TENDON	7/1/2015	RBRVS	$582.67	$582.67	090		Y	Y	Y	Y	Y		
27005		INCISION OF HIP TENDON	7/1/2015	RBRVS	$708.67	$708.67	090		Y	Y	Y	Y	Y		
27006		INCISION OF HIP TENDONS	7/1/2015	RBRVS	$718.65	$718.65	090		Y	Y	Y				
27027		BUTTOCK FASCIOTOMY	7/1/2015	RBRVS	$868.38	$868.38	090		Y	Y	Y	Y	Y		
27030		DRAINAGE OF HIP JOINT	7/1/2015	RBRVS	$918.80	$918.80	090		Y	Y	Y	Y	Y		
27033		EXPLORATION OF HIP JOINT	7/1/2015	RBRVS	$952.03	$952.03	090		Y	Y	Y	Y	Y		
27035		DENERVATION OF HIP JOINT	7/1/2015	RBRVS	$1,035.00	$1,035.00	010		Y	Y	Y				
27040		BIOPSY OF SOFT TISSUES	7/1/2015	RBRVS	$330.30	$194.70	090		Y	Y	Y				
27041		BIOPSY OF SOFT TISSUES	7/1/2015	RBRVS	$671.18	$671.18	090		Y	Y	Y				
27043		EXC HIP PELVIS LES SC 3 CM/>	7/1/2015	RBRVS	$460.76	$460.76	090		Y	Y	Y	Y	Y		
27045		EXC HIP/PELV TUM DEEP 5 CM/>	7/1/2015	RBRVS	$734.96	$734.96	090		Y	Y	Y				
27047		REMOVE HIP/PELVIS LESION	7/1/2015	RBRVS	$454.75	$355.37	090		Y	Y	Y	Y	Y		
27048		REMOVE HIP/PELVIS LESION	7/1/2015	RBRVS	$597.46	$597.46	090		Y	Y	Y	Y	Y		
27052		BIOPSY OF HIP JOINT	7/1/2015	RBRVS	$566.02	$566.02	090		Y	Y	Y	Y	Y		
27054		REMOVAL OF HIP JOINT LINING	7/1/2015	RBRVS	$667.86	$667.86	090		Y	Y	Y				
27057		BUTTOCK FASCIOTOMY W/DBRDMT	7/1/2015	RBRVS	$997.01	$997.01	090		Y	Y	Y	Y	Y		
27059		RESECT HIP/PELV TUM 5 CM/>	7/1/2015	RBRVS	$1,792.24	$1,792.24	090		Y	Y	Y				
27060		REMOVAL OF ISCHIAL BURSA	7/1/2015	RBRVS	$453.61	$453.61	090		Y	Y	Y		Y		
27062		REMOVE FEMUR LESION/BURSA	7/1/2015	RBRVS	$445.41	$445.41	090		Y	Y	Y	Y	Y		
27065		REMOVE HIP BONE LES SUPER	7/1/2015	RBRVS	$504.67	$504.67	090		Y	Y	Y	Y	Y		
27066		REMOVE HIP BONE LES DEEP	7/1/2015	RBRVS	$795.13	$795.13	090		Y	Y	Y	Y			
27067		REMOVE/GRAFT HIP BONE LESION	7/1/2015	RBRVS	$1,015.75	$1,015.75	090		Y	Y	Y	Y	Y		
27070		PARTIAL REMOVAL OF HIP BONE	7/1/2015	RBRVS	$828.72	$828.72	090		Y	Y	Y	Y	Y		
27071		PARTIAL REMOVAL OF HIP BONE	7/1/2015	RBRVS	$893.47	$893.47	090		Y	Y		Y	Y		
27075		EXTENSIVE HIP SURGERY	7/1/2015	RBRVS	$2,075.25	$2,075.25	090		Y	Y		Y	Y		
27076		EXTENSIVE HIP SURGERY	7/1/2015	RBRVS	$2,514.21	$2,514.21	090		Y	Y		Y	Y		
27077		EXTENSIVE HIP SURGERY	7/1/2015	RBRVS	$2,807.26	$2,807.26	090		Y	Y	Y	Y	Y		
27078		EXTENSIVE HIP SURGERY	7/1/2015	RBRVS	$2,046.67	$2,046.67	090		Y	Y		Y	Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
27080		REMOVAL OF TAIL BONE	7/1/2015	RBRVS	$502.81	$502.81	010		Y	Y	Y				
27086		REMOVE HIP FOREIGN BODY	7/1/2015	RBRVS	$283.17	$163.85	090		Y	Y	Y	Y	Y		
27087		REMOVE HIP FOREIGN BODY	7/1/2015	RBRVS	$610.83	$610.83	090		Y	Y	Y	Y	Y		
27090		REMOVAL OF HIP PROSTHESIS	7/1/2015	RBRVS	$808.46	$808.46	090		Y	Y	Y	Y	Y		
27091		REMOVAL OF HIP PROSTHESIS	7/1/2015	RBRVS	$1,570.14	$1,570.14	000		Y	Y	Y				
27093		INJECTION FOR HIP X-RAY	7/1/2015	RBRVS	$178.28	$68.59	000		Y	Y	Y				
27095		INJECTION FOR HIP X-RAY	7/1/2015	RBRVS	$229.77	$80.86	000		Y	Y	Y				
27096		INJECT SACROILIAC JOINT	7/1/2015	RBRVS	$152.46	$81.33	090		Y	Y	Y	Y			
27097		REVISION OF HIP TENDON	7/1/2015	RBRVS	$667.66	$667.66	090		Y	Y	Y	Y			
27098		TRANSFER TENDON TO PELVIS	7/1/2015	RBRVS	$679.79	$679.79	090		Y	Y	Y	Y	Y		
27100		TRANSFER OF ABDOMINAL MUSCLE	7/1/2015	RBRVS	$808.92	$808.92	090		Y	Y	Y	Y			
27105		TRANSFER OF SPINAL MUSCLE	7/1/2015	RBRVS	$849.20	$849.20	090		Y	Y	Y	Y	Y		
27110		TRANSFER OF ILIOPSOAS MUSCLE	7/1/2015	RBRVS	$950.28	$950.28	090		Y	Y	Y	Y	Y		
27111		TRANSFER OF ILIOPSOAS MUSCLE	7/1/2015	RBRVS	$882.40	$882.40	090		Y	Y	Y	Y	Y		
27120		RECONSTRUCTION OF HIP SOCKET	7/1/2015	RBRVS	$1,280.06	$1,280.06	090		Y	Y	Y	Y	Y		
27122		RECONSTRUCTION OF HIP SOCKET	7/1/2015	RBRVS	$1,076.87	$1,076.87	090		Y	Y	Y	Y	Y		
27125		PARTIAL HIP REPLACEMENT	7/1/2015	RBRVS	$1,112.84	$1,112.84	090		Y	Y	Y	Y	Y		
27130		TOTAL HIP ARTHROPLASTY	7/1/2015	RBRVS	$1,333.03	$1,333.03	090		Y	Y	Y	Y	Y		
27132		TOTAL HIP ARTHROPLASTY	7/1/2015	RBRVS	$1,646.89	$1,646.89	090		Y	Y	Y	Y	Y		
27134		REVISE HIP JOINT REPLACEMENT	7/1/2015	RBRVS	$1,885.83	$1,885.83	090		Y	Y	Y	Y	Y		
27137		REVISE HIP JOINT REPLACEMENT	7/1/2015	RBRVS	$1,448.63	$1,448.63	090		Y	Y	Y	Y	Y		
27138		REVISE HIP JOINT REPLACEMENT	7/1/2015	RBRVS	$1,504.90	$1,504.90	090		Y	Y	Y	Y	Y		
27140		TRANSPLANT FEMUR RIDGE	7/1/2015	RBRVS	$880.31	$880.31	090		Y	Y	Y	Y	Y		
27146		INCISION OF HIP BONE	7/1/2015	RBRVS	$1,261.24	$1,261.24	090		Y	Y	Y	Y	Y		
27147		REVISION OF HIP BONE	7/1/2015	RBRVS	$1,449.43	$1,449.43	090		Y	Y	Y	Y	Y		
27151		INCISION OF HIP BONES	7/1/2015	RBRVS	$1,569.24	$1,569.24	090		Y	Y	Y	Y	Y		
27156		REVISION OF HIP BONES	7/1/2015	RBRVS	$1,692.53	$1,692.53	090		Y	Y		Y			
27158		REVISION OF PELVIS	7/1/2015	RBRVS	$1,381.95	$1,381.95	090		Y	Y	Y	Y	Y		
27161		INCISION OF NECK OF FEMUR	7/1/2015	RBRVS	$1,193.74	$1,193.74	090		Y	Y	Y	Y	Y		
27165		INCISION/FIXATION OF FEMUR	7/1/2015	RBRVS	$1,345.83	$1,345.83	090		Y	Y	Y	Y	Y		
27170		REPAIR/GRAFT FEMUR HEAD/NECK	7/1/2015	RBRVS	$1,157.21	$1,157.21	090		Y	Y	Y				
27175		TREAT SLIPPED EPIPHYSIS	7/1/2015	RBRVS	$654.60	$654.60	090		Y	Y	Y	Y	Y		
27176		TREAT SLIPPED EPIPHYSIS	7/1/2015	RBRVS	$900.79	$900.79	090		Y	Y	Y	Y	Y		
27177		TREAT SLIPPED EPIPHYSIS	7/1/2015	RBRVS	$1,094.89	$1,094.89	090		Y	Y	Y	Y	Y		
27178		TREAT SLIPPED EPIPHYSIS	7/1/2015	RBRVS	$900.79	$900.79	090		Y	Y	Y	Y			
27179		REVISE HEAD/NECK OF FEMUR	7/1/2015	RBRVS	$958.62	$958.62	090		Y	Y	Y	Y			
27181		TREAT SLIPPED EPIPHYSIS	7/1/2015	RBRVS	$1,103.93	$1,103.93	090		Y	Y	Y		Y		
27185		REVISION OF FEMUR EPIPHYSIS	7/1/2015	RBRVS	$563.83	$563.83	090		Y	Y	Y	Y	Y		
27187		REINFORCE HIP BONES	7/1/2015	RBRVS	$972.21	$972.21	090		Y	Y		Y			
27202		TREAT TAIL BONE FRACTURE	7/1/2015	RBRVS	$521.68	$521.68	090		Y	Y	Y	Y	Y		
27226		TREAT HIP WALL FRACTURE	7/1/2015	RBRVS	$1,039.28	$1,039.28	090		Y	Y	Y	Y	Y		
27227		TREAT HIP FRACTURE(S)	7/1/2015	RBRVS	$1,633.73	$1,633.73	090		Y	Y	Y	Y	Y		
27228		TREAT HIP FRACTURE(S)	7/1/2015	RBRVS	$1,863.63	$1,863.63	090		Y	Y	Y				
27232		TREAT THIGH FRACTURE	7/1/2015	RBRVS	$739.55	$739.55	090		Y	Y	Y		Y		
27235		TREAT THIGH FRACTURE	7/1/2015	RBRVS	$892.41	$892.41	090		Y	Y	Y	Y	Y		
27236		TREAT THIGH FRACTURE	7/1/2015	RBRVS	$1,174.66	$1,174.66	090		Y	Y	Y	Y	Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
27244		TREAT THIGH FRACTURE	7/1/2015	RBRVS	$1,209.62	$1,209.62	090		Y	Y	Y	Y	Y		
27245		TREAT THIGH FRACTURE	7/1/2015	RBRVS	$1,209.23	$1,209.23	090		Y	Y	Y	Y	Y		
27248		TREAT THIGH FRACTURE	7/1/2015	RBRVS	$728.82	$728.82	090		Y	Y	Y	Y	Y		
27253		TREAT HIP DISLOCATION	7/1/2015	RBRVS	$922.46	$922.46	090		Y	Y	Y	Y	Y		
27254		TREAT HIP DISLOCATION	7/1/2015	RBRVS	$1,251.93	$1,251.93	010		Y	Y	Y				
27256		TREAT HIP DISLOCATION	7/1/2015	RBRVS	$292.98	$230.83	090		Y	Y	Y	Y	Y		
27258		TREAT HIP DISLOCATION	7/1/2015	RBRVS	$1,091.30	$1,091.30	090		Y	Y	Y	Y			
27259		TREAT HIP DISLOCATION	7/1/2015	RBRVS	$1,530.72	$1,530.72	090		Y	Y	Y				
27266		TREAT HIP DISLOCATION	7/1/2015	RBRVS	$568.48	$568.48	090		Y	Y	Y	Y	Y		
27267		CLTX THIGH FX	7/1/2015	RBRVS	$421.30	$421.30	090		Y	Y	Y	Y	Y		
27268		CLTX THIGH FX W/MNPJ	7/1/2015	RBRVS	$526.77	$526.77	090		Y	Y	Y	Y	Y		
27269		OPTX THIGH FX	7/1/2015	RBRVS	$1,223.72	$1,223.72	090		Y	Y	Y	Y	Y		
27279		ARTHRODESIS SACROILIAC JOINT	7/1/2015	RBRVS	$542.02	$542.02	090		Y	Y	Y	Y	Y		
27280		FUSION OF SACROILIAC JOINT	7/1/2015	RBRVS	$1,067.04	$1,067.04	090		Y	Y		Y	Y		
27282		FUSION OF PUBIC BONES	7/1/2015	RBRVS	$733.31	$733.31	090		Y	Y	Y	Y	Y		
27284		FUSION OF HIP JOINT	7/1/2015	RBRVS	$1,507.93	$1,507.93	090		Y	Y	Y	Y	Y		
27286		FUSION OF HIP JOINT	7/1/2015	RBRVS	$1,630.71	$1,630.71	090		Y	Y		Y	Y		
27290		AMPUTATION OF LEG AT HIP	7/1/2015	RBRVS	$1,601.82	$1,601.82	090		Y	Y	Y	Y	Y		
27295		AMPUTATION OF LEG AT HIP	7/1/2015	RBRVS	$1,238.77	$1,238.77			Y						
27299		PELVIS/HIP JOINT SURGERY	7/1/2014	FEE SCHED	$1,232.88	$0.00	090		Y	Y	Y				
27301		DRAIN THIGH/KNEE LESION	7/1/2015	RBRVS	$639.61	$483.73	090		Y	Y	Y	Y	Y		
27303		DRAINAGE OF BONE LESION	7/1/2015	RBRVS	$622.06	$622.06	090		Y	Y	Y	Y	Y		
27305		INCISE THIGH TENDON & FASCIA	7/1/2015	RBRVS	$468.54	$468.54	090		Y	Y	Y	Y			
27306		INCISION OF THIGH TENDON	7/1/2015	RBRVS	$347.85	$347.85	090		Y	Y	Y	Y	Y		
27310		EXPLORATION OF KNEE JOINT	7/1/2015	RBRVS	$714.49	$714.49	010		Y	Y	Y				
27323		BIOPSY THIGH SOFT TISSUES	7/1/2015	RBRVS	$258.25	$172.17	090		Y	Y	Y				
27324		BIOPSY THIGH SOFT TISSUES	7/1/2015	RBRVS	$387.04	$387.04	090		Y	Y	Y	Y			
27325		NEURECTOMY HAMSTRING	7/1/2015	RBRVS	$500.18	$500.18	090		Y	Y	Y	Y	Y		
27326		NEURECTOMY POPLITEAL	7/1/2015	RBRVS	$501.04	$501.04	090		Y	Y	Y				
27327		REMOVAL OF THIGH LESION	7/1/2015	RBRVS	$442.38	$305.45	090		Y	Y	Y				
27328		REMOVAL OF THIGH LESION	7/1/2015	RBRVS	$608.76	$608.76	090		Y	Y	Y		Y		
27330		BIOPSY KNEE JOINT LINING	7/1/2015	RBRVS	$404.55	$404.55	090		Y	Y	Y	Y	Y		
27331		EXPLORE/TREAT KNEE JOINT	7/1/2015	RBRVS	$463.52	$463.52	090		Y	Y	Y	Y	Y		
27332		REMOVAL OF KNEE CARTILAGE	7/1/2015	RBRVS	$628.57	$628.57	090		Y	Y	Y	Y	Y		
27333		REMOVAL OF KNEE CARTILAGE	7/1/2015	RBRVS	$572.31	$572.31	090		Y	Y	Y	Y	Y		
27334		REMOVE KNEE JOINT LINING	7/1/2015	RBRVS	$667.93	$667.93	090		Y	Y	Y	Y	Y		
27335		REMOVE KNEE JOINT LINING	7/1/2015	RBRVS	$746.33	$746.33	090		Y	Y	Y	Y			
27337		EXC THIGH/KNEE LES SC 3 CM/>	7/1/2015	RBRVS	$409.07	$409.07	090		Y	Y	Y	Y			
27339		EXC THIGH/KNEE TUM DEP 5CM/>	7/1/2015	RBRVS	$739.18	$739.18	090		Y	Y	Y	Y	Y		
27345		REMOVAL OF KNEE CYST	7/1/2015	RBRVS	$468.51	$468.51	090		Y	Y	Y	Y	Y		
27347		REMOVE KNEE CYST	7/1/2015	RBRVS	$515.40	$515.40	090		Y	Y	Y	Y	Y		
27350		REMOVAL OF KNEECAP	7/1/2015	RBRVS	$635.52	$635.52	090		Y	Y	Y	Y	Y		
27355		REMOVE FEMUR LESION	7/1/2015	RBRVS	$589.23	$589.23	090		Y	Y	Y	Y	Y		
27356		REMOVE FEMUR LESION/GRAFT	7/1/2015	RBRVS	$723.20	$723.20	090		Y	Y	Y	Y	Y		
27357		REMOVE FEMUR LESION/GRAFT	7/1/2015	RBRVS	$795.76	$795.76	ZZZ		Y			Y			
27358		REMOVE FEMUR LESION/FIXATION	7/1/2015	RBRVS	$276.99	$276.99	090		Y	Y	Y	Y	Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
27360		PARTIAL REMOVAL LEG BONE(S)	7/1/2015	RBRVS	$831.72	$831.72	090		Y	Y	Y	Y	Y		
27364		RESECT THIGH/KNEE TUM 5 CM/>	7/1/2015	RBRVS	$1,540.73	$1,540.73	090		Y	Y	Y	Y	Y		
27365		EXTENSIVE LEG SURGERY	7/1/2015	RBRVS	$2,035.43	$2,035.43	000		Y	Y	Y				
27370		INJECTION FOR KNEE X-RAY	7/1/2015	RBRVS	$147.07	$49.35	090		Y	Y	Y				
27372		REMOVAL OF FOREIGN BODY	7/1/2015	RBRVS	$585.40	$393.95	090		Y	Y	Y	Y	Y		
27380		REPAIR OF KNEECAP TENDON	7/1/2015	RBRVS	$578.29	$578.29	090		Y	Y	Y	Y	Y		
27381		REPAIR/GRAFT KNEECAP TENDON	7/1/2015	RBRVS	$776.78	$776.78	090		Y	Y	Y	Y	Y		
27385		REPAIR OF THIGH MUSCLE	7/1/2015	RBRVS	$558.71	$558.71	090		Y	Y	Y	Y	Y		
27386		REPAIR/GRAFT OF THIGH MUSCLE	7/1/2015	RBRVS	$808.56	$808.56	090		Y	Y	Y	Y			
27390		INCISION OF THIGH TENDON	7/1/2015	RBRVS	$437.13	$437.13	090		Y	Y		Y	Y		
27392		INCISION OF THIGH TENDONS	7/1/2015	RBRVS	$697.54	$697.54	090		Y	Y	Y	Y	Y		
27393		LENGTHENING OF THIGH TENDON	7/1/2015	RBRVS	$497.88	$497.88	090		Y	Y		Y			
27394		LENGTHENING OF THIGH TENDONS	7/1/2015	RBRVS	$635.35	$635.35	090		Y	Y		Y	Y		
27395		LENGTHENING OF THIGH TENDONS	7/1/2015	RBRVS	$861.20	$861.20	090		Y	Y	Y	Y	Y		
27396		TRANSPLANT OF THIGH TENDON	7/1/2015	RBRVS	$602.11	$602.11	090		Y	Y	Y	Y			
27397		TRANSPLANTS OF THIGH TENDONS	7/1/2015	RBRVS	$898.42	$898.42	090		Y	Y	Y	Y	Y		
27400		REVISE THIGH MUSCLES/TENDONS	7/1/2015	RBRVS	$680.52	$680.52	090		Y	Y	Y	Y	Y		
27403		REPAIR OF KNEE CARTILAGE	7/1/2015	RBRVS	$626.12	$626.12	090		Y	Y	Y	Y	Y		
27405		REPAIR OF KNEE LIGAMENT	7/1/2015	RBRVS	$660.88	$660.88	090		Y	Y	Y	Y	Y		
27407		REPAIR OF KNEE LIGAMENT	7/1/2015	RBRVS	$776.25	$776.25	090		Y	Y	Y	Y	Y		
27409		REPAIR OF KNEE LIGAMENTS	7/1/2015	RBRVS	$946.89	$946.89	090		Y	Y	Y	Y	Y		
27418		REPAIR DEGENERATED KNEECAP	7/1/2015	RBRVS	$808.48	$808.48	090		Y	Y	Y	Y	Y		
27420		REVISION OF UNSTABLE KNEECAP	7/1/2015	RBRVS	$722.87	$722.87	090		Y	Y	Y	Y	Y		
27422		REVISION OF UNSTABLE KNEECAP	7/1/2015	RBRVS	$725.85	$725.85	090		Y	Y	Y	Y	Y		
27424		REVISION/REMOVAL OF KNEECAP	7/1/2015	RBRVS	$733.00	$733.00	090		Y	Y	Y		Y		
27425		LAT RETINACULAR RELEASE OPEN	7/1/2015	RBRVS	$436.57	$436.57	090		Y	Y	Y	Y	Y		
27427		RECONSTRUCTION KNEE	7/1/2015	RBRVS	$697.74	$697.74	090		Y	Y	Y	Y	Y		
27428		RECONSTRUCTION KNEE	7/1/2015	RBRVS	$1,093.46	$1,093.46	090		Y	Y	Y	Y	Y		
27429		RECONSTRUCTION KNEE	7/1/2015	RBRVS	$1,228.41	$1,228.41	090		Y	Y	Y	Y	Y		
27430		REVISION OF THIGH MUSCLES	7/1/2015	RBRVS	$719.18	$719.18	090		Y	Y	Y	Y	Y		
27435		INCISION OF KNEE JOINT	7/1/2015	RBRVS	$786.85	$786.85	090		Y	Y	Y		Y		
27437		REVISE KNEECAP	7/1/2015	RBRVS	$647.22	$647.22	090		Y	Y	Y	Y	Y		
27438		REVISE KNEECAP WITH IMPLANT	7/1/2015	RBRVS	$822.32	$822.32	090		Y	Y	Y	Y	Y		
27440		REVISION OF KNEE JOINT	7/1/2015	RBRVS	$782.29	$782.29	090		Y	Y	Y	Y	Y		
27441		REVISION OF KNEE JOINT	7/1/2015	RBRVS	$808.56	$808.56	090		Y	Y	Y	Y	Y		
27442		REVISION OF KNEE JOINT	7/1/2015	RBRVS	$851.20	$851.20	090		Y	Y	Y	Y	Y		
27443		REVISION OF KNEE JOINT	7/1/2015	RBRVS	$800.67	$800.67	090		Y	Y	Y	Y	Y		
27445		REVISION OF KNEE JOINT	7/1/2015	RBRVS	$1,230.23	$1,230.23	090		Y	Y	Y	Y	Y		
27446		REVISION OF KNEE JOINT	7/1/2015	RBRVS	$1,138.77	$1,138.77	090		Y	Y	Y	Y	Y		
27447		TOTAL KNEE ARTHROPLASTY	7/1/2015	RBRVS	$1,332.70	$1,332.70	090		Y	Y	Y	Y	Y		
27448		INCISION OF THIGH	7/1/2015	RBRVS	$746.40	$746.40	090		Y	Y	Y	Y	Y		
27450		INCISION OF THIGH	7/1/2015	RBRVS	$988.80	$988.80	090		Y	Y	Y	Y	Y		
27454		REALIGNMENT OF THIGH BONE	7/1/2015	RBRVS	$1,279.49	$1,279.49	090		Y	Y	Y	Y	Y		
27455		REALIGNMENT OF KNEE	7/1/2015	RBRVS	$925.15	$925.15	090		Y	Y	Y	Y	Y		
27457		REALIGNMENT OF KNEE	7/1/2015	RBRVS	$943.39	$943.39	090		Y	Y	Y	Y	Y		
27465		SHORTENING OF THIGH BONE	7/1/2015	RBRVS	$1,228.90	$1,228.90	090		Y	Y	Y	Y	Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
27466		LENGTHENING OF THIGH BONE	7/1/2015	RBRVS	$1,164.96	$1,164.96	090		Y	Y	Y	Y	Y		
27468		SHORTEN/LENGTHEN THIGHS	7/1/2015	RBRVS	$1,322.33	$1,322.33	090		Y	Y	Y	Y	Y		
27470		REPAIR OF THIGH	7/1/2015	RBRVS	$1,153.32	$1,153.32	090		Y	Y	Y	Y	Y		
27472		REPAIR/GRAFT OF THIGH	7/1/2015	RBRVS	$1,241.86	$1,241.86	090		Y	Y	Y		Y		
27475		SURGERY TO STOP LEG GROWTH	7/1/2015	RBRVS	$647.89	$647.89	090		Y	Y	Y		Y		
27477		SURGERY TO STOP LEG GROWTH	7/1/2015	RBRVS	$718.55	$718.55	090		Y	Y	Y	Y			
27479		SURGERY TO STOP LEG GROWTH	7/1/2015	RBRVS	$904.24	$904.24	090		Y	Y	Y				
27485		SURGERY TO STOP LEG GROWTH	7/1/2015	RBRVS	$656.89	$656.89	090		Y	Y	Y	Y	Y		
27486		REVISE/REPLACE KNEE JOINT	7/1/2015	RBRVS	$1,380.99	$1,380.99	090		Y	Y	Y	Y	Y		
27487		REVISE/REPLACE KNEE JOINT	7/1/2015	RBRVS	$1,727.95	$1,727.95	090		Y	Y	Y	Y	Y		
27488		REMOVAL OF KNEE PROSTHESIS	7/1/2015	RBRVS	$1,178.45	$1,178.45	090		Y	Y	Y	Y	Y		
27495		REINFORCE THIGH	7/1/2015	RBRVS	$1,106.75	$1,106.75	090		Y	Y	Y				
27496		DECOMPRESSION OF THIGH/KNEE	7/1/2015	RBRVS	$531.29	$531.29	090		Y	Y	Y	Y	Y		
27498		DECOMPRESSION OF THIGH/KNEE	7/1/2015	RBRVS	$640.84	$640.84	090		Y	Y	Y	Y	Y		
27499		DECOMPRESSION OF THIGH/KNEE	7/1/2015	RBRVS	$685.90	$685.90	090		Y	Y	Y				
27500		TREATMENT OF THIGH FRACTURE	7/1/2015	RBRVS	$505.36	$468.81	090		Y	Y	Y				
27501		TREATMENT OF THIGH FRACTURE	7/1/2015	RBRVS	$490.11	$485.79	090		Y	Y	Y				
27502		TREATMENT OF THIGH FRACTURE	7/1/2015	RBRVS	$749.02	$749.02	090		Y	Y	Y				
27503		TREATMENT OF THIGH FRACTURE	7/1/2015	RBRVS	$785.06	$785.06	090		Y	Y	Y	Y	Y		
27506		TREATMENT OF THIGH FRACTURE	7/1/2015	RBRVS	$1,313.75	$1,313.75	090		Y	Y	Y	Y	Y		
27507		TREATMENT OF THIGH FRACTURE	7/1/2015	RBRVS	$954.39	$954.39	090		Y	Y	Y				
27508		TREATMENT OF THIGH FRACTURE	7/1/2015	RBRVS	$509.22	$479.64	090		Y	Y	Y				
27509		TREATMENT OF THIGH FRACTURE	7/1/2015	RBRVS	$626.91	$626.91	090		Y	Y	Y				
27510		TREATMENT OF THIGH FRACTURE	7/1/2015	RBRVS	$668.29	$668.29	090		Y	Y	Y	Y	Y		
27511		TREATMENT OF THIGH FRACTURE	7/1/2015	RBRVS	$979.79	$979.79	090		Y	Y	Y	Y	Y		
27513		TREATMENT OF THIGH FRACTURE	7/1/2015	RBRVS	$1,221.16	$1,221.16	090		Y	Y	Y	Y	Y		
27514		TREATMENT OF THIGH FRACTURE	7/1/2015	RBRVS	$950.04	$950.04	090		Y	Y	Y				
27516		TREAT THIGH FX GROWTH PLATE	7/1/2015	RBRVS	$494.13	$464.55	090		Y	Y	Y				
27517		TREAT THIGH FX GROWTH PLATE	7/1/2015	RBRVS	$671.51	$671.51	090		Y	Y	Y	Y	Y		
27519		TREAT THIGH FX GROWTH PLATE	7/1/2015	RBRVS	$877.82	$877.82	090		Y	Y	Y				
27520		TREAT KNEECAP FRACTURE	7/1/2015	RBRVS	$310.66	$283.74	090		Y	Y	Y	Y	Y		
27524		TREAT KNEECAP FRACTURE	7/1/2015	RBRVS	$737.02	$737.02	090		Y	Y	Y				
27530		TREAT KNEE FRACTURE	7/1/2015	RBRVS	$290.32	$269.38	090		Y	Y	Y				
27532		TREAT KNEE FRACTURE	7/1/2015	RBRVS	$601.02	$565.12	090		Y	Y	Y	Y	Y		
27535		TREAT KNEE FRACTURE	7/1/2015	RBRVS	$880.84	$880.84	090		Y	Y	Y	Y	Y		
27536		TREAT KNEE FRACTURE	7/1/2015	RBRVS	$1,168.61	$1,168.61	090		Y	Y	Y	Y	Y		
27540		TREAT KNEE FRACTURE	7/1/2015	RBRVS	$794.06	$794.06	090		Y	Y	Y				
27550		TREAT KNEE DISLOCATION	7/1/2015	RBRVS	$487.28	$452.71	090		Y	Y	Y				
27552		TREAT KNEE DISLOCATION	7/1/2015	RBRVS	$610.16	$610.16	090		Y	Y	Y	Y	Y		
27556		TREAT KNEE DISLOCATION	7/1/2015	RBRVS	$862.33	$862.33	090		Y	Y	Y	Y	Y		
27557		TREAT KNEE DISLOCATION	7/1/2015	RBRVS	$1,032.11	$1,032.11	090		Y	Y	Y	Y	Y		
27558		TREAT KNEE DISLOCATION	7/1/2015	RBRVS	$1,178.31	$1,178.31	090		Y	Y	Y				
27560		TREAT KNEECAP DISLOCATION	7/1/2015	RBRVS	$346.46	$319.86	090		Y	Y	Y				
27562		TREAT KNEECAP DISLOCATION	7/1/2015	RBRVS	$471.79	$471.79	090		Y	Y	Y	Y	Y		
27566		TREAT KNEECAP DISLOCATION	7/1/2015	RBRVS	$876.88	$876.88	090		Y	Y	Y	Y	Y		
27580		FUSION OF KNEE	7/1/2015	RBRVS	$1,408.28	$1,408.28	090		Y	Y	Y	Y	Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
27590		AMPUTATE LEG AT THIGH	7/1/2015	RBRVS	$801.54	$801.54	090		Y	Y	Y	Y	Y		
27591		AMPUTATE LEG AT THIGH	7/1/2015	RBRVS	$949.24	$949.24	090		Y	Y	Y	Y	Y		
27592		AMPUTATE LEG AT THIGH	7/1/2015	RBRVS	$679.89	$679.89	090		Y	Y	Y	Y	Y		
27598		AMPUTATE LOWER LEG AT KNEE	7/1/2015	RBRVS	$712.83	$712.83			Y						
27599		LEG SURGERY PROCEDURE	7/1/2014	FEE SCHED	$438.68	$0.00	090		Y	Y	Y		Y		
27600		DECOMPRESSION OF LOWER LEG	7/1/2015	RBRVS	$407.05	$407.05	090		Y	Y	Y				
27601		DECOMPRESSION OF LOWER LEG	7/1/2015	RBRVS	$438.36	$438.36	090		Y	Y	Y	Y	Y		
27602		DECOMPRESSION OF LOWER LEG	7/1/2015	RBRVS	$486.91	$486.91	090		Y	Y	Y				
27603		DRAIN LOWER LEG LESION	7/1/2015	RBRVS	$511.61	$378.66	090		Y	Y	Y				
27604		DRAIN LOWER LEG BURSA	7/1/2015	RBRVS	$472.26	$333.99	090		Y	Y	Y	Y	Y		
27612		EXPLORATION OF ANKLE JOINT	7/1/2015	RBRVS	$549.17	$549.17	010		Y	Y	Y				
27613		BIOPSY LOWER LEG SOFT TISSUE	7/1/2015	RBRVS	$239.57	$156.81	090		Y	Y	Y				
27614		BIOPSY LOWER LEG SOFT TISSUE	7/1/2015	RBRVS	$551.66	$390.46	090		Y	Y	Y		Y		
27616		RESECT LEG/ANKLE TUM 5 CM/>	7/1/2015	RBRVS	$1,246.51	$1,246.51	090		Y	Y	Y				
27618		REMOVE LOWER LEG LESION	7/1/2015	RBRVS	$434.04	$299.43	090		Y	Y	Y				
27619		REMOVE LOWER LEG LESION	7/1/2015	RBRVS	$460.26	$460.26	090		Y	Y	Y	Y	Y		
27620		EXPLORE/TREAT ANKLE JOINT	7/1/2015	RBRVS	$446.13	$446.13	090		Y	Y	Y	Y	Y		
27625		REMOVE ANKLE JOINT LINING	7/1/2015	RBRVS	$568.44	$568.44	090		Y	Y	Y	Y			
27626		REMOVE ANKLE JOINT LINING	7/1/2015	RBRVS	$600.75	$600.75	090		Y	Y	Y	Y			
27632		EXC LEG/ANKLE LES SC 3 CM/>	7/1/2015	RBRVS	$405.42	$405.42	090		Y	Y	Y	Y			
27634		EXC LEG/ANKLE TUM DEP 5 CM/>	7/1/2015	RBRVS	$671.35	$671.35	090		Y	Y	Y		Y		
27635		REMOVE LOWER LEG BONE LESION	7/1/2015	RBRVS	$573.70	$573.70	090		Y	Y	Y	Y	Y		
27637		REMOVE/GRAFT LEG BONE LESION	7/1/2015	RBRVS	$748.43	$748.43	090		Y	Y	Y	Y	Y		
27638		REMOVE/GRAFT LEG BONE LESION	7/1/2015	RBRVS	$761.85	$761.85	090		Y	Y	Y		Y		
27640		PARTIAL REMOVAL OF TIBIA	7/1/2015	RBRVS	$819.02	$819.02	090		Y	Y	Y		Y		
27641		PARTIAL REMOVAL OF FIBULA	7/1/2015	RBRVS	$652.90	$652.90	090		Y	Y	Y	Y	Y		
27645		EXTENSIVE LOWER LEG SURGERY	7/1/2015	RBRVS	$1,756.84	$1,756.84	090		Y	Y	Y	Y	Y		
27646		EXTENSIVE LOWER LEG SURGERY	7/1/2015	RBRVS	$1,523.28	$1,523.28	090		Y	Y	Y	Y			
27647		EXTENSIVE ANKLE/HEEL SURGERY	7/1/2015	RBRVS	$992.02	$992.02	000		Y	Y	Y				
27648		INJECTION FOR ANKLE X-RAY	7/1/2015	RBRVS	$154.44	$50.75	090		Y	Y	Y	Y	Y		
27650		REPAIR ACHILLES TENDON	7/1/2015	RBRVS	$641.14	$641.14	090		Y	Y	Y	Y	Y		
27654		REPAIR OF ACHILLES TENDON	7/1/2015	RBRVS	$687.96	$687.96	090		Y	Y	Y	Y			
27656		REPAIR LEG FASCIA DEFECT	7/1/2015	RBRVS	$613.02	$386.34	090		Y	Y		Y	Y		
27658		REPAIR OF LEG TENDON EACH	7/1/2015	RBRVS	$363.01	$363.01	090		Y	Y		Y	Y		
27659		REPAIR OF LEG TENDON EACH	7/1/2015	RBRVS	$465.68	$465.68	090		Y	Y		Y	Y		
27665		REPAIR OF LEG TENDON EACH	7/1/2015	RBRVS	$397.11	$397.11	090		Y	Y	Y	Y	Y		
27675		REPAIR LOWER LEG TENDONS	7/1/2015	RBRVS	$467.71	$467.71	090		Y	Y	Y	Y			
27676		REPAIR LOWER LEG TENDONS	7/1/2015	RBRVS	$576.36	$576.36	090		Y	Y			Y		
27680		RELEASE OF LOWER LEG TENDON	7/1/2015	RBRVS	$419.25	$419.25	090		Y	Y	Y		Y		
27681		RELEASE OF LOWER LEG TENDONS	7/1/2015	RBRVS	$534.68	$534.68	090		Y	Y	Y	Y	Y		
27685		REVISION OF LOWER LEG TENDON	7/1/2015	RBRVS	$638.45	$449.00	090		Y	Y	Y	Y	Y		
27687		REVISION OF CALF TENDON	7/1/2015	RBRVS	$442.62	$442.62	090		Y	Y	Y	Y	Y		
27690		REVISE LOWER LEG TENDON	7/1/2015	RBRVS	$610.73	$610.73	090		Y	Y	Y	Y	Y		
27691		REVISE LOWER LEG TENDON	7/1/2015	RBRVS	$731.78	$731.78	ZZZ		Y			Y	Y		
27692		REVISE ADDITIONAL LEG TENDON	7/1/2015	RBRVS	$102.43	$102.43	090		Y	Y	Y		Y		
27695		REPAIR OF ANKLE LIGAMENT	7/1/2015	RBRVS	$462.86	$462.86	090		Y	Y	Y		Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
27696		REPAIR OF ANKLE LIGAMENTS	7/1/2015	RBRVS	$534.75	$534.75	090		Y	Y	Y	Y	Y		
27698		REPAIR OF ANKLE LIGAMENT	7/1/2015	RBRVS	$622.26	$622.26	090		Y	Y	Y	Y	Y		
27700		REVISION OF ANKLE JOINT	7/1/2015	RBRVS	$562.37	$562.37	090		Y	Y	Y	Y	Y		
27702		RECONSTRUCT ANKLE JOINT	7/1/2015	RBRVS	$950.01	$950.01	090		Y	Y	Y	Y			
27703		RECONSTRUCTION ANKLE JOINT	7/1/2015	RBRVS	$1,089.24	$1,089.24	090		Y	Y	Y		Y		
27704		REMOVAL OF ANKLE IMPLANT	7/1/2015	RBRVS	$562.43	$562.43	090		Y	Y	Y	Y	Y		
27705		INCISION OF TIBIA	7/1/2015	RBRVS	$734.53	$734.53	090		Y	Y	Y		Y		
27707		INCISION OF FIBULA	7/1/2015	RBRVS	$391.86	$391.86	090		Y	Y	Y	Y	Y		
27709		INCISION OF TIBIA & FIBULA	7/1/2015	RBRVS	$1,151.96	$1,151.96	090		Y	Y	Y	Y	Y		
27712		REALIGNMENT OF LOWER LEG	7/1/2015	RBRVS	$1,086.61	$1,086.61	090		Y	Y	Y	Y	Y		
27715		REVISION OF LOWER LEG	7/1/2015	RBRVS	$1,032.57	$1,032.57	090		Y	Y	Y	Y	Y		
27720		REPAIR OF TIBIA	7/1/2015	RBRVS	$856.88	$856.88	090		Y	Y	Y	Y	Y		
27722		REPAIR/GRAFT OF TIBIA	7/1/2015	RBRVS	$873.80	$873.80	090		Y	Y	Y	Y	Y		
27724		REPAIR/GRAFT OF TIBIA	7/1/2015	RBRVS	$1,245.22	$1,245.22	090		Y	Y	Y	Y	Y		
27725		REPAIR OF LOWER LEG	7/1/2015	RBRVS	$1,199.69	$1,199.69	090		Y	Y	Y		Y		
27726		REPAIR FIBULA NONUNION	7/1/2015	RBRVS	$948.05	$948.05	090		Y	Y	Y	Y	Y		
27727		REPAIR OF LOWER LEG	7/1/2015	RBRVS	$823.71	$823.71	090		Y	Y	Y		Y		
27730		REPAIR OF TIBIA EPIPHYSIS	7/1/2015	RBRVS	$573.20	$573.20	090		Y	Y	Y				
27732		REPAIR OF FIBULA EPIPHYSIS	7/1/2015	RBRVS	$436.00	$436.00	090		Y	Y	Y				
27734		REPAIR LOWER LEG EPIPHYSES	7/1/2015	RBRVS	$642.06	$642.06	090		Y	Y	Y	Y			
27740		REPAIR OF LEG EPIPHYSES	7/1/2015	RBRVS	$694.22	$694.22	090		Y	Y	Y	Y	Y		
27742		REPAIR OF LEG EPIPHYSES	7/1/2015	RBRVS	$762.58	$762.58	090		Y	Y	Y	Y	Y		
27745		REINFORCE TIBIA	7/1/2015	RBRVS	$742.74	$742.74	090		Y	Y	Y				
27750		TREATMENT OF TIBIA FRACTURE	7/1/2015	RBRVS	$333.86	$306.94	090		Y	Y	Y				
27752		TREATMENT OF TIBIA FRACTURE	7/1/2015	RBRVS	$520.92	$481.70	090		Y	Y	Y	Y	Y		
27756		TREATMENT OF TIBIA FRACTURE	7/1/2015	RBRVS	$563.26	$563.26	090		Y	Y	Y	Y	Y		
27758		TREATMENT OF TIBIA FRACTURE	7/1/2015	RBRVS	$873.19	$873.19	090		Y	Y	Y	Y	Y		
27759		TREATMENT OF TIBIA FRACTURE	7/1/2015	RBRVS	$979.16	$979.16	090		Y	Y	Y				
27760		CLTX MEDIAL ANKLE FX	7/1/2015	RBRVS	$320.13	$292.22	090		Y	Y	Y				
27762		CLTX MED ANKLE FX W/MNPJ	7/1/2015	RBRVS	$457.64	$417.75	090		Y	Y	Y		Y		
27766		TREATMENT OF ANKLE FRACTURE	7/1/2015	RBRVS	$597.89	$597.89	090		Y	Y	Y				
27767		CLTX POST ANKLE FX	7/1/2015	RBRVS	$270.74	$272.07	090		Y	Y	Y				
27768		CLTX POST ANKLE FX W/MNPJ	7/1/2015	RBRVS	$428.95	$428.95	090		Y	Y	Y				
27769		OPTX POST ANKLE FX	7/1/2015	RBRVS	$710.91	$710.91	090		Y	Y	Y				
27780		TREATMENT OF FIBULA FRACTURE	7/1/2015	RBRVS	$293.58	$266.99	090		Y	Y	Y				
27781		TREATMENT OF FIBULA FRACTURE	7/1/2015	RBRVS	$409.05	$379.80	090		Y	Y	Y		Y		
27784		TREATMENT OF FIBULA FRACTURE	7/1/2015	RBRVS	$701.39	$701.39	090		Y	Y	Y				
27786		TREATMENT OF ANKLE FRACTURE	7/1/2015	RBRVS	$304.05	$275.13	090		Y	Y	Y				
27788		TREATMENT OF ANKLE FRACTURE	7/1/2015	RBRVS	$406.15	$371.92	090		Y	Y	Y		Y		
27792		TREATMENT OF ANKLE FRACTURE	7/1/2015	RBRVS	$638.78	$638.78	090		Y	Y	Y				
27808		TREATMENT OF ANKLE FRACTURE	7/1/2015	RBRVS	$320.80	$288.90	090		Y	Y	Y				
27810		TREATMENT OF ANKLE FRACTURE	7/1/2015	RBRVS	$451.59	$410.70	090		Y	Y	Y	Y	Y		
27814		TREATMENT OF ANKLE FRACTURE	7/1/2015	RBRVS	$755.64	$755.64	090		Y	Y	Y				
27816		TREATMENT OF ANKLE FRACTURE	7/1/2015	RBRVS	$308.43	$276.86	090		Y	Y	Y				
27818		TREATMENT OF ANKLE FRACTURE	7/1/2015	RBRVS	$466.77	$419.58	090		Y	Y	Y	Y	Y		
27822		TREATMENT OF ANKLE FRACTURE	7/1/2015	RBRVS	$820.38	$820.38	090		Y	Y	Y	Y	Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
27823		TREATMENT OF ANKLE FRACTURE	7/1/2015	RBRVS	$935.45	$935.45	090		Y	Y	Y				
27824		TREAT LOWER LEG FRACTURE	7/1/2015	RBRVS	$300.89	$292.25	090		Y	Y	Y				
27825		TREAT LOWER LEG FRACTURE	7/1/2015	RBRVS	$529.53	$481.67	090		Y	Y	Y	Y	Y		
27826		TREAT LOWER LEG FRACTURE	7/1/2015	RBRVS	$812.57	$812.57	090		Y	Y	Y	Y	Y		
27827		TREAT LOWER LEG FRACTURE	7/1/2015	RBRVS	$1,058.06	$1,058.06	090		Y	Y	Y	Y	Y		
27828		TREAT LOWER LEG FRACTURE	7/1/2015	RBRVS	$1,269.22	$1,269.22	090		Y	Y	Y	Y	Y		
27829		TREAT LOWER LEG JOINT	7/1/2015	RBRVS	$667.53	$667.53	090		Y	Y	Y				
27830		TREAT LOWER LEG DISLOCATION	7/1/2015	RBRVS	$363.07	$338.49	090		Y	Y	Y				
27831		TREAT LOWER LEG DISLOCATION	7/1/2015	RBRVS	$389.34	$389.34	090		Y	Y	Y	Y	Y		
27832		TREAT LOWER LEG DISLOCATION	7/1/2015	RBRVS	$740.88	$740.88	090		Y	Y	Y				
27840		TREAT ANKLE DISLOCATION	7/1/2015	RBRVS	$355.10	$355.10	090		Y	Y	Y				
27842		TREAT ANKLE DISLOCATION	7/1/2015	RBRVS	$484.16	$484.16	090		Y	Y	Y	Y	Y		
27846		TREAT ANKLE DISLOCATION	7/1/2015	RBRVS	$716.82	$716.82	090		Y	Y	Y	Y	Y		
27848		TREAT ANKLE DISLOCATION	7/1/2015	RBRVS	$796.82	$796.82	090		Y	Y	Y	Y	Y		
27870		FUSION OF ANKLE JOINT OPEN	7/1/2015	RBRVS	$1,010.10	$1,010.10	090		Y	Y	Y	Y	Y		
27871		FUSION OF TIBIOFIBULAR JOINT	7/1/2015	RBRVS	$669.23	$669.23	090		Y	Y	Y	Y	Y		
27880		AMPUTATION OF LOWER LEG	7/1/2015	RBRVS	$917.34	$917.34	090		Y	Y	Y	Y	Y		
27881		AMPUTATION OF LOWER LEG	7/1/2015	RBRVS	$858.11	$858.11	090		Y	Y	Y		Y		
27882		AMPUTATION OF LOWER LEG	7/1/2015	RBRVS	$598.50	$598.50	090		Y	Y	Y	Y	Y		
27888		AMPUTATION OF FOOT AT ANKLE	7/1/2015	RBRVS	$677.34	$677.34	090		Y	Y	Y		Y		
27889		AMPUTATION OF FOOT AT ANKLE	7/1/2015	RBRVS	$645.66	$645.66	090		Y	Y	Y	Y			
27894		DECOMPRESSION OF LEG	7/1/2015	RBRVS	$848.77	$848.77	010		Y	Y					
28001		DRAINAGE OF BURSA OF FOOT	7/1/2015	RBRVS	$270.18	$166.81	010		Y	Y					
28002		TREATMENT OF FOOT INFECTION	7/1/2015	RBRVS	$426.60	$307.94	090		Y	Y					
28003		TREATMENT OF FOOT INFECTION	7/1/2015	RBRVS	$684.48	$548.54	090		Y	Y			Y		
28020		EXPLORATION OF FOOT JOINT	7/1/2015	RBRVS	$529.13	$353.97	090		Y	Y	Y		Y		
28035		DECOMPRESSION OF TIBIA NERVE	7/1/2015	RBRVS	$511.18	$344.66	090		Y	Y	Y	Y			
28039		EXC FOOT/TOE TUM SC 1.5 CM/>	7/1/2015	RBRVS	$492.86	$339.65	090		Y	Y	Y				
28041		EXC FOOT/TOE TUM DEP 1.5CM/>	7/1/2015	RBRVS	$444.70	$444.70	090		Y	Y	Y				
28043		EXCISION OF FOOT LESION	7/1/2015	RBRVS	$385.91	$253.29	090		Y	Y	Y				
28045		EXCISION OF FOOT LESION	7/1/2015	RBRVS	$477.98	$335.06	090		Y	Y	Y		Y		
28046		RESECTION OF TUMOR, FOOT	7/1/2015	RBRVS	$710.27	$710.27	090		Y	Y	Y	Y	Y		
28047		RESECT FOOT/TOE TUMOR 3 CM/>	7/1/2015	RBRVS	$1,053.57	$1,053.57	090		Y	Y	Y		Y		
28050		BIOPSY OF FOOT JOINT LINING	7/1/2015	RBRVS	$463.72	$297.87	090		Y	Y	Y				
28055		NEURECTOMY FOOT	7/1/2015	RBRVS	$366.00	$366.00	090		Y	Y	Y				
28060		PARTIAL REMOVAL FOOT FASCIA	7/1/2015	RBRVS	$500.61	$344.07	090		Y	Y	Y		Y		
28062		REMOVAL OF FOOT FASCIA	7/1/2015	RBRVS	$563.40	$391.56	090		Y	Y					
28070		REMOVAL OF FOOT JOINT LINING	7/1/2015	RBRVS	$512.11	$342.27	090		Y	Y					
28072		REMOVAL OF FOOT JOINT LINING	7/1/2015	RBRVS	$499.81	$326.65	090		Y	Y					
28080		REMOVAL OF FOOT LESION	7/1/2015	RBRVS	$509.22	$355.67	090		Y	Y	Y	Y	Y		
28086		EXCISE FOOT TENDON SHEATH	7/1/2015	RBRVS	$535.28	$353.14	090		Y	Y	Y	Y	Y		
28100		REMOVAL OF ANKLE/HEEL LESION	7/1/2015	RBRVS	$592.57	$403.12	090		Y	Y	Y	Y			
28102		REMOVE/GRAFT FOOT LESION	7/1/2015	RBRVS	$593.45	$593.45	090		Y	Y	Y	Y			
28103		REMOVE/GRAFT FOOT LESION	7/1/2015	RBRVS	$377.60	$377.60	090		Y	Y		Y	Y		
28104		REMOVAL OF FOOT LESION	7/1/2015	RBRVS	$516.16	$345.33	090		Y	Y		Y	Y		
28106		REMOVE/GRAFT FOOT LESION	7/1/2015	RBRVS	$413.46	$413.46	090		Y	Y		Y			

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
28107		REMOVE/GRAFT FOOT LESION	7/1/2015	RBRVS	$498.78	$336.59	090		Y	Y					
28108		REMOVAL OF TOE LESIONS	7/1/2015	RBRVS	$428.76	$279.85	090		Y	Y	Y		Y		
28110		PART REMOVAL OF METATARSAL	7/1/2015	RBRVS	$448.92	$280.08	090		Y	Y	Y		Y		
28111		PART REMOVAL OF METATARSAL	7/1/2015	RBRVS	$480.37	$317.51	090		Y	Y	Y		Y		
28112		PART REMOVAL OF METATARSAL	7/1/2015	RBRVS	$475.72	$303.88	090		Y	Y	Y	Y	Y		
28114		REMOVAL OF METATARSAL HEADS	7/1/2015	RBRVS	$1,049.72	$818.73	090		Y	Y	Y	Y	Y		
28118		REMOVAL OF HEEL BONE	7/1/2015	RBRVS	$575.80	$400.96	090		Y	Y	Y		Y		
28119		REMOVAL OF HEEL SPUR	7/1/2015	RBRVS	$508.52	$348.66	090		Y	Y	Y	Y	Y		
28122		PARTIAL REMOVAL OF FOOT BONE	7/1/2015	RBRVS	$580.32	$426.42	090		Y	Y					
28126		PARTIAL REMOVAL OF TOE	7/1/2015	RBRVS	$382.39	$239.80	090		Y	Y	Y	Y	Y		
28130		REMOVAL OF ANKLE BONE	7/1/2015	RBRVS	$588.89	$588.89	090		Y	Y		Y			
28171		EXTENSIVE FOOT SURGERY	7/1/2015	RBRVS	$820.98	$820.98	090		Y	Y			Y		
28173		EXTENSIVE FOOT SURGERY	7/1/2015	RBRVS	$738.92	$738.92	090		Y	Y			Y		
28175		EXTENSIVE FOOT SURGERY	7/1/2015	RBRVS	$472.89	$472.89	010		Y	Y	Y				
28190		REMOVAL OF FOOT FOREIGN BODY	7/1/2015	RBRVS	$247.32	$129.32	090		Y	Y	Y				
28192		REMOVAL OF FOOT FOREIGN BODY	7/1/2015	RBRVS	$454.54	$303.31	090		Y	Y	Y				
28193		REMOVAL OF FOOT FOREIGN BODY	7/1/2015	RBRVS	$516.24	$358.02	090		Y	Y			Y		
28200		REPAIR OF FOOT TENDON	7/1/2015	RBRVS	$473.39	$310.20	090		Y	Y		Y	Y		
28202		REPAIR/GRAFT OF FOOT TENDON	7/1/2015	RBRVS	$573.60	$409.41	090		Y	Y			Y		
28208		REPAIR OF FOOT TENDON	7/1/2015	RBRVS	$460.03	$302.15	090		Y	Y		Y			
28210		REPAIR/GRAFT OF FOOT TENDON	7/1/2015	RBRVS	$562.96	$397.44	090		Y	Y	Y	Y	Y		
28238		REVISION OF FOOT TENDON	7/1/2015	RBRVS	$656.56	$476.41	090		Y	Y	Y	Y	Y		
28250		REVISION OF FOOT FASCIA	7/1/2015	RBRVS	$563.89	$393.39	090		Y	Y	Y	Y	Y		
28260		RELEASE OF MIDFOOT JOINT	7/1/2015	RBRVS	$666.90	$496.39	090		Y	Y	Y	Y	Y		
28262		REVISION OF FOOT AND ANKLE	7/1/2015	RBRVS	$1,441.02	$1,164.49	090		Y	Y	Y	Y			
28264		RELEASE OF MIDFOOT JOINT	7/1/2015	RBRVS	$816.16	$622.72	090		Y	Y	Y		Y		
28285		REPAIR OF HAMMERTOE	7/1/2015	RBRVS	$517.56	$364.68	090		Y	Y	Y	Y	Y		
28292		CORRECTION OF BUNION	7/1/2015	RBRVS	$764.51	$582.38	090		Y	Y	Y	Y	Y		
28293		CORRECTION OF BUNION	7/1/2015	RBRVS	$1,008.67	$684.94	090		Y	Y	Y	Y	Y		
28294		CORRECTION OF BUNION	7/1/2015	RBRVS	$738.69	$520.65	090		Y	Y	Y	Y	Y		
28296		CORRECTION OF BUNION	7/1/2015	RBRVS	$690.46	$504.67	090		Y	Y	Y	Y	Y		
28297		CORRECTION OF BUNION	7/1/2015	RBRVS	$787.02	$564.99	090		Y	Y	Y	Y	Y		
28298		CORRECTION OF BUNION	7/1/2015	RBRVS	$697.44	$489.38	090		Y	Y	Y	Y	Y		
28299		CORRECTION OF BUNION	7/1/2015	RBRVS	$870.87	$658.16	090		Y	Y	Y	Y	Y		
28300		INCISION OF HEEL BONE	7/1/2015	RBRVS	$637.41	$637.41	090		Y	Y	Y	Y	Y		
28302		INCISION OF ANKLE BONE	7/1/2015	RBRVS	$701.33	$701.33	090		Y	Y	Y	Y	Y		
28304		INCISION OF MIDFOOT BONES	7/1/2015	RBRVS	$806.13	$592.74	090		Y	Y	Y	Y	Y		
28305		INCISE/GRAFT MIDFOOT BONES	7/1/2015	RBRVS	$630.14	$630.14	090		Y	Y	Y	Y	Y		
28306		INCISION OF METATARSAL	7/1/2015	RBRVS	$595.80	$392.40	090		Y	Y	Y	Y	Y		
28308		INCISION OF METATARSAL	7/1/2015	RBRVS	$546.84	$364.04	090		Y	Y	Y		Y		
28310		REVISION OF BIG TOE	7/1/2015	RBRVS	$530.69	$346.89	090		Y	Y			Y		
28312		REVISION OF TOE	7/1/2015	RBRVS	$501.87	$313.75	090		Y	Y	Y		Y		
28315		REMOVAL OF SESAMOID BONE	7/1/2015	RBRVS	$467.67	$315.45	090		Y	Y	Y	Y	Y		
28320		REPAIR OF FOOT BONES	7/1/2015	RBRVS	$591.41	$591.41	090		Y	Y		Y	Y		
28322		REPAIR OF METATARSALS	7/1/2015	RBRVS	$768.17	$563.76	090		Y	Y	Y				
28400		TREATMENT OF HEEL FRACTURE	7/1/2015	RBRVS	$239.33	$219.06	090		Y	Y	Y				

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
28405		TREATMENT OF HEEL FRACTURE	7/1/2015	RBRVS	$384.71	$349.82	090		Y	Y	Y				
28406		TREATMENT OF HEEL FRACTURE	7/1/2015	RBRVS	$512.88	$512.88	090		Y	Y	Y	Y	Y		
28415		TREAT HEEL FRACTURE	7/1/2015	RBRVS	$1,081.62	$1,081.62	090		Y	Y	Y	Y	Y		
28420		TREAT/GRAFT HEEL FRACTURE	7/1/2015	RBRVS	$1,232.39	$1,232.39	090		Y	Y	Y				
28430		TREATMENT OF ANKLE FRACTURE	7/1/2015	RBRVS	$228.30	$203.04	090		Y	Y	Y				
28435		TREATMENT OF ANKLE FRACTURE	7/1/2015	RBRVS	$313.99	$282.07	090		Y	Y	Y				
28436		TREATMENT OF ANKLE FRACTURE	7/1/2015	RBRVS	$437.49	$437.49	090		Y	Y	Y	Y	Y		
28445		TREAT ANKLE FRACTURE	7/1/2015	RBRVS	$1,045.36	$1,045.36	090		Y	Y					
28450		TREAT MIDFOOT FRACTURE EACH	7/1/2015	RBRVS	$207.59	$185.32	090		Y	Y					
28455		TREAT MIDFOOT FRACTURE EACH	7/1/2015	RBRVS	$277.73	$249.81	090		Y	Y					
28456		TREAT MIDFOOT FRACTURE	7/1/2015	RBRVS	$309.69	$309.69	090		Y	Y					
28465		TREAT MIDFOOT FRACTURE EACH	7/1/2015	RBRVS	$600.46	$600.46	090		Y	Y					
28470		TREAT METATARSAL FRACTURE	7/1/2015	RBRVS	$210.98	$197.02	090		Y	Y					
28475		TREAT METATARSAL FRACTURE	7/1/2015	RBRVS	$247.08	$219.83	090		Y	Y					
28476		TREAT METATARSAL FRACTURE	7/1/2015	RBRVS	$339.94	$339.94	090		Y	Y			Y		
28485		TREAT METATARSAL FRACTURE	7/1/2015	RBRVS	$510.68	$510.68	090		Y	Y	Y				
28490		TREAT BIG TOE FRACTURE	7/1/2015	RBRVS	$140.05	$120.78	090		Y	Y	Y				
28495		TREAT BIG TOE FRACTURE	7/1/2015	RBRVS	$172.93	$146.00	090		Y	Y	Y				
28496		TREAT BIG TOE FRACTURE	7/1/2015	RBRVS	$428.68	$231.59	090		Y	Y	Y				
28505		TREAT BIG TOE FRACTURE	7/1/2015	RBRVS	$655.39	$490.87	090		Y	Y					
28510		TREATMENT OF TOE FRACTURE	7/1/2015	RBRVS	$119.38	$116.39	090		Y	Y					
28515		TREATMENT OF TOE FRACTURE	7/1/2015	RBRVS	$156.48	$138.19	090		Y	Y					
28525		TREAT TOE FRACTURE	7/1/2015	RBRVS	$540.82	$380.62	090		Y	Y	Y				
28540		TREAT FOOT DISLOCATION	7/1/2015	RBRVS	$184.66	$167.04	090		Y	Y	Y				
28545		TREAT FOOT DISLOCATION	7/1/2015	RBRVS	$286.56	$253.99	090		Y	Y	Y				
28546		TREAT FOOT DISLOCATION	7/1/2015	RBRVS	$559.47	$330.14	090		Y	Y	Y	Y	Y		
28555		REPAIR FOOT DISLOCATION	7/1/2015	RBRVS	$858.74	$654.00	090		Y	Y	Y				
28570		TREAT FOOT DISLOCATION	7/1/2015	RBRVS	$165.88	$143.61	090		Y	Y	Y				
28575		TREAT FOOT DISLOCATION	7/1/2015	RBRVS	$351.81	$318.57	090		Y	Y	Y				
28576		TREAT FOOT DISLOCATION	7/1/2015	RBRVS	$386.18	$386.18	090		Y	Y	Y	Y	Y		
28585		REPAIR FOOT DISLOCATION	7/1/2015	RBRVS	$826.64	$648.81	090		Y	Y					
28600		TREAT FOOT DISLOCATION	7/1/2015	RBRVS	$208.82	$180.57	090		Y	Y					
28605		TREAT FOOT DISLOCATION	7/1/2015	RBRVS	$317.34	$285.76	090		Y	Y					
28606		TREAT FOOT DISLOCATION	7/1/2015	RBRVS	$382.95	$382.95	090		Y	Y		Y	Y		
28615		REPAIR FOOT DISLOCATION	7/1/2015	RBRVS	$768.27	$768.27	010		Y	Y					
28630		TREAT TOE DISLOCATION	7/1/2015	RBRVS	$150.89	$106.02	010		Y	Y					
28635		TREAT TOE DISLOCATION	7/1/2015	RBRVS	$165.28	$125.07	010		Y	Y			Y		
28636		TREAT TOE DISLOCATION	7/1/2015	RBRVS	$340.04	$219.39	090		Y	Y			Y		
28645		REPAIR TOE DISLOCATION	7/1/2015	RBRVS	$634.76	$469.24	010		Y	Y					
28660		TREAT TOE DISLOCATION	7/1/2015	RBRVS	$112.60	$86.01	010		Y	Y					
28665		TREAT TOE DISLOCATION	7/1/2015	RBRVS	$149.57	$127.62	010		Y	Y			Y		
28666		TREAT TOE DISLOCATION	7/1/2015	RBRVS	$187.92	$187.92	090		Y	Y					
28675		REPAIR OF TOE DISLOCATION	7/1/2015	RBRVS	$573.13	$403.96	090		Y	Y	Y	Y	Y		
28715		FUSION OF FOOT BONES	7/1/2015	RBRVS	$917.57	$917.57	090		Y	Y	Y	Y	Y		
28725		FUSION OF FOOT BONES	7/1/2015	RBRVS	$758.99	$758.99	090		Y	Y	Y	Y	Y		
28730		FUSION OF FOOT BONES	7/1/2015	RBRVS	$712.53	$712.53	090		Y	Y	Y	Y	Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
28735		FUSION OF FOOT BONES	7/1/2015	RBRVS	$761.66	$761.66	090		Y	Y	Y	Y	Y		
28737		REVISION OF FOOT BONES	7/1/2015	RBRVS	$673.28	$673.28	090		Y	Y		Y	Y		
28740		FUSION OF FOOT BONES	7/1/2015	RBRVS	$822.58	$606.54	090		Y	Y	Y		Y		
28755		FUSION OF BIG TOE JOINT	7/1/2015	RBRVS	$491.90	$319.41	090		Y	Y	Y	Y	Y		
28760		FUSION OF BIG TOE JOINT	7/1/2015	RBRVS	$767.47	$561.73	090		Y	Y	Y	Y	Y		
28800		AMPUTATION OF MIDFOOT	7/1/2015	RBRVS	$531.69	$531.69	000		Y	Y					
29049		APPLICATION OF FIGURE EIGHT	7/1/2015	RBRVS	$71.16	$55.87	000		Y	Y					
29055		APPLICATION OF SHOULDER CAST	7/1/2015	RBRVS	$214.84	$136.07	000		Y	Y					
29058		APPLICATION OF SHOULDER CAST	7/1/2015	RBRVS	$121.08	$93.49	000		Y	Y	Y				
29065		APPLICATION OF LONG ARM CAST	7/1/2015	RBRVS	$92.93	$66.67	000		Y	Y	Y				
29075		APPLICATION OF FOREARM CAST	7/1/2015	RBRVS	$83.82	$60.89	000		Y	Y	Y				
29085		APPLY HAND/WRIST CAST	7/1/2015	RBRVS	$92.19	$65.94	000		Y	Y	Y				
29086		APPLY FINGER CAST	7/1/2015	RBRVS	$73.91	$48.33	000		Y	Y	Y				
29105		APPLY LONG ARM SPLINT	7/1/2015	RBRVS	$85.14	$58.23	000		Y	Y	Y				
29125		APPLY FOREARM SPLINT	7/1/2015	RBRVS	$61.29	$37.69	000		Y	Y	Y				
29126		APPLY FOREARM SPLINT	7/1/2015	RBRVS	$74.11	$47.19	000		Y	Y	Y				
29130		APPLICATION OF FINGER SPLINT	7/1/2015	RBRVS	$39.02	$27.38	000		Y	Y	Y				
29131		APPLICATION OF FINGER SPLINT	7/1/2015	RBRVS	$49.05	$32.10	000		Y	Y					
29200		STRAPPING OF CHEST	7/1/2015	RBRVS	$28.42	$17.45	000		Y	Y	Y				
29240		STRAPPING OF SHOULDER	7/1/2015	RBRVS	$27.42	$17.78	000		Y	Y	Y				
29260		STRAPPING OF ELBOW OR WRIST	7/1/2015	RBRVS	$27.48	$18.51	000		Y	Y	Y				
29280		STRAPPING OF HAND OR FINGER	7/1/2015	RBRVS	$27.81	$18.84	000		Y	Y					
29305		APPLICATION OF HIP CAST	7/1/2015	RBRVS	$239.21	$156.78	000		Y	Y					
29325		APPLICATION OF HIP CASTS	7/1/2015	RBRVS	$264.93	$175.86	000		Y	Y	Y				
29345		APPLICATION OF LONG LEG CAST	7/1/2015	RBRVS	$132.31	$99.08	000		Y	Y	Y				
29355		APPLICATION OF LONG LEG CAST	7/1/2015	RBRVS	$136.36	$104.13	000		Y	Y	Y				
29358		APPLY LONG LEG CAST BRACE	7/1/2015	RBRVS	$155.81	$102.30	000		Y	Y	Y				
29365		APPLICATION OF LONG LEG CAST	7/1/2015	RBRVS	$118.65	$85.41	000		Y	Y	Y				
29405		APPLY SHORT LEG CAST	7/1/2015	RBRVS	$78.66	$58.40	000		Y	Y	Y				
29425		APPLY SHORT LEG CAST	7/1/2015	RBRVS	$75.21	$54.94	000		Y	Y	Y				
29435		APPLY SHORT LEG CAST	7/1/2015	RBRVS	$114.23	$81.66	000		Y	Y	Y				
29440		ADDITION OF WALKER TO CAST	7/1/2015	RBRVS	$41.84	$27.88	000		Y	Y	Y				
29445		APPLY RIGID LEG CAST	7/1/2015	RBRVS	$130.95	$102.04	000		Y	Y	Y				
29450		APPLICATION OF LEG CAST	7/1/2015	RBRVS	$138.36	$109.11	000		Y	Y	Y				
29505		APPLICATION LONG LEG SPLINT	7/1/2015	RBRVS	$79.86	$48.29	000		Y	Y	Y				
29515		APPLICATION LOWER LEG SPLINT	7/1/2015	RBRVS	$68.80	$47.86	000		Y	Y	Y				
29520		STRAPPING OF HIP	7/1/2015	RBRVS	$29.41	$17.78	000		Y	Y	Y				
29530		STRAPPING OF KNEE	7/1/2015	RBRVS	$26.75	$17.45	000		Y	Y	Y				
29540		STRAPPING OF ANKLE AND/OR FT	7/1/2015	RBRVS	$24.42	$17.11	000		Y	Y	Y				
29550		STRAPPING OF TOES	7/1/2015	RBRVS	$18.11	$11.13	000		Y	Y	Y				
29580		APPLICATION OF PASTE BOOT	7/1/2015	RBRVS	$49.98	$34.03	000		Y	Y	Y				
29581		APPLY MULTLAY COMPRS LWR LEG	7/1/2015	RBRVS	$59.05	$12.86	000		Y	Y					
29700		REMOVAL/REVISION OF CAST	7/1/2015	RBRVS	$58.83	$32.57	000		Y	Y	Y				
29705		REMOVAL/REVISION OF CAST	7/1/2015	RBRVS	$65.21	$46.60	000		Y	Y	Y				
29710		REMOVAL/REVISION OF CAST	7/1/2015	RBRVS	$120.85	$83.29	000		Y	Y					
29720		REPAIR OF BODY CAST	7/1/2015	RBRVS	$82.55	$44.01	000		Y	Y					

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
29730		WINDOWING OF CAST	7/1/2015	RBRVS	$61.65	$43.37	000		Y	Y					
29740		WEDGING OF CAST	7/1/2015	RBRVS	$96.84	$69.59	000		Y	Y	Y				
29750		WEDGING OF CLUBFOOT CAST	7/1/2015	RBRVS	$92.72	$71.79			Y						
29799		CASTING/STRAPPING PROCEDURE	7/1/2014	FEE SCHED	$44.88	$0.00	090		Y	Y	Y	Y			
29822		SHOULDER ARTHROSCOPY/SURGERY	7/1/2015	RBRVS	$550.57	$550.57	090		Y	Y	Y	Y	Y		
29823		SHOULDER ARTHROSCOPY/SURGERY	7/1/2015	RBRVS	$599.76	$599.76	090		Y	Y	Y	Y	Y		
29824		SHOULDER ARTHROSCOPY/SURGERY	7/1/2015	RBRVS	$647.46	$647.46	ZZZ		Y		Y	Y	Y		
29826		SHOULDER ARTHROSCOPY/SURGERY	7/1/2015	RBRVS	$173.92	$173.92	090		Y	Y	Y	Y	Y		
29827		ARTHROSCOP ROTATOR CUFF REPR	7/1/2015	RBRVS	$1,026.85	$1,026.85	090		Y	Y	Y	Y	Y		
29828		ARTHROSCOPY BICEPS TENODESIS	7/1/2015	RBRVS	$885.20	$885.20	090		Y	Y	Y				
29871		KNEE ARTHROSCOPY/DRAINAGE	7/1/2015	RBRVS	$502.93	$502.93	090		Y	Y	Y		Y		
29873		KNEE ARTHROSCOPY/SURGERY	7/1/2015	RBRVS	$511.98	$511.98	090		Y	Y	Y				
29874		KNEE ARTHROSCOPY/SURGERY	7/1/2015	RBRVS	$525.64	$525.64	090		Y	Y	Y				
29875		KNEE ARTHROSCOPY/SURGERY	7/1/2015	RBRVS	$484.06	$484.06	090		Y	Y	Y				
29876		KNEE ARTHROSCOPY/SURGERY	7/1/2015	RBRVS	$645.06	$645.06	090		Y	Y	Y				
29877		KNEE ARTHROSCOPY/SURGERY	7/1/2015	RBRVS	$608.40	$608.40	090		Y	Y	Y				
29879		KNEE ARTHROSCOPY/SURGERY	7/1/2015	RBRVS	$648.62	$648.62	090		Y	Y	Y		Y		
29880		KNEE ARTHROSCOPY/SURGERY	7/1/2015	RBRVS	$549.81	$549.81	090		Y	Y	Y				
29881		KNEE ARTHROSCOPY/SURGERY	7/1/2015	RBRVS	$528.53	$528.53	090		Y	Y	Y				
29882		KNEE ARTHROSCOPY/SURGERY	7/1/2015	RBRVS	$686.67	$686.67	090		Y	Y	Y				
29883		KNEE ARTHROSCOPY/SURGERY	7/1/2015	RBRVS	$827.10	$827.10	090		Y	Y	Y	Y	Y		
29884		KNEE ARTHROSCOPY/SURGERY	7/1/2015	RBRVS	$598.20	$598.20	090		Y	Y	Y	Y	Y		
29885		KNEE ARTHROSCOPY/SURGERY	7/1/2015	RBRVS	$738.65	$738.65	090		Y	Y	Y				
29886		KNEE ARTHROSCOPY/SURGERY	7/1/2015	RBRVS	$624.59	$624.59	090		Y	Y	Y	Y	Y		
29887		KNEE ARTHROSCOPY/SURGERY	7/1/2015	RBRVS	$730.35	$730.35	090		Y	Y	Y	Y	Y		
29888		KNEE ARTHROSCOPY/SURGERY	7/1/2015	RBRVS	$965.53	$965.53	090		Y	Y	Y	Y	Y		
29889		KNEE ARTHROSCOPY/SURGERY	7/1/2015	RBRVS	$1,337.05	$1,337.05	090		Y	Y	Y	Y			
29891		ANKLE ARTHROSCOPY/SURGERY	7/1/2015	RBRVS	$663.14	$663.14	090		Y	Y	Y	Y			
29892		ANKLE ARTHROSCOPY/SURGERY	7/1/2015	RBRVS	$671.09	$671.09	090		Y	Y	Y	Y			
29897		ANKLE ARTHROSCOPY/SURGERY	7/1/2015	RBRVS	$495.00	$495.00	090		Y	Y	Y	Y	Y		
29898		ANKLE ARTHROSCOPY/SURGERY	7/1/2015	RBRVS	$552.03	$552.03	090		Y	Y	Y	Y	Y		
29899		ANKLE ARTHROSCOPY/SURGERY	7/1/2015	RBRVS	$1,024.36	$1,024.36	090		Y	Y	Y				
29900		MCP JOINT ARTHROSCOPY DX	7/1/2015	RBRVS	$402.16	$402.16	090		Y	Y	Y				
29901		MCP JOINT ARTHROSCOPY SURG	7/1/2015	RBRVS	$508.89	$508.89	090		Y	Y	Y				
29902		MCP JOINT ARTHROSCOPY SURG	7/1/2015	RBRVS	$470.67	$470.67	090		Y	Y	Y	Y			
29904		SUBTALAR ARTHRO W/FB RMVL	7/1/2015	RBRVS	$626.55	$626.55	090		Y	Y	Y	Y			
29905		SUBTALAR ARTHRO W/EXC	7/1/2015	RBRVS	$626.65	$626.65	090		Y	Y	Y	Y			
29906		SUBTALAR ARTHRO W/DEB	7/1/2015	RBRVS	$693.22	$693.22	090		Y	Y	Y	Y			
29907		SUBTALAR ARTHRO W/FUSION	7/1/2015	RBRVS	$860.70	$860.70	090		Y	Y	Y	Y	Y		
29914		HIP ARTHRO W/FEMOROPLASTY	7/1/2015	RBRVS	$967.09	$967.09	090		Y	Y	Y	Y	Y		
29915		HIP ARTHRO ACETABULOPLASTY	7/1/2015	RBRVS	$984.84	$984.84	090		Y	Y	Y	Y	Y		
29916		HIP ARTHRO W/LABRAL REPAIR	7/1/2015	RBRVS	$987.50	$987.50			Y						
29999		ARTHROSCOPY OF JOINT	7/1/2014	FEE SCHED	$973.84	$0.00	010		Y	Y					
30020		DRAINAGE OF NOSE LESION	7/1/2015	RBRVS	$222.35	$115.33									
3006F		CXR DOC REV	7/1/2006	RBRVS	$0.00	$0.00									
3008F		BODY MASS INDEX DOCD	9/1/2011	RBRVS	$0.00	$0.00	000		Y	Y					

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
30100		INTRANASAL BIOPSY	7/1/2015	RBRVS	$135.34	$67.20									
3011F		LIPID PANEL DOC REV	7/1/2006	RBRVS	$0.00	$0.00	090		Y	Y			Y		
30118		REMOVAL OF INTRANASAL LESION	7/1/2015	RBRVS	$738.26	$738.26	090		Y	Y					
30124		REMOVAL OF NOSE LESION	7/1/2015	RBRVS	$273.74	$273.74	090		Y	Y		Y			
30125		REMOVAL OF NOSE LESION	7/1/2015	RBRVS	$584.37	$584.37									
3014F		SCREEN MAMMO DOC REV	7/1/2006	RBRVS	$0.00	$0.00									
3015F		CERV CANCER SCREEN DOC/REV	9/1/2011	RBRVS	$0.00	$0.00									
3016F		PT SCRND UNHLTHY OH USE	1/1/2009	RBRVS	$0.00	$0.00	090		Y	Y		Y	Y		
30160		REMOVAL OF NOSE	7/1/2015	RBRVS	$744.64	$744.64									
3017F		COLORECTAL CA SCREEN DOC REV	7/1/2006	RBRVS	$0.00	$0.00									
3018F		PRE-PRXD RSK ET AL DOCD	7/1/2009	RBRVS	$0.00	$0.00									
3019F		LVEF ASSESS PLANPOST DSCHRGE	1/1/2012	RBRVS	$0.00	$0.00									
3020F		LVF ASSESS DOCUMENTED	7/1/2006	RBRVS	$0.00	$0.00	000		Y	Y					
30200		INJECTION TREATMENT OF NOSE	7/1/2015	RBRVS	$108.52	$57.66									
3021F		LVEF MOD/SEVERE <40%	7/1/2006	RBRVS	$0.00	$0.00									
3022F		LVEF >/=40% SYSTOLIC	7/1/2006	RBRVS	$0.00	$0.00									
3023F		SPIROM DOC REV	7/1/2006	RBRVS	$0.00	$0.00									
3025F		SPIROM FEV/FVC<70% W/COPD	7/1/2006	RBRVS	$0.00	$0.00									
3027F		SPIROM FEV/FVC>=70%/W/O COPD	7/1/2006	RBRVS	$0.00	$0.00									
3028F		O2 SATURATION DOC REV	7/1/2006	RBRVS	$0.00	$0.00	010		Y	Y					
30300		REMOVE NASAL FOREIGN BODY	7/1/2015	RBRVS	$219.42	$121.05									
3035F		O2 SATURATION</=88%/PAO</=55	7/1/2006	RBRVS	$0.00	$0.00									
3037F		O2 SATURATION >88%/PAO>55 HG	7/1/2006	RBRVS	$0.00	$0.00									
3040F		FEV <40% PREDICTED VALUE	7/1/2006	RBRVS	$0.00	$0.00	090	Y	Y	Y		Y			
30410		RECONSTRUCTION OF NOSE	7/1/2015	RBRVS	$1,134.47	$1,134.47									
3042F		FEV >/=40% PREDICTED VALUE	7/1/2006	RBRVS	$0.00	$0.00	090	Y	Y	Y		Y			
30430		REVISION OF NOSE	7/1/2015	RBRVS	$830.59	$830.59	090	Y	Y	Y		Y			
30435		REVISION OF NOSE	7/1/2015	RBRVS	$1,197.89	$1,197.89									
3044F		HG A1C LEVEL < 7.0%	1/1/2007	RBRVS	$0.00	$0.00									
3045F		HG A1C LEVEL 7.0-9.0%	1/1/2007	RBRVS	$0.00	$0.00	090	Y	Y	Y		Y			
30450		REVISION OF NOSE	7/1/2015	RBRVS	$1,439.85	$1,439.85									
3046F		HEMOGLOBIN A1C LEVEL >9.0%	4/1/2006	RBRVS	$0.00	$0.00	090	Y	Y	Y		Y	Y		
30460		REVISION OF NOSE	7/1/2015	RBRVS	$784.75	$784.75	090	Y	Y	Y		Y	Y		
30462		REVISION OF NOSE	7/1/2015	RBRVS	$1,368.40	$1,368.40	090		Y	Y		Y			
30540		REPAIR NASAL DEFECT	7/1/2015	RBRVS	$660.48	$660.48	090		Y	Y		Y			
30545		REPAIR NASAL DEFECT	7/1/2015	RBRVS	$816.39	$816.39									
3055F		LVEF LESS THAN/EQUAL TO 35%	1/1/2012	RBRVS	$0.00	$0.00									
3056F		LVEF GREATER THAN 35%	1/1/2012	RBRVS	$0.00	$0.00									
3060F		POS MICROALBUMINURIA REV&DOC	7/1/2006	RBRVS	$0.00	$0.00									
3061F		NEG MICROALBUMINURIA REV&DOC	7/1/2006	RBRVS	$0.00	$0.00									
3062F		POS MACROALBUMINURIA REV&DOC	7/1/2006	RBRVS	$0.00	$0.00									
3066F		NEPHROPATHY DOC TX	7/1/2006	RBRVS	$0.00	$0.00									
3072F		LOW RISK FOR RETINOPATHY	7/1/2006	RBRVS	$0.00	$0.00									
3073F		PRE-SURG EYE MEASURES DOCD	1/1/2007	RBRVS	$0.00	$0.00									
3074F		SYST BP < 130 MM HG	1/1/2007	RBRVS	$0.00	$0.00									
3075F		SYST BP 130 - 139MM HG	1/1/2007	RBRVS	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
3077F		SYST BP >= 140 MM HG	4/1/2006	RBRVS	$0.00	$0.00									
3078F		DIAST BP < 80 MM HG	4/1/2006	RBRVS	$0.00	$0.00									
3079F		DIAST BP 80-89 MM HG	4/1/2006	RBRVS	$0.00	$0.00									
3080F		DIAST BP >= 90 MM HG	4/1/2006	RBRVS	$0.00	$0.00									
3082F		KT/V >1.2	10/1/2006	RBRVS	$0.00	$0.00									
3083F		KT/V =/> 1.2 & <1.7	10/1/2006	RBRVS	$0.00	$0.00									
3084F		KT/V >/= 1.7	10/1/2006	RBRVS	$0.00	$0.00									
3085F		SUICIDE RISK ASSESSED	10/1/2006	RBRVS	$0.00	$0.00									
3088F		MDD, MILD	10/1/2006	RBRVS	$0.00	$0.00									
3089F		MDD, MODERATE	10/1/2006	RBRVS	$0.00	$0.00									
3090F		MDD SEVERE W/O PSYCH	10/1/2006	RBRVS	$0.00	$0.00	000		Y	Y	Y				
30901		CONTROL OF NOSEBLEED	7/1/2015	RBRVS	$91.60	$55.37	000		Y	Y	Y				
30903		CONTROL OF NOSEBLEED	7/1/2015	RBRVS	$196.83	$77.50	000		Y	Y					
30905		CONTROL OF NOSEBLEED	7/1/2015	RBRVS	$246.22	$97.98	000		Y	Y					
30906		REPEAT CONTROL OF NOSEBLEED	7/1/2015	RBRVS	$268.52	$127.92									
3091F		MDD, SEVERE; W/PSYCH	10/1/2006	RBRVS	$0.00	$0.00									
3093F		DOC NEW INIT/RECUR MDD	10/1/2006	RBRVS	$0.00	$0.00									
3095F		CENTRAL DEXA RESULTS DOCD	1/1/2007	RBRVS	$0.00	$0.00									
3096F		CENTRAL DEXA ORDERED	1/1/2007	RBRVS	$0.00	$0.00	010		Y	Y	Y				
31000		IRRIGATION MAXILLARY SINUS	7/1/2015	RBRVS	$175.42	$102.30	010		Y	Y	Y				
31002		IRRIGATION SPHENOID SINUS	7/1/2015	RBRVS	$185.09	$185.09									
3115F		QUANT RESULTS ACTIVITY +SYMP	1/1/2012	RBRVS	$0.00	$0.00									
3117F		HF ASSESSMENT TOOL COMPLETED	1/1/2012	RBRVS	$0.00	$0.00									
3118F		NY HEART ASSOC CLASS DOCD	1/1/2012	RBRVS	$0.00	$0.00									
3119F		NO EVAL ACTIVITY CLIN SYMP	1/1/2012	RBRVS	$0.00	$0.00	090		Y	Y	Y	Y	Y		
31205		REMOVAL OF ETHMOID SINUS	7/1/2015	RBRVS	$853.26	$853.26	090		Y	Y	Y	Y	Y		
31225		REMOVAL OF UPPER JAW	7/1/2015	RBRVS	$1,813.04	$1,813.04	090		Y	Y	Y	Y	Y		
31230		REMOVAL OF UPPER JAW	7/1/2015	RBRVS	$2,007.25	$2,007.25	000		Y	Y					
31231		NASAL ENDOSCOPY DX	7/1/2015	RBRVS	$199.62	$63.68									
3126F		ESOPH BX RPRT W/DYSPL INFO	1/1/2015	RBRVS	$0.00	$0.00	000		Y	Y	Y	Y			
31295		SINUS ENDO W/BALLOON DIL	7/1/2015	RBRVS	$1,943.03	$163.19	000		Y	Y	Y	Y			
31296		SINUS ENDO W/BALLOON DIL	7/1/2015	RBRVS	$1,970.89	$194.70	090		Y	Y		Y	Y		
31360		REMOVAL OF LARYNX	7/1/2015	RBRVS	$2,014.12	$2,014.12	090		Y	Y		Y	Y		
31365		REMOVAL OF LARYNX	7/1/2015	RBRVS	$2,494.99	$2,494.99	090		Y	Y		Y	Y		
31367		PARTIAL REMOVAL OF LARYNX	7/1/2015	RBRVS	$2,132.01	$2,132.01	090		Y	Y		Y	Y		
31368		PARTIAL REMOVAL OF LARYNX	7/1/2015	RBRVS	$2,364.21	$2,364.21	090		Y	Y		Y	Y		
31370		PARTIAL REMOVAL OF LARYNX	7/1/2015	RBRVS	$2,002.36	$2,002.36	090		Y	Y		Y	Y		
31375		PARTIAL REMOVAL OF LARYNX	7/1/2015	RBRVS	$1,901.08	$1,901.08	090		Y	Y		Y	Y		
31380		PARTIAL REMOVAL OF LARYNX	7/1/2015	RBRVS	$1,873.17	$1,873.17	090		Y	Y		Y	Y		
31382		PARTIAL REMOVAL OF LARYNX	7/1/2015	RBRVS	$2,055.27	$2,055.27	090		Y	Y		Y	Y		
31390		REMOVAL OF LARYNX & PHARYNX	7/1/2015	RBRVS	$2,765.08	$2,765.08	090		Y	Y		Y	Y		
31395		RECONSTRUCT LARYNX & PHARYNX	7/1/2015	RBRVS	$2,909.07	$2,909.07	090		Y	Y		Y			
31400		REVISION OF LARYNX	7/1/2015	RBRVS	$962.34	$962.34	090		Y	Y		Y	Y		
31420		REMOVAL OF EPIGLOTTIS	7/1/2015	RBRVS	$806.22	$806.22	000								
31500		INSERT EMERGENCY AIRWAY	7/1/2015	RBRVS	$107.55	$107.55	000		Y	Y					
31502		CHANGE OF WINDPIPE AIRWAY	7/1/2015	RBRVS	$33.76	$33.76	000		Y	Y	Y				

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
31545		REMOVE VC LESION W/SCOPE	7/1/2015	RBRVS	$356.23	$356.23	000		Y	Y	Y				
31546		REMOVE VC LESION SCOPE/GRAFT	7/1/2015	RBRVS	$542.25	$542.25	000		Y	Y					
31575		DIAGNOSTIC LARYNGOSCOPY	7/1/2015	RBRVS	$109.88	$74.64	090		Y	Y		Y			
31588		REVISION OF LARYNX	7/1/2015	RBRVS	$1,101.96	$1,101.96	090		Y	Y		Y	Y		
31590		REINNERVATE LARYNX	7/1/2015	RBRVS	$854.52	$854.52	090		Y	Y	Y	Y	Y		
31595		LARYNX NERVE SURGERY	7/1/2015	RBRVS	$737.00	$737.00	090		Y	Y		Y	Y		
31611		SURGERY/SPEECH PROSTHESIS	7/1/2015	RBRVS	$520.79	$520.79	000		Y	Y					
31626		BRONCHOSCOPY W/MARKERS	7/1/2015	RBRVS	$427.69	$207.66	ZZZ		Y						
31627		NAVIGATIONAL BRONCHOSCOPY	7/1/2015	RBRVS	$1,335.36	$94.95	000		Y	Y		Y			
31634		BRONCH W/BALLOON OCCLUSION	7/1/2015	RBRVS	$1,781.86	$202.77	000		Y	Y					
31636		BRONCHOSCOPY BRONCH STENTS	7/1/2015	RBRVS	$217.10	$217.10	ZZZ		Y						
31637		BRONCHOSCOPY STENT ADD-ON	7/1/2015	RBRVS	$72.02	$72.02	000		Y	Y					
31638		BRONCHOSCOPY REVISE STENT	7/1/2015	RBRVS	$248.91	$248.91	000		Y	Y					
31720		CLEARANCE OF AIRWAYS	7/1/2015	RBRVS	$49.52	$49.52	000		Y	Y					
31725		CLEARANCE OF AIRWAYS	7/1/2015	RBRVS	$86.67	$86.67	000		Y	Y					
31730		INTRO WINDPIPE WIRE/TUBE	7/1/2015	RBRVS	$1,163.45	$146.74	090		Y	Y		Y	Y		
31770		REPAIR/GRAFT OF BRONCHUS	7/1/2015	RBRVS	$1,334.52	$1,334.52	090		Y	Y		Y			
31775		RECONSTRUCT BRONCHUS	7/1/2015	RBRVS	$1,197.36	$1,197.36	090		Y	Y		Y	Y		
31780		RECONSTRUCT WINDPIPE	7/1/2015	RBRVS	$1,164.78	$1,164.78	090		Y	Y		Y	Y		
31781		RECONSTRUCT WINDPIPE	7/1/2015	RBRVS	$1,388.04	$1,388.04	090		Y	Y		Y	Y		
31785		REMOVE WINDPIPE LESION	7/1/2015	RBRVS	$1,048.89	$1,048.89	090		Y	Y		Y	Y		
31786		REMOVE WINDPIPE LESION	7/1/2015	RBRVS	$1,569.18	$1,569.18	090		Y	Y		Y	Y		
31805		REPAIR OF WINDPIPE INJURY	7/1/2015	RBRVS	$813.41	$813.41	090		Y	Y		Y	Y		
32100		EXPLORATION/BIOPSY OF CHEST	7/1/2015	RBRVS	$804.46	$804.46	090		Y	Y		Y	Y		
32110		EXPLORE/REPAIR CHEST	7/1/2015	RBRVS	$1,454.18	$1,454.18	090		Y	Y		Y	Y		
32120		RE-EXPLORATION OF CHEST	7/1/2015	RBRVS	$863.13	$863.13	090		Y	Y		Y	Y		
32124		EXPLORE CHEST FREE ADHESIONS	7/1/2015	RBRVS	$921.96	$921.96	090		Y	Y		Y	Y		
32140		REMOVAL OF LUNG LESION(S)	7/1/2015	RBRVS	$992.42	$992.42	090		Y	Y		Y	Y		
32141		REMOVE/TREAT LUNG LESIONS	7/1/2015	RBRVS	$1,517.90	$1,517.90	090		Y	Y		Y	Y		
32150		REMOVAL OF LUNG LESION(S)	7/1/2015	RBRVS	$1,000.46	$1,000.46	090		Y	Y		Y	Y		
32151		REMOVE LUNG FOREIGN BODY	7/1/2015	RBRVS	$1,006.84	$1,006.84	090		Y	Y		Y	Y		
32160		OPEN CHEST HEART MASSAGE	7/1/2015	RBRVS	$781.80	$781.80	090		Y	Y		Y	Y		
32200		DRAIN OPEN LUNG LESION	7/1/2015	RBRVS	$1,138.96	$1,138.96	090		Y	Y	Y	Y	Y		
32220		RELEASE OF LUNG	7/1/2015	RBRVS	$1,573.40	$1,573.40	090		Y	Y	Y	Y	Y		
32225		PARTIAL RELEASE OF LUNG	7/1/2015	RBRVS	$986.50	$986.50	090		Y	Y		Y	Y		
32480		PARTIAL REMOVAL OF LUNG	7/1/2015	RBRVS	$1,471.06	$1,471.06	090		Y	Y		Y	Y		
32482		BILOBECTOMY	7/1/2015	RBRVS	$1,577.45	$1,577.45	090		Y	Y		Y	Y		
32484		SEGMENTECTOMY	7/1/2015	RBRVS	$1,433.04	$1,433.04	090		Y	Y		Y	Y		
32486		SLEEVE LOBECTOMY	7/1/2015	RBRVS	$2,349.69	$2,349.69	090		Y	Y		Y	Y		
32488		COMPLETION PNEUMONECTOMY	7/1/2015	RBRVS	$2,412.30	$2,412.30	090		Y	Y	Y	Y	Y		
32491		LUNG VOLUME REDUCTION	7/1/2015	RBRVS	$1,473.09	$1,473.09									
3250F		NONPRIM LOC SPECIMIN SITE	1/1/2009	RBRVS	$0.00	$0.00	ZZZ					Y	Y		
32501		REPAIR BRONCHUS ADD-ON	7/1/2015	RBRVS	$245.48	$245.48	090		Y	Y		Y	Y		
32503		RESECT APICAL LUNG TUMOR	7/1/2015	RBRVS	$1,807.19	$1,807.19	090		Y	Y		Y	Y		
32504		RESECT APICAL LUNG TUM/CHEST	7/1/2015	RBRVS	$2,073.82	$2,073.82	000		Y						
32550		INSERT PLEURAL CATH	7/1/2015	RBRVS	$746.13	$219.99	000		Y	Y	Y				

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
32551		INSERTION OF CHEST TUBE	7/1/2015	RBRVS	$167.97	$167.97	010		Y	Y					
32552		REMOVE LUNG CATHETER	7/1/2015	RBRVS	$180.47	$156.87	000		Y	Y		Y			
32553		INS MARK THOR FOR RT PERQ	7/1/2015	RBRVS	$562.50	$190.25	000		Y	Y	Y				
32554		ASPIRATE PLEURA W/O IMAGING	7/1/2015	RBRVS	$191.21	$87.18	000		Y	Y	Y				
32555		ASPIRATE PLEURA W/ IMAGING	7/1/2015	RBRVS	$274.43	$110.25	000		Y	Y	Y				
32556		INSERT CATH PLEURA W/O IMAGE	7/1/2015	RBRVS	$525.90	$120.75	000		Y	Y	Y				
32557		INSERT CATH PLEURA W/ IMAGE	7/1/2015	RBRVS	$484.85	$150.83	000		Y	Y					
32560		TREAT LUNG LINING CHEMICALLY	7/1/2015	RBRVS	$232.62	$77.40	000		Y	Y		Y			
32561		LYSE CHEST FIBRIN INIT DAY	7/1/2015	RBRVS	$89.67	$67.40	000		Y	Y		Y			
32562		LYSE CHEST FIBRIN SUBQ DAY	7/1/2015	RBRVS	$81.46	$61.19	090		Y	Y	Y	Y	Y		
32650		THORACOSCOPY W/PLEURODESIS	7/1/2015	RBRVS	$659.88	$659.88	090		Y	Y	Y	Y	Y		
32651		THORACOSCOPY REMOVE CORTEX	7/1/2015	RBRVS	$1,091.60	$1,091.60	090		Y	Y	Y	Y	Y		
32652		THORACOSCOPY REM TOTL CORTEX	7/1/2015	RBRVS	$1,655.13	$1,655.13	090		Y	Y		Y	Y		
32653		THORACOSCOPY REMOV FB/FIBRIN	7/1/2015	RBRVS	$1,053.21	$1,053.21	090		Y	Y	Y	Y	Y		
32654		THORACOSCOPY CONTRL BLEEDING	7/1/2015	RBRVS	$1,133.25	$1,133.25	090		Y	Y	Y	Y	Y		
32655		THORACOSCOPY SURGICAL	7/1/2015	RBRVS	$949.85	$949.85	090		Y	Y	Y	Y	Y		
32656		THORACOSCOPY W/PLEURECTOMY	7/1/2015	RBRVS	$797.95	$797.95	090		Y	Y		Y	Y		
32658		THORACOSCOPY W/SAC FB REMOVE	7/1/2015	RBRVS	$713.03	$713.03	090		Y	Y		Y	Y		
32659		THORACOSCOPY W/SAC DRAINAGE	7/1/2015	RBRVS	$727.69	$727.69	090		Y	Y		Y	Y		
32661		THORACOSCOPY W/PERICARD EXC	7/1/2015	RBRVS	$797.98	$797.98	090		Y	Y		Y	Y		
32662		THORACOSCOPY W/MEDIAST EXC	7/1/2015	RBRVS	$889.38	$889.38	090		Y	Y		Y	Y		
32663		THORACOSCOPY SURGICAL	7/1/2015	RBRVS	$1,396.15	$1,396.15	090		Y	Y	Y	Y	Y		
32664		THORACOSCOPY W/ TH NRV EXC	7/1/2015	RBRVS	$847.90	$847.90	090		Y	Y		Y	Y		
32665		THORACOSCOP W/ESOPH MUSC EXC	7/1/2015	RBRVS	$1,235.81	$1,235.81									
3267F		PATH RPRT W/ PT PN CAT ET AL	7/1/2011	RBRVS	$0.00	$0.00			Y				Y		
32701		THORAX STEREO RAD TARGETW/TX	7/1/2015	RBRVS	$213.38	$213.38	090		Y	Y		Y	Y		
32815		CLOSE BRONCHIAL FISTULA	7/1/2015	RBRVS	$2,796.66	$2,796.66									
3293F		ABO RH BLOOD TYPING DOCD	9/1/2011	RBRVS	$0.00	$0.00									
3294F		GRP B STREP SCREENING DOCD	9/1/2011	RBRVS	$0.00	$0.00	090		Y	Y		Y	Y		
33025		INCISION OF HEART SAC	7/1/2015	RBRVS	$883.07	$883.07	090		Y	Y					
33202		INSERT EPICARD ELTRD OPEN	7/1/2015	RBRVS	$772.99	$772.99	090		Y	Y					
33203		INSERT EPICARD ELTRD ENDO	7/1/2015	RBRVS	$803.20	$803.20									
3321F		AJCC CNCR 0/IA MELAN DOCD	7/1/2009	RBRVS	$0.00	$0.00	090		Y	Y					
33215		REPOSITION PACING-DEFIB LEAD	7/1/2015	RBRVS	$306.61	$306.61									
3322F		MELANOMAAJCC STAGE 0 OR IA	7/1/2009	RBRVS	$0.00	$0.00	000		Y	Y					
33224		INSERT PACING LEAD & CONNECT	7/1/2015	RBRVS	$511.84	$511.84	ZZZ		Y						
33225		L VENTRIC PACING LEAD ADD-ON	7/1/2015	RBRVS	$465.04	$465.04	000		Y	Y					
33226		REPOSITION L VENTRIC LEAD	7/1/2015	RBRVS	$491.47	$491.47									
3324F		MRI CT SCAN ORD RVWD RQSTD	9/1/2011	RBRVS	$0.00	$0.00	090		Y	Y		Y	Y		
33254		ABLATE ATRIA LMTD	7/1/2015	RBRVS	$1,358.89	$1,358.89	090		Y	Y		Y	Y		
33255		ABLATE ATRIA W/O BYPASS EXT	7/1/2015	RBRVS	$1,637.32	$1,637.32	090		Y	Y		Y	Y		
33256		ABLATE ATRIA W/BYPASS EXTEN	7/1/2015	RBRVS	$1,948.55	$1,948.55	ZZZ		Y			Y			
33257		ABLATE ATRIA LMTD ADD-ON	7/1/2015	RBRVS	$578.42	$578.42	ZZZ		Y			Y			
33258		ABLATE ATRIA X10SV ADD-ON	7/1/2015	RBRVS	$655.10	$655.10	ZZZ		Y			Y			
33259		ABLATE ATRIA W/BYPASS ADD-ON	7/1/2015	RBRVS	$838.60	$838.60	090		Y	Y		Y	Y		
33265		ABLATE ATRIA LMTD ENDO	7/1/2015	RBRVS	$1,352.70	$1,352.70	090		Y	Y		Y	Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
33266		ABLATE ATRIA X10SV ENDO	7/1/2015	RBRVS	$1,846.91	$1,846.91									
3330F		IMAGING STUDY ORDERED	4/1/2008	RBRVS	$0.00	$0.00									
3331F		IMAGING TEST NOT ORDERED	4/1/2008	RBRVS	$0.00	$0.00	000		Y	Y			Y	Y	
33361		REPLACE AORTIC VALVE PERQ	7/1/2015	RBRVS	$1,357.39	$1,357.39	000		Y	Y			Y	Y	
33362		REPLACE AORTIC VALVE OPEN	7/1/2015	RBRVS	$1,485.12	$1,485.12	000		Y	Y			Y	Y	
33363		REPLACE AORTIC VALVE OPEN	7/1/2015	RBRVS	$1,558.84	$1,558.84	000		Y	Y			Y	Y	
33364		REPLACE AORTIC VALVE OPEN	7/1/2015	RBRVS	$1,617.18	$1,617.18	000		Y	Y			Y	Y	
33365		REPLACE AORTIC VALVE OPEN	7/1/2015	RBRVS	$1,778.71	$1,778.71	000		Y	Y			Y	Y	
33366		TRCATH REPLACE AORTIC VALVE	7/1/2015	RBRVS	$2,140.57	$2,140.57	ZZZ		Y					Y	
33367		REPLACE AORTIC VALVE W/BYP	7/1/2015	RBRVS	$624.88	$624.88	ZZZ		Y					Y	
33368		REPLACE AORTIC VALVE W/BYP	7/1/2015	RBRVS	$750.98	$750.98	ZZZ		Y					Y	
33369		REPLACE AORTIC VALVE W/BYP	7/1/2015	RBRVS	$991.09	$991.09									
3340F		MAMMO ASSESS INC XRAY DOCD	4/1/2008	RBRVS	$0.00	$0.00	090		Y	Y		Y	Y		
33405		REPLACEMENT OF AORTIC VALVE	7/1/2015	RBRVS	$2,263.74	$2,263.74	090		Y	Y		Y	Y		
33406		REPLACEMENT OF AORTIC VALVE	7/1/2015	RBRVS	$2,870.24	$2,870.24									
3341F		MAMMO ASSESS NEGATIVE DOCD	4/1/2008	RBRVS	$0.00	$0.00	090		Y	Y		Y	Y		
33410		REPLACEMENT OF AORTIC VALVE	7/1/2015	RBRVS	$2,532.25	$2,532.25									
3342F		MAMMO ASSESS BENGN DOCD	4/1/2008	RBRVS	$0.00	$0.00	090		Y	Y		Y	Y		
33425		REPAIR OF MITRAL VALVE	7/1/2015	RBRVS	$2,725.66	$2,725.66	090		Y	Y		Y	Y		
33426		REPAIR OF MITRAL VALVE	7/1/2015	RBRVS	$2,374.78	$2,374.78	090		Y	Y		Y	Y		
33427		REPAIR OF MITRAL VALVE	7/1/2015	RBRVS	$2,438.59	$2,438.59									
3343F		MAMMO PROBABLY BENGN DOCD	4/1/2008	RBRVS	$0.00	$0.00	090		Y	Y		Y	Y		
33430		REPLACEMENT OF MITRAL VALVE	7/1/2015	RBRVS	$2,790.47	$2,790.47									
3344F		MAMMO ASSESS SUSP DOCD	4/1/2008	RBRVS	$0.00	$0.00									
3345F		MAMMO ASSESS HGHLYMALIG DOC	4/1/2008	RBRVS	$0.00	$0.00									
3350F		MAMMO BX PROVEN MALIG DOCD	4/1/2008	RBRVS	$0.00	$0.00	090		Y	Y		Y	Y		
33507		REPAIR ART INTRAMURAL	7/1/2015	RBRVS	$1,721.61	$1,721.61	ZZZ		Y			Y	Y		
33508		ENDOSCOPIC VEIN HARVEST	7/1/2015	RBRVS	$15.75	$15.75									
3351F		NEG SCRN DEP SYMP BY DEPTOOL	7/1/2009	RBRVS	$0.00	$0.00	090		Y	Y		Y			
33510		CABG VEIN SINGLE	7/1/2015	RBRVS	$1,925.95	$1,925.95	090		Y	Y		Y			
33511		CABG VEIN TWO	7/1/2015	RBRVS	$2,116.62	$2,116.62	090		Y	Y		Y			
33512		CABG VEIN THREE	7/1/2015	RBRVS	$2,408.15	$2,408.15	090		Y	Y		Y			
33513		CABG VEIN FOUR	7/1/2015	RBRVS	$2,479.48	$2,479.48	090		Y	Y		Y			
33514		CABG VEIN FIVE	7/1/2015	RBRVS	$2,621.77	$2,621.77	090		Y	Y		Y			
33516		CABG VEIN SIX OR MORE	7/1/2015	RBRVS	$2,748.53	$2,748.53	ZZZ		Y			Y			
33517		CABG ARTERY-VEIN SINGLE	7/1/2015	RBRVS	$187.56	$187.56	ZZZ		Y			Y			
33518		CABG ARTERY-VEIN TWO	7/1/2015	RBRVS	$412.30	$412.30	ZZZ		Y			Y			
33519		CABG ARTERY-VEIN THREE	7/1/2015	RBRVS	$544.85	$544.85									
3352F		NO SIG DEP SYMP BY DEP TOOL	7/1/2009	RBRVS	$0.00	$0.00	ZZZ		Y			Y			
33521		CABG ARTERY-VEIN FOUR	7/1/2015	RBRVS	$653.17	$653.17	ZZZ		Y			Y			
33522		CABG ARTERY-VEIN FIVE	7/1/2015	RBRVS	$733.90	$733.90	ZZZ		Y			Y			
33523		CABG ART-VEIN SIX OR MORE	7/1/2015	RBRVS	$840.33	$840.33									
3353F		MILD-MOD DEP SYMP BY DEPTOOL	7/1/2009	RBRVS	$0.00	$0.00	ZZZ		Y			Y			
33530		CORONARY ARTERY BYPASS/REOP	7/1/2015	RBRVS	$527.53	$527.53	090		Y	Y		Y			
33533		CABG ARTERIAL SINGLE	7/1/2015	RBRVS	$1,863.19	$1,863.19	090		Y	Y		Y			
33534		CABG ARTERIAL TWO	7/1/2015	RBRVS	$2,192.71	$2,192.71	090		Y	Y		Y			

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
33535		CABG ARTERIAL THREE	7/1/2015	RBRVS	$2,446.47	$2,446.47	090		Y	Y		Y			
33536		CABG ARTERIAL FOUR OR MORE	7/1/2015	RBRVS	$2,640.54	$2,640.54									
3354F		CLIN SIG DEP SYM BY DEP TOOL	7/1/2009	RBRVS	$0.00	$0.00	090		Y	Y		Y	Y		
33542		REMOVAL OF HEART LESION	7/1/2015	RBRVS	$2,619.57	$2,619.57	090		Y	Y		Y	Y		
33548		RESTORE/REMODEL VENTRICLE	7/1/2015	RBRVS	$2,956.13	$2,956.13	090		Y	Y		Y	Y		
33620		APPLY R&L PULM ART BANDS	7/1/2015	RBRVS	$1,515.96	$1,515.96	090		Y	Y		Y	Y		
33621		TRANSTHOR CATH FOR STENT	7/1/2015	RBRVS	$933.62	$933.62	090		Y	Y		Y	Y		
33622		REDO COMPL CARDIAC ANOMALY	7/1/2015	RBRVS	$3,401.81	$3,401.81	090		Y	Y		Y	Y		
33675		CLOSE MULT VSD	7/1/2015	RBRVS	$1,987.20	$1,987.20	090		Y	Y		Y	Y		
33676		CLOSE MULT VSD W/RESECTION	7/1/2015	RBRVS	$1,882.08	$1,882.08	090		Y	Y		Y	Y		
33677		CL MULT VSD W/REM PUL BAND	7/1/2015	RBRVS	$1,955.76	$1,955.76	090		Y	Y		Y	Y		
33724		REPAIR VENOUS ANOMALY	7/1/2015	RBRVS	$1,536.71	$1,536.71	090		Y	Y		Y	Y		
33726		REPAIR PUL VENOUS STENOSIS	7/1/2015	RBRVS	$2,049.22	$2,049.22	ZZZ		Y			Y	Y		
33768		CAVOPULMONARY SHUNTING	7/1/2015	RBRVS	$390.00	$390.00	090		Y	Y		Y	Y		
33782		NIKAIDOH PROC	7/1/2015	RBRVS	$3,253.47	$3,253.47	090		Y	Y		Y	Y		
33783		NIKAIDOH PROC W/OSTIA IMPLT	7/1/2015	RBRVS	$3,252.80	$3,252.80	090		Y	Y		Y	Y		
33860		ASCENDING AORTIC GRAFT	7/1/2015	RBRVS	$3,207.57	$3,207.57	090		Y	Y		Y	Y		
33863		ASCENDING AORTIC GRAFT	7/1/2015	RBRVS	$3,148.77	$3,148.77	090		Y	Y		Y	Y		
33864		ASCENDING AORTIC GRAFT	7/1/2015	RBRVS	$3,228.04	$3,228.04	090		Y	Y		Y	Y		
33880		ENDOVASC TAA REPR INCL SUBCL	7/1/2015	RBRVS	$1,819.29	$1,819.29	090		Y	Y		Y	Y		
33881		ENDOVASC TAA REPR W/O SUBCL	7/1/2015	RBRVS	$1,563.43	$1,563.43	090		Y	Y		Y	Y		
33883		INSERT ENDOVASC PROSTH TAA	7/1/2015	RBRVS	$1,131.19	$1,131.19	ZZZ		Y			Y	Y		
33884		ENDOVASC PROSTH TAA ADD-ON	7/1/2015	RBRVS	$419.71	$419.71	090		Y	Y		Y	Y		
33886		ENDOVASC PROSTH DELAYED	7/1/2015	RBRVS	$977.16	$977.16	000		Y	Y	Y	Y	Y		
33889		ARTERY TRANSPOSE/ENDOVAS TAA	7/1/2015	RBRVS	$804.00	$804.00	000		Y	Y	Y	Y	Y		
33891		CAR-CAR BP GRFT/ENDOVAS TAA	7/1/2015	RBRVS	$987.43	$987.43	090		Y	Y		Y	Y		
33925		RPR PUL ART UNIFOCAL W/O CPB	7/1/2015	RBRVS	$1,730.65	$1,730.65	090		Y	Y		Y	Y		
33926		REPR PUL ART UNIFOCAL W/CPB	7/1/2015	RBRVS	$2,541.36	$2,541.36									
3394F		QUANT HER2 IHC EVAL BRST CX	7/1/2011	RBRVS	$0.00	$0.00									
3395F		QUANT NONHER2 IHC BRST CX	7/1/2011	RBRVS	$0.00	$0.00			Y	Y		Y			
33981		REPLACE VAD PUMP EXT	7/1/2015	RBRVS	$840.83	$840.83			Y	Y		Y			
33982		REPLACE VAD INTRA W/O BP	7/1/2015	RBRVS	$1,975.74	$1,975.74			Y	Y		Y			
33983		REPLACE VAD INTRA W/BP	7/1/2015	RBRVS	$2,331.54	$2,331.54			Y	Y		Y			
33990		INSERT VAD ARTERY ACCESS	7/1/2015	RBRVS	$439.06	$439.06			Y	Y		Y			
33991		INSERT VAD ART&VEIN ACCESS	7/1/2015	RBRVS	$636.42	$636.42			Y	Y		Y			
33992		REMOVE VAD DIFFERENT SESSION	7/1/2015	RBRVS	$214.04	$214.04			Y	Y		Y			
33993		REPOSITION VAD DIFF SESSION	7/1/2015	RBRVS	$188.42	$188.42	090		Y	Y	Y	Y	Y		
34001		REMOVAL OF ARTERY CLOT	7/1/2015	RBRVS	$999.90	$999.90	090		Y	Y	Y	Y	Y		
34051		REMOVAL OF ARTERY CLOT	7/1/2015	RBRVS	$906.23	$906.23	090		Y	Y	Y	Y	Y		
34101		REMOVAL OF ARTERY CLOT	7/1/2015	RBRVS	$610.02	$610.02	090		Y	Y	Y	Y	Y		
34111		REMOVAL OF ARM ARTERY CLOT	7/1/2015	RBRVS	$607.04	$607.04	090		Y	Y	Y	Y	Y		
34151		REMOVAL OF ARTERY CLOT	7/1/2015	RBRVS	$1,424.20	$1,424.20	090		Y	Y	Y	Y	Y		
34201		REMOVAL OF ARTERY CLOT	7/1/2015	RBRVS	$1,048.99	$1,048.99	090		Y	Y	Y	Y	Y		
34203		REMOVAL OF LEG ARTERY CLOT	7/1/2015	RBRVS	$968.19	$968.19									
3450F		DYSPNEA SCRND NO-MILD DYSP	7/1/2009	RBRVS	$0.00	$0.00	090		Y	Y	Y	Y	Y		
34501		REPAIR VALVE FEMORAL VEIN	7/1/2015	RBRVS	$909.33	$909.33									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
3451F		DYSPNEA SCRND MOD-SEVEREDYSP	7/1/2009	RBRVS	$0.00	$0.00	090		Y	Y	Y	Y	Y		
34510		TRANSPOSITION OF VEIN VALVE	7/1/2015	RBRVS	$1,193.13	$1,193.13									
3452F		DYSPNEA NOT SCREENED	7/1/2009	RBRVS	$0.00	$0.00	090		Y	Y	Y	Y	Y		
34530		LEG VEIN FUSION	7/1/2015	RBRVS	$1,107.26	$1,107.26									
3455F		TB SCRNG DONE-INTERPD 6MON	1/1/2009	RBRVS	$0.00	$0.00									
3470F		RA DISEASE ACTIVITY LOW	1/1/2009	RBRVS	$0.00	$0.00									
3471F		RA DISEASE ACTIVITY MOD	1/1/2009	RBRVS	$0.00	$0.00									
3472F		RA DISEASE ACTIVITY HIGH	1/1/2009	RBRVS	$0.00	$0.00									
3475F		DISEASE PROGN RA POOR DOCD	1/1/2009	RBRVS	$0.00	$0.00									
3476F		DISEASE PROGN RA GOOD DOCD	1/1/2009	RBRVS	$0.00	$0.00	090		Y	Y		Y	Y		
34803		ENDOVAS AAA REPR W/3-P PART	7/1/2015	RBRVS	$1,306.58	$1,306.58	090		Y	Y		Y	Y		
34805		ENDOVAS AAA REPR W/LONG TUBE	7/1/2015	RBRVS	$1,219.89	$1,219.89	000		Y	Y	Y	Y	Y		
34833		XPOSE FOR ENDOPROSTH ILIAC	7/1/2015	RBRVS	$622.19	$622.19	000		Y	Y	Y	Y	Y		
34834		XPOSE ENDOPROSTH BRACHIAL	7/1/2015	RBRVS	$276.73	$276.73	090		Y	Y	Y	Y	Y		
34900		ENDOVASC ILIAC REPR W/GRAFT	7/1/2015	RBRVS	$906.50	$906.50									
3491F		HIV UNSURE BABY OF HIV+MOMS	7/1/2009	RBRVS	$0.00	$0.00									
3498F		CD4+ CELL =15% (HIV)	7/1/2009	RBRVS	$0.00	$0.00	090		Y	Y	Y	Y	Y		
35001		REPAIR DEFECT OF ARTERY	7/1/2015	RBRVS	$1,147.74	$1,147.74	090		Y	Y	Y	Y	Y		
35002		REPAIR ARTERY RUPTURE NECK	7/1/2015	RBRVS	$1,158.21	$1,158.21	090		Y	Y	Y	Y	Y		
35005		REPAIR DEFECT OF ARTERY	7/1/2015	RBRVS	$1,162.76	$1,162.76	090		Y	Y	Y	Y	Y		
35011		REPAIR DEFECT OF ARTERY	7/1/2015	RBRVS	$1,016.88	$1,016.88	090		Y	Y	Y	Y	Y		
35013		REPAIR ARTERY RUPTURE ARM	7/1/2015	RBRVS	$1,264.73	$1,264.73	090		Y	Y	Y	Y	Y		
35021		REPAIR DEFECT OF ARTERY	7/1/2015	RBRVS	$1,273.17	$1,273.17	090		Y	Y	Y	Y	Y		
35022		REPAIR ARTERY RUPTURE CHEST	7/1/2015	RBRVS	$1,458.70	$1,458.70	090		Y	Y	Y	Y	Y		
35045		REPAIR DEFECT OF ARM ARTERY	7/1/2015	RBRVS	$1,005.55	$1,005.55	090		Y	Y		Y	Y		
35081		REPAIR DEFECT OF ARTERY	7/1/2015	RBRVS	$1,777.21	$1,777.21	090		Y	Y		Y	Y		
35082		REPAIR ARTERY RUPTURE AORTA	7/1/2015	RBRVS	$2,231.69	$2,231.69	090		Y	Y	Y	Y	Y		
35091		REPAIR DEFECT OF ARTERY	7/1/2015	RBRVS	$1,828.62	$1,828.62	090		Y	Y	Y	Y	Y		
35092		REPAIR ARTERY RUPTURE AORTA	7/1/2015	RBRVS	$2,659.88	$2,659.88	090		Y	Y	Y	Y	Y		
35102		REPAIR DEFECT OF ARTERY	7/1/2015	RBRVS	$1,924.95	$1,924.95	090		Y	Y	Y	Y	Y		
35103		REPAIR ARTERY RUPTURE AORTA	7/1/2015	RBRVS	$2,293.08	$2,293.08	090		Y	Y	Y	Y	Y		
35111		REPAIR DEFECT OF ARTERY	7/1/2015	RBRVS	$1,355.84	$1,355.84	090		Y	Y	Y	Y	Y		
35112		REPAIR ARTERY RUPTURE SPLEEN	7/1/2015	RBRVS	$1,891.95	$1,891.95	090		Y	Y	Y	Y			
35121		REPAIR DEFECT OF ARTERY	7/1/2015	RBRVS	$1,673.61	$1,673.61	090		Y	Y	Y	Y	Y		
35122		REPAIR ARTERY RUPTURE BELLY	7/1/2015	RBRVS	$2,183.80	$2,183.80									
3513F		HEP B SCRNG DOCD AS DONE	7/1/2009	RBRVS	$0.00	$0.00	090		Y	Y	Y	Y	Y		
35131		REPAIR DEFECT OF ARTERY	7/1/2015	RBRVS	$1,413.23	$1,413.23	090		Y	Y	Y	Y	Y		
35132		REPAIR ARTERY RUPTURE GROIN	7/1/2015	RBRVS	$1,669.89	$1,669.89									
3514F		HEP C SCRNG DOCD AS DONE	7/1/2009	RBRVS	$0.00	$0.00	090		Y	Y	Y	Y	Y		
35141		REPAIR DEFECT OF ARTERY	7/1/2015	RBRVS	$1,126.93	$1,126.93	090		Y	Y	Y	Y	Y		
35142		REPAIR ARTERY RUPTURE THIGH	7/1/2015	RBRVS	$1,342.57	$1,342.57									
3515F		PT HAS DOCD IMMUN TO HEP C	7/1/2009	RBRVS	$0.00	$0.00	090		Y	Y	Y	Y	Y		
35151		REPAIR DEFECT OF ARTERY	7/1/2015	RBRVS	$1,264.83	$1,264.83	090		Y	Y	Y	Y	Y		
35152		REPAIR RUPTD POPLITEAL ART	7/1/2015	RBRVS	$1,426.79	$1,426.79									
3520F		CDIFFICILE TESTING PERFORME	1/1/2012	RBRVS	$0.00	$0.00	090		Y	Y	Y	Y	Y		
35201		REPAIR BLOOD VESSEL LESION	7/1/2015	RBRVS	$964.57	$964.57	090		Y	Y	Y	Y	Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
35206		REPAIR BLOOD VESSEL LESION	7/1/2015	RBRVS	$781.73	$781.73	090		Y	Y	Y	Y	Y		
35211		REPAIR BLOOD VESSEL LESION	7/1/2015	RBRVS	$1,378.00	$1,378.00	090		Y	Y	Y	Y	Y		
35216		REPAIR BLOOD VESSEL LESION	7/1/2015	RBRVS	$2,053.91	$2,053.91	090		Y	Y	Y	Y	Y		
35221		REPAIR BLOOD VESSEL LESION	7/1/2015	RBRVS	$1,464.55	$1,464.55	090		Y	Y	Y	Y	Y		
35226		REPAIR BLOOD VESSEL LESION	7/1/2015	RBRVS	$842.62	$842.62	090		Y	Y	Y	Y	Y		
35231		REPAIR BLOOD VESSEL LESION	7/1/2015	RBRVS	$1,224.25	$1,224.25	090		Y	Y	Y	Y	Y		
35236		REPAIR BLOOD VESSEL LESION	7/1/2015	RBRVS	$992.18	$992.18	090		Y	Y	Y	Y	Y		
35241		REPAIR BLOOD VESSEL LESION	7/1/2015	RBRVS	$1,445.94	$1,445.94	090		Y	Y	Y	Y	Y		
35246		REPAIR BLOOD VESSEL LESION	7/1/2015	RBRVS	$1,587.26	$1,587.26	090		Y	Y	Y	Y	Y		
35251		REPAIR BLOOD VESSEL LESION	7/1/2015	RBRVS	$1,727.36	$1,727.36	090		Y	Y	Y	Y	Y		
35256		REPAIR BLOOD VESSEL LESION	7/1/2015	RBRVS	$1,033.11	$1,033.11	090		Y	Y	Y	Y	Y		
35261		REPAIR BLOOD VESSEL LESION	7/1/2015	RBRVS	$1,084.75	$1,084.75	090		Y	Y	Y	Y	Y		
35266		REPAIR BLOOD VESSEL LESION	7/1/2015	RBRVS	$876.52	$876.52	090		Y	Y	Y	Y	Y		
35271		REPAIR BLOOD VESSEL LESION	7/1/2015	RBRVS	$1,387.90	$1,387.90	090		Y	Y	Y	Y	Y		
35276		REPAIR BLOOD VESSEL LESION	7/1/2015	RBRVS	$1,472.03	$1,472.03	090		Y	Y	Y	Y	Y		
35281		REPAIR BLOOD VESSEL LESION	7/1/2015	RBRVS	$1,644.30	$1,644.30	090		Y	Y	Y	Y	Y		
35286		REPAIR BLOOD VESSEL LESION	7/1/2015	RBRVS	$946.65	$946.65	090		Y	Y	Y	Y	Y		
35301		RECHANNELING OF ARTERY	7/1/2015	RBRVS	$1,150.36	$1,150.36	090		Y	Y	Y	Y	Y		
35302		RECHANNELING OF ARTERY	7/1/2015	RBRVS	$1,145.97	$1,145.97	090		Y	Y	Y	Y	Y		
35303		RECHANNELING OF ARTERY	7/1/2015	RBRVS	$1,262.87	$1,262.87	090		Y	Y	Y	Y	Y		
35304		RECHANNELING OF ARTERY	7/1/2015	RBRVS	$1,306.74	$1,306.74	090		Y	Y	Y	Y	Y		
35305		RECHANNELING OF ARTERY	7/1/2015	RBRVS	$1,245.82	$1,245.82	ZZZ		Y			Y	Y		
35306		RECHANNELING OF ARTERY	7/1/2015	RBRVS	$456.77	$456.77	090		Y	Y	Y	Y	Y		
35311		RECHANNELING OF ARTERY	7/1/2015	RBRVS	$1,578.35	$1,578.35	090		Y	Y	Y	Y	Y		
35321		RECHANNELING OF ARTERY	7/1/2015	RBRVS	$902.54	$902.54	090		Y	Y	Y	Y	Y		
35331		RECHANNELING OF ARTERY	7/1/2015	RBRVS	$1,480.01	$1,480.01	090		Y	Y	Y	Y	Y		
35341		RECHANNELING OF ARTERY	7/1/2015	RBRVS	$1,384.48	$1,384.48	090		Y	Y	Y	Y	Y		
35351		RECHANNELING OF ARTERY	7/1/2015	RBRVS	$1,302.48	$1,302.48	090		Y	Y	Y	Y	Y		
35355		RECHANNELING OF ARTERY	7/1/2015	RBRVS	$1,053.74	$1,053.74	090		Y	Y	Y	Y	Y		
35361		RECHANNELING OF ARTERY	7/1/2015	RBRVS	$1,554.29	$1,554.29	090		Y	Y	Y	Y	Y		
35363		RECHANNELING OF ARTERY	7/1/2015	RBRVS	$1,781.80	$1,781.80	090		Y	Y	Y	Y	Y		
35371		RECHANNELING OF ARTERY	7/1/2015	RBRVS	$832.98	$832.98	090		Y	Y	Y	Y	Y		
35372		RECHANNELING OF ARTERY	7/1/2015	RBRVS	$998.73	$998.73	ZZZ		Y			Y	Y		
35390		REOPERATION CAROTID ADD-ON	7/1/2015	RBRVS	$162.76	$162.76									
3550F		LOW RSK THROMBOEMBOLISM	7/1/2009	RBRVS	$0.00	$0.00									
3551F		INTRMED RSK THROMBOEMBOLISM	7/1/2009	RBRVS	$0.00	$0.00	090		Y	Y	Y	Y	Y		
35510		ART BYP GRFT CAROTID-BRCHIAL	7/1/2015	RBRVS	$1,256.76	$1,256.76	090		Y	Y	Y	Y	Y		
35512		ART BYP GRFT SUBCLAV-BRCHIAL	7/1/2015	RBRVS	$1,398.17	$1,398.17									
3552F		HGH RISK FOR THROMBOEMBOLISM	7/1/2009	RBRVS	$0.00	$0.00	090		Y	Y	Y	Y	Y		
35522		ART BYP GRFT AXILL-BRACHIAL	7/1/2015	RBRVS	$1,237.68	$1,237.68	090		Y	Y	Y	Y	Y		
35523		ART BYP GRFT BRCHL-ULNR-RDL	7/1/2015	RBRVS	$1,314.09	$1,314.09	090		Y	Y	Y	Y	Y		
35525		ART BYP GRFT BRACHIAL-BRCHL	7/1/2015	RBRVS	$1,168.94	$1,168.94	090		Y	Y	Y	Y	Y		
35535		ART BYP GRFT HEPATORENAL	7/1/2015	RBRVS	$1,945.23	$1,945.23	090		Y	Y		Y	Y		
35537		ART BYP GRFT AORTOILIAC	7/1/2015	RBRVS	$2,406.72	$2,406.72	090		Y	Y		Y	Y		
35538		ART BYP GRFT AORTOBI-ILIAC	7/1/2015	RBRVS	$2,386.51	$2,386.51	090		Y	Y	Y	Y	Y		
35539		ART BYP GRFT AORTOFEMORAL	7/1/2015	RBRVS	$2,241.73	$2,241.73	090		Y	Y	Y		Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
35540		ART BYP GRFT AORTBIFEMORAL	7/1/2015	RBRVS	$2,614.22	$2,614.22									
3555F		PT INR MEASUREMENT PERFORMED	7/1/2009	RBRVS	$0.00	$0.00	090		Y	Y	Y	Y	Y		
35556		ART BYP GRFT FEM-POPLITEAL	7/1/2015	RBRVS	$1,426.10	$1,426.10	090		Y	Y	Y	Y	Y		
35558		ART BYP GRFT FEM-FEMORAL	7/1/2015	RBRVS	$1,386.87	$1,386.87	090		Y	Y	Y	Y	Y		
35566		ART BYP FEM-ANT-POST TIB/PRL	7/1/2015	RBRVS	$1,703.23	$1,703.23	090		Y	Y	Y	Y	Y		
35570		ART BYP TIBIAL-TIB/PERONEAL	7/1/2015	RBRVS	$1,548.14	$1,548.14	ZZZ		Y			Y			
35572		HARVEST FEMOROPOPLITEAL VEIN	7/1/2015	RBRVS	$351.61	$351.61	090		Y	Y	Y	Y	Y		
35583		VEIN BYP GRFT FEM-POPLITEAL	7/1/2015	RBRVS	$1,479.41	$1,479.41	090		Y	Y	Y	Y	Y		
35585		VEIN BYP FEM-TIBIAL PERONEAL	7/1/2015	RBRVS	$1,712.26	$1,712.26	090		Y	Y	Y	Y	Y		
35587		VEIN BYP POP-TIBL PERONEAL	7/1/2015	RBRVS	$1,397.74	$1,397.74	ZZZ		Y			Y	Y		
35600		HARVEST ARTERY FOR CABG	7/1/2015	RBRVS	$256.55	$256.55	090		Y	Y	Y	Y	Y		
35601		ART BYP COMMON IPSI CAROTID	7/1/2015	RBRVS	$1,429.58	$1,429.58	090		Y	Y	Y	Y	Y		
35606		ART BYP CAROTID-SUBCLAVIAN	7/1/2015	RBRVS	$1,199.59	$1,199.59	090		Y	Y	Y	Y	Y		
35612		ART BYP SUBCLAV-SUBCLAVIAN	7/1/2015	RBRVS	$1,065.87	$1,065.87	090		Y	Y	Y	Y	Y		
35616		ART BYP SUBCLAV-AXILLARY	7/1/2015	RBRVS	$1,125.93	$1,125.93	090		Y	Y	Y	Y	Y		
35621		ART BYP AXILLARY-FEMORAL	7/1/2015	RBRVS	$1,121.98	$1,121.98	090		Y	Y	Y	Y	Y		
35623		ART BYP AXILLARY-POP-TIBIAL	7/1/2015	RBRVS	$1,341.27	$1,341.27	090		Y	Y	Y	Y	Y		
35626		ART BYP AORSUBCL/CAROT/INNOM	7/1/2015	RBRVS	$1,594.44	$1,594.44	090		Y	Y	Y	Y	Y		
35631		ART BYP AOR-CELIAC-MSN-RENAL	7/1/2015	RBRVS	$1,887.73	$1,887.73	090		Y	Y	Y	Y	Y		
35632		ART BYP ILIO-CELIAC	7/1/2015	RBRVS	$1,846.98	$1,846.98	090		Y	Y	Y	Y	Y		
35633		ART BYP ILIO-MESENTERIC	7/1/2015	RBRVS	$2,054.64	$2,054.64	090		Y	Y	Y	Y	Y		
35634		ART BYP ILIORENAL	7/1/2015	RBRVS	$1,868.14	$1,868.14	090		Y	Y	Y	Y	Y		
35636		ART BYP SPENORENAL	7/1/2015	RBRVS	$1,629.18	$1,629.18	090		Y	Y		Y	Y		
35637		ART BYP AORTOILIAC	7/1/2015	RBRVS	$1,774.02	$1,774.02	090		Y	Y		Y	Y		
35638		ART BYP AORTOBI-ILIAC	7/1/2015	RBRVS	$1,797.19	$1,797.19	090		Y	Y	Y	Y	Y		
35642		ART BYP CAROTID-VERTEBRAL	7/1/2015	RBRVS	$1,161.09	$1,161.09	090		Y	Y	Y	Y	Y		
35645		ART BYP SUBCLAV-VERTEBRL	7/1/2015	RBRVS	$965.03	$965.03	090		Y	Y		Y	Y		
35646		ART BYP AORTOBIFEMORAL	7/1/2015	RBRVS	$1,749.89	$1,749.89	090		Y	Y	Y	Y	Y		
35647		ART BYP AORTOFEMORAL	7/1/2015	RBRVS	$1,578.55	$1,578.55	090		Y	Y	Y	Y	Y		
35650		ART BYP AXILLARY-AXILLARY	7/1/2015	RBRVS	$1,109.05	$1,109.05	090		Y	Y		Y	Y		
35654		ART BYP AXILL-FEM-FEMORAL	7/1/2015	RBRVS	$1,399.11	$1,399.11	090		Y	Y	Y	Y	Y		
35656		ART BYP FEMORAL-POPLITEAL	7/1/2015	RBRVS	$1,104.16	$1,104.16	090		Y	Y	Y	Y	Y		
35661		ART BYP FEMORAL-FEMORAL	7/1/2015	RBRVS	$1,104.93	$1,104.93	090		Y	Y	Y	Y	Y		
35663		ART BYP ILIOILIAC	7/1/2015	RBRVS	$1,287.23	$1,287.23	090		Y	Y	Y	Y	Y		
35665		ART BYP ILIOFEMORAL	7/1/2015	RBRVS	$1,193.94	$1,193.94	090		Y	Y	Y	Y	Y		
35666		ART BYP FEM-ANT-POST TIB/PRL	7/1/2015	RBRVS	$1,287.30	$1,287.30	090		Y	Y	Y	Y	Y		
35671		ART BYP POP-TIBL-PRL-OTHER	7/1/2015	RBRVS	$1,136.90	$1,136.90	ZZZ		Y			Y	Y		
35685		BYPASS GRAFT PATENCY/PATCH	7/1/2015	RBRVS	$203.24	$203.24	ZZZ		Y			Y	Y		
35686		BYPASS GRAFT/AV FIST PATENCY	7/1/2015	RBRVS	$165.15	$165.15	ZZZ		Y			Y	Y		
35697		REIMPLANT ARTERY EACH	7/1/2015	RBRVS	$150.83	$150.83									
3570F		RPRT BONE SCINT X-REFW/X-RAY	1/1/2009	RBRVS	$0.00	$0.00	ZZZ		Y			Y	Y		
35700		REOPERATION BYPASS GRAFT	7/1/2015	RBRVS	$155.97	$155.97									
3572F		PT CONSID POSS RISK FX	7/1/2009	RBRVS	$0.00	$0.00									
3573F		PT NOT CONSID POSS RISK FX	7/1/2009	RBRVS	$0.00	$0.00	090		Y	Y		Y	Y		
35800		EXPLORE NECK VESSELS	7/1/2015	RBRVS	$713.36	$713.36	090		Y	Y	Y	Y	Y		
35883		REVISE GRAFT W/NONAUTO GRAFT	7/1/2015	RBRVS	$1,231.56	$1,231.56	090		Y	Y	Y	Y	Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
35884		REVISE GRAFT W/VEIN	7/1/2015	RBRVS	$1,267.49	$1,267.49			Y						
36000		PLACE NEEDLE IN VEIN	7/1/2012	RBRVS	$0.00	$0.00	000		Y	Y	Y				
36002		PSEUDOANEURYSM INJECTION TRT	7/1/2015	RBRVS	$157.47	$105.95			Y	Y		Y			
36147		ACCESS AV DIAL GRFT FOR EVAL	7/1/2015	RBRVS	$794.09	$184.86	ZZZ		Y			Y			
36148		ACCESS AV DIAL GRFT FOR PROC	7/1/2015	RBRVS	$248.67	$48.92	000		Y	Y					
36221		PLACE CATH THORACIC AORTA	7/1/2015	RBRVS	$1,041.44	$215.50	000		Y	Y	Y				
36222		PLACE CATH CAROTID/INOM ART	7/1/2015	RBRVS	$1,208.09	$296.07	000		Y	Y	Y				
36223		PLACE CATH CAROTID/INOM ART	7/1/2015	RBRVS	$1,448.66	$323.59	000		Y	Y	Y				
36224		PLACE CATH CAROTD ART	7/1/2015	RBRVS	$1,806.73	$366.57	000		Y	Y	Y				
36225		PLACE CATH SUBCLAVIAN ART	7/1/2015	RBRVS	$1,398.94	$323.39	000		Y	Y	Y				
36226		PLACE CATH VERTEBRAL ART	7/1/2015	RBRVS	$1,764.64	$364.37	ZZZ		Y		Y				
36227		PLACE CATH XTRNL CAROTID	7/1/2015	RBRVS	$252.09	$116.49	ZZZ		Y		Y				
36228		PLACE CATH INTRACRANIAL ART	7/1/2015	RBRVS	$1,200.95	$236.74			Y	Y					
36400		BL DRAW < 3 YRS FEM/JUGULAR	7/1/2015	RBRVS	$29.73	$20.50			Y	Y					
36405		BL DRAW < 3 YRS SCALP VEIN	7/1/2015	RBRVS	$27.88	$17.17			Y	Y					
36406		BL DRAW < 3 YRS OTHER VEIN	7/1/2015	RBRVS	$19.51	$9.87			Y	Y					
36410		NON-ROUTINE BL DRAW > 3 YRS	7/1/2015	RBRVS	$16.11	$9.14									
36415		ROUTINE VENIPUNCTURE	6/1/1998	FEE SCHED	$3.00	$0.00									
36416		CAPILLARY BLOOD DRAW	7/2/2004	RBRVS	$0.00	$0.00			Y	Y					
36420		VEIN ACCESS CUTDOWN < 1 YR	7/1/2015	RBRVS	$54.43	$54.43			Y	Y					
36425		VEIN ACCESS CUTDOWN > 1 YR	7/1/2015	RBRVS	$38.98	$38.98			Y						
36430		BLOOD TRANSFUSION SERVICE	7/1/2015	RBRVS	$32.74	$32.74	010		Y	Y	Y				
36471		INJECTION THERAPY OF VEINS	7/1/2015	RBRVS	$168.11	$98.98	000		Y	Y	Y				
36475		ENDOVENOUS RF 1ST VEIN	7/1/2015	RBRVS	$1,459.46	$281.54	ZZZ		Y		Y				
36476		ENDOVENOUS RF VEIN ADD-ON	7/1/2015	RBRVS	$284.97	$135.73	000		Y	Y	Y				
36478		ENDOVENOUS LASER 1ST VEIN	7/1/2015	RBRVS	$1,143.68	$279.52	ZZZ		Y		Y				
36479		ENDOVENOUS LASER VEIN ADDON	7/1/2015	RBRVS	$295.64	$136.10	000		Y	Y					
36481		INSERTION OF CATHETER VEIN	7/1/2015	RBRVS	$1,955.23	$346.89									
3650F		EEG ORDERED RVWD REQSTD	9/1/2011	RBRVS	$0.00	$0.00	000		Y	Y					
36500		INSERTION OF CATHETER VEIN	7/1/2015	RBRVS	$179.51	$179.51	000		Y	Y					
36511		APHERESIS WBC	7/1/2015	RBRVS	$89.34	$89.34	000		Y	Y					
36512		APHERESIS RBC	7/1/2015	RBRVS	$91.46	$91.46	000		Y	Y					
36513		APHERESIS PLATELETS	7/1/2015	RBRVS	$94.76	$94.76	000		Y	Y					
36514		APHERESIS PLASMA	7/1/2015	RBRVS	$505.23	$90.10	000		Y	Y					
36515		APHERESIS ADSORP/REINFUSE	7/1/2015	RBRVS	$1,937.15	$88.50	000		Y	Y					
36516		APHERESIS SELECTIVE	7/1/2015	RBRVS	$1,956.66	$69.46	000		Y						
36556		INSERT NON-TUNNEL CV CATH	7/1/2015	RBRVS	$223.29	$118.59	000		Y						
36569		INSERT PICC CATH	7/1/2015	RBRVS	$264.34	$99.64			Y						
36591		DRAW BLOOD OFF VENOUS DEVICE	9/1/2011	RBRVS	$0.00	$0.00			Y						
36592		COLLECT BLOOD FROM PICC	9/1/2011	RBRVS	$0.00	$0.00			Y						
36593		DECLOT VASCULAR DEVICE	7/1/2015	RBRVS	$28.98	$28.98	000		Y	Y	Y				
36598		INJ W/FLUOR EVAL CV DEVICE	9/1/2011	RBRVS	$0.00	$0.00			Y	Y					
36600		WITHDRAWAL OF ARTERIAL BLOOD	7/1/2015	RBRVS	$30.07	$14.78	000		Y						
36620		INSERTION CATHETER ARTERY	7/1/2015	RBRVS	$49.62	$49.62	000		Y						
36625		INSERTION CATHETER ARTERY	7/1/2015	RBRVS	$101.43	$101.43	000		Y	Y					
36640		INSERTION CATHETER ARTERY	7/1/2015	RBRVS	$115.46	$115.46	000		Y	Y					

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
36660		INSERTION CATHETER ARTERY	7/1/2015	RBRVS	$65.55	$65.55	090		Y	Y		Y	Y		
36818		AV FUSE UPPR ARM CEPHALIC	7/1/2015	RBRVS	$701.00	$701.00	090		Y	Y		Y	Y		
36821		AV FUSION DIRECT ANY SITE	7/1/2015	RBRVS	$672.91	$672.91	090		Y	Y		Y	Y		
36832		AV FISTULA REVISION OPEN	7/1/2015	RBRVS	$767.17	$767.17	090		Y	Y		Y	Y		
36833		AV FISTULA REVISION	7/1/2015	RBRVS	$820.69	$820.69									
3700F		PSYCH DISORDERS ASSESSED	1/1/2011	RBRVS	$0.00	$0.00	090		Y	Y		Y	Y		
37181		SPLICE SPLEEN/KIDNEY VEINS	7/1/2015	RBRVS	$2,305.54	$2,305.54	000		Y	Y					
37182		INSERT HEPATIC SHUNT (TIPS)	7/1/2015	RBRVS	$824.17	$824.17	000		Y	Y					
37183		REMOVE HEPATIC SHUNT (TIPS)	7/1/2015	RBRVS	$5,592.98	$388.73	000		Y	Y	Y		Y		
37184		PRIM ART M-THRMBC 1ST VSL	7/1/2015	RBRVS	$2,167.25	$463.52	ZZZ		Y				Y		
37185		PRIM ART M-THRMBC SBSQ VSL	7/1/2015	RBRVS	$686.67	$168.84	ZZZ		Y				Y		
37186		SEC ART THROMBECTOMY ADD-ON	7/1/2015	RBRVS	$1,312.73	$250.14	000		Y	Y	Y		Y		
37187		VENOUS MECH THROMBECTOMY	7/1/2015	RBRVS	$1,965.14	$406.98	000		Y	Y	Y		Y		
37188		VENOUS M-THROMBECTOMY ADD-ON	7/1/2015	RBRVS	$1,675.17	$292.18	000		Y	Y					
37197		REMOVE INTRVAS FOREIGN BODY	7/1/2015	RBRVS	$1,448.23	$316.51									
3720F		COGNIT IMPAIRMENT ASSESSED	1/1/2011	RBRVS	$0.00	$0.00	000		Y	Y	Y				
37211		THROMBOLYTIC ART THERAPY	7/1/2015	RBRVS	$400.67	$400.67	000		Y	Y	Y				
37212		THROMBOLYTIC VENOUS THERAPY	7/1/2015	RBRVS	$350.74	$350.74	000		Y	Y					
37213		THROMBLYTIC ART/VEN THERAPY	7/1/2015	RBRVS	$246.51	$246.51	000		Y	Y					
37214		CESSJ THERAPY CATH REMOVAL	7/1/2015	RBRVS	$135.83	$135.83	090		Y	Y	Y				
37215		TRANSCATH STENT CCA W/EPS	7/1/2015	RBRVS	$1,094.59	$1,094.59	090		Y						
37216		TRANSCATH STENT CCA W/O EPS	7/1/2015	RBRVS	$0.00	$0.00	090		Y	Y	Y				
37217		STENT PLACEMT RETRO CAROTID	7/1/2015	RBRVS	$1,131.55	$1,131.55	090		Y	Y	Y				
37218		STENT PLACEMT ANTE CAROTID	7/1/2015	RBRVS	$914.57	$914.57									
3725F		SCREEN DEPRESSION PERFORMED	1/1/2012	RBRVS	$0.00	$0.00	090		Y	Y	Y		Y		
37500		ENDOSCOPY LIGATE PERF VEINS	7/1/2015	RBRVS	$648.32	$648.32			Y						
37501		VASCULAR ENDOSCOPY PROCEDURE	7/1/2014	FEE SCHED	$681.29	$0.00									
3751F		ELECTRODIAG POLYNEURO 6MON	1/1/2013	RBRVS	$0.00	$0.00									
3752F		NO ELECTRODIAG POLYNEURO6MON	1/1/2013	RBRVS	$0.00	$0.00									
3753F		PT HAS SYMP+SIGNS NEUROPATHY	1/1/2013	RBRVS	$0.00	$0.00									
3754F		SCREENING TESTS DM DONE	1/1/2013	RBRVS	$0.00	$0.00									
3755F		COG+BEHAV IMPRMNT SCRNG DONE	1/1/2013	RBRVS	$0.00	$0.00									
3756F		PT W/PSEUDOBULB AFFECT/ALS	1/1/2013	RBRVS	$0.00	$0.00									
3757F		PT W/NO PSEUDOBULBAFFECT/ALS	1/1/2013	RBRVS	$0.00	$0.00									
3758F		PT REF PULM FX TEST/PEAKFLOW	1/1/2013	RBRVS	$0.00	$0.00									
3759F		PT SCRN DYSPHAG/WT LOSS/NUTR	1/1/2013	RBRVS	$0.00	$0.00									
3760F		PT W/DYSPHAG/WT LOSS/NUTR	1/1/2013	RBRVS	$0.00	$0.00									
3761F		PT W/O DYSPHAG/WT LOSS/NUTR	1/1/2013	RBRVS	$0.00	$0.00	090		Y	Y		Y	Y		
37615		LIGATION OF NECK ARTERY	7/1/2015	RBRVS	$497.49	$497.49	090		Y	Y		Y	Y		
37616		LIGATION OF CHEST ARTERY	7/1/2015	RBRVS	$1,107.18	$1,107.18	090		Y	Y		Y	Y		
37617		LIGATION OF ABDOMEN ARTERY	7/1/2015	RBRVS	$1,342.97	$1,342.97	090		Y	Y		Y	Y		
37618		LIGATION OF EXTREMITY ARTERY	7/1/2015	RBRVS	$381.39	$381.39									
3762F		PATIENT IS DYSARTHRIC	1/1/2013	RBRVS	$0.00	$0.00									
3763F		PATIENT IS NOT DYSARTHRIC	1/1/2013	RBRVS	$0.00	$0.00	090		Y	Y	Y		Y		
37718		LIGATE/STRIP SHORT LEG VEIN	7/1/2015	RBRVS	$438.83	$438.83	090		Y	Y	Y		Y		
37722		LIGATE/STRIP LONG LEG VEIN	7/1/2015	RBRVS	$481.06	$481.06									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
3775F		ADENOMA DETECTED SCREENING	1/1/2015	RBRVS	$0.00	$0.00									
3776F		ADENOMA NOT DETECT SCREENING	1/1/2015	RBRVS	$0.00	$0.00	090		Y	Y	Y	Y	Y		
37761		LIGATE LEG VEINS OPEN	7/1/2015	RBRVS	$557.58	$557.58	090		Y	Y		Y	Y		
38100		REMOVAL OF SPLEEN TOTAL	7/1/2015	RBRVS	$1,142.91	$1,142.91	090		Y	Y		Y	Y		
38101		REMOVAL OF SPLEEN PARTIAL	7/1/2015	RBRVS	$1,156.64	$1,156.64	090		Y	Y		Y	Y		
38115		REPAIR OF RUPTURED SPLEEN	7/1/2015	RBRVS	$1,264.57	$1,264.57	090		Y	Y		Y	Y		
38120		LAPAROSCOPY SPLENECTOMY	7/1/2015	RBRVS	$1,041.94	$1,041.94			Y						
38129		LAPAROSCOPE PROC SPLEEN	7/1/2014	FEE SCHED	$1,087.84	$0.00	000		Y	Y					
38200		INJECTION FOR SPLEEN X-RAY	7/1/2015	RBRVS	$131.65	$131.65			Y						
38204		BL DONOR SEARCH MANAGEMENT	9/1/2011	RBRVS	$0.00	$0.00	000	Y	Y	Y					
38205		HARVEST ALLOGENEIC STEM CELL	7/1/2015	RBRVS	$79.20	$79.20	000	Y	Y	Y					
38206		HARVEST AUTO STEM CELLS	7/1/2015	RBRVS	$79.86	$79.86			Y	Y	Y				
38220		BONE MARROW ASPIRATION	7/1/2015	RBRVS	$156.27	$59.89			Y	Y	Y				
38221		BONE MARROW BIOPSY	7/1/2015	RBRVS	$158.97	$72.55	000	Y	Y	Y					
38242		LYMPHOCYTE INFUSE TRANSPLANT	7/1/2015	RBRVS	$114.80	$114.80	000		Y	Y					
38243		TRANSPLJ HEMATOPOIETIC BOOST	7/1/2015	RBRVS	$114.73	$114.73	010		Y	Y					
38300		DRAINAGE LYMPH NODE LESION	7/1/2015	RBRVS	$264.43	$180.00	090		Y	Y					
38305		DRAINAGE LYMPH NODE LESION	7/1/2015	RBRVS	$455.40	$455.40	010		Y	Y	Y				
38500		BIOPSY/REMOVAL LYMPH NODES	7/1/2015	RBRVS	$321.86	$250.40	000		Y	Y	Y				
38505		NEEDLE BIOPSY LYMPH NODES	7/1/2015	RBRVS	$121.54	$69.69	090		Y	Y	Y	Y	Y		
38542		EXPLORE DEEP NODE(S) NECK	7/1/2015	RBRVS	$506.66	$506.66	090		Y	Y		Y	Y		
38562		REMOVAL PELVIC LYMPH NODES	7/1/2015	RBRVS	$691.83	$691.83	090		Y	Y		Y	Y		
38564		REMOVAL ABDOMEN LYMPH NODES	7/1/2015	RBRVS	$694.89	$694.89	010		Y	Y		Y	Y		
38570		LAPAROSCOPY LYMPH NODE BIOP	7/1/2015	RBRVS	$527.43	$527.43	090		Y	Y	Y	Y	Y		
38724		REMOVAL OF LYMPH NODES NECK	7/1/2015	RBRVS	$1,423.80	$1,423.80	090		Y	Y	Y	Y	Y		
38760		REMOVE GROIN LYMPH NODES	7/1/2015	RBRVS	$829.96	$829.96	090		Y	Y	Y	Y	Y		
38765		REMOVE GROIN LYMPH NODES	7/1/2015	RBRVS	$1,275.13	$1,275.13	ZZZ		Y		Y	Y	Y		
38900		IO MAP OF SENT LYMPH NODE	7/1/2015	RBRVS	$136.97	$136.97			Y						
38999		BLOOD/LYMPH SYSTEM PROCEDURE	7/1/2014	FEE SCHED	$473.53	$0.00	090		Y	Y		Y	Y		
39000		EXPLORATION OF CHEST	7/1/2015	RBRVS	$491.57	$491.57	090		Y	Y		Y	Y		
39010		EXPLORATION OF CHEST	7/1/2015	RBRVS	$783.49	$783.49	090		Y	Y		Y	Y		
39200		REMOVAL CHEST LESION	7/1/2015	RBRVS	$876.98	$876.98	090		Y	Y		Y	Y		
39220		REMOVAL CHEST LESION	7/1/2015	RBRVS	$1,133.37	$1,133.37	090		Y	Y		Y	Y		
39501		REPAIR DIAPHRAGM LACERATION	7/1/2015	RBRVS	$841.36	$841.36	090		Y	Y		Y	Y		
39503		REPAIR OF DIAPHRAGM HERNIA	7/1/2015	RBRVS	$6,126.27	$6,126.27	090		Y	Y		Y	Y		
39540		REPAIR OF DIAPHRAGM HERNIA	7/1/2015	RBRVS	$861.76	$861.76	090		Y	Y		Y	Y		
39541		REPAIR OF DIAPHRAGM HERNIA	7/1/2015	RBRVS	$939.47	$939.47	090		Y	Y		Y	Y		
39545		REVISION OF DIAPHRAGM	7/1/2015	RBRVS	$886.69	$886.69	090		Y	Y		Y	Y		
39560		RESECT DIAPHRAGM SIMPLE	7/1/2015	RBRVS	$789.81	$789.81	090		Y	Y		Y	Y		
39561		RESECT DIAPHRAGM COMPLEX	7/1/2015	RBRVS	$1,227.54	$1,227.54			Y						
39599		DIAPHRAGM SURGERY PROCEDURE	7/1/2014	FEE SCHED	$1,542.20	$0.00									
4003F		PT ED WRITE/ORAL PTS W/ HF	1/1/2006	RBRVS	$0.00	$0.00									
4004F		PT TOBACCO USE DONE RCVD TLK	9/1/2011	RBRVS	$0.00	$0.00									
4005F		PHARM THX FOR OP RXD	7/1/2007	RBRVS	$0.00	$0.00									
4008F		BETA-BLOCKER THERAPY RXD/TKN	1/1/2012	RBRVS	$0.00	$0.00									
4010F		ACE/ARB THERAPY RXD/TAKEN	1/1/2012	RBRVS	$0.00	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
4011F		ORAL ANTIPLATELET THERAPY RX	10/1/2007	RBRVS	$0.00	$0.00									
4012F		WARFARIN THERAPY RX	1/1/2006	RBRVS	$0.00	$0.00									
4014F		WRITTEN DISCHARGE INSTR PRVD	1/1/2006	RBRVS	$0.00	$0.00									
4015F		PERSIST ASTHMA MEDICINE CTRL	1/1/2006	RBRVS	$0.00	$0.00									
4016F		ANTI-INFLM/ANLGSC AGENT RX	1/1/2006	RBRVS	$0.00	$0.00									
4017F		GI PROPHYLAXIS FOR NSAID RX	1/1/2006	RBRVS	$0.00	$0.00									
4018F		THERAPY EXERCISE JOINT RX	1/1/2006	RBRVS	$0.00	$0.00									
4019F		DOC RECPT COUNSL VIT D/CALC+	7/1/2007	RBRVS	$0.00	$0.00									
4025F		INHALED BRONCHODILATOR RX	7/1/2006	RBRVS	$0.00	$0.00									
4030F		OXYGEN THERAPY RX	7/1/2006	RBRVS	$0.00	$0.00									
4033F		PULMONARY REHAB REC	7/1/2006	RBRVS	$0.00	$0.00									
4040F		PNEUMOC VAC/ADMIN/RCVD	7/1/2006	RBRVS	$0.00	$0.00									
4050F		HT CARE PLAN DOC	7/1/2006	RBRVS	$0.00	$0.00									
4051F		REFERRED FOR AN AV FISTULA	10/1/2006	RBRVS	$0.00	$0.00									
4052F		HEMODIALYSIS VIA AV FISTULA	10/1/2006	RBRVS	$0.00	$0.00									
4053F		HEMODIALYSIS VIA AV GRAFT	10/1/2006	RBRVS	$0.00	$0.00									
4054F		HEMODIALYSIS VIA CATHETER	10/1/2006	RBRVS	$0.00	$0.00									
4055F		PT RCVNG PERITON DIALYSIS	10/1/2006	RBRVS	$0.00	$0.00									
4056F		APPROP ORAL REHYD RECOMMD	10/1/2006	RBRVS	$0.00	$0.00									
4058F		PED GASTRO ED GIVEN, CAREGVR	10/1/2006	RBRVS	$0.00	$0.00									
4060F		PSYCH SVCS PROVIDED	10/1/2006	RBRVS	$0.00	$0.00									
4062F		PT REFERRAL PSYCH DOCD	10/1/2006	RBRVS	$0.00	$0.00									
4063F		ANTIDEPRES RXTHXPY NOT RXD	9/1/2011	RBRVS	$0.00	$0.00									
4064F		ANTIDEPRESSANT PRESCRIBED	10/1/2006	RBRVS	$0.00	$0.00									
4065F		ANTIPSYCHOTIC RX PRESCRIBED	10/1/2006	RBRVS	$0.00	$0.00									
4066F		ECT PROVIDED	10/1/2006	RBRVS	$0.00	$0.00									
4067F		PT REFERRAL FOR ECT DOCD	10/1/2006	RBRVS	$0.00	$0.00									
4069F		VTE PROPHYLAXIS RCVD	1/1/2012	RBRVS	$0.00	$0.00			Y						
40799		LIP SURGERY PROCEDURE	7/1/2014	FEE SCHED	$110.00	$0.00	010		Y	Y					
40800		DRAINAGE OF MOUTH LESION	7/1/2015	RBRVS	$206.50	$130.05	010		Y	Y					
40801		DRAINAGE OF MOUTH LESION	7/1/2015	RBRVS	$310.40	$220.66	010		Y	Y					
40804		REMOVAL FOREIGN BODY MOUTH	7/1/2015	RBRVS	$206.50	$129.06	010		Y	Y					
40805		REMOVAL FOREIGN BODY MOUTH	7/1/2015	RBRVS	$316.94	$231.52	010		Y	Y					
40808		BIOPSY OF MOUTH LESION	7/1/2015	RBRVS	$182.00	$107.22	010		Y	Y					
40830		REPAIR MOUTH LACERATION	7/1/2015	RBRVS	$259.28	$163.89	010		Y	Y					
40831		REPAIR MOUTH LACERATION	7/1/2015	RBRVS	$329.04	$221.02	090		Y	Y		Y			
40840		RECONSTRUCTION OF MOUTH	7/1/2015	RBRVS	$794.46	$618.64	090		Y	Y		Y			
40843		RECONSTRUCTION OF MOUTH	7/1/2015	RBRVS	$1,067.37	$851.00	090		Y	Y		Y			
40844		RECONSTRUCTION OF MOUTH	7/1/2015	RBRVS	$1,264.53	$1,034.19									
4086F		ASPIRIN/CLOPIDOGREL RXD	1/1/2012	RBRVS	$0.00	$0.00	010		Y	Y					
41000		DRAINAGE OF MOUTH LESION	7/1/2015	RBRVS	$159.10	$111.24	010		Y	Y					
41005		DRAINAGE OF MOUTH LESION	7/1/2015	RBRVS	$220.46	$123.07	090		Y	Y					
41006		DRAINAGE OF MOUTH LESION	7/1/2015	RBRVS	$375.71	$264.69	090		Y	Y					
41007		DRAINAGE OF MOUTH LESION	7/1/2015	RBRVS	$369.59	$256.92	090		Y	Y					
41008		DRAINAGE OF MOUTH LESION	7/1/2015	RBRVS	$372.38	$267.03	090		Y	Y					
41009		DRAINAGE OF MOUTH LESION	7/1/2015	RBRVS	$395.11	$290.09	090		Y	Y					

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
41015		DRAINAGE OF MOUTH LESION	7/1/2015	RBRVS	$444.90	$347.19	090		Y	Y					
41016		DRAINAGE OF MOUTH LESION	7/1/2015	RBRVS	$432.54	$348.12	090		Y	Y					
41017		DRAINAGE OF MOUTH LESION	7/1/2015	RBRVS	$438.99	$350.91	090		Y	Y					
41018		DRAINAGE OF MOUTH LESION	7/1/2015	RBRVS	$496.62	$408.21	000		Y	Y			Y	Y	
41019		PLACE NEEDLES H&N FOR RT	7/1/2015	RBRVS	$449.56	$449.56	010		Y	Y					
41100		BIOPSY OF TONGUE	7/1/2015	RBRVS	$164.18	$106.69	090		Y	Y		Y	Y		
41120		PARTIAL REMOVAL OF TONGUE	7/1/2015	RBRVS	$1,024.69	$1,024.69	090		Y	Y		Y	Y		
41130		PARTIAL REMOVAL OF TONGUE	7/1/2015	RBRVS	$1,270.28	$1,270.28	090		Y	Y		Y	Y		
41135		TONGUE AND NECK SURGERY	7/1/2015	RBRVS	$2,113.67	$2,113.67	090		Y	Y		Y	Y		
41140		REMOVAL OF TONGUE	7/1/2015	RBRVS	$2,121.75	$2,121.75	090		Y	Y		Y	Y		
41145		TONGUE REMOVAL NECK SURGERY	7/1/2015	RBRVS	$2,686.18	$2,686.18	090		Y	Y		Y	Y		
41150		TONGUE MOUTH JAW SURGERY	7/1/2015	RBRVS	$2,132.78	$2,132.78	090		Y	Y		Y	Y		
41153		TONGUE MOUTH NECK SURGERY	7/1/2015	RBRVS	$2,329.74	$2,329.74	090		Y	Y		Y	Y		
41155		TONGUE JAW & NECK SURGERY	7/1/2015	RBRVS	$2,935.49	$2,935.49	010		Y	Y					
41250		REPAIR TONGUE LACERATION	7/1/2015	RBRVS	$261.67	$151.65	010		Y	Y					
41251		REPAIR TONGUE LACERATION	7/1/2015	RBRVS	$285.50	$181.47	010		Y	Y					
41252		REPAIR TONGUE LACERATION	7/1/2015	RBRVS	$308.37	$207.33									
4140F		INHALED CORTICOSTEROIDS RXD	1/1/2012	RBRVS	$0.00	$0.00									
4142F		CORTICOSTER SPARNG TXMNT RXD	1/1/2012	RBRVS	$0.00	$0.00									
4144F		ALT LONG-TERM CNTRL MED RXD	1/1/2012	RBRVS	$0.00	$0.00									
4148F		HEP A VACCINE ADMIN/RECVD	1/1/2009	RBRVS	$0.00	$0.00	090		Y	Y					
41512		TONGUE SUSPENSION	7/1/2015	RBRVS	$621.39	$621.39	010		Y	Y					
41530		TONGUE BASE VOL REDUCTION	7/1/2015	RBRVS	$3,077.45	$405.85	010		Y	Y					
41800		DRAINAGE OF GUM LESION	7/1/2015	RBRVS	$260.84	$143.18	010		Y	Y					
41805		REMOVAL FOREIGN BODY GUM	7/1/2015	RBRVS	$242.69	$168.91	010		Y	Y					
41806		REMOVAL FOREIGN BODY JAWBONE	7/1/2015	RBRVS	$348.85	$258.12									
4192F		PT NOT RCVNG GLUCOCO THXPY	1/1/2009	RBRVS	$0.00	$0.00									
4193F		PT RCVNG<10MG DAILY PREDNISO	1/1/2009	RBRVS	$0.00	$0.00									
4194F		PT RCVNG10MG DAILY PREDNISO	1/1/2009	RBRVS	$0.00	$0.00									
4195F		PT RCVNG ANTI-RHEUM THXPY RA	1/1/2009	RBRVS	$0.00	$0.00									
4196F		PTNOT RCVNG ANTI-RHM THXPYRA	1/1/2009	RBRVS	$0.00	$0.00	010		Y	Y					
42000		DRAINAGE MOUTH ROOF LESION	7/1/2015	RBRVS	$153.58	$101.73	010		Y	Y					
42180		REPAIR PALATE	7/1/2015	RBRVS	$237.11	$180.61	010		Y	Y					
42182		REPAIR PALATE	7/1/2015	RBRVS	$311.99	$251.50	090		Y	Y		Y			
42260		REPAIR NOSE TO LIP FISTULA	7/1/2015	RBRVS	$844.84	$709.91	010		Y	Y					
42300		DRAINAGE OF SALIVARY GLAND	7/1/2015	RBRVS	$203.67	$150.16	090		Y	Y					
42305		DRAINAGE OF SALIVARY GLAND	7/1/2015	RBRVS	$422.60	$422.60	010		Y	Y					
42310		DRAINAGE OF SALIVARY GLAND	7/1/2015	RBRVS	$157.34	$122.11	010		Y	Y					
42320		DRAINAGE OF SALIVARY GLAND	7/1/2015	RBRVS	$242.59	$172.46									
4240F		INSTR EXERCISE BK PN >12 WKS	4/1/2008	RBRVS	$0.00	$0.00	090		Y	Y	Y	Y	Y		
42410		EXCISE PAROTID GLAND/LESION	7/1/2015	RBRVS	$609.76	$609.76	090		Y	Y	Y	Y	Y		
42415		EXCISE PAROTID GLAND/LESION	7/1/2015	RBRVS	$1,036.43	$1,036.43									
4242F		SPRVSD XRCZ BACK PN >12 WKS	4/1/2008	RBRVS	$0.00	$0.00	090		Y	Y	Y	Y	Y		
42420		EXCISE PAROTID GLAND/LESION	7/1/2015	RBRVS	$1,164.62	$1,164.62	090		Y	Y	Y	Y	Y		
42425		EXCISE PAROTID GLAND/LESION	7/1/2015	RBRVS	$819.62	$819.62	090		Y	Y	Y	Y	Y		
42426		EXCISE PAROTID GLAND/LESION	7/1/2015	RBRVS	$1,327.14	$1,327.14	090		Y	Y	Y	Y	Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
42440		EXCISE SUBMAXILLARY GLAND	7/1/2015	RBRVS	$404.16	$404.16									
4250F		WARMNG SURG NORMOTHERMIA	4/1/2008	RBRVS	$0.00	$0.00	090		Y	Y		Y			
42507		PAROTID DUCT DIVERSION	7/1/2015	RBRVS	$501.14	$501.14	090		Y	Y		Y	Y		
42510		PAROTID DUCT DIVERSION	7/1/2015	RBRVS	$614.81	$614.81									
4255F		ANESTH 60 MIN/> AS DOCD	1/1/2010	RBRVS	$0.00	$0.00									
4267F		COMPRSSION THXPY PRESCRIBED	1/1/2009	RBRVS	$0.00	$0.00									
4268F		PT ED RE COMP THXPY RCVD	7/1/2009	RBRVS	$0.00	$0.00									
4269F		APPROPOS MTHD OFFLOADING RXD	7/1/2009	RBRVS	$0.00	$0.00			Y						
42699		SALIVARY SURGERY PROCEDURE	7/1/2014	FEE SCHED	$841.90	$0.00	010		Y	Y					
42700		DRAINAGE OF TONSIL ABSCESS	7/1/2015	RBRVS	$184.76	$133.57	010		Y	Y					
42720		DRAINAGE OF THROAT ABSCESS	7/1/2015	RBRVS	$443.71	$384.88	090		Y	Y		Y	Y		
42725		DRAINAGE OF THROAT ABSCESS	7/1/2015	RBRVS	$803.10	$803.10									
4279F		PCP PROPHYLAXIS RXD	9/1/2011	RBRVS	$0.00	$0.00	010		Y	Y					
42809		REMOVE PHARYNX FOREIGN BODY	7/1/2015	RBRVS	$169.04	$130.82	090		Y	Y	Y	Y			
42810		EXCISION OF NECK CYST	7/1/2015	RBRVS	$377.34	$282.61	090		Y	Y	Y	Y	Y		
42815		EXCISION OF NECK CYST	7/1/2015	RBRVS	$548.51	$548.51	090		Y	Y		Y	Y		
42844		EXTENSIVE SURGERY OF THROAT	7/1/2015	RBRVS	$1,338.78	$1,338.78	090		Y	Y		Y	Y		
42845		EXTENSIVE SURGERY OF THROAT	7/1/2015	RBRVS	$2,169.37	$2,169.37	090		Y	Y		Y	Y		
42890		PARTIAL REMOVAL OF PHARYNX	7/1/2015	RBRVS	$1,378.77	$1,378.77	090		Y	Y		Y	Y		
42892		REVISION OF PHARYNGEAL WALLS	7/1/2015	RBRVS	$1,834.45	$1,834.45	090		Y	Y		Y	Y		
42894		REVISION OF PHARYNGEAL WALLS	7/1/2015	RBRVS	$2,299.33	$2,299.33									
4293F		PT SCRND HGH-RISK SEX BEHAV	7/1/2009	RBRVS	$0.00	$0.00	090		Y	Y		Y	Y		
42950		RECONSTRUCTION OF THROAT	7/1/2015	RBRVS	$773.02	$773.02	090		Y	Y		Y			
42953		REPAIR THROAT ESOPHAGUS	7/1/2015	RBRVS	$930.30	$930.30	090		Y	Y		Y			
42955		SURGICAL OPENING OF THROAT	7/1/2015	RBRVS	$732.78	$732.78	090		Y	Y		Y			
42961		CONTROL THROAT BLEEDING	7/1/2015	RBRVS	$414.13	$414.13	090		Y	Y					
42962		CONTROL THROAT BLEEDING	7/1/2015	RBRVS	$508.56	$508.56	090		Y	Y		Y			
42971		CONTROL NOSE/THROAT BLEEDING	7/1/2015	RBRVS	$448.00	$448.00	090		Y	Y		Y			
42972		CONTROL NOSE/THROAT BLEEDING	7/1/2015	RBRVS	$501.64	$501.64									
4300F		PT RCVNG WARF THXPY	7/1/2009	RBRVS	$0.00	$0.00									
4301F		PT NOT RCVNG WARF THXPY	7/1/2009	RBRVS	$0.00	$0.00	090		Y	Y		Y	Y		
43020		INCISION OF ESOPHAGUS	7/1/2015	RBRVS	$559.14	$559.14	090		Y	Y		Y	Y		
43030		THROAT MUSCLE SURGERY	7/1/2015	RBRVS	$509.42	$509.42	090		Y	Y		Y	Y		
43045		INCISION OF ESOPHAGUS	7/1/2015	RBRVS	$1,301.95	$1,301.95									
4305F		PT ED RE FT CARE INSPCT RCVD	7/1/2009	RBRVS	$0.00	$0.00									
4306F		PT TLK PSYCH & RX OPD ADDIC	7/1/2009	RBRVS	$0.00	$0.00	090		Y	Y		Y	Y		
43100		EXCISION OF ESOPHAGUS LESION	7/1/2015	RBRVS	$614.58	$614.58	090		Y	Y		Y	Y		
43101		EXCISION OF ESOPHAGUS LESION	7/1/2015	RBRVS	$1,056.16	$1,056.16	090		Y	Y		Y	Y		
43130		REMOVAL OF ESOPHAGUS POUCH	7/1/2015	RBRVS	$774.36	$774.36	090		Y	Y		Y	Y		
43135		REMOVAL OF ESOPHAGUS POUCH	7/1/2015	RBRVS	$1,490.18	$1,490.18	000		Y	Y					
43201		ESOPH SCOPE W/SUBMUCOUS INJ	7/1/2015	RBRVS	$265.32	$109.11	000		Y	Y					
43206		ESOPH OPTICAL ENDOMICROSCOPY	7/1/2015	RBRVS	$317.21	$139.39									
4322F		CRGVR PROV W/ ED ADDL RSRCS	1/1/2012	RBRVS	$0.00	$0.00	000		Y	Y					
43229		ESOPHAGOSCOPY LESION ABLATE	7/1/2015	RBRVS	$698.04	$205.47	000		Y	Y					
43233		EGD BALLOON DIL ESOPH30 MM/>	7/1/2015	RBRVS	$234.09	$234.09	000		Y	Y					
43236		UPPR GI SCOPE W/SUBMUC INJ	7/1/2015	RBRVS	$374.94	$145.61	000		Y	Y					

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
43237		ENDOSCOPIC US EXAM ESOPH	7/1/2015	RBRVS	$203.24	$203.24	000		Y	Y					
43238		UPPR GI ENDOSCOPY W/US FN BX	7/1/2015	RBRVS	$242.13	$242.13									
4324F		PT QUERIED PRKNS COMPLIC	1/1/2011	RBRVS	$0.00	$0.00									
4325F		MED TXMNT OPTIONS RVWD W/PT	1/1/2011	RBRVS	$0.00	$0.00	000		Y	Y					
43252		UPPR GI OPTICL ENDOMICRSCOPY	7/1/2015	RBRVS	$355.57	$176.75	000		Y	Y					
43253		EGD US TRANSMURAL INJXN/MARK	7/1/2015	RBRVS	$272.74	$272.74	000		Y	Y					
43254		EGD ENDO MUCOSAL RESECTION	7/1/2015	RBRVS	$279.69	$279.69									
4326F		PT ASKED RE SYMP AUTO DYSFXN	1/1/2011	RBRVS	$0.00	$0.00	000		Y	Y					
43266		EGD ENDOSCOPIC STENT PLACE	7/1/2015	RBRVS	$234.81	$234.81	000		Y	Y					
43270		EGD LESION ABLATION	7/1/2015	RBRVS	$727.56	$241.63	ZZZ		Y						
43273		ENDOSCOPIC PANCREATOSCOPY	7/1/2015	RBRVS	$121.38	$121.38	000		Y	Y					
43274		ERCP DUCT STENT PLACEMENT	7/1/2015	RBRVS	$474.48	$474.48	000		Y	Y					
43275		ERCP REMOVE FORGN BODY DUCT	7/1/2015	RBRVS	$387.00	$387.00	000		Y	Y					
43276		ERCP STENT EXCHANGE W/DILATE	7/1/2015	RBRVS	$493.80	$493.80	000		Y	Y					
43277		ERCP EA DUCT/AMPULLA DILATE	7/1/2015	RBRVS	$389.00	$389.00	000		Y	Y					
43278		ERCP LESION ABLATE W/DILATE	7/1/2015	RBRVS	$444.31	$444.31	090		Y	Y		Y	Y		
43279		LAP MYOTOMY HELLER	7/1/2015	RBRVS	$1,284.64	$1,284.64									
4328F		PT ASKED RE SLEEP DISTURB	1/1/2011	RBRVS	$0.00	$0.00	090		Y	Y		Y	Y		
43280		LAPAROSCOPY FUNDOPLASTY	7/1/2015	RBRVS	$1,072.18	$1,072.18	090		Y	Y		Y	Y		
43281		LAP PARAESOPHAG HERN REPAIR	7/1/2015	RBRVS	$1,533.45	$1,533.45	090		Y	Y		Y	Y		
43282		LAP PARAESOPH HER RPR W/MESH	7/1/2015	RBRVS	$1,724.67	$1,724.67	ZZZ		Y			Y	Y		
43283		LAP ESOPH LENGTHENING	7/1/2015	RBRVS	$158.80	$158.80									
4330F		CNSLNG EPI SPEC SFTY ISSUES	9/1/2011	RBRVS	$0.00	$0.00	090		Y	Y		Y	Y		
43300		REPAIR OF ESOPHAGUS	7/1/2015	RBRVS	$602.48	$602.48	090		Y	Y		Y	Y		
43305		REPAIR ESOPHAGUS AND FISTULA	7/1/2015	RBRVS	$1,071.26	$1,071.26	090		Y	Y		Y	Y		
43310		REPAIR OF ESOPHAGUS	7/1/2015	RBRVS	$1,476.15	$1,476.15	090		Y	Y		Y	Y		
43312		REPAIR ESOPHAGUS AND FISTULA	7/1/2015	RBRVS	$1,605.24	$1,605.24	090		Y	Y		Y	Y		
43313		ESOPHAGOPLASTY CONGENITAL	7/1/2015	RBRVS	$2,526.57	$2,526.57	090		Y	Y		Y	Y		
43314		TRACHEO-ESOPHAGOPLASTY CONG	7/1/2015	RBRVS	$2,727.29	$2,727.29	090		Y	Y		Y	Y		
43320		FUSE ESOPHAGUS & STOMACH	7/1/2015	RBRVS	$1,386.84	$1,386.84	090		Y	Y		Y	Y		
43325		REVISE ESOPHAGUS & STOMACH	7/1/2015	RBRVS	$1,335.46	$1,335.46	090		Y	Y		Y	Y		
43327		ESOPH FUNDOPLASTY LAP	7/1/2015	RBRVS	$809.64	$809.64	090		Y	Y		Y	Y		
43328		ESOPH FUNDOPLASTY THOR	7/1/2015	RBRVS	$1,132.92	$1,132.92	090		Y	Y		Y	Y		
43330		ESOPHAGOMYOTOMY ABDOMINAL	7/1/2015	RBRVS	$1,324.49	$1,324.49	090		Y	Y		Y	Y		
43331		ESOPHAGOMYOTOMY THORACIC	7/1/2015	RBRVS	$1,343.93	$1,343.93	090		Y	Y		Y	Y		
43332		TRANSAB ESOPH HIAT HERN RPR	7/1/2015	RBRVS	$1,153.22	$1,153.22	090		Y	Y		Y	Y		
43333		TRANSAB ESOPH HIAT HERN RPR	7/1/2015	RBRVS	$1,255.42	$1,255.42	090		Y	Y		Y	Y		
43334		TRANSTHOR DIAPHRAG HERN RPR	7/1/2015	RBRVS	$1,251.30	$1,251.30	090		Y	Y		Y	Y		
43335		TRANSTHOR DIAPHRAG HERN RPR	7/1/2015	RBRVS	$1,345.93	$1,345.93	090		Y	Y		Y	Y		
43336		THORABD DIAPHR HERN REPAIR	7/1/2015	RBRVS	$1,513.84	$1,513.84	090		Y	Y		Y	Y		
43337		THORABD DIAPHR HERN REPAIR	7/1/2015	RBRVS	$1,626.82	$1,626.82	ZZZ		Y			Y	Y		
43338		ESOPH LENGTHENING	7/1/2015	RBRVS	$116.16	$116.16	090		Y	Y		Y	Y		
43340		FUSE ESOPHAGUS & INTESTINE	7/1/2015	RBRVS	$1,368.53	$1,368.53	090		Y	Y		Y	Y		
43341		FUSE ESOPHAGUS & INTESTINE	7/1/2015	RBRVS	$1,470.93	$1,470.93	090		Y	Y		Y	Y		
43351		SURGICAL OPENING ESOPHAGUS	7/1/2015	RBRVS	$1,381.42	$1,381.42	090		Y	Y		Y	Y		
43352		SURGICAL OPENING ESOPHAGUS	7/1/2015	RBRVS	$1,068.66	$1,068.66									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
4340F		CNSLNG CHLDBRNG+ WOMEN EPI	9/1/2011	RBRVS	$0.00	$0.00	090		Y	Y		Y	Y		
43400		LIGATE ESOPHAGUS VEINS	7/1/2015	RBRVS	$1,511.88	$1,511.88	090		Y	Y		Y	Y		
43401		ESOPHAGUS SURGERY FOR VEINS	7/1/2015	RBRVS	$1,560.64	$1,560.64	090		Y	Y		Y	Y		
43410		REPAIR ESOPHAGUS WOUND	7/1/2015	RBRVS	$1,043.64	$1,043.64	090		Y	Y		Y	Y		
43415		REPAIR ESOPHAGUS WOUND	7/1/2015	RBRVS	$2,557.62	$2,557.62	090		Y	Y		Y	Y		
43425		REPAIR ESOPHAGUS OPENING	7/1/2015	RBRVS	$1,447.83	$1,447.83			Y						
43496		FREE JEJUNUM FLAP MICROVASC	7/1/2014	FEE SCHED	$911.34	$0.00			Y						
43499		ESOPHAGUS SURGERY PROCEDURE	7/1/2014	FEE SCHED	$1,591.16	$0.00									
4350F		CNSLNG PROVIDED SYMP MNGMNT	1/1/2012	RBRVS	$0.00	$0.00	090		Y	Y		Y	Y		
43500		SURGICAL OPENING OF STOMACH	7/1/2015	RBRVS	$775.38	$775.38	090		Y	Y		Y	Y		
43501		SURGICAL REPAIR OF STOMACH	7/1/2015	RBRVS	$1,335.89	$1,335.89	090		Y	Y		Y	Y		
43510		SURGICAL OPENING OF STOMACH	7/1/2015	RBRVS	$936.95	$936.95	090		Y	Y		Y	Y		
43520		INCISION OF PYLORIC MUSCLE	7/1/2015	RBRVS	$679.69	$679.69	090		Y	Y		Y	Y		
43605		BIOPSY OF STOMACH	7/1/2015	RBRVS	$826.74	$826.74	090		Y	Y		Y	Y		
43610		EXCISION OF STOMACH LESION	7/1/2015	RBRVS	$972.41	$972.41	090		Y	Y		Y	Y		
43620		REMOVAL OF STOMACH	7/1/2015	RBRVS	$1,955.36	$1,955.36			Y						
43647		LAP IMPL ELECTRODE ANTRUM	7/1/2014	FEE SCHED	$1,129.03	$0.00			Y						
43648		LAP REVISE/REMV ELTRD ANTRUM	7/1/2014	FEE SCHED	$1,029.03	$0.00	000		Y			Y			
43753		TX GASTRO INTUB W/ASP	7/1/2015	RBRVS	$20.97	$20.97	000		Y			Y			
43754		DX GASTR INTUB W/ASP SPEC	7/1/2015	RBRVS	$124.50	$35.43	000		Y			Y			
43755		DX GASTR INTUB W/ASP SPECS	7/1/2015	RBRVS	$134.01	$61.55	000		Y			Y			
43756		DX DUOD INTUB W/ASP SPEC	7/1/2015	RBRVS	$196.59	$51.02	000		Y			Y			
43757		DX DUOD INTUB W/ASP SPECS	7/1/2015	RBRVS	$281.21	$77.80	000		Y	Y					
43760		CHANGE GASTROSTOMY TUBE	7/1/2015	RBRVS	$465.71	$46.93	000		Y	Y					
43761		REPOSITION GASTROSTOMY TUBE	7/1/2015	RBRVS	$113.33	$101.04	090		Y	Y		Y	Y		
43800		RECONSTRUCTION OF PYLORUS	7/1/2015	RBRVS	$920.70	$920.70	090		Y	Y		Y	Y		
43810		FUSION OF STOMACH AND BOWEL	7/1/2015	RBRVS	$1,010.90	$1,010.90	090		Y	Y		Y	Y		
43820		FUSION OF STOMACH AND BOWEL	7/1/2015	RBRVS	$1,329.11	$1,329.11	090		Y	Y		Y	Y		
43825		FUSION OF STOMACH AND BOWEL	7/1/2015	RBRVS	$1,299.56	$1,299.56	090		Y	Y		Y	Y		
43830		PLACE GASTROSTOMY TUBE	7/1/2015	RBRVS	$690.00	$690.00	090		Y	Y		Y	Y		
43831		PLACE GASTROSTOMY TUBE	7/1/2015	RBRVS	$586.60	$586.60	090		Y	Y		Y	Y		
43832		PLACE GASTROSTOMY TUBE	7/1/2015	RBRVS	$1,030.84	$1,030.84	090		Y	Y		Y	Y		
43840		REPAIR OF STOMACH LESION	7/1/2015	RBRVS	$1,345.96	$1,345.96	090		Y	Y		Y	Y		
43850		REVISE STOMACH-BOWEL FUSION	7/1/2015	RBRVS	$1,618.38	$1,618.38	090		Y	Y		Y	Y		
43855		REVISE STOMACH-BOWEL FUSION	7/1/2015	RBRVS	$1,679.63	$1,679.63	090		Y	Y		Y	Y		
43860		REVISE STOMACH-BOWEL FUSION	7/1/2015	RBRVS	$1,623.79	$1,623.79	090		Y	Y		Y	Y		
43865		REVISE STOMACH-BOWEL FUSION	7/1/2015	RBRVS	$1,699.17	$1,699.17	090		Y	Y		Y	Y		
43870		REPAIR STOMACH OPENING	7/1/2015	RBRVS	$704.96	$704.96	090		Y	Y		Y	Y		
43880		REPAIR STOMACH-BOWEL FISTULA	7/1/2015	RBRVS	$1,580.85	$1,580.85			Y						
43881		IMPL/REDO ELECTRD ANTRUM	7/1/2014	FEE SCHED	$1,129.03	$0.00			Y						
43882		REVISE/REMOVE ELECTRD ANTRUM	7/1/2014	FEE SCHED	$1,029.03	$0.00									
4400F		REHAB THXPY OPTIONS W/PT	1/1/2011	RBRVS	$0.00	$0.00	090		Y	Y		Y	Y		
44005		FREEING OF BOWEL ADHESION	7/1/2015	RBRVS	$1,083.09	$1,083.09	090		Y	Y		Y	Y		
44010		INCISION OF SMALL BOWEL	7/1/2015	RBRVS	$857.05	$857.05	ZZZ		Y			Y	Y		
44015		INSERT NEEDLE CATH BOWEL	7/1/2015	RBRVS	$142.25	$142.25	090		Y	Y		Y	Y		
44020		EXPLORE SMALL INTESTINE	7/1/2015	RBRVS	$965.30	$965.30	090		Y	Y		Y	Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
44021		DECOMPRESS SMALL BOWEL	7/1/2015	RBRVS	$965.83	$965.83	090		Y	Y		Y	Y		
44025		INCISION OF LARGE BOWEL	7/1/2015	RBRVS	$976.40	$976.40	090		Y	Y		Y	Y		
44050		REDUCE BOWEL OBSTRUCTION	7/1/2015	RBRVS	$925.88	$925.88	090		Y	Y		Y	Y		
44055		CORRECT MALROTATION OF BOWEL	7/1/2015	RBRVS	$1,474.95	$1,474.95	090		Y	Y		Y	Y		
44110		EXCISE INTESTINE LESION(S)	7/1/2015	RBRVS	$843.02	$843.02	090		Y	Y		Y	Y		
44111		EXCISION OF BOWEL LESION(S)	7/1/2015	RBRVS	$972.94	$972.94	090		Y	Y		Y	Y		
44120		REMOVAL OF SMALL INTESTINE	7/1/2015	RBRVS	$1,211.85	$1,211.85	090		Y	Y		Y	Y		
44125		REMOVAL OF SMALL INTESTINE	7/1/2015	RBRVS	$1,168.41	$1,168.41	090		Y	Y		Y	Y		
44126		ENTERECTOMY W/O TAPER CONG	7/1/2015	RBRVS	$2,453.12	$2,453.12	090		Y	Y		Y	Y		
44127		ENTERECTOMY W/TAPER CONG	7/1/2015	RBRVS	$2,837.74	$2,837.74	ZZZ		Y			Y	Y		
44128		ENTERECTOMY CONG ADD-ON	7/1/2015	RBRVS	$243.63	$243.63	090		Y	Y		Y	Y		
44130		BOWEL TO BOWEL FUSION	7/1/2015	RBRVS	$1,299.43	$1,299.43	090		Y	Y		Y	Y		
44140		PARTIAL REMOVAL OF COLON	7/1/2015	RBRVS	$1,328.81	$1,328.81	090		Y	Y		Y	Y		
44141		PARTIAL REMOVAL OF COLON	7/1/2015	RBRVS	$1,806.22	$1,806.22	090		Y	Y		Y	Y		
44143		PARTIAL REMOVAL OF COLON	7/1/2015	RBRVS	$1,648.48	$1,648.48	090		Y	Y		Y	Y		
44144		PARTIAL REMOVAL OF COLON	7/1/2015	RBRVS	$1,753.88	$1,753.88	090		Y	Y		Y	Y		
44145		PARTIAL REMOVAL OF COLON	7/1/2015	RBRVS	$1,640.61	$1,640.61	090		Y	Y		Y	Y		
44146		PARTIAL REMOVAL OF COLON	7/1/2015	RBRVS	$2,098.88	$2,098.88	090		Y	Y		Y	Y		
44147		PARTIAL REMOVAL OF COLON	7/1/2015	RBRVS	$1,927.54	$1,927.54	090		Y	Y		Y	Y		
44150		REMOVAL OF COLON	7/1/2015	RBRVS	$1,849.57	$1,849.57	090		Y	Y		Y	Y		
44151		REMOVAL OF COLON/ILEOSTOMY	7/1/2015	RBRVS	$2,134.61	$2,134.61	090		Y	Y		Y	Y		
44155		REMOVAL OF COLON/ILEOSTOMY	7/1/2015	RBRVS	$2,052.64	$2,052.64	090		Y	Y		Y	Y		
44156		REMOVAL OF COLON/ILEOSTOMY	7/1/2015	RBRVS	$2,295.84	$2,295.84	090		Y	Y		Y	Y		
44157		COLECTOMY W/ILEOANAL ANAST	7/1/2015	RBRVS	$2,165.88	$2,165.88	090		Y	Y		Y	Y		
44158		COLECTOMY W/NEO-RECTUM POUCH	7/1/2015	RBRVS	$2,073.72	$2,073.72	090		Y	Y		Y	Y		
44160		REMOVAL OF COLON	7/1/2015	RBRVS	$1,228.84	$1,228.84	090		Y	Y		Y	Y		
44180		LAP ENTEROLYSIS	7/1/2015	RBRVS	$909.26	$909.26	090		Y	Y		Y	Y		
44186		LAP JEJUNOSTOMY	7/1/2015	RBRVS	$645.49	$645.49	090		Y	Y		Y	Y		
44187		LAP ILEO/JEJUNO-STOMY	7/1/2015	RBRVS	$1,091.87	$1,091.87	090		Y	Y		Y	Y		
44188		LAP COLOSTOMY	7/1/2015	RBRVS	$1,208.89	$1,208.89	090		Y	Y		Y	Y		
44202		LAP ENTERECTOMY	7/1/2015	RBRVS	$1,372.15	$1,372.15	ZZZ		Y			Y	Y		
44203		LAP RESECT S/INTESTINE ADDL	7/1/2015	RBRVS	$243.63	$243.63	090		Y	Y		Y	Y		
44204		LAPARO PARTIAL COLECTOMY	7/1/2015	RBRVS	$1,521.91	$1,521.91	090		Y	Y		Y	Y		
44205		LAP COLECTOMY PART W/ILEUM	7/1/2015	RBRVS	$1,323.69	$1,323.69	090		Y	Y		Y	Y		
44206		LAP PART COLECTOMY W/STOMA	7/1/2015	RBRVS	$1,735.86	$1,735.86	090		Y	Y		Y	Y		
44207		L COLECTOMY/COLOPROCTOSTOMY	7/1/2015	RBRVS	$1,801.94	$1,801.94	090		Y	Y		Y	Y		
44208		L COLECTOMY/COLOPROCTOSTOMY	7/1/2015	RBRVS	$1,967.46	$1,967.46	090		Y	Y		Y	Y		
44210		LAPARO TOTAL PROCTOCOLECTOMY	7/1/2015	RBRVS	$1,756.97	$1,756.97	090		Y	Y		Y	Y		
44211		LAPARO TOTAL PROCTOCOLECTOMY	7/1/2015	RBRVS	$2,141.06	$2,141.06	090		Y	Y		Y	Y		
44212		LAPARO TOTAL PROCTOCOLECTOMY	7/1/2015	RBRVS	$2,021.37	$2,021.37	ZZZ		Y			Y	Y		
44213		LAP MOBIL SPLENIC FL ADD-ON	7/1/2015	RBRVS	$187.46	$187.46	090		Y	Y		Y	Y		
44227		LAP CLOSE ENTEROSTOMY	7/1/2015	RBRVS	$1,653.64	$1,653.64			Y						
44238		LAPAROSCOPE PROC INTESTINE	7/1/2014	FEE SCHED	$1,717.10	$0.00	090		Y	Y		Y	Y		
44300		OPEN BOWEL TO SKIN	7/1/2015	RBRVS	$832.05	$832.05	090		Y	Y		Y	Y		
44310		ILEOSTOMY/JEJUNOSTOMY	7/1/2015	RBRVS	$1,031.74	$1,031.74	090		Y	Y		Y	Y		
44314		REVISION OF ILEOSTOMY	7/1/2015	RBRVS	$989.53	$989.53	090		Y	Y		Y	Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
44316		DEVISE BOWEL POUCH	7/1/2015	RBRVS	$1,404.23	$1,404.23	090		Y	Y		Y	Y		
44320		COLOSTOMY	7/1/2015	RBRVS	$1,187.99	$1,187.99	090		Y	Y		Y	Y		
44322		COLOSTOMY WITH BIOPSIES	7/1/2015	RBRVS	$985.17	$985.17	090		Y	Y			Y		
44340		REVISION OF COLOSTOMY	7/1/2015	RBRVS	$615.11	$615.11	090		Y	Y		Y	Y		
44345		REVISION OF COLOSTOMY	7/1/2015	RBRVS	$1,038.88	$1,038.88	090		Y	Y		Y	Y		
44346		REVISION OF COLOSTOMY	7/1/2015	RBRVS	$1,168.38	$1,168.38									
4450F		SELF-CARE ED PROVIDED TO PT	1/1/2012	RBRVS	$0.00	$0.00	090		Y	Y		Y	Y		
44620		REPAIR BOWEL OPENING	7/1/2015	RBRVS	$858.41	$858.41	090		Y	Y		Y	Y		
44625		REPAIR BOWEL OPENING	7/1/2015	RBRVS	$1,005.82	$1,005.82	090		Y	Y		Y	Y		
44626		REPAIR BOWEL OPENING	7/1/2015	RBRVS	$1,588.26	$1,588.26	090		Y	Y		Y	Y		
44640		REPAIR BOWEL-SKIN FISTULA	7/1/2015	RBRVS	$1,388.21	$1,388.21	090		Y	Y		Y	Y		
44650		REPAIR BOWEL FISTULA	7/1/2015	RBRVS	$1,439.32	$1,439.32	090		Y	Y		Y	Y		
44660		REPAIR BOWEL-BLADDER FISTULA	7/1/2015	RBRVS	$1,315.81	$1,315.81	090		Y	Y		Y	Y		
44661		REPAIR BOWEL-BLADDER FISTULA	7/1/2015	RBRVS	$1,533.61	$1,533.61	090		Y	Y		Y	Y		
44680		SURGICAL REVISION INTESTINE	7/1/2015	RBRVS	$1,056.24	$1,056.24									
4470F		ICD COUNSELING PROVIDED	1/1/2012	RBRVS	$0.00	$0.00	090		Y	Y		Y	Y		
44700		SUSPEND BOWEL W/PROSTHESIS	7/1/2015	RBRVS	$1,005.98	$1,005.98	ZZZ		Y			Y	Y		
44701		INTRAOP COLON LAVAGE ADD-ON	7/1/2015	RBRVS	$167.14	$167.14			Y						
44705		PREPARE FECAL MICROBIOTA	7/1/2013	RBRVS	$0.00	$0.00									
4480F		PT RCVNG ACE/ARB B-BLOCKERTX	1/1/2012	RBRVS	$0.00	$0.00	090		Y	Y		Y	Y		
44800		EXCISION OF BOWEL POUCH	7/1/2015	RBRVS	$756.14	$756.14									
4481F		PT RCVNG ACE/ARB BLKER >3MOS	1/1/2012	RBRVS	$0.00	$0.00	090		Y	Y		Y	Y		
44820		EXCISION OF MESENTERY LESION	7/1/2015	RBRVS	$840.69	$840.69	090		Y	Y		Y	Y		
44850		REPAIR OF MESENTERY	7/1/2015	RBRVS	$743.38	$743.38			Y						
44899		BOWEL SURGERY PROCEDURE	7/1/2014	FEE SCHED	$661.32	$0.00	090		Y	Y		Y	Y		
44900		DRAIN APP ABSCESS OPEN	7/1/2015	RBRVS	$767.77	$767.77	090		Y	Y		Y	Y		
44950		APPENDECTOMY	7/1/2015	RBRVS	$635.29	$635.29	ZZZ		Y			Y	Y		
44955		APPENDECTOMY ADD-ON	7/1/2015	RBRVS	$83.25	$83.25	090		Y	Y		Y	Y		
44960		APPENDECTOMY	7/1/2015	RBRVS	$864.89	$864.89	090		Y	Y		Y	Y		
44970		LAPAROSCOPY APPENDECTOMY	7/1/2015	RBRVS	$593.11	$593.11			Y						
44979		LAPAROSCOPE PROC APP	7/1/2014	FEE SCHED	$1,335.84	$0.00									
4500F		REF TO OUTPT CARD REHAB PROG	1/1/2012	RBRVS	$0.00	$0.00									
4510F		PREV CARDREHAB QUALCARDEVENT	1/1/2012	RBRVS	$0.00	$0.00	090		Y	Y			Y		
45108		REMOVAL OF ANORECTAL LESION	7/1/2015	RBRVS	$363.21	$363.21	090		Y	Y		Y	Y		
45110		REMOVAL OF RECTUM	7/1/2015	RBRVS	$1,823.22	$1,823.22	090		Y	Y		Y	Y		
45111		PARTIAL REMOVAL OF RECTUM	7/1/2015	RBRVS	$1,073.69	$1,073.69	090		Y	Y		Y	Y		
45112		REMOVAL OF RECTUM	7/1/2015	RBRVS	$1,856.32	$1,856.32	090		Y	Y		Y	Y		
45114		PARTIAL REMOVAL OF RECTUM	7/1/2015	RBRVS	$1,806.69	$1,806.69	090		Y	Y		Y	Y		
45116		PARTIAL REMOVAL OF RECTUM	7/1/2015	RBRVS	$1,518.20	$1,518.20	090		Y	Y		Y	Y		
45119		REMOVE RECTUM W/RESERVOIR	7/1/2015	RBRVS	$1,922.26	$1,922.26	090		Y	Y		Y	Y		
45120		REMOVAL OF RECTUM	7/1/2015	RBRVS	$1,579.45	$1,579.45	090		Y	Y		Y	Y		
45126		PELVIC EXENTERATION	7/1/2015	RBRVS	$2,660.52	$2,660.52	090		Y	Y		Y	Y		
45130		EXCISION OF RECTAL PROLAPSE	7/1/2015	RBRVS	$1,069.83	$1,069.83	090		Y	Y		Y	Y		
45135		EXCISION OF RECTAL PROLAPSE	7/1/2015	RBRVS	$1,365.74	$1,365.74	090		Y	Y		Y	Y		
45136		EXCISE ILEOANAL RESERVIOR	7/1/2015	RBRVS	$1,764.98	$1,764.98	090		Y	Y		Y	Y		
45160		EXCISION OF RECTAL LESION	7/1/2015	RBRVS	$1,013.59	$1,013.59	090		Y	Y		Y	Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
45171		EXC RECT TUM TRANSANAL PART	7/1/2015	RBRVS	$588.06	$588.06	090		Y	Y		Y	Y		
45172		EXC RECT TUM TRANSANAL FULL	7/1/2015	RBRVS	$793.83	$793.83									
4525F		NEUROPSYCHIA INTERVEN ORDER	1/1/2012	RBRVS	$0.00	$0.00									
4526F		NEUROPSYCHIA INTERVEN RCVD	1/1/2012	RBRVS	$0.00	$0.00	000		Y	Y					
45335		SIGMOIDOSCOPY W/SUBMUC INJ	7/1/2015	RBRVS	$261.97	$89.80	000		Y	Y					
45340		SIG W/TNDSC BALLOON DILATION	7/1/2015	RBRVS	$462.92	$112.94	000		Y	Y					
45381		COLONOSCOPY SUBMUCOUS NJX	7/1/2015	RBRVS	$444.70	$237.64	000		Y	Y					
45386		COLONOSCOPY W/BALLOON DILAT	7/1/2015	RBRVS	$635.42	$257.85	090		Y	Y		Y	Y		
45395		LAP REMOVAL OF RECTUM	7/1/2015	RBRVS	$1,950.97	$1,950.97	090		Y	Y		Y	Y		
45397		LAP REMOVE RECTUM W/POUCH	7/1/2015	RBRVS	$2,122.74	$2,122.74									
4540F		DISEASE MODIF PHARMACOTHXPY	1/1/2013	RBRVS	$0.00	$0.00	090		Y	Y		Y	Y		
45400		LAPAROSCOPIC PROCTOPEXY	7/1/2015	RBRVS	$1,119.65	$1,119.65	090		Y	Y		Y	Y		
45402		LAP PROCTOPEXY W/SIG RESECT	7/1/2015	RBRVS	$1,498.09	$1,498.09									
4541F		PT OFFERED TX FOR PSEUDOBULB	1/1/2013	RBRVS	$0.00	$0.00			Y						
45499		LAPAROSCOPE PROC RECTUM	7/1/2014	FEE SCHED	$1,385.23	$0.00									
4550F		NONINVAS RESP SUPPORT TALK	1/1/2013	RBRVS	$0.00	$0.00									
4551F		NUTRITIONAL SUPPORT OFFERED	1/1/2013	RBRVS	$0.00	$0.00									
4552F		PT REF FOR SPEECH LANG PATH	1/1/2013	RBRVS	$0.00	$0.00									
4553F		PT ASST RE END LIFE ISSUES	1/1/2013	RBRVS	$0.00	$0.00									
4554F		PT RECVD INHAL ANESTHETIC	1/1/2013	RBRVS	$0.00	$0.00	090		Y	Y		Y	Y		
45541		CORRECT RECTAL PROLAPSE	7/1/2015	RBRVS	$924.41	$924.41									
4555F		PT RECVD NO INHAL ANESTHIC	1/1/2013	RBRVS	$0.00	$0.00	090		Y	Y		Y	Y		
45550		REPAIR RECTUM/REMOVE SIGMOID	7/1/2015	RBRVS	$1,437.10	$1,437.10									
4556F		PTW/ 3+ POST-OP NAUSEA+VOM	1/1/2013	RBRVS	$0.00	$0.00	090		Y	Y		Y	Y		
45560		REPAIR OF RECTOCELE	7/1/2015	RBRVS	$671.92	$671.92									
4557F		PT W/O 3+ POST-OPNAUSEA+VOM	1/1/2013	RBRVS	$0.00	$0.00									
4558F		PT RECVD 2 RX ANTI-EMETAGNTS	1/1/2013	RBRVS	$0.00	$0.00									
4559F		1 BODYTEMP >=35.5CW/IN 30MIN	1/1/2013	RBRVS	$0.00	$0.00									
4560F		ANESTH W/O GEN/NEURAX ANESTH	1/1/2013	RBRVS	$0.00	$0.00									
4561F		PT W/CORONARY ARTERY STENT	1/1/2013	RBRVS	$0.00	$0.00									
4562F		PT W/O CORONARY ARTERY STENT	1/1/2013	RBRVS	$0.00	$0.00									
4563F		PT RECVD ASPIRIN W/IN 24 HRS	1/1/2013	RBRVS	$0.00	$0.00	090		Y	Y		Y	Y		
45800		REPAIR RECT/BLADDER FISTULA	7/1/2015	RBRVS	$1,227.47	$1,227.47	090		Y	Y		Y	Y		
45805		REPAIR FISTULA W/COLOSTOMY	7/1/2015	RBRVS	$1,349.65	$1,349.65	090		Y	Y		Y	Y		
45820		REPAIR RECTOURETHRAL FISTULA	7/1/2015	RBRVS	$1,094.32	$1,094.32	090		Y	Y		Y	Y		
45825		REPAIR FISTULA W/COLOSTOMY	7/1/2015	RBRVS	$1,413.63	$1,413.63	000		Y	Y			Y	Y	
45990		SURG DX EXAM ANORECTAL	7/1/2015	RBRVS	$106.26	$106.26	010		Y	Y					
46020		PLACEMENT OF SETON	7/1/2015	RBRVS	$267.35	$228.47	010		Y	Y					
46030		REMOVAL OF RECTAL MARKER	7/1/2015	RBRVS	$134.34	$88.47	090		Y	Y					
46040		INCISION OF RECTAL ABSCESS	7/1/2015	RBRVS	$518.52	$404.85	090		Y	Y					
46045		INCISION OF RECTAL ABSCESS	7/1/2015	RBRVS	$425.20	$425.20	010		Y	Y					
46050		INCISION OF ANAL ABSCESS	7/1/2015	RBRVS	$193.17	$95.12	090		Y	Y					
46060		INCISION OF RECTAL ABSCESS	7/1/2015	RBRVS	$464.94	$464.94	090		Y	Y					
46070		INCISION OF ANAL SEPTUM	7/1/2015	RBRVS	$235.35	$235.35	010		Y	Y					
46083		INCISE EXTERNAL HEMORRHOID	7/1/2015	RBRVS	$168.64	$103.50	010		Y	Y					
46220		REMOVAL OF ANAL TAG	7/1/2015	RBRVS	$198.36	$116.26	090		Y	Y					

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
46285		REMOVE ANAL FIST 2 STAGE	7/1/2015	RBRVS	$515.43	$401.43	010		Y	Y					
46320		REMOVAL OF HEMORRHOID CLOT	7/1/2015	RBRVS	$176.75	$108.62	010		Y	Y					
46500		INJECTION INTO HEMORRHOID(S)	7/1/2015	RBRVS	$229.69	$126.00	010		Y	Y	Y				
46505		CHEMODENERVATION ANAL MUSC	7/1/2015	RBRVS	$275.00	$232.12	000		Y	Y					
46600		DIAGNOSTIC ANOSCOPY	7/1/2015	RBRVS	$84.28	$39.42	090		Y	Y		Y	Y		
46705		REPAIR OF ANAL STRICTURE	7/1/2015	RBRVS	$517.94	$517.94	010		Y	Y					
46706		REPR OF ANAL FISTULA W/GLUE	7/1/2015	RBRVS	$172.86	$172.86	090		Y	Y		Y	Y		
46710		REPR PER/VAG POUCH SNGL PROC	7/1/2015	RBRVS	$1,022.04	$1,022.04	090		Y	Y		Y	Y		
46712		REPR PER/VAG POUCH DBL PROC	7/1/2015	RBRVS	$1,940.70	$1,940.70	090		Y	Y		Y			
46715		REP PERF ANOPER FISTU	7/1/2015	RBRVS	$532.59	$532.59	090		Y	Y		Y	Y		
46716		REP PERF ANOPER/VESTIB FISTU	7/1/2015	RBRVS	$1,032.21	$1,032.21	010		Y	Y					
46900		DESTRUCTION ANAL LESION(S)	7/1/2015	RBRVS	$258.99	$148.94	090		Y	Y					
46930		DESTROY INTERNAL HEMORRHOIDS	7/1/2015	RBRVS	$198.16	$143.64	090		Y	Y					
46947		HEMORRHOIDOPEXY BY STAPLING	7/1/2015	RBRVS	$373.98	$373.98	090		Y	Y		Y	Y		
47010		OPEN DRAINAGE LIVER LESION	7/1/2015	RBRVS	$1,190.58	$1,190.58	090		Y	Y		Y	Y		
47350		REPAIR LIVER WOUND	7/1/2015	RBRVS	$1,356.49	$1,356.49	090		Y	Y		Y	Y		
47370		LAPARO ABLATE LIVER TUMOR RF	7/1/2015	RBRVS	$1,372.73	$1,372.73			Y						
47379		LAPAROSCOPE PROCEDURE LIVER	7/1/2014	FEE SCHED	$1,174.74	$0.00	090		Y	Y		Y	Y		
47400		INCISION OF LIVER DUCT	7/1/2015	RBRVS	$2,141.22	$2,141.22	090		Y	Y		Y	Y		
47420		INCISION OF BILE DUCT	7/1/2015	RBRVS	$1,329.01	$1,329.01	090		Y	Y		Y	Y		
47425		INCISION OF BILE DUCT	7/1/2015	RBRVS	$1,355.37	$1,355.37	090		Y	Y		Y	Y		
47460		INCISE BILE DUCT SPHINCTER	7/1/2015	RBRVS	$1,257.09	$1,257.09	090		Y	Y		Y	Y		
47480		INCISION OF GALLBLADDER	7/1/2015	RBRVS	$864.75	$864.75	ZZZ		Y			Y	Y		
47550		BILE DUCT ENDOSCOPY ADD-ON	7/1/2015	RBRVS	$165.18	$165.18	090		Y	Y		Y	Y		
47562		LAPAROSCOPIC CHOLECYSTECTOMY	7/1/2015	RBRVS	$649.81	$649.81	090		Y	Y		Y	Y		
47563		LAPARO CHOLECYSTECTOMY/GRAPH	7/1/2015	RBRVS	$705.82	$705.82	090		Y	Y		Y	Y		
47564		LAPARO CHOLECYSTECTOMY/EXPLR	7/1/2015	RBRVS	$1,099.78	$1,099.78	090		Y	Y		Y	Y		
47570		LAPARO CHOLECYSTOENTEROSTOMY	7/1/2015	RBRVS	$768.43	$768.43			Y						
47579		LAPAROSCOPE PROC BILIARY	7/1/2014	FEE SCHED	$730.69	$0.00	090		Y	Y		Y	Y		
47600		REMOVAL OF GALLBLADDER	7/1/2015	RBRVS	$1,056.10	$1,056.10	090		Y	Y		Y	Y		
47605		REMOVAL OF GALLBLADDER	7/1/2015	RBRVS	$1,111.64	$1,111.64	090		Y	Y		Y	Y		
47610		REMOVAL OF GALLBLADDER	7/1/2015	RBRVS	$1,243.29	$1,243.29	090		Y	Y		Y	Y		
47612		REMOVAL OF GALLBLADDER	7/1/2015	RBRVS	$1,258.45	$1,258.45	090		Y	Y		Y	Y		
47620		REMOVAL OF GALLBLADDER	7/1/2015	RBRVS	$1,368.70	$1,368.70	090		Y	Y		Y	Y		
47700		EXPLORATION OF BILE DUCTS	7/1/2015	RBRVS	$1,041.48	$1,041.48	090		Y	Y		Y	Y		
47720		FUSE GALLBLADDER & BOWEL	7/1/2015	RBRVS	$1,143.15	$1,143.15	090		Y	Y		Y	Y		
47721		FUSE UPPER GI STRUCTURES	7/1/2015	RBRVS	$1,342.80	$1,342.80	090		Y	Y		Y	Y		
47740		FUSE GALLBLADDER & BOWEL	7/1/2015	RBRVS	$1,301.66	$1,301.66	090		Y	Y		Y	Y		
47760		FUSE BILE DUCTS AND BOWEL	7/1/2015	RBRVS	$2,239.54	$2,239.54	090		Y	Y		Y	Y		
47765		FUSE LIVER DUCTS & BOWEL	7/1/2015	RBRVS	$3,022.80	$3,022.80	090		Y	Y		Y	Y		
47780		FUSE BILE DUCTS AND BOWEL	7/1/2015	RBRVS	$2,452.09	$2,452.09	090		Y	Y		Y	Y		
47800		RECONSTRUCTION OF BILE DUCTS	7/1/2015	RBRVS	$1,567.08	$1,567.08	090		Y	Y		Y	Y		
47801		PLACEMENT BILE DUCT SUPPORT	7/1/2015	RBRVS	$982.81	$982.81			Y						
47999		BILE TRACT SURGERY PROCEDURE	7/1/2014	FEE SCHED	$631.97	$0.00	090		Y	Y		Y	Y		
48020		REMOVAL OF PANCREATIC STONE	7/1/2015	RBRVS	$1,167.45	$1,167.45	090		Y	Y		Y	Y		
48100		BIOPSY OF PANCREAS OPEN	7/1/2015	RBRVS	$871.54	$871.54	090		Y	Y		Y	Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
48105		RESECT/DEBRIDE PANCREAS	7/1/2015	RBRVS	$2,826.67	$2,826.67	090		Y	Y		Y	Y		
48120		REMOVAL OF PANCREAS LESION	7/1/2015	RBRVS	$1,096.25	$1,096.25	090		Y	Y		Y	Y		
48140		PARTIAL REMOVAL OF PANCREAS	7/1/2015	RBRVS	$1,549.63	$1,549.63	090		Y	Y		Y	Y		
48145		PARTIAL REMOVAL OF PANCREAS	7/1/2015	RBRVS	$1,622.06	$1,622.06	090		Y	Y		Y	Y		
48148		REMOVAL OF PANCREATIC DUCT	7/1/2015	RBRVS	$1,238.24	$1,238.24	090		Y	Y		Y	Y		
48150		PARTIAL REMOVAL OF PANCREAS	7/1/2015	RBRVS	$3,088.05	$3,088.05	090		Y	Y		Y	Y		
48520		FUSE PANCREAS CYST AND BOWEL	7/1/2015	RBRVS	$1,083.06	$1,083.06	090		Y	Y		Y	Y		
48548		FUSE PANCREAS AND BOWEL	7/1/2015	RBRVS	$1,655.60	$1,655.60	090		Y	Y		Y	Y		
49000		EXPLORATION OF ABDOMEN	7/1/2015	RBRVS	$761.22	$761.22	090		Y	Y		Y	Y		
49002		REOPENING OF ABDOMEN	7/1/2015	RBRVS	$1,035.82	$1,035.82	090		Y	Y		Y	Y		
49010		EXPLORATION BEHIND ABDOMEN	7/1/2015	RBRVS	$922.05	$922.05	090		Y	Y		Y			
49020		DRAIN ABDOMINAL ABSCESS	7/1/2015	RBRVS	$1,576.96	$1,576.96	090		Y	Y		Y	Y		
49040		DRAIN OPEN ABDOM ABSCESS	7/1/2015	RBRVS	$989.96	$989.96	090		Y	Y			Y		
49060		DRAIN OPEN RETROP ABSCESS	7/1/2015	RBRVS	$1,086.94	$1,086.94	090		Y	Y		Y	Y		
49062		DRAIN TO PERITONEAL CAVITY	7/1/2015	RBRVS	$731.94	$731.94	090		Y	Y		Y	Y		
49203		EXC ABD TUM 5 CM OR LESS	7/1/2015	RBRVS	$1,184.10	$1,184.10	090		Y	Y		Y	Y		
49204		EXC ABD TUM OVER 5 CM	7/1/2015	RBRVS	$1,514.54	$1,514.54	090		Y	Y		Y	Y		
49205		EXC ABD TUM OVER 10 CM	7/1/2015	RBRVS	$1,738.98	$1,738.98	090		Y	Y			Y		
49250		EXCISION OF UMBILICUS	7/1/2015	RBRVS	$576.12	$576.12	090		Y	Y		Y	Y		
49255		REMOVAL OF OMENTUM	7/1/2015	RBRVS	$778.34	$778.34	010		Y	Y		Y			
49320		DIAG LAPARO SEPARATE PROC	7/1/2015	RBRVS	$319.50	$319.50	010		Y	Y		Y	Y		
49321		LAPAROSCOPY BIOPSY	7/1/2015	RBRVS	$338.94	$338.94	010		Y	Y		Y	Y		
49322		LAPAROSCOPY ASPIRATION	7/1/2015	RBRVS	$361.22	$361.22	090		Y	Y		Y	Y		
49323		LAPARO DRAIN LYMPHOCELE	7/1/2015	RBRVS	$628.91	$628.91	010		Y	Y		Y	Y		
49324		LAP INSERT TUNNEL IP CATH	7/1/2015	RBRVS	$385.57	$385.57	010		Y	Y		Y	Y		
49325		LAP REVISION PERM IP CATH	7/1/2015	RBRVS	$411.40	$411.40	ZZZ		Y			Y	Y		
49326		LAP W/OMENTOPEXY ADD-ON	7/1/2015	RBRVS	$188.95	$188.95			Y						
49329		LAPARO PROC ABDM/PER/OMENT	7/1/2014	FEE SCHED	$705.59	$0.00	090		Y	Y			Y		
49402		REMOVE FOREIGN BODY ADBOMEN	7/1/2015	RBRVS	$845.91	$845.91	000		Y	Y					
49405		IMAGE CATH FLUID COLXN VISC	7/1/2015	RBRVS	$830.16	$208.96	000		Y	Y					
49406		IMAGE CATH FLUID PERI/RETRO	7/1/2015	RBRVS	$831.15	$209.29	000		Y	Y					
49407		IMAGE CATH FLUID TRNS/VGNL	7/1/2015	RBRVS	$696.05	$222.09	000		Y	Y					
49411		INS MARK ABD/PEL FOR RT PERQ	7/1/2015	RBRVS	$521.95	$193.57	090		Y	Y					
49419		INSERT TUN IP CATH W/PORT	7/1/2015	RBRVS	$438.20	$438.20	090		Y	Y		Y	Y		
49425		INSERT ABDOMEN-VENOUS DRAIN	7/1/2015	RBRVS	$718.11	$718.11	ZZZ		Y			Y	Y		
49435		INSERT SUBQ EXTEN TO IP CATH	7/1/2015	RBRVS	$119.08	$119.08	010		Y	Y		Y	Y		
49436		EMBEDDED IP CATH EXIT-SITE	7/1/2015	RBRVS	$184.20	$184.20	010		Y	Y					
49440		PLACE GASTROSTOMY TUBE PERC	7/1/2015	RBRVS	$987.20	$218.76	010		Y	Y					
49441		PLACE DUOD/JEJ TUBE PERC	7/1/2015	RBRVS	$1,106.12	$252.93	010		Y	Y					
49442		PLACE CECOSTOMY TUBE PERC	7/1/2015	RBRVS	$918.20	$217.89	000		Y	Y					
49446		CHANGE G-TUBE TO G-J PERC	7/1/2015	RBRVS	$948.08	$160.37	000		Y	Y					
49450		REPLACE G/C TUBE PERC	7/1/2015	RBRVS	$631.56	$66.20	000		Y	Y					
49451		REPLACE DUOD/JEJ TUBE PERC	7/1/2015	RBRVS	$689.10	$89.50	000		Y	Y					
49452		REPLACE G-J TUBE PERC	7/1/2015	RBRVS	$853.06	$138.46	000		Y	Y					
49460		FIX G/COLON TUBE W/DEVICE	7/1/2015	RBRVS	$693.75	$47.29	000		Y	Y					
49465		FLUORO EXAM OF G/COLON TUBE	7/1/2015	RBRVS	$153.91	$30.27	090		Y	Y	Y	Y	Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
49491		RPR HERN PREEMIE REDUC	7/1/2015	RBRVS	$739.79	$739.79	090		Y	Y	Y	Y	Y		
49495		RPR ING HERNIA BABY REDUC	7/1/2015	RBRVS	$359.09	$359.09	090		Y	Y	Y	Y	Y		
49500		RPR ING HERNIA INIT REDUCE	7/1/2015	RBRVS	$404.29	$404.29	090		Y	Y	Y	Y	Y		
49505		PRP I/HERN INIT REDUC >5 YR	7/1/2015	RBRVS	$512.78	$512.78	090		Y	Y	Y	Y	Y		
49525		REPAIR ING HERNIA SLIDING	7/1/2015	RBRVS	$564.56	$564.56	090		Y	Y	Y	Y	Y		
49540		REPAIR LUMBAR HERNIA	7/1/2015	RBRVS	$664.64	$664.64	090		Y	Y	Y	Y	Y		
49550		RPR REM HERNIA INIT REDUCE	7/1/2015	RBRVS	$567.85	$567.85	090		Y	Y	Y	Y	Y		
49560		RPR VENTRAL HERN INIT REDUC	7/1/2015	RBRVS	$727.72	$727.72	090		Y	Y	Y	Y	Y		
49566		REREPAIR VENTRL HERN BLOCK	7/1/2015	RBRVS	$928.34	$928.34	ZZZ		Y			Y	Y		
49568		HERNIA REPAIR W/MESH	7/1/2015	RBRVS	$266.39	$266.39	090		Y	Y		Y	Y		
49580		RPR UMBIL HERN REDUC < 5 YR	7/1/2015	RBRVS	$362.73	$362.73	090		Y	Y	Y	Y	Y		
49590		REPAIR SPIGELIAN HERNIA	7/1/2015	RBRVS	$564.69	$564.69	090		Y	Y		Y	Y		
49600		REPAIR UMBILICAL LESION	7/1/2015	RBRVS	$687.51	$687.51	090		Y	Y		Y	Y		
49605		REPAIR UMBILICAL LESION	7/1/2015	RBRVS	$4,914.72	$4,914.72	090		Y	Y		Y	Y		
49606		REPAIR UMBILICAL LESION	7/1/2015	RBRVS	$1,124.44	$1,124.44	090		Y	Y		Y	Y		
49610		REPAIR UMBILICAL LESION	7/1/2015	RBRVS	$680.03	$680.03	090		Y	Y		Y	Y		
49611		REPAIR UMBILICAL LESION	7/1/2015	RBRVS	$522.11	$522.11	090		Y	Y	Y	Y	Y		
49652		LAP VENT/ABD HERNIA REPAIR	7/1/2015	RBRVS	$735.06	$735.06	090		Y	Y	Y	Y	Y		
49653		LAP VENT/ABD HERN PROC COMP	7/1/2015	RBRVS	$917.47	$917.47	090		Y	Y	Y	Y	Y		
49654		LAP INC HERNIA REPAIR	7/1/2015	RBRVS	$835.94	$835.94	090		Y	Y	Y	Y	Y		
49655		LAP INC HERN REPAIR COMP	7/1/2015	RBRVS	$1,021.50	$1,021.50	090		Y	Y	Y	Y	Y		
49656		LAP INC HERNIA REPAIR RECUR	7/1/2015	RBRVS	$908.90	$908.90	090		Y	Y	Y	Y	Y		
49657		LAP INC HERN RECUR COMP	7/1/2015	RBRVS	$1,307.17	$1,307.17	090		Y	Y		Y	Y		
49900		REPAIR OF ABDOMINAL WALL	7/1/2015	RBRVS	$803.37	$803.37	090		Y	Y			Y	Y	
49904		OMENTAL FLAP EXTRA-ABDOM	7/1/2015	RBRVS	$1,401.53	$1,401.53	ZZZ		Y			Y	Y		
49905		OMENTAL FLAP INTRA-ABDOM	7/1/2015	RBRVS	$350.15	$350.15			Y						
49906		FREE OMENTAL FLAP MICROVASC	7/1/2014	FEE SCHED	$359.26	$0.00			Y						
49999		ABDOMEN SURGERY PROCEDURE	7/1/2014	FEE SCHED	$297.59	$0.00	090		Y	Y	Y	Y	Y		
50010		EXPLORATION OF KIDNEY	7/1/2015	RBRVS	$728.01	$728.01	090		Y	Y	Y		Y		
50040		DRAINAGE OF KIDNEY	7/1/2015	RBRVS	$898.22	$898.22	090		Y	Y	Y	Y	Y		
50045		EXPLORATION OF KIDNEY	7/1/2015	RBRVS	$903.15	$903.15									
5005F		PT COUNSLD ON EXAM FOR MOLES	1/1/2007	RBRVS	$0.00	$0.00	090		Y	Y	Y	Y	Y		
50060		REMOVAL OF KIDNEY STONE	7/1/2015	RBRVS	$1,105.02	$1,105.02	090		Y	Y	Y	Y			
50065		INCISION OF KIDNEY	7/1/2015	RBRVS	$1,172.36	$1,172.36	090		Y	Y	Y	Y	Y		
50070		INCISION OF KIDNEY	7/1/2015	RBRVS	$1,148.96	$1,148.96	090		Y	Y	Y	Y	Y		
50075		REMOVAL OF KIDNEY STONE	7/1/2015	RBRVS	$1,413.23	$1,413.23	090		Y	Y	Y	Y	Y		
50081		REMOVAL OF KIDNEY STONE	7/1/2015	RBRVS	$1,237.87	$1,237.87									
5010F		MACUL RESULT TO PHY MNG DM	1/1/2007	RBRVS	$0.00	$0.00	090		Y	Y	Y	Y	Y		
50100		REVISE KIDNEY BLOOD VESSELS	7/1/2015	RBRVS	$1,068.07	$1,068.07	090		Y	Y	Y	Y	Y		
50120		EXPLORATION OF KIDNEY	7/1/2015	RBRVS	$920.13	$920.13	090		Y	Y	Y	Y	Y		
50125		EXPLORE AND DRAIN KIDNEY	7/1/2015	RBRVS	$952.56	$952.56	090		Y	Y	Y	Y	Y		
50130		REMOVAL OF KIDNEY STONE	7/1/2015	RBRVS	$1,001.60	$1,001.60	090		Y	Y	Y	Y	Y		
50135		EXPLORATION OF KIDNEY	7/1/2015	RBRVS	$1,088.51	$1,088.51									
5015F		DOC FX & TEST/TXMNT FOR OP	1/1/2007	RBRVS	$0.00	$0.00	090		Y	Y	Y	Y	Y		
50205		RENAL BIOPSY OPEN	7/1/2015	RBRVS	$741.55	$741.55	090		Y	Y	Y	Y	Y		
50220		REMOVE KIDNEY OPEN	7/1/2015	RBRVS	$1,017.72	$1,017.72	090		Y	Y	Y	Y	Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
50225		REMOVAL KIDNEY OPEN COMPLEX	7/1/2015	RBRVS	$1,166.12	$1,166.12	090		Y	Y	Y	Y	Y		
50230		REMOVAL KIDNEY OPEN RADICAL	7/1/2015	RBRVS	$1,244.72	$1,244.72	090		Y	Y	Y	Y	Y		
50234		REMOVAL OF KIDNEY & URETER	7/1/2015	RBRVS	$1,261.61	$1,261.61	090		Y	Y	Y	Y	Y		
50236		REMOVAL OF KIDNEY & URETER	7/1/2015	RBRVS	$1,422.61	$1,422.61	090		Y	Y	Y	Y	Y		
50240		PARTIAL REMOVAL OF KIDNEY	7/1/2015	RBRVS	$1,283.41	$1,283.41	090		Y	Y		Y	Y		
50250		CRYOABLATE RENAL MASS OPEN	7/1/2015	RBRVS	$1,178.91	$1,178.91	090		Y	Y	Y	Y	Y		
50280		REMOVAL OF KIDNEY LESION	7/1/2015	RBRVS	$926.98	$926.98	090		Y	Y		Y	Y		
50290		REMOVAL OF KIDNEY LESION	7/1/2015	RBRVS	$869.97	$869.97	000		Y	Y	Y				
50382		CHANGE URETER STENT PERCUT	7/1/2015	RBRVS	$1,126.20	$266.69	000		Y	Y	Y				
50384		REMOVE URETER STENT PERCUT	7/1/2015	RBRVS	$896.83	$241.39	000		Y	Y	Y				
50385		CHANGE STENT VIA TRANSURETH	7/1/2015	RBRVS	$1,082.46	$227.94	000		Y	Y	Y				
50386		REMOVE STENT VIA TRANSURETH	7/1/2015	RBRVS	$704.42	$172.30	000		Y	Y	Y				
50387		CHANGE NEPHROURETERAL CATH	7/1/2015	RBRVS	$515.27	$95.82	000		Y	Y	Y				
50389		REMOVE RENAL TUBE W/FLUORO	7/1/2015	RBRVS	$281.34	$53.34	000		Y	Y	Y				
50391		INSTLL RX AGNT INTO RNAL TUB	7/1/2015	RBRVS	$117.89	$96.29	090		Y	Y	Y	Y	Y		
50400		REVISION OF KIDNEY/URETER	7/1/2015	RBRVS	$1,120.85	$1,120.85	090		Y	Y	Y	Y	Y		
50405		REVISION OF KIDNEY/URETER	7/1/2015	RBRVS	$1,354.70	$1,354.70	090		Y	Y		Y	Y		
50500		REPAIR OF KIDNEY WOUND	7/1/2015	RBRVS	$1,118.19	$1,118.19	090		Y	Y		Y	Y		
50520		CLOSE KIDNEY-SKIN FISTULA	7/1/2015	RBRVS	$1,004.25	$1,004.25	090		Y	Y		Y	Y		
50525		CLOSE NEPHROVISCERAL FISTULA	7/1/2015	RBRVS	$1,475.46	$1,475.46	090		Y	Y		Y			
50526		CLOSE NEPHROVISCERAL FISTULA	7/1/2015	RBRVS	$1,374.48	$1,374.48	090		Y	Y		Y	Y		
50540		REVISION OF HORSESHOE KIDNEY	7/1/2015	RBRVS	$1,112.47	$1,112.47	090		Y	Y	Y	Y	Y		
50542		LAPARO ABLATE RENAL MASS	7/1/2015	RBRVS	$1,129.99	$1,129.99	090		Y	Y	Y	Y	Y		
50543		LAPARO PARTIAL NEPHRECTOMY	7/1/2015	RBRVS	$1,441.79	$1,441.79	090		Y	Y		Y	Y		
50562		RENAL SCOPE W/TUMOR RESECT	7/1/2015	RBRVS	$564.12	$564.12	010		Y	Y	Y				
50592		PERC RF ABLATE RENAL TUMOR	7/1/2015	RBRVS	$2,974.91	$356.49	010		Y	Y	Y	Y			
50593		PERC CRYO ABLATE RENAL TUM	7/1/2015	RBRVS	$4,383.22	$471.56									
5060F		FNDNGS MAMMO TO PT W/IN3DAYS	4/1/2008	RBRVS	$0.00	$0.00	090		Y	Y	Y	Y	Y		
50600		EXPLORATION OF URETER	7/1/2015	RBRVS	$910.43	$910.43	090		Y	Y	Y	Y	Y		
50605		INSERT URETERAL SUPPORT	7/1/2015	RBRVS	$965.53	$965.53	090		Y	Y	Y	Y	Y		
50610		REMOVAL OF URETER STONE	7/1/2015	RBRVS	$916.47	$916.47									
5062F		DOC F2FMAMMO FNDNG IN 3 DAYS	4/1/2008	RBRVS	$0.00	$0.00	090		Y	Y	Y	Y	Y		
50620		REMOVAL OF URETER STONE	7/1/2015	RBRVS	$876.59	$876.59	090		Y	Y	Y	Y	Y		
50630		REMOVAL OF URETER STONE	7/1/2015	RBRVS	$865.39	$865.39	090		Y	Y	Y	Y	Y		
50650		REMOVAL OF URETER	7/1/2015	RBRVS	$1,003.45	$1,003.45	090		Y	Y		Y	Y		
50660		REMOVAL OF URETER	7/1/2015	RBRVS	$1,108.42	$1,108.42	090		Y	Y	Y	Y	Y		
50700		REVISION OF URETER	7/1/2015	RBRVS	$897.06	$897.06	090		Y	Y	Y	Y	Y		
50715		RELEASE OF URETER	7/1/2015	RBRVS	$1,198.02	$1,198.02	090		Y	Y		Y	Y		
50722		RELEASE OF URETER	7/1/2015	RBRVS	$1,001.79	$1,001.79	090		Y	Y		Y	Y		
50725		RELEASE/REVISE URETER	7/1/2015	RBRVS	$1,079.87	$1,079.87	090		Y	Y		Y	Y		
50727		REVISE URETER	7/1/2015	RBRVS	$492.00	$492.00	090		Y	Y		Y	Y		
50728		REVISE URETER	7/1/2015	RBRVS	$675.54	$675.54	090		Y	Y	Y	Y	Y		
50740		FUSION OF URETER & KIDNEY	7/1/2015	RBRVS	$1,212.45	$1,212.45	090		Y	Y	Y	Y			
50750		FUSION OF URETER & KIDNEY	7/1/2015	RBRVS	$1,118.19	$1,118.19	090		Y	Y	Y	Y	Y		
50760		FUSION OF URETERS	7/1/2015	RBRVS	$1,101.51	$1,101.51	090		Y	Y		Y	Y		
50770		SPLICING OF URETERS	7/1/2015	RBRVS	$1,118.19	$1,118.19	090		Y	Y	Y	Y	Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
50780		REIMPLANT URETER IN BLADDER	7/1/2015	RBRVS	$1,079.44	$1,079.44	090		Y	Y	Y	Y	Y		
50782		REIMPLANT URETER IN BLADDER	7/1/2015	RBRVS	$1,086.28	$1,086.28	090		Y	Y	Y	Y	Y		
50783		REIMPLANT URETER IN BLADDER	7/1/2015	RBRVS	$1,093.23	$1,093.23	090		Y	Y	Y	Y	Y		
50785		REIMPLANT URETER IN BLADDER	7/1/2015	RBRVS	$1,177.72	$1,177.72	090		Y	Y	Y	Y	Y		
50800		IMPLANT URETER IN BOWEL	7/1/2015	RBRVS	$898.96	$898.96	090		Y	Y		Y	Y		
50810		FUSION OF URETER & BOWEL	7/1/2015	RBRVS	$1,383.82	$1,383.82	090		Y	Y	Y	Y	Y		
50815		URINE SHUNT TO INTESTINE	7/1/2015	RBRVS	$1,184.89	$1,184.89	090		Y	Y	Y	Y	Y		
50820		CONSTRUCT BOWEL BLADDER	7/1/2015	RBRVS	$1,279.22	$1,279.22	090		Y	Y		Y	Y		
50830		REVISE URINE FLOW	7/1/2015	RBRVS	$1,748.19	$1,748.19	090		Y	Y	Y	Y	Y		
50900		REPAIR OF URETER	7/1/2015	RBRVS	$822.85	$822.85	090		Y	Y		Y	Y		
50920		CLOSURE URETER/SKIN FISTULA	7/1/2015	RBRVS	$853.79	$853.79	090		Y	Y		Y	Y		
50930		CLOSURE URETER/BOWEL FISTULA	7/1/2015	RBRVS	$1,068.93	$1,068.93	090		Y	Y	Y	Y	Y		
50940		RELEASE OF URETER	7/1/2015	RBRVS	$859.50	$859.50	090		Y	Y	Y	Y	Y		
50945		LAPAROSCOPY URETEROLITHOTOMY	7/1/2015	RBRVS	$944.00	$944.00									
5100F		RSK FX REF W/N 24 HRS XRAY	7/1/2009	RBRVS	$0.00	$0.00	090		Y	Y		Y	Y		
51020		INCISE & TREAT BLADDER	7/1/2015	RBRVS	$451.75	$451.75	090		Y	Y		Y	Y		
51040		INCISE & DRAIN BLADDER	7/1/2015	RBRVS	$278.62	$278.62	090		Y	Y		Y			
51045		INCISE BLADDER/DRAIN URETER	7/1/2015	RBRVS	$476.35	$476.35	090		Y	Y		Y	Y		
51050		REMOVAL OF BLADDER STONE	7/1/2015	RBRVS	$455.97	$455.97	090		Y	Y		Y	Y		
51060		REMOVAL OF URETER STONE	7/1/2015	RBRVS	$561.73	$561.73	090		Y	Y		Y	Y		
51080		DRAINAGE OF BLADDER ABSCESS	7/1/2015	RBRVS	$394.09	$394.09	000		Y	Y					
51100		DRAIN BLADDER BY NEEDLE	7/1/2015	RBRVS	$59.49	$38.22	000		Y	Y					
51101		DRAIN BLADDER BY TROCAR/CATH	7/1/2015	RBRVS	$118.89	$50.75	000		Y	Y					
51102		DRAIN BL W/CATH INSERTION	7/1/2015	RBRVS	$216.97	$141.19	090		Y	Y		Y	Y		
51500		REMOVAL OF BLADDER CYST	7/1/2015	RBRVS	$615.48	$615.48	090		Y	Y		Y	Y		
51520		REMOVAL OF BLADDER LESION	7/1/2015	RBRVS	$574.60	$574.60	090		Y	Y		Y	Y		
51525		REMOVAL OF BLADDER LESION	7/1/2015	RBRVS	$832.85	$832.85	090		Y	Y		Y	Y		
51530		REMOVAL OF BLADDER LESION	7/1/2015	RBRVS	$758.33	$758.33	090		Y	Y	Y	Y	Y		
51535		REPAIR OF URETER LESION	7/1/2015	RBRVS	$754.81	$754.81	090		Y	Y		Y	Y		
51550		PARTIAL REMOVAL OF BLADDER	7/1/2015	RBRVS	$937.08	$937.08	090		Y	Y		Y	Y		
51555		PARTIAL REMOVAL OF BLADDER	7/1/2015	RBRVS	$1,232.79	$1,232.79	090		Y	Y		Y	Y		
51565		REVISE BLADDER & URETER(S)	7/1/2015	RBRVS	$1,263.67	$1,263.67	090		Y	Y		Y	Y		
51570		REMOVAL OF BLADDER	7/1/2015	RBRVS	$1,436.20	$1,436.20	090		Y	Y		Y	Y		
51575		REMOVAL OF BLADDER & NODES	7/1/2015	RBRVS	$1,767.60	$1,767.60	000		Y	Y					
51700		IRRIGATION OF BLADDER	7/1/2015	RBRVS	$79.20	$43.64	000		Y	Y					
51701		INSERT BLADDER CATHETER	7/1/2015	RBRVS	$51.55	$26.62	000		Y	Y					
51702		INSERT TEMP BLADDER CATH	7/1/2015	RBRVS	$66.17	$28.95	000		Y	Y					
51703		INSERT BLADDER CATH COMPLEX	7/1/2015	RBRVS	$123.50	$78.97	000		Y	Y					
51705		CHANGE OF BLADDER TUBE	7/1/2015	RBRVS	$86.51	$50.29	000		Y	Y					
51725		SIMPLE CYSTOMETROGRAM	7/1/2015	RBRVS	$177.61	$177.61	000		Y	Y					
51725	TC	SIMPLE CYSTOMETROGRAM	7/1/2015	RBRVS	$114.93	$114.93	000			Y					
51725	26	SIMPLE CYSTOMETROGRAM	7/1/2015	RBRVS	$82.43	$82.43	000		Y	Y					
51726		COMPLEX CYSTOMETROGRAM	7/1/2015	RBRVS	$248.14	$248.14	000		Y	Y					
51726	TC	COMPLEX CYSTOMETROGRAM	7/1/2015	RBRVS	$183.62	$183.62	000			Y					
51726	26	COMPLEX CYSTOMETROGRAM	7/1/2015	RBRVS	$92.10	$92.10	000		Y	Y					
51727		CYSTOMETROGRAM W/UP	7/1/2015	RBRVS	$293.98	$293.98	000		Y	Y					

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
51727	TC	CYSTOMETROGRAM W/UP	7/1/2015	RBRVS	$211.31	$211.31	000			Y					
51727	26	CYSTOMETROGRAM W/UP	7/1/2015	RBRVS	$115.33	$115.33	000		Y	Y					
51728		CYSTOMETROGRAM W/VP	7/1/2015	RBRVS	$296.17	$296.17	000		Y	Y					
51728	TC	CYSTOMETROGRAM W/VP	7/1/2015	RBRVS	$216.85	$216.85	000			Y					
51728	26	CYSTOMETROGRAM W/VP	7/1/2015	RBRVS	$112.19	$112.19	000		Y	Y					
51729		CYSTOMETROGRAM W/VP&UP	7/1/2015	RBRVS	$321.20	$321.20	000		Y	Y					
51729	TC	CYSTOMETROGRAM W/VP&UP	7/1/2015	RBRVS	$220.66	$220.66	000			Y					
51729	26	CYSTOMETROGRAM W/VP&UP	7/1/2015	RBRVS	$136.27	$136.27			Y	Y					
51736		URINE FLOW MEASUREMENT	7/1/2015	RBRVS	$14.78	$14.78			Y	Y					
51736	TC	URINE FLOW MEASUREMENT	7/1/2015	RBRVS	$7.46	$7.46				Y					
51736	26	URINE FLOW MEASUREMENT	7/1/2015	RBRVS	$8.94	$8.94			Y	Y					
51741		ELECTRO-UROFLOWMETRY FIRST	7/1/2015	RBRVS	$15.12	$15.12			Y	Y					
51741	TC	ELECTRO-UROFLOWMETRY FIRST	7/1/2015	RBRVS	$7.83	$7.83				Y					
51741	26	ELECTRO-UROFLOWMETRY FIRST	7/1/2015	RBRVS	$8.94	$8.94	000		Y	Y					
51784		ANAL/URINARY MUSCLE STUDY	7/1/2015	RBRVS	$181.93	$181.93	000		Y	Y					
51784	TC	ANAL/URINARY MUSCLE STUDY	7/1/2015	RBRVS	$119.36	$119.36	000			Y					
51784	26	ANAL/URINARY MUSCLE STUDY	7/1/2015	RBRVS	$82.80	$82.80	000		Y	Y					
51785		ANAL/URINARY MUSCLE STUDY	7/1/2015	RBRVS	$239.40	$239.40	000		Y	Y					
51785	TC	ANAL/URINARY MUSCLE STUDY	7/1/2015	RBRVS	$174.86	$174.86	000			Y					
51785	26	ANAL/URINARY MUSCLE STUDY	7/1/2015	RBRVS	$91.18	$91.18	000		Y	Y					
51792		URINARY REFLEX STUDY	7/1/2015	RBRVS	$198.92	$198.92	000		Y	Y					
51792	TC	URINARY REFLEX STUDY	7/1/2015	RBRVS	$161.94	$161.94	000			Y					
51792	26	URINARY REFLEX STUDY	7/1/2015	RBRVS	$59.09	$59.09	ZZZ		Y						
51797		INTRAABDOMINAL PRESSURE TEST	7/1/2015	RBRVS	$105.56	$105.56	ZZZ		Y						
51797	TC	INTRAABDOMINAL PRESSURE TEST	7/1/2015	RBRVS	$74.67	$74.67	ZZZ								
51797	26	INTRAABDOMINAL PRESSURE TEST	7/1/2015	RBRVS	$42.62	$42.62			Y						
51798		US URINE CAPACITY MEASURE	7/1/2015	RBRVS	$17.68	$17.68	090		Y	Y		Y	Y		
51800		REVISION OF BLADDER/URETHRA	7/1/2015	RBRVS	$1,011.99	$1,011.99	090		Y	Y		Y	Y		
51820		REVISION OF URINARY TRACT	7/1/2015	RBRVS	$1,200.59	$1,200.59	090		Y	Y		Y	Y		
51840		ATTACH BLADDER/URETHRA	7/1/2015	RBRVS	$635.25	$635.25	090		Y	Y		Y	Y		
51841		ATTACH BLADDER/URETHRA	7/1/2015	RBRVS	$749.62	$749.62	090		Y	Y		Y	Y		
51845		REPAIR BLADDER NECK	7/1/2015	RBRVS	$566.85	$566.85	090		Y	Y		Y	Y		
51860		REPAIR OF BLADDER WOUND	7/1/2015	RBRVS	$725.73	$725.73	090		Y	Y		Y	Y		
51865		REPAIR OF BLADDER WOUND	7/1/2015	RBRVS	$872.20	$872.20	090		Y	Y		Y	Y		
51880		REPAIR OF BLADDER OPENING	7/1/2015	RBRVS	$454.44	$454.44	090		Y	Y		Y	Y		
51900		REPAIR BLADDER/VAGINA LESION	7/1/2015	RBRVS	$806.59	$806.59	090		Y	Y		Y	Y		
51920		CLOSE BLADDER-UTERUS FISTULA	7/1/2015	RBRVS	$738.82	$738.82	090		Y	Y		Y	Y		
51925		HYSTERECTOMY/BLADDER REPAIR	7/1/2015	RBRVS	$1,105.36	$1,105.36	090		Y	Y		Y	Y		
51940		CORRECTION OF BLADDER DEFECT	7/1/2015	RBRVS	$1,592.08	$1,592.08	090		Y	Y		Y	Y		
51960		REVISION OF BLADDER & BOWEL	7/1/2015	RBRVS	$1,346.89	$1,346.89	090		Y	Y		Y	Y		
51980		CONSTRUCT BLADDER OPENING	7/1/2015	RBRVS	$689.80	$689.80	090		Y	Y		Y	Y		
51990		LAPARO URETHRAL SUSPENSION	7/1/2015	RBRVS	$728.22	$728.22	090		Y	Y		Y	Y		
51992		LAPARO SLING OPERATION	7/1/2015	RBRVS	$817.63	$817.63			Y						
51999		LAPAROSCOPE PROC BLA	7/1/2014	FEE SCHED	$822.86	$0.00									
5200F		EVAL APPROS SURG THXPY EPI	9/1/2011	RBRVS	$0.00	$0.00	000		Y	Y					
52000		CYSTOSCOPY	7/1/2015	RBRVS	$194.73	$122.60	000		Y	Y					

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
52287		CYSTOSCOPY CHEMODENERVATION	7/1/2015	RBRVS	$295.50	$164.55	000		Y	Y	Y				
52356		CYSTO/URETERO W/LITHOTRIPSY	7/1/2015	RBRVS	$404.46	$404.46	000		Y	Y					
52402		CYSTOURETHRO CUT EJACUL DUCT	7/1/2015	RBRVS	$259.61	$259.61									
5250F		ASTHMA DISCHARGE PLAN PRESNT	1/1/2012	RBRVS	$0.00	$0.00	090		Y	Y					
52649		2 PROSTATE LASER ENUCLEATION	7/1/2015	RBRVS	$796.88	$796.88	010		Y	Y					
53060		DRAINAGE OF URETHRA ABSCESS	7/1/2015	RBRVS	$177.31	$160.03	090		Y	Y					
53080		DRAINAGE OF URINARY LEAKAGE	7/1/2015	RBRVS	$410.07	$410.07	000		Y	Y					
53200		BIOPSY OF URETHRA	7/1/2015	RBRVS	$151.29	$138.66	090		Y	Y		Y	Y		
53210		REMOVAL OF URETHRA	7/1/2015	RBRVS	$748.03	$748.03	090		Y	Y		Y	Y		
53215		REMOVAL OF URETHRA	7/1/2015	RBRVS	$899.62	$899.62	090		Y	Y		Y	Y		
53230		REMOVAL OF URETHRA LESION	7/1/2015	RBRVS	$586.93	$586.93	090		Y	Y		Y	Y		
53235		REMOVAL OF URETHRA LESION	7/1/2015	RBRVS	$611.75	$611.75	090		Y	Y					
53240		SURGERY FOR URETHRA POUCH	7/1/2015	RBRVS	$410.11	$410.11	090		Y	Y					
53250		REMOVAL OF URETHRA GLAND	7/1/2015	RBRVS	$382.05	$382.05	090		Y	Y		Y	Y		
53400		REVISE URETHRA STAGE 1	7/1/2015	RBRVS	$775.81	$775.81	090		Y	Y		Y	Y		
53405		REVISE URETHRA STAGE 2	7/1/2015	RBRVS	$846.41	$846.41	090		Y	Y		Y	Y		
53410		RECONSTRUCTION OF URETHRA	7/1/2015	RBRVS	$949.14	$949.14	090		Y	Y		Y	Y		
53415		RECONSTRUCTION OF URETHRA	7/1/2015	RBRVS	$1,095.56	$1,095.56	090		Y	Y		Y	Y		
53425		RECONSTRUCT URETHRA STAGE 2	7/1/2015	RBRVS	$907.27	$907.27	090		Y	Y		Y	Y		
53430		RECONSTRUCTION OF URETHRA	7/1/2015	RBRVS	$934.42	$934.42	090		Y	Y		Y	Y		
53431		RECONSTRUCT URETHRA/BLADDER	7/1/2015	RBRVS	$1,118.85	$1,118.85	090		Y	Y		Y	Y		
53440		MALE SLING PROCEDURE	7/1/2015	RBRVS	$729.11	$729.11	090		Y	Y		Y			
53442		REMOVE/REVISE MALE SLING	7/1/2015	RBRVS	$757.44	$757.44	090		Y	Y		Y	Y		
53444		INSERT TANDEM CUFF	7/1/2015	RBRVS	$768.00	$768.00	090		Y	Y		Y	Y		
53445		INSERT URO/VES NCK SPHINCTER	7/1/2015	RBRVS	$728.88	$728.88	090		Y	Y		Y	Y		
53446		REMOVE URO SPHINCTER	7/1/2015	RBRVS	$620.80	$620.80	090		Y	Y		Y	Y		
53447		REMOVE/REPLACE UR SPHINCTER	7/1/2015	RBRVS	$782.69	$782.69	090		Y	Y		Y	Y		
53448		REMOV/REPLC UR SPHINCTR COMP	7/1/2015	RBRVS	$1,240.74	$1,240.74	090		Y	Y		Y	Y		
53449		REPAIR URO SPHINCTER	7/1/2015	RBRVS	$657.24	$657.24	090		Y	Y					
53502		REPAIR OF URETHRA INJURY	7/1/2015	RBRVS	$470.63	$470.63	090		Y	Y		Y			
53505		REPAIR OF URETHRA INJURY	7/1/2015	RBRVS	$469.97	$469.97	090		Y	Y		Y	Y		
53510		REPAIR OF URETHRA INJURY	7/1/2015	RBRVS	$610.43	$610.43	090		Y	Y		Y	Y		
53515		REPAIR OF URETHRA INJURY	7/1/2015	RBRVS	$770.73	$770.73	090		Y	Y					
53520		REPAIR OF URETHRA DEFECT	7/1/2015	RBRVS	$537.67	$537.67	000		Y	Y					
53855		INSERT PROST URETHRAL STENT	7/1/2015	RBRVS	$727.58	$80.13	010		Y	Y					
54015		DRAIN PENIS LESION	7/1/2015	RBRVS	$296.24	$296.24	010		Y	Y					
54050		DESTRUCTION PENIS LESION(S)	7/1/2015	RBRVS	$126.17	$101.57	010		Y	Y					
54055		DESTRUCTION PENIS LESION(S)	7/1/2015	RBRVS	$113.47	$89.54	010		Y	Y					
54056		CRYOSURGERY PENIS LESION(S)	7/1/2015	RBRVS	$135.14	$106.56	010		Y	Y					
54057		LASER SURG PENIS LESION(S)	7/1/2015	RBRVS	$128.76	$91.20	010		Y	Y					
54060		EXCISION OF PENIS LESION(S)	7/1/2015	RBRVS	$170.90	$125.70	010		Y	Y					
54065		DESTRUCTION PENIS LESION(S)	7/1/2015	RBRVS	$208.39	$166.85	090		Y	Y		Y			
54110		TREATMENT OF PENIS LESION	7/1/2015	RBRVS	$603.68	$603.68	090		Y	Y		Y	Y		
54111		TREAT PENIS LESION GRAFT	7/1/2015	RBRVS	$775.88	$775.88	090		Y	Y		Y	Y		
54112		TREAT PENIS LESION GRAFT	7/1/2015	RBRVS	$908.60	$908.60	090		Y	Y		Y			
54115		TREATMENT OF PENIS LESION	7/1/2015	RBRVS	$434.94	$409.68	000	Y	Y	Y					

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
54150		CIRCUMCISION	7/1/2015	RBRVS	$164.04	$105.69	010	Y	Y	Y					
54160		CIRCUMCISION NEONATE	7/1/2015	RBRVS	$232.88	$155.33	010	Y	Y	Y					
54161		CIRCUMCISION	7/1/2015	RBRVS	$211.39	$211.39	090		Y	Y		Y			
54205		TREATMENT OF PENIS LESION	7/1/2015	RBRVS	$514.30	$514.30	000		Y	Y					
54235		PENILE INJECTION	7/1/2015	RBRVS	$96.46	$79.47	090		Y	Y		Y	Y		
54300		REVISION OF PENIS	7/1/2015	RBRVS	$621.03	$621.03	090		Y	Y		Y			
54304		REVISION OF PENIS	7/1/2015	RBRVS	$726.36	$726.36	090		Y	Y		Y	Y		
54308		RECONSTRUCTION OF URETHRA	7/1/2015	RBRVS	$691.79	$691.79	090		Y	Y		Y	Y		
54312		RECONSTRUCTION OF URETHRA	7/1/2015	RBRVS	$792.17	$792.17	090		Y	Y		Y	Y		
54316		RECONSTRUCTION OF URETHRA	7/1/2015	RBRVS	$967.32	$967.32	090		Y	Y		Y	Y		
54318		RECONSTRUCTION OF URETHRA	7/1/2015	RBRVS	$692.12	$692.12	090		Y	Y		Y			
54322		RECONSTRUCTION OF URETHRA	7/1/2015	RBRVS	$756.14	$756.14	090		Y	Y		Y	Y		
54324		RECONSTRUCTION OF URETHRA	7/1/2015	RBRVS	$939.37	$939.37	090		Y	Y		Y	Y		
54326		RECONSTRUCTION OF URETHRA	7/1/2015	RBRVS	$916.57	$916.57	090		Y	Y		Y	Y		
54328		REVISE PENIS/URETHRA	7/1/2015	RBRVS	$910.53	$910.53	090		Y	Y		Y	Y		
54332		REVISE PENIS/URETHRA	7/1/2015	RBRVS	$982.85	$982.85	090		Y	Y		Y	Y		
54336		REVISE PENIS/URETHRA	7/1/2015	RBRVS	$1,152.82	$1,152.82	090		Y	Y		Y	Y		
54340		SECONDARY URETHRAL SURGERY	7/1/2015	RBRVS	$551.26	$551.26	090		Y	Y		Y	Y		
54344		SECONDARY URETHRAL SURGERY	7/1/2015	RBRVS	$918.24	$918.24	090		Y	Y		Y	Y		
54348		SECONDARY URETHRAL SURGERY	7/1/2015	RBRVS	$985.70	$985.70	090		Y	Y		Y	Y		
54380		REPAIR PENIS	7/1/2015	RBRVS	$773.99	$773.99	090		Y	Y		Y	Y		
54385		REPAIR PENIS	7/1/2015	RBRVS	$1,010.63	$1,010.63	090		Y	Y		Y	Y		
54390		REPAIR PENIS AND BLADDER	7/1/2015	RBRVS	$1,205.07	$1,205.07	090		Y	Y		Y			
54420		REVISION OF PENIS	7/1/2015	RBRVS	$681.68	$681.68	090		Y	Y		Y			
54430		REVISION OF PENIS	7/1/2015	RBRVS	$619.13	$619.13	090		Y	Y					
54435		REVISION OF PENIS	7/1/2015	RBRVS	$402.23	$402.23			Y						
54440		REPAIR OF PENIS	7/1/2014	FEE SCHED	$941.16	$0.00	090		Y	Y	Y	Y	Y		
54530		REMOVAL OF TESTIS	7/1/2015	RBRVS	$488.21	$488.21	090		Y	Y	Y	Y			
54535		EXTENSIVE TESTIS SURGERY	7/1/2015	RBRVS	$721.04	$721.04	090		Y	Y	Y	Y			
54550		EXPLORATION FOR TESTIS	7/1/2015	RBRVS	$476.01	$476.01	090		Y	Y	Y	Y	Y		
54560		EXPLORATION FOR TESTIS	7/1/2015	RBRVS	$650.44	$650.44	090		Y	Y	Y				
54600		REDUCE TESTIS TORSION	7/1/2015	RBRVS	$437.40	$437.40	010		Y	Y	Y				
54620		SUSPENSION OF TESTIS	7/1/2015	RBRVS	$290.52	$290.52	090		Y	Y					
54865		EXPLORE EPIDIDYMIS	7/1/2015	RBRVS	$346.16	$346.16	090		Y	Y					
54900		FUSION OF SPERMATIC DUCTS	7/1/2015	RBRVS	$778.77	$778.77	090		Y	Y					
54901		FUSION OF SPERMATIC DUCTS	7/1/2015	RBRVS	$1,026.28	$1,026.28	090		Y	Y		Y	Y		
55150		REMOVAL OF SCROTUM	7/1/2015	RBRVS	$477.31	$477.31	090		Y	Y	Y	Y	Y		
55520		REMOVAL OF SPERM CORD LESION	7/1/2015	RBRVS	$444.94	$444.94	090		Y	Y	Y		Y		
55530		REVISE SPERMATIC CORD VEINS	7/1/2015	RBRVS	$341.20	$341.20	090		Y	Y	Y	Y	Y		
55535		REVISE SPERMATIC CORD VEINS	7/1/2015	RBRVS	$415.82	$415.82	090		Y	Y	Y		Y		
55540		REVISE HERNIA & SPERM VEINS	7/1/2015	RBRVS	$545.08	$545.08	090		Y	Y	Y	Y	Y		
55650		REMOVE SPERM DUCT POUCH	7/1/2015	RBRVS	$770.51	$770.51	010		Y	Y		Y	Y		
55706		PROSTATE SATURATION SAMPLING	7/1/2015	RBRVS	$360.28	$360.28	090		Y	Y		Y	Y		
55720		DRAINAGE OF PROSTATE ABSCESS	7/1/2015	RBRVS	$436.46	$436.46	090		Y	Y		Y	Y		
55725		DRAINAGE OF PROSTATE ABSCESS	7/1/2015	RBRVS	$613.32	$613.32	090		Y	Y		Y	Y		
55801		REMOVAL OF PROSTATE	7/1/2015	RBRVS	$1,058.76	$1,058.76	090		Y	Y		Y	Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
55810		EXTENSIVE PROSTATE SURGERY	7/1/2015	RBRVS	$1,278.99	$1,278.99	090		Y	Y		Y	Y		
55812		EXTENSIVE PROSTATE SURGERY	7/1/2015	RBRVS	$1,560.47	$1,560.47	090		Y	Y		Y	Y		
55815		EXTENSIVE PROSTATE SURGERY	7/1/2015	RBRVS	$1,710.27	$1,710.27	090		Y	Y		Y	Y		
55821		REMOVAL OF PROSTATE	7/1/2015	RBRVS	$846.47	$846.47	090		Y	Y		Y	Y		
55831		REMOVAL OF PROSTATE	7/1/2015	RBRVS	$916.47	$916.47	090		Y	Y		Y	Y		
55840		EXTENSIVE PROSTATE SURGERY	7/1/2015	RBRVS	$1,135.71	$1,135.71	090		Y	Y		Y	Y		
55842		EXTENSIVE PROSTATE SURGERY	7/1/2015	RBRVS	$1,134.57	$1,134.57	090		Y	Y		Y	Y		
55845		EXTENSIVE PROSTATE SURGERY	7/1/2015	RBRVS	$1,322.33	$1,322.33	090		Y	Y		Y	Y		
55862		EXTENSIVE PROSTATE SURGERY	7/1/2015	RBRVS	$1,065.31	$1,065.31	090		Y	Y		Y	Y		
55865		EXTENSIVE PROSTATE SURGERY	7/1/2015	RBRVS	$1,293.98	$1,293.98	090		Y	Y		Y	Y		
55866		LAPARO RADICAL PROSTATECTOMY	7/1/2015	RBRVS	$1,680.79	$1,680.79	090		Y	Y					
55875		TRANSPERI NEEDLE PLACE PROS	7/1/2015	RBRVS	$737.79	$737.79	000		Y	Y			Y	Y	
55876		PLACE RT DEVICE/MARKER PROS	7/1/2015	RBRVS	$129.32	$97.41			Y						
55899		GENITAL SURGERY PROCEDURE	7/1/2014	FEE SCHED	$231.03	$0.00	000		Y	Y					
55920		PLACE NEEDLES PELVIC FOR RT	7/1/2015	RBRVS	$431.01	$431.01	010		Y	Y			Y		
56405		I & D OF VULVA/PERINEUM	7/1/2015	RBRVS	$105.26	$104.59	010		Y	Y					
56420		DRAINAGE OF GLAND ABSCESS	7/1/2015	RBRVS	$116.43	$87.84	010		Y	Y					
56440		SURGERY FOR VULVA LESION	7/1/2015	RBRVS	$175.29	$175.29	000		Y	Y					
56442		HYMENOTOMY	7/1/2015	RBRVS	$45.40	$45.40	010		Y	Y					
56501		DESTROY VULVA LESIONS SIM	7/1/2015	RBRVS	$125.20	$110.25	010		Y	Y					
56515		DESTROY VULVA LESION/S COMPL	7/1/2015	RBRVS	$217.77	$194.49	000		Y	Y			Y		
56605		BIOPSY OF VULVA/PERINEUM	7/1/2015	RBRVS	$78.90	$58.62	ZZZ		Y				Y		
56606		BIOPSY OF VULVA/PERINEUM	7/1/2015	RBRVS	$36.09	$28.44	090		Y	Y		Y	Y		
56620		PARTIAL REMOVAL OF VULVA	7/1/2015	RBRVS	$504.27	$504.27	090		Y	Y		Y	Y		
56625		COMPLETE REMOVAL OF VULVA	7/1/2015	RBRVS	$614.42	$614.42	090		Y	Y		Y	Y		
56630		EXTENSIVE VULVA SURGERY	7/1/2015	RBRVS	$906.93	$906.93	090		Y	Y		Y	Y		
56631		EXTENSIVE VULVA SURGERY	7/1/2015	RBRVS	$1,152.85	$1,152.85	090		Y	Y		Y	Y		
56633		EXTENSIVE VULVA SURGERY	7/1/2015	RBRVS	$1,188.42	$1,188.42	090		Y	Y		Y	Y		
56634		EXTENSIVE VULVA SURGERY	7/1/2015	RBRVS	$1,285.24	$1,285.24	090		Y	Y		Y	Y		
56637		EXTENSIVE VULVA SURGERY	7/1/2015	RBRVS	$1,486.16	$1,486.16	090		Y	Y	Y	Y	Y		
56640		EXTENSIVE VULVA SURGERY	7/1/2015	RBRVS	$1,506.79	$1,506.79	010		Y	Y		Y	Y		
56700		PARTIAL REMOVAL OF HYMEN	7/1/2015	RBRVS	$179.11	$179.11	010		Y	Y		Y	Y		
56800		REPAIR OF VAGINA	7/1/2015	RBRVS	$232.16	$232.16	010		Y	Y		Y	Y		
56810		REPAIR OF PERINEUM	7/1/2015	RBRVS	$250.17	$250.17	000		Y	Y					
56820		EXAM OF VULVA W/SCOPE	7/1/2015	RBRVS	$107.82	$84.22	000		Y	Y					
56821		EXAM/BIOPSY OF VULVA W/SCOPE	7/1/2015	RBRVS	$142.25	$112.33	010		Y	Y					
57061		DESTROY VAG LESIONS SIMPLE	7/1/2015	RBRVS	$109.05	$94.76	010		Y	Y					
57065		DESTROY VAG LESIONS COMPLEX	7/1/2015	RBRVS	$188.68	$169.40	000		Y	Y					
57100		BIOPSY OF VAGINA	7/1/2015	RBRVS	$85.85	$65.24	090		Y	Y		Y	Y		
57106		REMOVE VAGINA WALL PARTIAL	7/1/2015	RBRVS	$478.11	$478.11	090		Y	Y		Y	Y		
57107		REMOVE VAGINA TISSUE PART	7/1/2015	RBRVS	$1,421.67	$1,421.67	090		Y	Y		Y	Y		
57109		VAGINECTOMY PARTIAL W/NODES	7/1/2015	RBRVS	$1,723.30	$1,723.30	090		Y	Y		Y	Y		
57110		REMOVE VAGINA WALL COMPLETE	7/1/2015	RBRVS	$859.77	$859.77	090		Y	Y		Y	Y		
57111		REMOVE VAGINA TISSUE COMPL	7/1/2015	RBRVS	$1,539.93	$1,539.93	090		Y	Y		Y	Y		
57112		VAGINECTOMY W/NODES COMPL	7/1/2015	RBRVS	$1,844.72	$1,844.72	090		Y	Y		Y	Y		
57120		CLOSURE OF VAGINA	7/1/2015	RBRVS	$488.75	$488.75	010		Y	Y		Y	Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
57130		REMOVE VAGINA LESION	7/1/2015	RBRVS	$169.50	$152.89	000		Y	Y					
57150		TREAT VAGINA INFECTION	7/1/2015	RBRVS	$43.01	$27.72	000		Y	Y			Y		
57155		INSERT UTERI TANDEM/OVOIDS	7/1/2015	RBRVS	$406.91	$278.28	000		Y	Y					
57160		INSERT PESSARY/OTHER DEVICE	7/1/2015	RBRVS	$72.95	$45.70	000			Y					F
57170		FITTING OF DIAPHRAGM/CAP	7/1/2015	RBRVS	$67.66	$54.48	090		Y	Y		Y	Y		
57200		REPAIR OF VAGINA	7/1/2015	RBRVS	$291.18	$291.18	090		Y	Y		Y	Y		
57210		REPAIR VAGINA/PERINEUM	7/1/2015	RBRVS	$353.43	$353.43	090		Y	Y		Y	Y		
57220		REVISION OF URETHRA	7/1/2015	RBRVS	$305.78	$305.78	090		Y	Y		Y	Y		
57230		REPAIR OF URETHRAL LESION	7/1/2015	RBRVS	$378.20	$378.20	090		Y	Y		Y	Y		
57240		REPAIR BLADDER & VAGINA	7/1/2015	RBRVS	$645.49	$645.49	090		Y	Y		Y	Y		
57250		REPAIR RECTUM & VAGINA	7/1/2015	RBRVS	$650.38	$650.38	090		Y	Y		Y	Y		
57260		REPAIR OF VAGINA	7/1/2015	RBRVS	$801.71	$801.71	090		Y	Y		Y	Y		
57265		EXTENSIVE REPAIR OF VAGINA	7/1/2015	RBRVS	$877.86	$877.86	ZZZ		Y			Y	Y		
57267		INSERT MESH/PELVIC FLR ADDON	7/1/2015	RBRVS	$247.38	$247.38	090		Y	Y		Y	Y		
57268		REPAIR OF BOWEL BULGE	7/1/2015	RBRVS	$464.12	$464.12	090		Y	Y		Y	Y		
57270		REPAIR OF BOWEL POUCH	7/1/2015	RBRVS	$767.43	$767.43	090		Y	Y		Y	Y		
57280		SUSPENSION OF VAGINA	7/1/2015	RBRVS	$918.63	$918.63	090		Y	Y		Y	Y		
57282		COLPOPEXY EXTRAPERITONEAL	7/1/2015	RBRVS	$479.97	$479.97	090		Y	Y		Y	Y		
57283		COLPOPEXY INTRAPERITONEAL	7/1/2015	RBRVS	$662.97	$662.97	090		Y	Y		Y	Y		
57284		REPAIR PARAVAG DEFECT OPEN	7/1/2015	RBRVS	$785.06	$785.06	090		Y	Y		Y	Y		
57285		REPAIR PARAVAG DEFECT VAG	7/1/2015	RBRVS	$646.49	$646.49	090		Y	Y		Y	Y		
57288		REPAIR BLADDER DEFECT	7/1/2015	RBRVS	$688.33	$688.33	090		Y	Y		Y	Y		
57289		REPAIR BLADDER & VAGINA	7/1/2015	RBRVS	$705.78	$705.78	090		Y	Y		Y	Y		
57295		CHANGE VAGINAL GRAFT	7/1/2015	RBRVS	$458.23	$458.23	090		Y	Y		Y	Y		
57296		REVISE VAG GRAFT OPEN ABD	7/1/2015	RBRVS	$899.16	$899.16	090		Y	Y		Y	Y		
57300		REPAIR RECTUM-VAGINA FISTULA	7/1/2015	RBRVS	$549.87	$549.87	090		Y	Y		Y	Y		
57305		REPAIR RECTUM-VAGINA FISTULA	7/1/2015	RBRVS	$916.11	$916.11	090		Y	Y		Y	Y		
57307		FISTULA REPAIR & COLOSTOMY	7/1/2015	RBRVS	$1,059.95	$1,059.95	090		Y	Y		Y	Y		
57308		FISTULA REPAIR TRANSPERINE	7/1/2015	RBRVS	$613.15	$613.15	090		Y	Y		Y	Y		
57310		REPAIR URETHROVAGINAL LESION	7/1/2015	RBRVS	$444.44	$444.44	090		Y	Y		Y	Y		
57311		REPAIR URETHROVAGINAL LESION	7/1/2015	RBRVS	$506.33	$506.33	090		Y	Y		Y	Y		
57320		REPAIR BLADDER-VAGINA LESION	7/1/2015	RBRVS	$510.02	$510.02	090		Y	Y		Y	Y		
57330		REPAIR BLADDER-VAGINA LESION	7/1/2015	RBRVS	$716.05	$716.05	000		Y	Y					
57400		DILATION OF VAGINA	7/1/2015	RBRVS	$128.16	$128.16	000		Y	Y					
57410		PELVIC EXAMINATION	7/1/2015	RBRVS	$104.66	$104.66	010		Y	Y					
57415		REMOVE VAGINAL FOREIGN BODY	7/1/2015	RBRVS	$153.89	$153.89	000		Y	Y					
57420		EXAM OF VAGINA W/SCOPE	7/1/2015	RBRVS	$114.03	$90.10	000		Y	Y					
57421		EXAM/BIOPSY OF VAG W/SCOPE	7/1/2015	RBRVS	$151.79	$120.87	090		Y	Y		Y	Y		
57423		REPAIR PARAVAG DEFECT LAP	7/1/2015	RBRVS	$879.88	$879.88	090		Y	Y		Y	Y		
57426		REVISE PROSTH VAG GRAFT LAP	7/1/2015	RBRVS	$811.48	$811.48	000		Y	Y					
57452		EXAM OF CERVIX W/SCOPE	7/1/2015	RBRVS	$104.59	$89.30	000		Y	Y					
57454		BX/CURETT OF CERVIX W/SCOPE	7/1/2015	RBRVS	$146.84	$131.55	000		Y	Y					
57455		BIOPSY OF CERVIX W/SCOPE	7/1/2015	RBRVS	$137.30	$107.38	000		Y	Y					
57456		ENDOCERV CURETTAGE W/SCOPE	7/1/2015	RBRVS	$129.09	$99.84	000		Y	Y					
57461		CONZ OF CERVIX W/SCOPE LEEP	7/1/2015	RBRVS	$304.58	$181.93	010		Y	Y					
57505		ENDOCERVICAL CURETTAGE	7/1/2015	RBRVS	$97.25	$88.28	010		Y	Y					

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
57511		CRYOCAUTERY OF CERVIX	7/1/2015	RBRVS	$139.23	$127.26	090		Y	Y					
57520		CONIZATION OF CERVIX	7/1/2015	RBRVS	$294.08	$265.16	090		Y	Y					
57522		CONIZATION OF CERVIX	7/1/2015	RBRVS	$251.97	$234.35	090		Y	Y		Y	Y		
57530		REMOVAL OF CERVIX	7/1/2015	RBRVS	$335.66	$335.66	090		Y	Y		Y	Y		
57531		REMOVAL OF CERVIX RADICAL	7/1/2015	RBRVS	$1,818.82	$1,818.82	090		Y	Y		Y	Y		
57540		REMOVAL OF RESIDUAL CERVIX	7/1/2015	RBRVS	$771.86	$771.86	090		Y	Y		Y	Y		
57545		REMOVE CERVIX/REPAIR PELVIS	7/1/2015	RBRVS	$788.65	$788.65	090		Y	Y		Y	Y		
57550		REMOVAL OF RESIDUAL CERVIX	7/1/2015	RBRVS	$389.50	$389.50	090		Y	Y		Y	Y		
57555		REMOVE CERVIX/REPAIR VAGINA	7/1/2015	RBRVS	$576.43	$576.43	090		Y	Y		Y	Y		
57556		REMOVE CERVIX REPAIR BOWEL	7/1/2015	RBRVS	$544.82	$544.82	010		Y	Y					
57558		D&C OF CERVICAL STUMP	7/1/2015	RBRVS	$119.65	$109.01	090		Y	Y		Y			
57720		REVISION OF CERVIX	7/1/2015	RBRVS	$293.38	$293.38	000		Y	Y					
58100		BIOPSY OF UTERUS LINING	7/1/2015	RBRVS	$104.13	$84.18	ZZZ		Y						
58110		BX DONE W/COLPOSCOPY ADD-ON	7/1/2015	RBRVS	$46.29	$39.98	010		Y	Y					
58120		DILATION AND CURETTAGE	7/1/2015	RBRVS	$275.24	$234.99	090		Y	Y		Y	Y		
58140		MYOMECTOMY ABDOM METHOD	7/1/2015	RBRVS	$890.19	$890.19	090		Y	Y		Y	Y		
58145		MYOMECTOMY VAG METHOD	7/1/2015	RBRVS	$527.57	$527.57	090		Y	Y		Y	Y		
58146		MYOMECTOMY ABDOM COMPLEX	7/1/2015	RBRVS	$1,106.59	$1,106.59	090		Y	Y		Y	Y		
58150		TOTAL HYSTERECTOMY	7/1/2015	RBRVS	$982.22	$982.22	090		Y	Y		Y	Y		
58152		TOTAL HYSTERECTOMY	7/1/2015	RBRVS	$1,209.06	$1,209.06	090		Y	Y		Y	Y		
58180		PARTIAL HYSTERECTOMY	7/1/2015	RBRVS	$930.73	$930.73	090		Y	Y		Y	Y		
58200		EXTENSIVE HYSTERECTOMY	7/1/2015	RBRVS	$1,337.78	$1,337.78	090		Y	Y		Y	Y		
58210		EXTENSIVE HYSTERECTOMY	7/1/2015	RBRVS	$1,805.46	$1,805.46	090		Y	Y		Y	Y		
58240		REMOVAL OF PELVIS CONTENTS	7/1/2015	RBRVS	$2,853.33	$2,853.33	090		Y	Y		Y	Y		
58260		VAGINAL HYSTERECTOMY	7/1/2015	RBRVS	$794.26	$794.26	090		Y	Y		Y	Y		
58262		VAG HYST INCLUDING T/O	7/1/2015	RBRVS	$887.29	$887.29	090		Y	Y		Y	Y		
58263		VAG HYST W/T/O & VAG REPAIR	7/1/2015	RBRVS	$950.50	$950.50	090		Y	Y		Y	Y		
58267		VAG HYST W/URINARY REPAIR	7/1/2015	RBRVS	$1,015.56	$1,015.56	090		Y	Y		Y	Y		
58270		VAG HYST W/ENTEROCELE REPAIR	7/1/2015	RBRVS	$848.04	$848.04	090		Y	Y		Y	Y		
58275		HYSTERECTOMY/REVISE VAGINA	7/1/2015	RBRVS	$950.34	$950.34	090		Y	Y		Y	Y		
58280		HYSTERECTOMY/REVISE VAGINA	7/1/2015	RBRVS	$1,009.73	$1,009.73	090		Y	Y		Y	Y		
58285		EXTENSIVE HYSTERECTOMY	7/1/2015	RBRVS	$1,408.18	$1,408.18	090		Y	Y		Y	Y		
58290		VAG HYST COMPLEX	7/1/2015	RBRVS	$1,103.53	$1,103.53	090		Y	Y		Y	Y		
58291		VAG HYST INCL T/O COMPLEX	7/1/2015	RBRVS	$1,195.39	$1,195.39	090		Y	Y		Y	Y		
58292		VAG HYST T/O & REPAIR COMPL	7/1/2015	RBRVS	$1,261.00	$1,261.00	090		Y	Y		Y	Y		
58293		VAG HYST W/URO REPAIR COMPL	7/1/2015	RBRVS	$1,311.10	$1,311.10	090		Y	Y		Y	Y		
58294		VAG HYST W/ENTEROCELE COMPL	7/1/2015	RBRVS	$1,168.54	$1,168.54									F
58300		INSERT INTRAUTERINE DEVICE	7/1/2015	RBRVS	$77.32	$57.15	000			Y					
58301		REMOVE INTRAUTERINE DEVICE	7/1/2015	RBRVS	$100.67	$72.60	000		Y	Y					
58340		CATHETER FOR HYSTEROGRAPHY	7/1/2015	RBRVS	$112.43	$55.93	090		Y	Y					
58346		INSERT HEYMAN UTERI CAPSULE	7/1/2015	RBRVS	$422.81	$422.81	010		Y	Y		Y	Y		
58356		ENDOMETRIAL CRYOABLATION	7/1/2015	RBRVS	$1,765.58	$332.73	090		Y	Y		Y	Y		
58400		SUSPENSION OF UTERUS	7/1/2015	RBRVS	$421.08	$421.08	090		Y	Y		Y	Y		
58410		SUSPENSION OF UTERUS	7/1/2015	RBRVS	$771.06	$771.06	090		Y	Y		Y	Y		
58520		REPAIR OF RUPTURED UTERUS	7/1/2015	RBRVS	$769.43	$769.43	090		Y	Y		Y			
58540		REVISION OF UTERUS	7/1/2015	RBRVS	$871.97	$871.97	090		Y	Y		Y	Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
58541		LSH UTERUS 250 G OR LESS	7/1/2015	RBRVS	$688.86	$688.86	090		Y	Y		Y	Y		
58542		LSH W/T/O UT 250 G OR LESS	7/1/2015	RBRVS	$787.75	$787.75	090		Y	Y		Y	Y		
58543		LSH UTERUS ABOVE 250 G	7/1/2015	RBRVS	$796.59	$796.59	090		Y	Y		Y	Y		
58544		LSH W/T/O UTERUS ABOVE 250 G	7/1/2015	RBRVS	$871.40	$871.40	090		Y	Y		Y	Y		
58545		LAPAROSCOPIC MYOMECTOMY	7/1/2015	RBRVS	$875.03	$875.03	090		Y	Y		Y	Y		
58546		LAPARO-MYOMECTOMY COMPLEX	7/1/2015	RBRVS	$1,079.64	$1,079.64	090		Y	Y		Y	Y		
58548		LAP RADICAL HYST	7/1/2015	RBRVS	$1,860.77	$1,860.77	090		Y	Y		Y	Y		
58550		LAPARO-ASST VAG HYSTERECTOMY	7/1/2015	RBRVS	$848.07	$848.07	090		Y	Y		Y	Y		
58552		LAPARO-VAG HYST INCL T/O	7/1/2015	RBRVS	$954.27	$954.27	090		Y	Y		Y	Y		
58553		LAPARO-VAG HYST COMPLEX	7/1/2015	RBRVS	$1,090.00	$1,090.00	090		Y	Y		Y	Y		
58554		LAPARO-VAG HYST W/T/O COMPL	7/1/2015	RBRVS	$1,280.25	$1,280.25	000		Y	Y			Y		
58555		HYSTEROSCOPY DX SEP PROC	7/1/2015	RBRVS	$288.72	$183.03	000		Y	Y			Y		
58558		HYSTEROSCOPY BIOPSY	7/1/2015	RBRVS	$378.23	$257.25	000		Y	Y			Y		
58559		HYSTEROSCOPY LYSIS	7/1/2015	RBRVS	$328.58	$328.58	000		Y	Y		Y	Y		
58560		HYSTEROSCOPY RESECT SEPTUM	7/1/2015	RBRVS	$371.49	$371.49	000		Y	Y			Y		
58561		HYSTEROSCOPY REMOVE MYOMA	7/1/2015	RBRVS	$526.43	$526.43	000		Y	Y			Y		
58562		HYSTEROSCOPY REMOVE FB	7/1/2015	RBRVS	$392.66	$279.99	000		Y	Y			Y		
58563		HYSTEROSCOPY ABLATION	7/1/2015	RBRVS	$1,563.00	$329.24	090		Y	Y			Y		
58565		HYSTEROSCOPY STERILIZATION	7/1/2015	RBRVS	$1,757.20	$414.43	090		Y	Y		Y	Y		
58570		TLH UTERUS 250 G OR LESS	7/1/2015	RBRVS	$750.15	$750.15	090		Y	Y		Y	Y		
58571		TLH W/T/O 250 G OR LESS	7/1/2015	RBRVS	$872.03	$872.03	090		Y	Y		Y	Y		
58572		TLH UTERUS OVER 250 G	7/1/2015	RBRVS	$981.62	$981.62	090		Y	Y		Y	Y		
58573		TLH W/T/O UTERUS OVER 250 G	7/1/2015	RBRVS	$1,177.29	$1,177.29			Y						
58578		LAPARO PROC UTERUS	7/1/2014	FEE SCHED	$521.62	$0.00			Y						
58579		HYSTEROSCOPE PROCEDURE	7/1/2014	FEE SCHED	$521.62	$0.00	090		Y	Y		Y	Y		F
58600		DIVISION OF FALLOPIAN TUBE	7/1/2015	RBRVS	$406.64	$406.64	090		Y	Y		Y			F
58605		DIVISION OF FALLOPIAN TUBE	7/1/2015	RBRVS	$368.41	$368.41	ZZZ		Y			Y			F
58611		LIGATE OVIDUCT(S) ADD-ON	7/1/2015	RBRVS	$86.90	$86.90	090		Y	Y		Y	Y		
58660		LAPAROSCOPY LYSIS	7/1/2015	RBRVS	$650.21	$650.21	010		Y	Y	Y	Y	Y		
58661		LAPAROSCOPY REMOVE ADNEXA	7/1/2015	RBRVS	$627.41	$627.41	090		Y	Y		Y	Y		
58662		LAPAROSCOPY EXCISE LESIONS	7/1/2015	RBRVS	$684.71	$684.71	090			Y			Y		
58670		LAPAROSCOPY TUBAL CAUTERY	7/1/2015	RBRVS	$388.58	$388.58	090		Y	Y			Y		
58671		LAPAROSCOPY TUBAL BLOCK	7/1/2015	RBRVS	$387.65	$387.65	090		Y	Y	Y	Y			
58672		LAPAROSCOPY FIMBRIOPLASTY	7/1/2015	RBRVS	$705.42	$705.42	090		Y	Y	Y	Y			
58673		LAPAROSCOPY SALPINGOSTOMY	7/1/2015	RBRVS	$767.37	$767.37			Y						
58679		LAPARO PROC OVIDUCT-OVARY	7/1/2014	FEE SCHED	$511.21	$0.00	090		Y	Y		Y	Y		
58700		REMOVAL OF FALLOPIAN TUBE	7/1/2015	RBRVS	$757.50	$757.50	090		Y	Y		Y	Y		
58720		REMOVAL OF OVARY/TUBE(S)	7/1/2015	RBRVS	$713.36	$713.36	090		Y	Y		Y	Y		
58740		ADHESIOLYSIS TUBE OVARY	7/1/2015	RBRVS	$855.48	$855.48	090		Y	Y					
58800		DRAINAGE OF OVARIAN CYST(S)	7/1/2015	RBRVS	$303.82	$285.54	090		Y	Y		Y	Y		
58805		DRAINAGE OF OVARIAN CYST(S)	7/1/2015	RBRVS	$386.91	$386.91	090		Y	Y	Y	Y			
58820		DRAIN OVARY ABSCESS OPEN	7/1/2015	RBRVS	$298.17	$298.17	090		Y	Y	Y	Y	Y		
58822		DRAIN OVARY ABSCESS PERCUT	7/1/2015	RBRVS	$671.18	$671.18	090		Y	Y		Y	Y		
58900		BIOPSY OF OVARY(S)	7/1/2015	RBRVS	$395.35	$395.35	090		Y	Y		Y	Y		
58920		PARTIAL REMOVAL OF OVARY(S)	7/1/2015	RBRVS	$761.83	$761.83	090		Y	Y		Y	Y		
58925		REMOVAL OF OVARIAN CYST(S)	7/1/2015	RBRVS	$723.63	$723.63	090		Y	Y		Y	Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
58940		REMOVAL OF OVARY(S)	7/1/2015	RBRVS	$510.25	$510.25	090		Y	Y		Y	Y		
58950		RESECT OVARIAN MALIGNANCY	7/1/2015	RBRVS	$1,105.83	$1,105.83	090		Y	Y		Y	Y		
58951		RESECT OVARIAN MALIGNANCY	7/1/2015	RBRVS	$1,419.45	$1,419.45	090		Y	Y		Y	Y		
58952		RESECT OVARIAN MALIGNANCY	7/1/2015	RBRVS	$1,610.86	$1,610.86	090		Y	Y		Y	Y		
58953		TAH RAD DISSECT FOR DEBULK	7/1/2015	RBRVS	$1,990.59	$1,990.59	090		Y	Y		Y	Y		
58954		TAH RAD DEBULK/LYMPH REMOVE	7/1/2015	RBRVS	$2,158.71	$2,158.71	090		Y	Y		Y	Y		
58956		BSO OMENTECTOMY W/TAH	7/1/2015	RBRVS	$1,353.44	$1,353.44	090		Y	Y		Y	Y		
58957		RESECT RECURRENT GYN MAL	7/1/2015	RBRVS	$1,558.05	$1,558.05	090		Y	Y		Y	Y		
58958		RESECT RECUR GYN MAL W/LYM	7/1/2015	RBRVS	$1,709.44	$1,709.44			Y						
58999		GENITAL SURGERY PROCEDURE	7/1/2014	FEE SCHED	$251.79	$0.00	000								M
59020		FETAL CONTRACT STRESS TEST	7/1/2015	RBRVS	$77.35	$77.35	000								M
59020	TC	FETAL CONTRACT STRESS TEST	7/1/2015	RBRVS	$39.79	$39.79	000								M
59020	26	FETAL CONTRACT STRESS TEST	7/1/2015	RBRVS	$46.16	$46.16	000								M
59025		FETAL NON-STRESS TEST	7/1/2015	RBRVS	$52.44	$52.44	000								M
59025	TC	FETAL NON-STRESS TEST	7/1/2015	RBRVS	$21.59	$21.59	000								M
59025	26	FETAL NON-STRESS TEST	7/1/2015	RBRVS	$36.69	$36.69	000			Y		Y			M
59070		TRANSABDOM AMNIOINFUS W/US	7/1/2015	RBRVS	$451.25	$348.12	000			Y					M
59072		UMBILICAL CORD OCCLUD W/US	7/1/2015	RBRVS	$505.96	$505.96	000			Y		Y			M
59074		FETAL FLUID DRAINAGE W/US	7/1/2015	RBRVS	$433.37	$348.50	000			Y		Y			M
59076		FETAL SHUNT PLACEMENT W/US	7/1/2015	RBRVS	$505.96	$505.96	090			Y		Y	Y		M
59100		REMOVE UTERUS LESION	7/1/2015	RBRVS	$930.26	$930.26	090			Y		Y	Y		M
59120		TREAT ECTOPIC PREGNANCY	7/1/2015	RBRVS	$885.10	$885.10	090			Y		Y	Y		M
59121		TREAT ECTOPIC PREGNANCY	7/1/2015	RBRVS	$885.93	$885.93	090			Y					M
59135		TREAT ECTOPIC PREGNANCY	7/1/2015	RBRVS	$895.83	$895.83	090			Y		Y			M
59140		TREAT ECTOPIC PREGNANCY	7/1/2015	RBRVS	$445.10	$445.10	000			Y					M
59200		INSERT CERVICAL DILATOR	7/1/2015	RBRVS	$78.80	$50.50	000			Y					M
59300		EPISIOTOMY OR VAGINAL REPAIR	7/1/2015	RBRVS	$213.11	$166.58	000			Y		Y			M
59350		REPAIR OF UTERUS	7/1/2015	RBRVS	$316.26	$316.26	MMM			Y					M
59400		OBSTETRICAL CARE	7/1/2015	RBRVS	$2,326.03	$2,326.03	MMM			Y					M
59409		OBSTETRICAL CARE	7/1/2015	RBRVS	$914.81	$914.81	MMM			Y					M
59410		OBSTETRICAL CARE	7/1/2015	RBRVS	$1,166.72	$1,166.72	MMM								M
59412		ANTEPARTUM MANIPULATION	7/1/2015	RBRVS	$129.21	$129.21	MMM			Y					M
59414		DELIVER PLACENTA	7/1/2015	RBRVS	$103.00	$103.00	MMM								M
59425		ANTEPARTUM CARE ONLY	7/1/2015	RBRVS	$502.88	$400.50	MMM								M
59426		ANTEPARTUM CARE ONLY	7/1/2015	RBRVS	$899.81	$705.50	MMM			Y					M
59430		CARE AFTER DELIVERY	7/1/2015	RBRVS	$204.37	$156.72	MMM			Y					M
59510		CESAREAN DELIVERY	7/1/2015	RBRVS	$2,571.39	$2,571.39	MMM			Y		Y	Y		M
59514		CESAREAN DELIVERY ONLY	7/1/2015	RBRVS	$1,028.08	$1,028.08	MMM			Y					M
59515		CESAREAN DELIVERY	7/1/2015	RBRVS	$1,411.44	$1,411.44	ZZZ					Y	Y		M
59525		REMOVE UTERUS AFTER CESAREAN	7/1/2015	RBRVS	$545.47	$545.47	MMM			Y					M
59610		VBAC DELIVERY	7/1/2015	RBRVS	$2,439.49	$2,439.49	MMM			Y					M
59612		VBAC DELIVERY ONLY	7/1/2015	RBRVS	$1,028.27	$1,028.27	MMM			Y					M
59614		VBAC CARE AFTER DELIVERY	7/1/2015	RBRVS	$1,278.76	$1,278.76	MMM			Y		Y			M
59620		ATTEMPTED VBAC DELIVERY ONLY	7/1/2015	RBRVS	$1,064.91	$1,064.91	MMM			Y					M
59622		ATTEMPTED VBAC AFTER CARE	7/1/2015	RBRVS	$1,449.66	$1,449.66	090			Y					
59812		TREATMENT OF MISCARRIAGE	7/1/2015	RBRVS	$313.48	$293.22	090			Y					

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
59820		CARE OF MISCARRIAGE	7/1/2015	RBRVS	$372.88	$351.27	090			Y					
59821		TREATMENT OF MISCARRIAGE	7/1/2015	RBRVS	$376.01	$352.41	090			Y					
59830		TREAT UTERUS INFECTION	7/1/2015	RBRVS	$432.94	$432.94	010			Y					
59840		ABORTION	7/1/2015	RBRVS	$214.74	$206.43	010			Y					
59841		ABORTION	7/1/2015	RBRVS	$378.54	$358.59	090			Y					
59850		ABORTION	7/1/2015	RBRVS	$334.46	$334.46	090			Y					
59851		ABORTION	7/1/2015	RBRVS	$394.29	$394.29	090			Y					
59852		ABORTION	7/1/2015	RBRVS	$483.49	$483.49	090			Y					
59855		ABORTION	7/1/2015	RBRVS	$411.93	$411.93	090			Y					
59856		ABORTION	7/1/2015	RBRVS	$484.79	$484.79	090			Y					
59857		ABORTION	7/1/2015	RBRVS	$498.18	$498.18									
59897		FETAL INVAS PX W/US	7/1/2014	FEE SCHED	$1,477.08	$0.00									
59898		LAPARO PROC OB CARE/DELIVER	7/1/2014	FEE SCHED	$324.87	$0.00									
59899		MATERNITY CARE PROCEDURE	7/1/2014	FEE SCHED	$324.87	$0.00									
6005F		CARE LEVEL RATIONALE DOC	7/1/2006	RBRVS	$0.00	$0.00	090		Y	Y		Y	Y		
60200		REMOVE THYROID LESION	7/1/2015	RBRVS	$646.12	$646.12	090		Y	Y		Y	Y		
60220		PARTIAL REMOVAL OF THYROID	7/1/2015	RBRVS	$693.32	$693.32	090		Y	Y		Y	Y		
60240		REMOVAL OF THYROID	7/1/2015	RBRVS	$903.95	$903.95	090		Y	Y		Y	Y		
60252		REMOVAL OF THYROID	7/1/2015	RBRVS	$1,298.73	$1,298.73	090		Y	Y		Y	Y		
60254		EXTENSIVE THYROID SURGERY	7/1/2015	RBRVS	$1,647.99	$1,647.99	090		Y	Y	Y	Y	Y		
60260		REPEAT THYROID SURGERY	7/1/2015	RBRVS	$1,074.24	$1,074.24	090		Y	Y		Y	Y		
60270		REMOVAL OF THYROID	7/1/2015	RBRVS	$1,349.32	$1,349.32	090		Y	Y		Y	Y		
60271		REMOVAL OF THYROID	7/1/2015	RBRVS	$1,039.75	$1,039.75	090		Y	Y		Y	Y		
60280		REMOVE THYROID DUCT LESION	7/1/2015	RBRVS	$431.78	$431.78	000		Y	Y					
60300		ASPIR/INJ THYROID CYST	7/1/2015	RBRVS	$113.57	$49.09									
6040F		APPRO RAD DS DVCS TECHS DOCD	4/1/2008	RBRVS	$0.00	$0.00									
6045F		RAD EXPOS IN END RPRT FLURO	4/1/2008	RBRVS	$0.00	$0.00	090		Y	Y		Y	Y		
60521		REMOVAL OF THYMUS GLAND	7/1/2015	RBRVS	$1,116.43	$1,116.43									
6070F		PT ASKED/CNSLD AED EFFECTS	9/1/2011	RBRVS	$0.00	$0.00									
6080F		PT/CAREGIVER QUERIED FALLS	1/1/2011	RBRVS	$0.00	$0.00									
6090F		PT/CAREGIVER COUNSEL SAFETY	1/1/2011	RBRVS	$0.00	$0.00									
6100F		VERIFY PT SITE PXD DOCD	7/1/2011	RBRVS	$0.00	$0.00	000		Y	Y					
61000		REMOVE CRANIAL CAVITY FLUID	7/1/2015	RBRVS	$122.02	$122.02	000		Y	Y					
61001		REMOVE CRANIAL CAVITY FLUID	7/1/2015	RBRVS	$87.63	$87.63									
6101F		SAFETY COUNSELING DEMENTIA	7/1/2011	RBRVS	$0.00	$0.00									
6102F		SAFETY COUNSELING DEM ORDER	7/1/2011	RBRVS	$0.00	$0.00	000		Y	Y					
61020		REMOVE BRAIN CAVITY FLUID	7/1/2015	RBRVS	$105.95	$105.95	000		Y	Y					
61026		INJECTION INTO BRAIN CANAL	7/1/2015	RBRVS	$101.47	$101.47	000		Y	Y					
61050		REMOVE BRAIN CANAL FLUID	7/1/2015	RBRVS	$83.45	$83.45	000		Y						
61055		INJECTION INTO BRAIN CANAL	7/1/2015	RBRVS	$119.79	$119.79	000		Y	Y					
61070		BRAIN CANAL SHUNT PROCEDURE	7/1/2015	RBRVS	$56.77	$56.77									
6110F		COUNSEL PROV DRIVING RISKS	7/1/2011	RBRVS	$0.00	$0.00	090		Y	Y					
61105		TWIST DRILL HOLE	7/1/2015	RBRVS	$472.93	$472.93	000		Y						
61107		DRILL SKULL FOR IMPLANTATION	7/1/2015	RBRVS	$326.02	$326.02	090		Y	Y					
61108		DRILL SKULL FOR DRAINAGE	7/1/2015	RBRVS	$931.46	$931.46	090		Y	Y					
61120		BURR HOLE FOR PUNCTURE	7/1/2015	RBRVS	$766.74	$766.74	090		Y	Y		Y			

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
61140		PIERCE SKULL FOR BIOPSY	7/1/2015	RBRVS	$1,291.98	$1,291.98	090		Y	Y			Y		
61150		PIERCE SKULL FOR DRAINAGE	7/1/2015	RBRVS	$1,398.97	$1,398.97	090		Y	Y					
61151		PIERCE SKULL FOR DRAINAGE	7/1/2015	RBRVS	$1,024.22	$1,024.22	090		Y	Y	Y	Y	Y		
61154		PIERCE SKULL & REMOVE CLOT	7/1/2015	RBRVS	$1,299.26	$1,299.26	090		Y	Y		Y	Y		
61156		PIERCE SKULL FOR DRAINAGE	7/1/2015	RBRVS	$1,286.27	$1,286.27	000		Y	Y					
61210		PIERCE SKULL IMPLANT DEVICE	7/1/2015	RBRVS	$383.92	$383.92	090		Y	Y			Y		
61215		INSERT BRAIN-FLUID DEVICE	7/1/2015	RBRVS	$511.71	$511.71	090		Y	Y	Y	Y	Y		
61250		PIERCE SKULL & EXPLORE	7/1/2015	RBRVS	$892.15	$892.15	090		Y	Y		Y			
61253		PIERCE SKULL & EXPLORE	7/1/2015	RBRVS	$954.43	$954.43	090		Y	Y		Y	Y		
61304		OPEN SKULL FOR EXPLORATION	7/1/2015	RBRVS	$1,680.49	$1,680.49	090		Y	Y		Y	Y		
61305		OPEN SKULL FOR EXPLORATION	7/1/2015	RBRVS	$2,078.01	$2,078.01	090		Y	Y		Y	Y		
61312		OPEN SKULL FOR DRAINAGE	7/1/2015	RBRVS	$2,140.06	$2,140.06	090		Y	Y		Y	Y		
61313		OPEN SKULL FOR DRAINAGE	7/1/2015	RBRVS	$2,035.53	$2,035.53	090		Y	Y		Y	Y		
61314		OPEN SKULL FOR DRAINAGE	7/1/2015	RBRVS	$1,872.10	$1,872.10	090		Y	Y		Y	Y		
61315		OPEN SKULL FOR DRAINAGE	7/1/2015	RBRVS	$2,127.16	$2,127.16	ZZZ		Y						
61316		IMPLT CRAN BONE FLAP TO ABDO	7/1/2015	RBRVS	$91.43	$91.43	090		Y	Y		Y	Y		
61320		OPEN SKULL FOR DRAINAGE	7/1/2015	RBRVS	$1,947.12	$1,947.12	090		Y	Y		Y	Y		
61321		OPEN SKULL FOR DRAINAGE	7/1/2015	RBRVS	$2,203.41	$2,203.41	090		Y	Y		Y	Y		
61322		DECOMPRESSIVE CRANIOTOMY	7/1/2015	RBRVS	$2,445.61	$2,445.61	090		Y	Y			Y		
61323		DECOMPRESSIVE LOBECTOMY	7/1/2015	RBRVS	$2,472.63	$2,472.63	090		Y	Y	Y	Y	Y		
61330		DECOMPRESS EYE SOCKET	7/1/2015	RBRVS	$1,488.55	$1,488.55	090		Y	Y	Y	Y	Y		
61332		EXPLORE/BIOPSY EYE SOCKET	7/1/2015	RBRVS	$1,721.01	$1,721.01	090		Y	Y	Y	Y	Y		
61333		EXPLORE ORBIT/REMOVE LESION	7/1/2015	RBRVS	$1,758.87	$1,758.87	090		Y	Y	Y	Y	Y		
61340		SUBTEMPORAL DECOMPRESSION	7/1/2015	RBRVS	$1,492.20	$1,492.20	090		Y	Y		Y	Y		
61343		INCISE SKULL (PRESS RELIEF)	7/1/2015	RBRVS	$2,257.62	$2,257.62	090		Y	Y		Y	Y		
61345		RELIEVE CRANIAL PRESSURE	7/1/2015	RBRVS	$2,111.28	$2,111.28	090		Y	Y		Y	Y		
61450		INCISE SKULL FOR SURGERY	7/1/2015	RBRVS	$1,990.99	$1,990.99	090		Y	Y		Y	Y		
61458		INCISE SKULL FOR BRAIN WOUND	7/1/2015	RBRVS	$2,063.81	$2,063.81	090		Y	Y		Y	Y		
61460		INCISE SKULL FOR SURGERY	7/1/2015	RBRVS	$2,177.99	$2,177.99	090		Y	Y		Y	Y		
61480		INCISE SKULL FOR SURGERY	7/1/2015	RBRVS	$2,009.41	$2,009.41									
6150F		PT NOTRCVNG1ST ANTITNF TXMNT	1/1/2012	RBRVS	$0.00	$0.00	090		Y	Y		Y	Y		
61500		REMOVAL OF SKULL LESION	7/1/2015	RBRVS	$1,333.40	$1,333.40	090		Y	Y		Y	Y		
61501		REMOVE INFECTED SKULL BONE	7/1/2015	RBRVS	$1,170.27	$1,170.27	090		Y	Y		Y	Y		
61510		REMOVAL OF BRAIN LESION	7/1/2015	RBRVS	$2,242.99	$2,242.99	090		Y	Y		Y	Y		
61512		REMOVE BRAIN LINING LESION	7/1/2015	RBRVS	$2,620.77	$2,620.77	090		Y	Y		Y	Y		
61514		REMOVAL OF BRAIN ABSCESS	7/1/2015	RBRVS	$1,963.44	$1,963.44	090		Y	Y		Y	Y		
61516		REMOVAL OF BRAIN LESION	7/1/2015	RBRVS	$1,911.88	$1,911.88	ZZZ		Y						
61517		IMPLT BRAIN CHEMOTX ADD-ON	7/1/2015	RBRVS	$91.50	$91.50	090		Y	Y		Y	Y		
61518		REMOVAL OF BRAIN LESION	7/1/2015	RBRVS	$2,831.29	$2,831.29	090		Y	Y		Y	Y		
61519		REMOVE BRAIN LINING LESION	7/1/2015	RBRVS	$3,035.00	$3,035.00	090		Y	Y		Y	Y		
61520		REMOVAL OF BRAIN LESION	7/1/2015	RBRVS	$3,851.73	$3,851.73	090		Y	Y		Y	Y		
61521		REMOVAL OF BRAIN LESION	7/1/2015	RBRVS	$3,256.20	$3,256.20	090		Y	Y		Y	Y		
61522		REMOVAL OF BRAIN ABSCESS	7/1/2015	RBRVS	$2,264.30	$2,264.30	090		Y	Y		Y	Y		
61524		REMOVAL OF BRAIN LESION	7/1/2015	RBRVS	$2,154.51	$2,154.51	090		Y	Y			Y		
61526		REMOVAL OF BRAIN LESION	7/1/2015	RBRVS	$3,787.99	$3,787.99	090		Y	Y			Y		
61530		REMOVAL OF BRAIN LESION	7/1/2015	RBRVS	$3,192.81	$3,192.81	090		Y	Y		Y	Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
61531		IMPLANT BRAIN ELECTRODES	7/1/2015	RBRVS	$1,257.58	$1,257.58	090		Y	Y		Y	Y		
61533		IMPLANT BRAIN ELECTRODES	7/1/2015	RBRVS	$1,570.08	$1,570.08	090		Y	Y		Y	Y		
61534		REMOVAL OF BRAIN LESION	7/1/2015	RBRVS	$1,698.67	$1,698.67	090		Y	Y		Y	Y		
61535		REMOVE BRAIN ELECTRODES	7/1/2015	RBRVS	$1,027.18	$1,027.18	090		Y	Y		Y	Y		
61536		REMOVAL OF BRAIN LESION	7/1/2015	RBRVS	$2,673.31	$2,673.31	090		Y	Y		Y	Y		
61537		REMOVAL OF BRAIN TISSUE	7/1/2015	RBRVS	$2,531.03	$2,531.03	090		Y	Y		Y	Y		
61538		REMOVAL OF BRAIN TISSUE	7/1/2015	RBRVS	$2,769.27	$2,769.27	090		Y	Y		Y	Y		
61539		REMOVAL OF BRAIN TISSUE	7/1/2015	RBRVS	$2,445.51	$2,445.51	090		Y	Y		Y	Y		
61540		REMOVAL OF BRAIN TISSUE	7/1/2015	RBRVS	$2,259.52	$2,259.52	090		Y	Y		Y	Y		
61541		INCISION OF BRAIN TISSUE	7/1/2015	RBRVS	$2,224.44	$2,224.44	090		Y	Y		Y	Y		
61543		REMOVAL OF BRAIN TISSUE	7/1/2015	RBRVS	$2,248.91	$2,248.91	090		Y	Y		Y			
61544		REMOVE & TREAT BRAIN LESION	7/1/2015	RBRVS	$1,968.59	$1,968.59	090		Y	Y		Y	Y		
61545		EXCISION OF BRAIN TUMOR	7/1/2015	RBRVS	$3,299.20	$3,299.20	090		Y	Y		Y	Y		
61546		REMOVAL OF PITUITARY GLAND	7/1/2015	RBRVS	$2,390.43	$2,390.43	090		Y	Y		Y	Y		
61548		REMOVAL OF PITUITARY GLAND	7/1/2015	RBRVS	$1,600.39	$1,600.39	090		Y	Y		Y	Y		
61550		RELEASE OF SKULL SEAMS	7/1/2015	RBRVS	$956.02	$956.02	090		Y	Y		Y	Y		
61552		RELEASE OF SKULL SEAMS	7/1/2015	RBRVS	$1,079.56	$1,079.56	090		Y	Y		Y			
61556		INCISE SKULL/SUTURES	7/1/2015	RBRVS	$1,761.06	$1,761.06	090		Y	Y		Y			
61557		INCISE SKULL/SUTURES	7/1/2015	RBRVS	$1,734.13	$1,734.13	090		Y	Y		Y			
61558		EXCISION OF SKULL/SUTURES	7/1/2015	RBRVS	$1,729.55	$1,729.55	090		Y	Y		Y	Y		
61559		EXCISION OF SKULL/SUTURES	7/1/2015	RBRVS	$2,472.26	$2,472.26	090		Y	Y		Y	Y		
61563		EXCISION OF SKULL TUMOR	7/1/2015	RBRVS	$2,048.89	$2,048.89	090		Y	Y	Y	Y	Y		
61564		EXCISION OF SKULL TUMOR	7/1/2015	RBRVS	$2,491.20	$2,491.20	090		Y	Y		Y	Y		
61566		REMOVAL OF BRAIN TISSUE	7/1/2015	RBRVS	$2,328.12	$2,328.12	090		Y	Y		Y	Y		
61567		INCISION OF BRAIN TISSUE	7/1/2015	RBRVS	$2,440.65	$2,440.65	090		Y	Y		Y	Y		
61570		REMOVE FOREIGN BODY BRAIN	7/1/2015	RBRVS	$1,930.96	$1,930.96	090		Y	Y		Y	Y		
61571		INCISE SKULL FOR BRAIN WOUND	7/1/2015	RBRVS	$2,057.13	$2,057.13	090		Y	Y		Y	Y		
61575		SKULL BASE/BRAINSTEM SURGERY	7/1/2015	RBRVS	$2,596.50	$2,596.50	090		Y	Y		Y	Y		
61576		SKULL BASE/BRAINSTEM SURGERY	7/1/2015	RBRVS	$3,347.46	$3,347.46	090		Y	Y	Y		Y	Y	
61580		CRANIOFACIAL APPROACH SKULL	7/1/2015	RBRVS	$2,479.95	$2,479.95	090		Y	Y	Y		Y	Y	
61581		CRANIOFACIAL APPROACH SKULL	7/1/2015	RBRVS	$2,578.19	$2,578.19	090		Y	Y		Y	Y	Y	
61582		CRANIOFACIAL APPROACH SKULL	7/1/2015	RBRVS	$3,062.25	$3,062.25	090		Y	Y		Y	Y	Y	
61583		CRANIOFACIAL APPROACH SKULL	7/1/2015	RBRVS	$2,950.88	$2,950.88	090		Y	Y	Y	Y	Y	Y	
61584		ORBITOCRANIAL APPROACH/SKULL	7/1/2015	RBRVS	$2,909.86	$2,909.86	090		Y	Y	Y	Y	Y	Y	
61585		ORBITOCRANIAL APPROACH/SKULL	7/1/2015	RBRVS	$3,302.49	$3,302.49	090		Y	Y		Y	Y	Y	
61586		RESECT NASOPHARYNX SKULL	7/1/2015	RBRVS	$2,454.55	$2,454.55	090		Y	Y	Y	Y	Y	Y	
61590		INFRATEMPORAL APPROACH/SKULL	7/1/2015	RBRVS	$3,000.43	$3,000.43	090		Y	Y	Y	Y	Y	Y	
61591		INFRATEMPORAL APPROACH/SKULL	7/1/2015	RBRVS	$3,094.99	$3,094.99	090		Y	Y	Y	Y	Y	Y	
61592		ORBITOCRANIAL APPROACH/SKULL	7/1/2015	RBRVS	$3,246.82	$3,246.82	090		Y	Y	Y		Y	Y	
61595		TRANSTEMPORAL APPROACH/SKULL	7/1/2015	RBRVS	$2,348.73	$2,348.73	090		Y	Y	Y	Y	Y	Y	
61596		TRANSCOCHLEAR APPROACH/SKULL	7/1/2015	RBRVS	$2,395.02	$2,395.02	090		Y	Y	Y	Y	Y	Y	
61597		TRANSCONDYLAR APPROACH/SKULL	7/1/2015	RBRVS	$2,971.48	$2,971.48	090		Y	Y		Y	Y	Y	
61598		TRANSPETROSAL APPROACH/SKULL	7/1/2015	RBRVS	$2,910.52	$2,910.52	090		Y	Y		Y	Y	Y	
61600		RESECT/EXCISE CRANIAL LESION	7/1/2015	RBRVS	$2,108.49	$2,108.49	090		Y	Y		Y	Y	Y	
61601		RESECT/EXCISE CRANIAL LESION	7/1/2015	RBRVS	$2,446.01	$2,446.01	090		Y	Y		Y	Y	Y	
61605		RESECT/EXCISE CRANIAL LESION	7/1/2015	RBRVS	$2,132.28	$2,132.28	090		Y	Y		Y	Y	Y	

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
61606		RESECT/EXCISE CRANIAL LESION	7/1/2015	RBRVS	$3,124.04	$3,124.04	090		Y	Y		Y	Y	Y	
61607		RESECT/EXCISE CRANIAL LESION	7/1/2015	RBRVS	$2,676.41	$2,676.41	090		Y	Y		Y	Y	Y	
61608		RESECT/EXCISE CRANIAL LESION	7/1/2015	RBRVS	$3,333.77	$3,333.77	ZZZ		Y			Y	Y	Y	
61610		TRANSECT ARTERY SINUS	7/1/2015	RBRVS	$1,940.11	$1,940.11	ZZZ		Y			Y	Y	Y	
61611		TRANSECT ARTERY SINUS	7/1/2015	RBRVS	$361.44	$361.44	ZZZ		Y			Y	Y	Y	
61612		TRANSECT ARTERY SINUS	7/1/2015	RBRVS	$1,356.27	$1,356.27	090		Y	Y	Y	Y	Y	Y	
61613		REMOVE ANEURYSM SINUS	7/1/2015	RBRVS	$3,385.58	$3,385.58	090		Y	Y		Y	Y	Y	
61615		RESECT/EXCISE LESION SKULL	7/1/2015	RBRVS	$2,764.48	$2,764.48	090		Y	Y		Y	Y	Y	
61616		RESECT/EXCISE LESION SKULL	7/1/2015	RBRVS	$3,371.72	$3,371.72	090		Y	Y		Y	Y	Y	
61618		REPAIR DURA	7/1/2015	RBRVS	$1,314.65	$1,314.65	090		Y	Y		Y	Y	Y	
61619		REPAIR DURA	7/1/2015	RBRVS	$1,446.87	$1,446.87	000		Y	Y					
61623		ENDOVASC TEMPORY VESSEL OCCL	7/1/2015	RBRVS	$565.36	$565.36	000		Y	Y					
61624		TRANSCATH OCCLUSION CNS	7/1/2015	RBRVS	$1,146.78	$1,146.78	000		Y	Y					
61626		TRANSCATH OCCLUSION NON-CNS	7/1/2015	RBRVS	$852.75	$852.75			Y	Y		Y	Y		
61630		INTRACRANIAL ANGIOPLASTY	7/1/2015	RBRVS	$1,323.86	$1,323.86			Y	Y		Y	Y		
61635		INTRACRAN ANGIOPLSTY W/STENT	7/1/2015	RBRVS	$1,393.02	$1,393.02	090		Y	Y		Y	Y		
61680		INTRACRANIAL VESSEL SURGERY	7/1/2015	RBRVS	$2,312.49	$2,312.49	090		Y	Y		Y	Y		
61682		INTRACRANIAL VESSEL SURGERY	7/1/2015	RBRVS	$4,317.41	$4,317.41	090		Y	Y		Y	Y		
61684		INTRACRANIAL VESSEL SURGERY	7/1/2015	RBRVS	$2,948.92	$2,948.92	090		Y	Y		Y	Y		
61686		INTRACRANIAL VESSEL SURGERY	7/1/2015	RBRVS	$4,677.04	$4,677.04	090		Y	Y		Y	Y		
61690		INTRACRANIAL VESSEL SURGERY	7/1/2015	RBRVS	$2,262.27	$2,262.27	090		Y	Y		Y	Y		
61692		INTRACRANIAL VESSEL SURGERY	7/1/2015	RBRVS	$3,802.17	$3,802.17	090		Y	Y		Y	Y		
61697		BRAIN ANEURYSM REPR COMPLX	7/1/2015	RBRVS	$4,362.78	$4,362.78	090		Y	Y		Y	Y		
61698		BRAIN ANEURYSM REPR COMPLX	7/1/2015	RBRVS	$4,818.16	$4,818.16	090		Y	Y		Y	Y		
61700		BRAIN ANEURYSM REPR SIMPLE	7/1/2015	RBRVS	$3,517.11	$3,517.11	090		Y	Y		Y	Y		
61702		INNER SKULL VESSEL SURGERY	7/1/2015	RBRVS	$4,183.04	$4,183.04	090		Y	Y		Y	Y		
61703		CLAMP NECK ARTERY	7/1/2015	RBRVS	$1,402.00	$1,402.00	090		Y	Y		Y	Y		
61705		REVISE CIRCULATION TO HEAD	7/1/2015	RBRVS	$2,698.94	$2,698.94	090		Y	Y		Y			
61708		REVISE CIRCULATION TO HEAD	7/1/2015	RBRVS	$2,638.75	$2,638.75	090		Y	Y					
61710		REVISE CIRCULATION TO HEAD	7/1/2015	RBRVS	$2,229.23	$2,229.23	090		Y	Y		Y	Y		
61711		FUSION OF SKULL ARTERIES	7/1/2015	RBRVS	$2,671.99	$2,671.99	090		Y	Y					
61720		INCISE SKULL/BRAIN SURGERY	7/1/2015	RBRVS	$1,310.83	$1,310.83	090		Y	Y			Y		
61735		INCISE SKULL/BRAIN SURGERY	7/1/2015	RBRVS	$1,642.74	$1,642.74	090		Y	Y			Y		
61750		INCISE SKULL/BRAIN BIOPSY	7/1/2015	RBRVS	$1,444.71	$1,444.71	090		Y	Y			Y		
61751		BRAIN BIOPSY W/CT/MR GUIDE	7/1/2015	RBRVS	$1,416.59	$1,416.59	090		Y	Y			Y		
61760		IMPLANT BRAIN ELECTRODES	7/1/2015	RBRVS	$1,634.26	$1,634.26	090		Y	Y			Y		
61770		INCISE SKULL FOR TREATMENT	7/1/2015	RBRVS	$1,679.99	$1,679.99	090		Y	Y	Y				
61790		TREAT TRIGEMINAL NERVE	7/1/2015	RBRVS	$899.95	$899.95	090		Y	Y	Y				
61791		TREAT TRIGEMINAL TRACT	7/1/2015	RBRVS	$1,158.70	$1,158.70	090		Y			Y			
61796		SRS CRANIAL LESION SIMPLE	7/1/2015	RBRVS	$1,042.87	$1,042.87	ZZZ		Y			Y			
61797		SRS CRAN LES SIMPLE ADDL	7/1/2015	RBRVS	$230.56	$230.56	090		Y			Y			
61798		SRS CRANIAL LESION COMPLEX	7/1/2015	RBRVS	$1,425.53	$1,425.53	ZZZ		Y			Y			
61799		SRS CRAN LES COMPLEX ADDL	7/1/2015	RBRVS	$317.37	$317.37	ZZZ		Y			Y			
61800		APPLY SRS HEADFRAME ADD-ON	7/1/2015	RBRVS	$160.03	$160.03	090		Y	Y		Y			
61850		IMPLANT NEUROELECTRODES	7/1/2015	RBRVS	$1,011.50	$1,011.50	090		Y	Y		Y			
61860		IMPLANT NEUROELECTRODES	7/1/2015	RBRVS	$1,618.57	$1,618.57	090		Y	Y	Y	Y	Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
61863		IMPLANT NEUROELECTRODE	7/1/2015	RBRVS	$1,547.01	$1,547.01	ZZZ		Y			Y	Y		
61864		IMPLANT NEUROELECTRDE ADDL	7/1/2015	RBRVS	$297.60	$297.60	090		Y	Y	Y	Y	Y		
61867		IMPLANT NEUROELECTRODE	7/1/2015	RBRVS	$2,347.02	$2,347.02	ZZZ		Y			Y	Y		
61868		IMPLANT NEUROELECTRDE ADDL	7/1/2015	RBRVS	$519.75	$519.75	090		Y	Y		Y	Y		
61870		IMPLANT NEUROELECTRODES	7/1/2015	RBRVS	$1,220.52	$1,220.52	090		Y	Y	Y	Y	Y		
61880		REVISE/REMOVE NEUROELECTRODE	7/1/2015	RBRVS	$577.55	$577.55	090		Y	Y	Y				
61885		INSRT/REDO NEUROSTIM 1 ARRAY	7/1/2015	RBRVS	$519.29	$519.29	090		Y	Y					
61886		IMPLANT NEUROSTIM ARRAYS	7/1/2015	RBRVS	$856.18	$856.18	010		Y	Y	Y				
61888		REVISE/REMOVE NEURORECEIVER	7/1/2015	RBRVS	$401.90	$401.90	090		Y	Y					
62000		TREAT SKULL FRACTURE	7/1/2015	RBRVS	$1,060.56	$1,060.56	090		Y	Y		Y	Y		
62005		TREAT SKULL FRACTURE	7/1/2015	RBRVS	$1,311.49	$1,311.49	090		Y	Y		Y	Y		
62010		TREATMENT OF HEAD INJURY	7/1/2015	RBRVS	$1,581.57	$1,581.57	090		Y	Y		Y	Y		
62100		REPAIR BRAIN FLUID LEAKAGE	7/1/2015	RBRVS	$1,637.52	$1,637.52	090		Y	Y		Y	Y		
62115		REDUCTION OF SKULL DEFECT	7/1/2015	RBRVS	$1,348.72	$1,348.72	090		Y	Y		Y	Y		
62117		REDUCTION OF SKULL DEFECT	7/1/2015	RBRVS	$2,031.64	$2,031.64	090		Y	Y		Y	Y		
62120		REPAIR SKULL CAVITY LESION	7/1/2015	RBRVS	$1,623.56	$1,623.56	090		Y	Y		Y	Y		
62121		INCISE SKULL REPAIR	7/1/2015	RBRVS	$1,609.80	$1,609.80	090		Y	Y		Y	Y		
62140		REPAIR OF SKULL DEFECT	7/1/2015	RBRVS	$1,052.74	$1,052.74	090		Y	Y		Y	Y		
62141		REPAIR OF SKULL DEFECT	7/1/2015	RBRVS	$1,166.12	$1,166.12	090		Y	Y		Y			
62142		REMOVE SKULL PLATE/FLAP	7/1/2015	RBRVS	$902.32	$902.32	090		Y	Y		Y	Y		
62143		REPLACE SKULL PLATE/FLAP	7/1/2015	RBRVS	$1,067.60	$1,067.60	090		Y	Y		Y	Y		
62145		REPAIR OF SKULL & BRAIN	7/1/2015	RBRVS	$1,446.34	$1,446.34	090		Y	Y		Y	Y		
62146		REPAIR OF SKULL WITH GRAFT	7/1/2015	RBRVS	$1,265.73	$1,265.73	090		Y	Y		Y	Y		
62147		REPAIR OF SKULL WITH GRAFT	7/1/2015	RBRVS	$1,506.63	$1,506.63	ZZZ		Y						
62148		RETR BONE FLAP TO FIX SKULL	7/1/2015	RBRVS	$132.35	$132.35	ZZZ		Y						
62160		NEUROENDOSCOPY ADD-ON	7/1/2015	RBRVS	$198.72	$198.72	090		Y	Y		Y	Y		
62161		DISSECT BRAIN W/SCOPE	7/1/2015	RBRVS	$1,568.69	$1,568.69	090		Y	Y		Y	Y		
62162		REMOVE COLLOID CYST W/SCOPE	7/1/2015	RBRVS	$1,953.07	$1,953.07	090		Y	Y		Y	Y		
62163		ZNEUROENDOSCOPY W/FB REMOVAL	7/1/2015	RBRVS	$1,261.08	$1,261.08	090		Y	Y		Y	Y		
62164		REMOVE BRAIN TUMOR W/SCOPE	7/1/2015	RBRVS	$2,158.34	$2,158.34	090		Y	Y			Y		
62165		REMOVE PITUIT TUMOR W/SCOPE	7/1/2015	RBRVS	$1,560.94	$1,560.94	090		Y	Y		Y			
62180		ESTABLISH BRAIN CAVITY SHUNT	7/1/2015	RBRVS	$1,654.03	$1,654.03	090		Y	Y			Y		
62190		ESTABLISH BRAIN CAVITY SHUNT	7/1/2015	RBRVS	$570.97	$570.97	090		Y	Y		Y	Y		
62192		ESTABLISH BRAIN CAVITY SHUNT	7/1/2015	RBRVS	$998.83	$998.83	010		Y	Y					
62194		REPLACE/IRRIGATE CATHETER	7/1/2015	RBRVS	$496.55	$496.55	090		Y	Y		Y	Y		
62200		ESTABLISH BRAIN CAVITY SHUNT	7/1/2015	RBRVS	$1,421.51	$1,421.51	090		Y	Y					
62201		BRAIN CAVITY SHUNT W/SCOPE	7/1/2015	RBRVS	$1,235.45	$1,235.45	090		Y	Y		Y	Y		
62220		ESTABLISH BRAIN CAVITY SHUNT	7/1/2015	RBRVS	$1,048.76	$1,048.76	090		Y	Y		Y	Y		
62223		ESTABLISH BRAIN CAVITY SHUNT	7/1/2015	RBRVS	$1,068.39	$1,068.39	090		Y	Y					
62225		REPLACE/IRRIGATE CATHETER	7/1/2015	RBRVS	$534.12	$534.12	090		Y	Y		Y	Y		
62230		REPLACE/REVISE BRAIN SHUNT	7/1/2015	RBRVS	$861.33	$861.33			Y						
62252		CSF SHUNT REPROGRAM	7/1/2015	RBRVS	$83.79	$83.79			Y						
62252	TC	CSF SHUNT REPROGRAM	7/1/2015	RBRVS	$41.07	$41.07									
62252	26	CSF SHUNT REPROGRAM	7/1/2015	RBRVS	$52.03	$52.03	090		Y	Y		Y			
62256		REMOVE BRAIN CAVITY SHUNT	7/1/2015	RBRVS	$611.75	$611.75	090		Y	Y		Y	Y		
62258		REPLACE BRAIN CAVITY SHUNT	7/1/2015	RBRVS	$1,149.23	$1,149.23	000		Y	Y					

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
62267		INTERDISCAL PERQ ASPIR DX	7/1/2015	RBRVS	$239.64	$156.87	000		Y	Y					
62268		DRAIN SPINAL CORD CYST	7/1/2015	RBRVS	$256.19	$256.19	000		Y	Y					
62269		NEEDLE BIOPSY SPINAL CORD	7/1/2015	RBRVS	$262.93	$262.93	000		Y	Y					
62270		SPINAL FLUID TAP DIAGNOSTIC	7/1/2015	RBRVS	$153.12	$77.01	000		Y	Y					
62272		DRAIN CEREBRO SPINAL FLUID	7/1/2015	RBRVS	$193.43	$83.42	000		Y	Y					
62273		INJECT EPIDURAL PATCH	7/1/2015	RBRVS	$165.61	$110.44	010		Y	Y					
62280		TREAT SPINAL CORD LESION	7/1/2015	RBRVS	$286.33	$154.05	010		Y	Y					
62281		TREAT SPINAL CORD LESION	7/1/2015	RBRVS	$223.84	$149.40	010		Y	Y					
62282		TREAT SPINAL CANAL LESION	7/1/2015	RBRVS	$281.05	$142.45	000		Y	Y					
62284		INJECTION FOR MYELOGRAM	7/1/2015	RBRVS	$174.52	$84.45	000		Y	Y					
62290		INJECT FOR SPINE DISK X-RAY	7/1/2015	RBRVS	$318.60	$167.38	000		Y	Y					
62291		INJECT FOR SPINE DISK X-RAY	7/1/2015	RBRVS	$321.37	$166.81	090		Y	Y					
62292		INJECTION INTO DISK LESION	7/1/2015	RBRVS	$564.00	$564.00	090		Y	Y					
62294		INJECTION INTO SPINAL ARTERY	7/1/2015	RBRVS	$768.33	$768.33	000			Y					
62310		INJECT SPINE CERV/THORACIC	7/1/2015	RBRVS	$228.20	$105.22	000			Y					
62311		INJECT SPINE LUMBAR/SACRAL	7/1/2015	RBRVS	$210.12	$86.81	000			Y					
62318		INJECT SPINE W/CATH CRV/THRC	7/1/2015	RBRVS	$217.89	$96.25	000			Y					
62319		INJECT SPINE W/CATH LMB/SCRL	7/1/2015	RBRVS	$159.74	$92.93	010			Y			Y		
62350		IMPLANT SPINAL CANAL CATH	7/1/2015	RBRVS	$394.52	$394.52	090			Y		Y	Y		
62351		IMPLANT SPINAL CANAL CATH	7/1/2015	RBRVS	$863.19	$863.19	010			Y					
62355		REMOVE SPINAL CANAL CATHETER	7/1/2015	RBRVS	$266.09	$266.09	010			Y			Y		
62360		INSERT SPINE INFUSION DEVICE	7/1/2015	RBRVS	$299.76	$299.76	010			Y			Y		
62361		IMPLANT SPINE INFUSION PUMP	7/1/2015	RBRVS	$435.20	$435.20	010			Y			Y		
62362		IMPLANT SPINE INFUSION PUMP	7/1/2015	RBRVS	$382.32	$382.32	010			Y					
62365		REMOVE SPINE INFUSION DEVICE	7/1/2015	RBRVS	$294.77	$294.77									
62367		ANALYZE SPINE INFUS PUMP	7/1/2015	RBRVS	$38.85	$24.22									
62368		ANALYZE SP INF PUMP W/REPROG	7/1/2015	RBRVS	$53.97	$34.03									
62369		ANAL SP INF PMP W/REPRG&FILL	7/1/2015	RBRVS	$127.19	$38.19									
62370		ANL SP INF PMP W/MDREPRG&FIL	7/1/2015	RBRVS	$134.43	$50.59	090		Y	Y		Y	Y		
63001		REMOVE SPINE LAMINA 1/2 CRVL	7/1/2015	RBRVS	$1,263.57	$1,263.57	090		Y	Y		Y	Y		
63003		REMOVE SPINE LAMINA 1/2 THRC	7/1/2015	RBRVS	$1,256.09	$1,256.09	090		Y	Y		Y	Y		
63005		REMOVE SPINE LAMINA 1/2 LMBR	7/1/2015	RBRVS	$1,195.07	$1,195.07	090		Y	Y		Y	Y		
63011		REMOVE SPINE LAMINA 1/2 SCRL	7/1/2015	RBRVS	$1,104.16	$1,104.16	090		Y	Y		Y	Y		
63012		REMOVE LAMINA/FACETS LUMBAR	7/1/2015	RBRVS	$1,199.45	$1,199.45	090		Y	Y		Y	Y		
63015		REMOVE SPINE LAMINA >2 CRVCL	7/1/2015	RBRVS	$1,510.78	$1,510.78	090		Y	Y		Y	Y		
63016		REMOVE SPINE LAMINA >2 THRC	7/1/2015	RBRVS	$1,541.93	$1,541.93	090		Y	Y		Y	Y		
63017		REMOVE SPINE LAMINA >2 LMBR	7/1/2015	RBRVS	$1,270.81	$1,270.81	090		Y	Y	Y	Y	Y		
63020		NECK SPINE DISK SURGERY	7/1/2015	RBRVS	$1,175.66	$1,175.66	090		Y	Y	Y	Y	Y		
63030		LOW BACK DISK SURGERY	7/1/2015	RBRVS	$971.51	$971.51	ZZZ		Y		Y	Y	Y		
63035		SPINAL DISK SURGERY ADD-ON	7/1/2015	RBRVS	$194.67	$194.67	090		Y	Y	Y	Y	Y		
63040		LAMINOTOMY SINGLE CERVICAL	7/1/2015	RBRVS	$1,405.35	$1,405.35	090		Y	Y	Y	Y	Y		
63042		LAMINOTOMY SINGLE LUMBAR	7/1/2015	RBRVS	$1,298.67	$1,298.67			Y						
63043		LAMINOTOMY ADDL CERVICAL	7/1/2014	FEE SCHED	$283.80	$0.00			Y						
63044		LAMINOTOMY ADDL LUMBAR	7/1/2014	FEE SCHED	$826.07	$0.00	090		Y	Y		Y	Y		
63045		REMOVE SPINE LAMINA 1 CRVL	7/1/2015	RBRVS	$1,291.52	$1,291.52	090		Y	Y		Y	Y		
63046		REMOVE SPINE LAMINA 1 THRC	7/1/2015	RBRVS	$1,216.44	$1,216.44	090		Y	Y		Y	Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
63047		REMOVE SPINE LAMINA 1 LMBR	7/1/2015	RBRVS	$1,108.48	$1,108.48	ZZZ		Y			Y	Y		
63048		REMOVE SPINAL LAMINA ADD-ON	7/1/2015	RBRVS	$215.57	$215.57	090		Y	Y		Y	Y		
63050		CERVICAL LAMINOPLSTY 2/> SEG	7/1/2015	RBRVS	$1,494.56	$1,494.56	090		Y	Y		Y	Y		
63051		C-LAMINOPLASTY W/GRAFT/PLATE	7/1/2015	RBRVS	$1,724.20	$1,724.20	090		Y	Y		Y	Y		
63055		DECOMPRESS SPINAL CORD THRC	7/1/2015	RBRVS	$1,660.35	$1,660.35	090		Y	Y		Y	Y		
63056		DECOMPRESS SPINAL CORD LMBR	7/1/2015	RBRVS	$1,494.96	$1,494.96	ZZZ		Y			Y	Y		
63057		DECOMPRESS SPINE CORD ADD-ON	7/1/2015	RBRVS	$324.85	$324.85	090		Y	Y		Y	Y		
63064		DECOMPRESS SPINAL CORD THRC	7/1/2015	RBRVS	$1,794.93	$1,794.93	ZZZ		Y			Y	Y		
63066		DECOMPRESS SPINE CORD ADD-ON	7/1/2015	RBRVS	$215.44	$215.44	090		Y	Y		Y	Y		
63075		NECK SPINE DISK SURGERY	7/1/2015	RBRVS	$1,365.07	$1,365.07	ZZZ		Y			Y	Y		
63076		NECK SPINE DISK SURGERY	7/1/2015	RBRVS	$251.46	$251.46	090		Y	Y		Y	Y		
63077		SPINE DISK SURGERY THORAX	7/1/2015	RBRVS	$1,511.11	$1,511.11	ZZZ		Y			Y	Y		
63078		SPINE DISK SURGERY THORAX	7/1/2015	RBRVS	$189.98	$189.98	090		Y	Y		Y	Y	Y	
63081		REMOVE VERT BODY DCMPRN CRVL	7/1/2015	RBRVS	$1,772.46	$1,772.46	ZZZ		Y			Y	Y	Y	
63082		REMOVE VERTEBRAL BODY ADD-ON	7/1/2015	RBRVS	$271.35	$271.35	090		Y	Y		Y	Y	Y	
63085		REMOVE VERT BODY DCMPRN THRC	7/1/2015	RBRVS	$1,931.59	$1,931.59	ZZZ		Y			Y	Y	Y	
63086		REMOVE VERTEBRAL BODY ADD-ON	7/1/2015	RBRVS	$193.73	$193.73	090		Y	Y		Y	Y	Y	
63087		REMOV VERTBR DCMPRN THRCLMBR	7/1/2015	RBRVS	$2,431.54	$2,431.54	ZZZ		Y			Y	Y	Y	
63088		REMOVE VERTEBRAL BODY ADD-ON	7/1/2015	RBRVS	$266.46	$266.46	090		Y	Y		Y	Y	Y	
63090		REMOVE VERT BODY DCMPRN LMBR	7/1/2015	RBRVS	$1,943.17	$1,943.17	ZZZ		Y			Y	Y	Y	
63091		REMOVE VERTEBRAL BODY ADD-ON	7/1/2015	RBRVS	$177.41	$177.41	090		Y	Y		Y	Y		
63101		REMOVE VERT BODY DCMPRN THRC	7/1/2015	RBRVS	$2,356.60	$2,356.60	090		Y	Y		Y	Y		
63102		REMOVE VERT BODY DCMPRN LMBR	7/1/2015	RBRVS	$2,293.11	$2,293.11	ZZZ		Y			Y	Y		
63103		REMOVE VERTEBRAL BODY ADD-ON	7/1/2015	RBRVS	$299.66	$299.66	090		Y	Y		Y	Y		
63170		INCISE SPINAL CORD TRACT(S)	7/1/2015	RBRVS	$1,644.63	$1,644.63	090		Y	Y		Y	Y		
63172		DRAINAGE OF SPINAL CYST	7/1/2015	RBRVS	$1,463.88	$1,463.88	090		Y	Y		Y	Y		
63173		DRAINAGE OF SPINAL CYST	7/1/2015	RBRVS	$1,783.33	$1,783.33	090		Y	Y		Y	Y		
63180		REVISE SPINAL CORD LIGAMENTS	7/1/2015	RBRVS	$1,533.51	$1,533.51	090		Y	Y		Y	Y		
63182		REVISE SPINAL CORD LIGAMENTS	7/1/2015	RBRVS	$1,684.44	$1,684.44	090		Y	Y		Y	Y		
63185		INCISE SPINE NRV HALF SEGMNT	7/1/2015	RBRVS	$1,144.08	$1,144.08	090		Y	Y		Y	Y		
63190		INCISE SPINE NRV >2 SEGMNTS	7/1/2015	RBRVS	$1,254.79	$1,254.79	090		Y	Y	Y	Y	Y		
63191		INCISE SPINE ACCESSORY NERVE	7/1/2015	RBRVS	$1,420.91	$1,420.91	090		Y	Y		Y	Y		
63194		INCISE SPINE & CORD CERVICAL	7/1/2015	RBRVS	$1,648.22	$1,648.22	090		Y	Y		Y	Y		
63195		INCISE SPINE & CORD THORACIC	7/1/2015	RBRVS	$1,130.02	$1,130.02	090		Y	Y		Y	Y		
63196		INCISE SPINE&CORD 2 TRX CRVL	7/1/2015	RBRVS	$1,313.46	$1,313.46	090		Y	Y		Y	Y		
63197		INCISE SPINE&CORD 2 TRX THRC	7/1/2015	RBRVS	$1,767.94	$1,767.94	090		Y	Y		Y	Y		
63198		INCISE SPIN&CORD 2 STGS CRVL	7/1/2015	RBRVS	$1,547.18	$1,547.18	090		Y	Y		Y	Y		
63199		INCISE SPIN&CORD 2 STGS THRC	7/1/2015	RBRVS	$1,622.96	$1,622.96	090		Y	Y		Y			
63200		RELEASE SPINAL CORD LUMBAR	7/1/2015	RBRVS	$1,567.08	$1,567.08	090		Y	Y		Y	Y		
63250		REVISE SPINAL CORD VSLS CRVL	7/1/2015	RBRVS	$3,080.37	$3,080.37	090		Y	Y		Y	Y		
63251		REVISE SPINAL CORD VSLS THRC	7/1/2015	RBRVS	$3,147.64	$3,147.64	090		Y	Y		Y	Y		
63252		REVISE SPINE CORD VSL THRLMB	7/1/2015	RBRVS	$3,147.30	$3,147.30	090		Y	Y		Y	Y		
63265		EXCISE INTRASPINL LESION CRV	7/1/2015	RBRVS	$1,701.20	$1,701.20	090		Y	Y		Y	Y		
63266		EXCISE INTRSPINL LESION THRC	7/1/2015	RBRVS	$1,754.37	$1,754.37	090		Y	Y		Y	Y		
63267		EXCISE INTRSPINL LESION LMBR	7/1/2015	RBRVS	$1,387.71	$1,387.71	090		Y	Y		Y	Y		
63268		EXCISE INTRSPINL LESION SCRL	7/1/2015	RBRVS	$1,485.00	$1,485.00	090		Y	Y		Y	Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
63270		EXCISE INTRSPINL LESION CRVL	7/1/2015	RBRVS	$2,148.64	$2,148.64	090		Y	Y		Y	Y		
63271		EXCISE INTRSPINL LESION THRC	7/1/2015	RBRVS	$2,130.29	$2,130.29	090		Y	Y		Y	Y		
63272		EXCISE INTRSPINL LESION LMBR	7/1/2015	RBRVS	$1,927.68	$1,927.68	090		Y	Y		Y			
63273		EXCISE INTRSPINL LESION SCRL	7/1/2015	RBRVS	$1,928.57	$1,928.57	090		Y	Y		Y	Y		
63275		BX/EXC XDRL SPINE LESN CRVL	7/1/2015	RBRVS	$1,845.18	$1,845.18	090		Y	Y		Y	Y		
63276		BX/EXC XDRL SPINE LESN THRC	7/1/2015	RBRVS	$1,826.90	$1,826.90	090		Y	Y		Y	Y		
63277		BX/EXC XDRL SPINE LESN LMBR	7/1/2015	RBRVS	$1,575.43	$1,575.43	090		Y	Y		Y	Y		
63278		BX/EXC XDRL SPINE LESN SCRL	7/1/2015	RBRVS	$1,639.98	$1,639.98	090		Y	Y		Y	Y		
63280		BX/EXC IDRL SPINE LESN CRVL	7/1/2015	RBRVS	$2,181.74	$2,181.74	090		Y	Y		Y	Y		
63281		BX/EXC IDRL SPINE LESN THRC	7/1/2015	RBRVS	$2,147.74	$2,147.74	090		Y	Y		Y	Y		
63282		BX/EXC IDRL SPINE LESN LMBR	7/1/2015	RBRVS	$2,018.71	$2,018.71	090		Y	Y		Y	Y		
63283		BX/EXC IDRL SPINE LESN SCRL	7/1/2015	RBRVS	$1,962.64	$1,962.64	090		Y	Y		Y	Y		
63285		BX/EXC IDRL IMED LESN CERVL	7/1/2015	RBRVS	$2,711.00	$2,711.00	090		Y	Y		Y	Y		
63286		BX/EXC IDRL IMED LESN THRC	7/1/2015	RBRVS	$2,680.66	$2,680.66	090		Y	Y		Y	Y		
63287		BX/EXC IDRL IMED LESN THRLMB	7/1/2015	RBRVS	$2,845.85	$2,845.85	090		Y	Y		Y	Y		
63290		BX/EXC XDRL/IDRL LSN ANY LVL	7/1/2015	RBRVS	$2,894.70	$2,894.70	ZZZ		Y			Y	Y		
63295		REPAIR LAMINECTOMY DEFECT	7/1/2015	RBRVS	$348.68	$348.68	090		Y	Y		Y	Y		
63300		REMOVE VERT XDRL BODY CRVCL	7/1/2015	RBRVS	$1,874.76	$1,874.76	090		Y	Y		Y	Y		
63301		REMOVE VERT XDRL BODY THRC	7/1/2015	RBRVS	$2,230.47	$2,230.47	090		Y	Y		Y	Y		
63302		REMOVE VERT XDRL BODY THRLMB	7/1/2015	RBRVS	$2,254.03	$2,254.03	090		Y	Y		Y	Y		
63303		REMOV VERT XDRL BDY LMBR/SAC	7/1/2015	RBRVS	$2,397.71	$2,397.71	090		Y	Y		Y	Y		
63304		REMOVE VERT IDRL BODY CRVCL	7/1/2015	RBRVS	$2,433.24	$2,433.24	090		Y	Y		Y	Y		
63305		REMOVE VERT IDRL BODY THRC	7/1/2015	RBRVS	$2,591.22	$2,591.22	090		Y	Y		Y	Y		
63306		REMOV VERT IDRL BDY THRCLMBR	7/1/2015	RBRVS	$1,993.02	$1,993.02	090		Y	Y		Y	Y		
63307		REMOV VERT IDRL BDY LMBR/SAC	7/1/2015	RBRVS	$2,176.26	$2,176.26	ZZZ		Y			Y	Y		
63308		REMOVE VERTEBRAL BODY ADD-ON	7/1/2015	RBRVS	$332.13	$332.13	090		Y	Y					
63600		REMOVE SPINAL CORD LESION	7/1/2015	RBRVS	$881.84	$881.84	000		Y	Y					
63610		STIMULATION OF SPINAL CORD	7/1/2015	RBRVS	$379.17	$379.17	090		Y	Y			Y		
63615		REMOVE LESION OF SPINAL CORD	7/1/2015	RBRVS	$1,044.44	$1,044.44	090		Y			Y			
63620		SRS SPINAL LESION	7/1/2015	RBRVS	$1,144.84	$1,144.84	ZZZ		Y			Y			
63621		SRS SPINAL LESION ADDL	7/1/2015	RBRVS	$263.07	$263.07	010		Y	Y					
63650		IMPLANT NEUROELECTRODES	7/1/2015	RBRVS	$1,259.81	$400.30	090		Y	Y		Y	Y		
63655		IMPLANT NEUROELECTRODES	7/1/2015	RBRVS	$832.08	$832.08	010		Y	Y		Y	Y		
63661		REMOVE SPINE ELTRD PERQ ARAY	7/1/2015	RBRVS	$555.12	$314.15	090		Y	Y		Y	Y		
63662		REMOVE SPINE ELTRD PLATE	7/1/2015	RBRVS	$843.31	$843.31	010		Y	Y		Y	Y		
63663		REVISE SPINE ELTRD PERQ ARAY	7/1/2015	RBRVS	$753.88	$440.12	090		Y	Y		Y	Y		
63664		REVISE SPINE ELTRD PLATE	7/1/2015	RBRVS	$861.93	$861.93	010		Y	Y		Y	Y		
63685		INSRT/REDO SPINE N GENERATOR	7/1/2015	RBRVS	$362.34	$362.34	010		Y	Y					
63688		REVISE/REMOVE NEURORECEIVER	7/1/2015	RBRVS	$365.67	$365.67	090		Y	Y		Y	Y		
63700		REPAIR OF SPINAL HERNIATION	7/1/2015	RBRVS	$1,153.55	$1,153.55	090		Y	Y		Y	Y		
63702		REPAIR OF SPINAL HERNIATION	7/1/2015	RBRVS	$1,440.49	$1,440.49	090		Y	Y		Y	Y		
63704		REPAIR OF SPINAL HERNIATION	7/1/2015	RBRVS	$1,468.47	$1,468.47	090		Y	Y		Y	Y		
63706		REPAIR OF SPINAL HERNIATION	7/1/2015	RBRVS	$1,665.83	$1,665.83	090		Y	Y		Y	Y		
63707		REPAIR SPINAL FLUID LEAKAGE	7/1/2015	RBRVS	$921.46	$921.46	090		Y	Y		Y	Y		
63709		REPAIR SPINAL FLUID LEAKAGE	7/1/2015	RBRVS	$1,106.26	$1,106.26	090		Y	Y		Y	Y		
63710		GRAFT REPAIR OF SPINE DEFECT	7/1/2015	RBRVS	$1,085.18	$1,085.18	090		Y	Y		Y	Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
63740		INSTALL SPINAL SHUNT	7/1/2015	RBRVS	$980.26	$980.26	090		Y	Y		Y	Y		
63741		INSTALL SPINAL SHUNT	7/1/2015	RBRVS	$686.17	$686.17	090		Y	Y		Y	Y		
63744		REVISION OF SPINAL SHUNT	7/1/2015	RBRVS	$688.57	$688.57	090		Y	Y					
63746		REMOVAL OF SPINAL SHUNT	7/1/2015	RBRVS	$613.22	$613.22	000			Y	Y				
64400		N BLOCK INJ TRIGEMINAL	7/1/2015	RBRVS	$122.31	$69.46	000			Y	Y				
64402		N BLOCK INJ FACIAL	7/1/2015	RBRVS	$125.33	$76.81	000			Y	Y				
64405		N BLOCK INJ OCCIPITAL	7/1/2015	RBRVS	$97.15	$61.92	000			Y	Y				
64408		N BLOCK INJ VAGUS	7/1/2015	RBRVS	$111.41	$83.16	000			Y	Y				
64410		N BLOCK INJ PHRENIC	7/1/2015	RBRVS	$114.49	$66.31	000			Y	Y				
64413		N BLOCK INJ CERVICAL PLEXUS	7/1/2015	RBRVS	$123.97	$80.43	000			Y	Y				
64415		N BLOCK INJ BRACHIAL PLEXUS	7/1/2015	RBRVS	$111.90	$62.72	000			Y	Y				
64416		N BLOCK CONT INFUSE B PLEX	7/1/2015	RBRVS	$76.58	$76.58	000			Y	Y				
64417		N BLOCK INJ AXILLARY	7/1/2015	RBRVS	$122.87	$68.04	000			Y	Y				
64418		N BLOCK INJ SUPRASCAPULAR	7/1/2015	RBRVS	$139.72	$74.58	000			Y					
64420		N BLOCK INJ INTERCOST SNG	7/1/2015	RBRVS	$107.19	$65.64	000			Y	Y				
64421		N BLOCK INJ INTERCOST MLT	7/1/2015	RBRVS	$142.72	$88.54	000			Y	Y				
64425		N BLOCK INJ ILIO-ING/HYPOGI	7/1/2015	RBRVS	$125.56	$90.00	000			Y	Y				
64430		N BLOCK INJ PUDENDAL	7/1/2015	RBRVS	$133.47	$80.63	000			Y	Y				
64435		N BLOCK INJ PARACERVICAL	7/1/2015	RBRVS	$129.32	$81.13	000			Y	Y				
64445		N BLOCK INJ SCIATIC SNG	7/1/2015	RBRVS	$128.82	$69.99	000			Y	Y				
64446		N BLK INJ SCIATIC CONT INF	7/1/2015	RBRVS	$76.91	$76.91	000			Y	Y				
64447		N BLOCK INJ FEM SINGLE	7/1/2015	RBRVS	$113.57	$63.71	000			Y	Y				
64448		N BLOCK INJ FEM CONT INF	7/1/2015	RBRVS	$68.37	$68.37	000			Y	Y				
64449		N BLOCK INJ LUMBAR PLEXUS	7/1/2015	RBRVS	$81.03	$81.03	000			Y	Y				
64450		N BLOCK OTHER PERIPHERAL	7/1/2015	RBRVS	$76.31	$44.07	000			Y	Y				
64455		N BLOCK INJ PLANTAR DIGIT	7/1/2015	RBRVS	$45.23	$33.27	000			Y	Y				
64461		PVB THORACIC SINGLE INJ SITE	1/1/2016	RBRVS	$158.28	$93.65	ZZZ				Y				
64462		PVB THORACIC 2ND+ INJ SITE	1/1/2016	RBRVS	$89.48	$58.83	000			Y	Y				
64463		PVB THORACIC CONT INFUSION	1/1/2016	RBRVS	$174.38	$91.66	000			Y	Y				
64479		INJ FORAMEN EPIDURAL C/T	7/1/2015	RBRVS	$224.25	$128.52	ZZZ				Y				
64480		INJ FORAMEN EPIDURAL ADD-ON	7/1/2015	RBRVS	$107.52	$61.32	000			Y	Y				
64483		INJ FORAMEN EPIDURAL L/S	7/1/2015	RBRVS	$207.92	$109.21	ZZZ				Y				
64484		INJ FORAMEN EPIDURAL ADD-ON	7/1/2015	RBRVS	$82.96	$50.05	000			Y	Y				
64486		TAP BLOCK UNIL BY INJECTION	7/1/2015	RBRVS	$118.08	$60.92	000			Y	Y				
64487		TAP BLOCK UNI BY INFUSION	7/1/2015	RBRVS	$144.08	$69.96	000			Y					
64488		TAP BLOCK BI INJECTION	7/1/2015	RBRVS	$145.14	$76.34	000			Y					
64489		TAP BLOCK BI BY INFUSION	7/1/2015	RBRVS	$201.54	$85.88	000			Y	Y	Y			
64490		INJ PARAVERT F JNT C/T 1 LEV	7/1/2015	RBRVS	$181.07	$103.63	ZZZ				Y	Y			
64491		INJ PARAVERT F JNT C/T 2 LEV	7/1/2015	RBRVS	$89.83	$58.59	ZZZ				Y	Y			
64492		INJ PARAVERT F JNT C/T 3 LEV	7/1/2015	RBRVS	$90.17	$59.26	000			Y	Y	Y			
64493		INJ PARAVERT F JNT L/S 1 LEV	7/1/2015	RBRVS	$163.92	$88.47	ZZZ				Y	Y			
64494		INJ PARAVERT F JNT L/S 2 LEV	7/1/2015	RBRVS	$82.76	$50.51	ZZZ				Y	Y			
64495		INJ PARAVERT F JNT L/S 3 LEV	7/1/2015	RBRVS	$83.09	$51.18	000			Y	Y				
64505		N BLOCK SPENOPALATINE GANGL	7/1/2015	RBRVS	$100.17	$83.88	000			Y	Y				
64508		N BLOCK CAROTID SINUS S/P	7/1/2015	RBRVS	$61.85	$72.16	000			Y	Y				
64510		N BLOCK STELLATE GANGLION	7/1/2015	RBRVS	$121.08	$71.22	000			Y					

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
64517		N BLOCK INJ HYPOGAS PLXS	7/1/2015	RBRVS	$172.09	$118.26	000			Y	Y				
64520		N BLOCK LUMBAR/THORACIC	7/1/2015	RBRVS	$176.39	$78.33	000			Y					
64530		N BLOCK INJ CELIAC PELUS	7/1/2015	RBRVS	$181.20	$89.47	000		Y						
64550		APPLY NEUROSTIMULATOR	7/1/2015	RBRVS	$15.02	$8.37	010		Y	Y					
64553		IMPLANT NEUROELECTRODES	7/1/2015	RBRVS	$203.84	$154.32	010		Y	Y					
64555		IMPLANT NEUROELECTRODES	7/1/2015	RBRVS	$202.14	$148.96	010		Y	Y	Y				
64561		IMPLANT NEUROELECTRODES	7/1/2015	RBRVS	$775.81	$293.88	010		Y	Y					
64565		IMPLANT NEUROELECTRODES	7/1/2015	RBRVS	$181.20	$128.35	090		Y	Y					
64575		IMPLANT NEUROELECTRODES	7/1/2015	RBRVS	$312.75	$312.75	090		Y	Y		Y			
64580		IMPLANT NEUROELECTRODES	7/1/2015	RBRVS	$295.50	$295.50	090		Y	Y					
64581		IMPLANT NEUROELECTRODES	7/1/2015	RBRVS	$644.79	$644.79	010		Y	Y					
64585		REVISE/REMOVE NEUROELECTRODE	7/1/2015	RBRVS	$234.01	$139.29	010		Y	Y			Y		
64590		INSRT/REDO PERPH N GENERATOR	7/1/2015	RBRVS	$252.99	$156.27	010		Y	Y					
64595		REVISE/REMOVE NEURORECEIVER	7/1/2015	RBRVS	$234.11	$122.77	010		Y	Y					
64600		INJECTION TREATMENT OF NERVE	7/1/2015	RBRVS	$367.27	$214.38	010		Y	Y	Y				
64605		INJECTION TREATMENT OF NERVE	7/1/2015	RBRVS	$563.06	$347.03	010		Y	Y	Y				
64610		INJECTION TREATMENT OF NERVE	7/1/2015	RBRVS	$712.10	$488.75	010		Y	Y	Y				
64612		DESTROY NERVE FACE MUSCLE	7/1/2015	RBRVS	$126.56	$113.94	010		Y	Y					
64615		CHEMODENERV MUSC MIGRAINE	7/1/2015	RBRVS	$145.04	$126.43	010		Y	Y	Y				
64616		CHEMODENERV MUSC NECK DYSTON	7/1/2015	RBRVS	$122.40	$107.45	010		Y	Y	Y				
64617		CHEMODENER MUSCLE LARYNX EMG	7/1/2015	RBRVS	$182.34	$112.21	010		Y	Y					
64620		INJECTION TREATMENT OF NERVE	7/1/2015	RBRVS	$196.89	$166.65	010		Y	Y					
64630		INJECTION TREATMENT OF NERVE	7/1/2015	RBRVS	$224.74	$188.19	010		Y	Y	Y				
64632		N BLOCK INJ COMMON DIGIT	7/1/2015	RBRVS	$81.76	$66.47	010		Y	Y	Y				
64633		DESTROY CERV/THOR FACET JNT	7/1/2015	RBRVS	$440.21	$243.74	ZZZ		Y		Y				
64634		DESTROY C/TH FACET JNT ADDL	7/1/2015	RBRVS	$196.21	$73.23	010		Y	Y	Y				
64635		DESTROY LUMB/SAC FACET JNT	7/1/2015	RBRVS	$436.51	$240.78	ZZZ		Y		Y				
64636		DESTROY L/S FACET JNT ADDL	7/1/2015	RBRVS	$179.48	$64.63	010		Y	Y	Y				
64640		INJECTION TREATMENT OF NERVE	7/1/2015	RBRVS	$126.72	$89.50	000		Y	Y					
64642		CHEMODENERV 1 EXTREMITY 1-4	7/1/2015	RBRVS	$137.13	$106.89	ZZZ		Y						
64643		CHEMODENERV 1 EXTREM 1-4 EA	7/1/2015	RBRVS	$91.33	$73.05	000		Y	Y					
64644		CHEMODENERV 1 EXTREM 5/> MUS	7/1/2015	RBRVS	$157.84	$117.63	ZZZ		Y						
64645		CHEMODENERV 1 EXTREM 5/> EA	7/1/2015	RBRVS	$110.84	$82.59	000		Y	Y					
64646		CHEMODENERV TRUNK MUSC 1-5	7/1/2015	RBRVS	$149.20	$116.63	000		Y	Y					
64647		CHEMODENERV TRUNK MUSC 6/>	7/1/2015	RBRVS	$172.26	$134.71	000		Y	Y					
64650		CHEMODENERV ECCRINE GLANDS	7/1/2015	RBRVS	$74.68	$40.77	000		Y	Y					
64653		CHEMODENERV ECCRINE GLANDS	7/1/2015	RBRVS	$91.86	$53.31	010		Y	Y					
64680		INJECTION TREATMENT OF NERVE	7/1/2015	RBRVS	$298.99	$163.39	010		Y	Y					
64681		INJECTION TREATMENT OF NERVE	7/1/2015	RBRVS	$384.48	$222.62	090		Y	Y		Y	Y		
64708		REVISE ARM/LEG NERVE	7/1/2015	RBRVS	$485.79	$485.79	090		Y	Y		Y	Y		
64722		RELIEVE PRESSURE ON NERVE(S)	7/1/2015	RBRVS	$362.25	$362.25	ZZZ		Y						
64778		DIGIT NERVE SURGERY ADD-ON	7/1/2015	RBRVS	$137.99	$137.99	090		Y	Y			Y		
64782		REMOVE LIMB NERVE LESION	7/1/2015	RBRVS	$437.00	$437.00	ZZZ		Y						
64783		LIMB NERVE SURGERY ADD-ON	7/1/2015	RBRVS	$215.28	$215.28	090		Y	Y	Y	Y			
64786		REMOVE SCIATIC NERVE LESION	7/1/2015	RBRVS	$1,065.60	$1,065.60	090		Y	Y	Y				
64831		REPAIR OF DIGIT NERVE	7/1/2015	RBRVS	$666.43	$666.43	ZZZ		Y						

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
64832		REPAIR NERVE ADD-ON	7/1/2015	RBRVS	$331.83	$331.83	090		Y	Y	Y				
64834		REPAIR OF HAND OR FOOT NERVE	7/1/2015	RBRVS	$718.71	$718.71	090		Y	Y	Y	Y			
64835		REPAIR OF HAND OR FOOT NERVE	7/1/2015	RBRVS	$801.20	$801.20	090		Y	Y	Y	Y			
64836		REPAIR OF HAND OR FOOT NERVE	7/1/2015	RBRVS	$798.92	$798.92	ZZZ		Y			Y			
64837		REPAIR NERVE ADD-ON	7/1/2015	RBRVS	$372.48	$372.48	090		Y	Y	Y	Y			
64840		REPAIR OF LEG NERVE	7/1/2015	RBRVS	$944.63	$944.63	090		Y	Y			Y		
64856		REPAIR/TRANSPOSE NERVE	7/1/2015	RBRVS	$992.52	$992.52	090		Y	Y		Y	Y		
64857		REPAIR ARM/LEG NERVE	7/1/2015	RBRVS	$1,028.44	$1,028.44	090		Y	Y	Y	Y	Y		
64858		REPAIR SCIATIC NERVE	7/1/2015	RBRVS	$1,161.46	$1,161.46	ZZZ		Y			Y	Y		
64859		NERVE SURGERY	7/1/2015	RBRVS	$247.97	$247.97	090		Y	Y	Y	Y	Y		
64861		REPAIR OF ARM NERVES	7/1/2015	RBRVS	$1,242.59	$1,242.59	090		Y	Y	Y	Y			
64862		REPAIR OF LOW BACK NERVES	7/1/2015	RBRVS	$1,112.17	$1,112.17	090		Y	Y		Y	Y		
64864		REPAIR OF FACIAL NERVE	7/1/2015	RBRVS	$849.10	$849.10	090		Y	Y		Y	Y		
64865		REPAIR OF FACIAL NERVE	7/1/2015	RBRVS	$1,080.63	$1,080.63	090		Y	Y		Y	Y		
64866		FUSION OF FACIAL/OTHER NERVE	7/1/2015	RBRVS	$1,121.08	$1,121.08	090		Y	Y		Y	Y		
64868		FUSION OF FACIAL/OTHER NERVE	7/1/2015	RBRVS	$989.56	$989.56	ZZZ		Y			Y	Y		
64872		SUBSEQUENT REPAIR OF NERVE	7/1/2015	RBRVS	$117.22	$117.22	ZZZ		Y			Y	Y		
64874		REPAIR & REVISE NERVE ADD-ON	7/1/2015	RBRVS	$162.00	$162.00	ZZZ		Y			Y	Y		
64876		REPAIR NERVE/SHORTEN BONE	7/1/2015	RBRVS	$164.25	$164.25	090		Y	Y		Y			
64897		NERVE GRAFT ARM/LEG </4 CM	7/1/2015	RBRVS	$1,236.68	$1,236.68	090		Y	Y		Y	Y		
64910		NERVE REPAIR W/ALLOGRAFT	7/1/2015	RBRVS	$804.53	$804.53	090		Y	Y		Y	Y		
64911		NEURORRAPHY W/VEIN AUTOGRAFT	7/1/2015	RBRVS	$989.37	$989.37	000			Y	Y				
65205		REMOVE FOREIGN BODY FROM EYE	7/1/2015	RBRVS	$52.81	$41.84	000			Y	Y				
65210		REMOVE FOREIGN BODY FROM EYE	7/1/2015	RBRVS	$64.84	$50.55	000			Y	Y				
65220		REMOVE FOREIGN BODY FROM EYE	7/1/2015	RBRVS	$54.71	$40.08	000			Y	Y				
65222		REMOVE FOREIGN BODY FROM EYE	7/1/2015	RBRVS	$63.18	$49.55	090			Y	Y				
65235		REMOVE FOREIGN BODY FROM EYE	7/1/2015	RBRVS	$674.08	$674.08	090			Y	Y	Y			
65260		REMOVE FOREIGN BODY FROM EYE	7/1/2015	RBRVS	$906.97	$906.97	090			Y	Y	Y	Y		
65265		REMOVE FOREIGN BODY FROM EYE	7/1/2015	RBRVS	$1,021.60	$1,021.60	090			Y	Y				
65272		REPAIR OF EYE WOUND	7/1/2015	RBRVS	$473.79	$332.20	090			Y	Y		Y		
65273		REPAIR OF EYE WOUND	7/1/2015	RBRVS	$360.42	$360.42	090			Y	Y				
65285		REPAIR OF EYE WOUND	7/1/2015	RBRVS	$1,050.72	$1,050.72	090			Y	Y		Y		
65290		REPAIR OF EYE SOCKET WOUND	7/1/2015	RBRVS	$464.58	$464.58	090			Y	Y	Y	Y		
65756		CORNEAL TRNSPL ENDOTHELIAL	7/1/2015	RBRVS	$1,123.28	$1,123.28									
65757		PREP CORNEAL ENDO ALLOGRAFT	7/1/2014	FEE SCHED	$416.37	$0.00	090			Y	Y		Y		
65780		OCULAR RECONST TRANSPLANT	7/1/2015	RBRVS	$841.42	$841.42	090			Y	Y	Y	Y		
65781		OCULAR RECONST TRANSPLANT	7/1/2015	RBRVS	$1,263.27	$1,263.27	090			Y	Y		Y		
65782		OCULAR RECONST TRANSPLANT	7/1/2015	RBRVS	$1,089.94	$1,089.94	090			Y	Y	Y	Y		
66174		TRANSLUM DIL EYE CANAL	7/1/2015	RBRVS	$897.79	$897.79	090		Y	Y	Y	Y	Y		
66175		TRNSLUM DIL EYE CANAL W/STNT	7/1/2015	RBRVS	$940.41	$940.41	090			Y	Y	Y			
66180		IMPLANT EYE SHUNT	7/1/2015	RBRVS	$1,077.50	$1,077.50	090			Y	Y	Y			
66183		INSERT ANT DRAINAGE DEVICE	7/1/2015	RBRVS	$975.40	$975.40	090			Y	Y	Y			
66185		REVISE EYE SHUNT	7/1/2015	RBRVS	$799.81	$799.81	090			Y	Y				
66711		CILIARY ENDOSCOPIC ABLATION	7/1/2015	RBRVS	$607.14	$607.14	ZZZ								
66990		OPHTHALMIC ENDOSCOPE ADD-ON	7/1/2015	RBRVS	$86.24	$86.24	090			Y	Y	Y	Y		
67039		LASER TREATMENT OF RETINA	7/1/2015	RBRVS	$914.91	$914.91	090			Y	Y	Y	Y		

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
67041		VIT FOR MACULAR PUCKER	7/1/2015	RBRVS	$1,093.46	$1,093.46	090			Y	Y	Y	Y		
67042		VIT FOR MACULAR HOLE	7/1/2015	RBRVS	$1,093.46	$1,093.46	090			Y	Y	Y	Y		
67043		VIT FOR MEMBRANE DISSECT	7/1/2015	RBRVS	$1,153.89	$1,153.89	090			Y	Y	Y	Y		
67113		REPAIR RETINAL DETACH CPLX	7/1/2015	RBRVS	$1,653.80	$1,653.80	090			Y	Y				
67229		TR RETINAL LES PRETERM INF	7/1/2015	RBRVS	$1,105.42	$1,105.42	000			Y	Y				
67346		BIOPSY EYE MUSCLE	7/1/2015	RBRVS	$184.69	$184.69	000			Y	Y				
67500		INJECT/TREAT EYE SOCKET	7/1/2015	RBRVS	$74.61	$68.96	010			Y	Y				
67700		DRAINAGE OF EYELID ABSCESS	7/1/2015	RBRVS	$251.37	$110.11	090	Y		Y	Y		Y		
67902		REPAIR EYELID DEFECT	7/1/2015	RBRVS	$686.84	$686.84	090	Y		Y	Y				
67906		REPAIR EYELID DEFECT	7/1/2015	RBRVS	$481.70	$481.70	090		Y	Y	Y				
67912		CORRECTION EYELID W/IMPLANT	7/1/2015	RBRVS	$831.42	$466.81	010			Y	Y				
67930		REPAIR EYELID WOUND	7/1/2015	RBRVS	$343.87	$229.20	090			Y	Y				
67935		REPAIR EYELID WOUND	7/1/2015	RBRVS	$561.83	$420.57	010			Y	Y				
67938		REMOVE EYELID FOREIGN BODY	7/1/2015	RBRVS	$225.88	$108.54	090			Y	Y		Y		
67950		REVISION OF EYELID	7/1/2015	RBRVS	$540.46	$439.42	090			Y	Y		Y		
67971		RECONSTRUCTION OF EYELID	7/1/2015	RBRVS	$686.41	$686.41	090			Y	Y	Y	Y		
67973		RECONSTRUCTION OF EYELID	7/1/2015	RBRVS	$883.30	$883.30	090			Y	Y	Y	Y		
67974		RECONSTRUCTION OF EYELID	7/1/2015	RBRVS	$881.14	$881.14	090			Y	Y		Y		
68320		REVISE/GRAFT EYELID LINING	7/1/2015	RBRVS	$682.72	$510.55	090			Y	Y		Y		
68335		REVISE/GRAFT EYELID LINING	7/1/2015	RBRVS	$614.22	$614.22	090			Y	Y		Y		
68362		REVISE EYELID LINING	7/1/2015	RBRVS	$622.59	$622.59	010			Y	Y				
68371		HARVEST EYE TISSUE ALOGRAFT	7/1/2015	RBRVS	$390.56	$390.56	010			Y	Y				
68400		INCISE/DRAIN TEAR GLAND	7/1/2015	RBRVS	$267.12	$125.53	010			Y	Y				
68420		INCISE/DRAIN TEAR SAC	7/1/2015	RBRVS	$301.89	$160.29	010			Y	Y				
68440		INCISE TEAR DUCT OPENING	7/1/2015	RBRVS	$96.19	$93.52	090			Y	Y				
68500		REMOVAL OF TEAR GLAND	7/1/2015	RBRVS	$923.65	$923.65	090			Y	Y				
68505		PARTIAL REMOVAL TEAR GLAND	7/1/2015	RBRVS	$919.33	$919.33	090			Y	Y		Y		
68540		REMOVE TEAR GLAND LESION	7/1/2015	RBRVS	$879.75	$879.75	090			Y	Y				
68550		REMOVE TEAR GLAND LESION	7/1/2015	RBRVS	$1,040.31	$1,040.31	090			Y	Y	Y	Y		
68720		CREATE TEAR SAC DRAIN	7/1/2015	RBRVS	$716.32	$716.32	090			Y	Y	Y	Y		
68745		CREATE TEAR DUCT DRAIN	7/1/2015	RBRVS	$719.35	$719.35	090			Y	Y	Y	Y		
68750		CREATE TEAR DUCT DRAIN	7/1/2015	RBRVS	$744.64	$744.64	010			Y	Y				
68816		PROBE NL DUCT W/BALLOON	7/1/2015	RBRVS	$696.38	$237.04	010		Y	Y	Y				
69000		DRAIN EXTERNAL EAR LESION	7/1/2015	RBRVS	$178.25	$114.76	010		Y	Y	Y				
69020		DRAIN OUTER EAR CANAL LESION	7/1/2015	RBRVS	$222.02	$137.60	000		Y	Y					
69100		BIOPSY OF EXTERNAL EAR	7/1/2015	RBRVS	$106.10	$52.55	090		Y	Y			Y		
69150		EXTENSIVE EAR CANAL SURGERY	7/1/2015	RBRVS	$1,018.21	$1,018.21	090		Y	Y		Y	Y		
69155		EXTENSIVE EAR/NECK SURGERY	7/1/2015	RBRVS	$1,619.87	$1,619.87	000		Y	Y	Y				
69200		CLEAR OUTER EAR CANAL	7/1/2015	RBRVS	$117.09	$55.93	010		Y	Y	Y				
69205		CLEAR OUTER EAR CANAL	7/1/2015	RBRVS	$98.31	$98.31	000		Y	Y					
69210		REMOVE IMPACTED EAR WAX	7/1/2015	RBRVS	$47.06	$31.77	000		Y	Y	Y				
69220		CLEAN OUT MASTOID CAVITY	7/1/2015	RBRVS	$130.78	$59.99	090		Y	Y	Y				
69501		MASTOIDECTOMY	7/1/2015	RBRVS	$710.10	$710.10	090		Y	Y	Y	Y			
69530		EXTENSIVE MASTOID SURGERY	7/1/2015	RBRVS	$1,604.11	$1,604.11	090		Y	Y	Y		Y		
69535		REMOVE PART OF TEMPORAL BONE	7/1/2015	RBRVS	$2,610.33	$2,610.33	090		Y	Y	Y	Y			
69550		REMOVE EAR LESION	7/1/2015	RBRVS	$1,008.10	$1,008.10	090		Y	Y	Y	Y			

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Team	Policy Adjust
69552		REMOVE EAR LESION	7/1/2015	RBRVS	$1,524.18	$1,524.18	090		Y	Y	Y	Y	Y		
69554		REMOVE EAR LESION	7/1/2015	RBRVS	$2,454.31	$2,454.31	090		Y	Y	Y				
69604		MASTOID SURGERY REVISION	7/1/2015	RBRVS	$1,079.93	$1,079.93	090		Y	Y	Y	Y			
69605		MASTOID SURGERY REVISION	7/1/2015	RBRVS	$1,513.74	$1,513.74	090		Y	Y	Y				
69650		RELEASE MIDDLE EAR BONE	7/1/2015	RBRVS	$780.00	$780.00	090		Y	Y	Y	Y			
69670		REMOVE MASTOID AIR CELLS	7/1/2015	RBRVS	$915.64	$915.64	090		Y	Y	Y				
69676		REMOVE MIDDLE EAR NERVE	7/1/2015	RBRVS	$806.16	$806.16	090		Y	Y	Y				
69700		CLOSE MASTOID FISTULA	7/1/2015	RBRVS	$664.67	$664.67	090		Y	Y	Y	Y			
69740		REPAIR FACIAL NERVE	7/1/2015	RBRVS	$1,136.37	$1,136.37	090		Y	Y	Y	Y			
69745		REPAIR FACIAL NERVE	7/1/2015	RBRVS	$1,207.99	$1,207.99	090		Y	Y	Y	Y			
69805		EXPLORE INNER EAR	7/1/2015	RBRVS	$1,025.55	$1,025.55	090		Y	Y	Y	Y			
69820		ESTABLISH INNER EAR WINDOW	7/1/2015	RBRVS	$831.19	$831.19	090		Y	Y	Y	Y			
69840		REVISE INNER EAR WINDOW	7/1/2015	RBRVS	$877.19	$877.19	090		Y	Y	Y				
69905		REMOVE INNER EAR	7/1/2015	RBRVS	$890.19	$890.19	090		Y	Y	Y	Y	Y		
69915		INCISE INNER EAR NERVE	7/1/2015	RBRVS	$1,499.15	$1,499.15	090		Y	Y	Y	Y	Y		
69950		INCISE INNER EAR NERVE	7/1/2015	RBRVS	$1,740.28	$1,740.28	090		Y	Y	Y	Y	Y		
69955		RELEASE FACIAL NERVE	7/1/2015	RBRVS	$1,929.37	$1,929.37	090		Y	Y	Y	Y	Y		
69960		RELEASE INNER EAR CANAL	7/1/2015	RBRVS	$1,878.85	$1,878.85	090		Y	Y	Y	Y	Y		
69970		REMOVE INNER EAR LESION	7/1/2015	RBRVS	$2,090.14	$2,090.14	ZZZ		Y			Y			
69990		MICROSURGERY ADD-ON	7/1/2015	RBRVS	$227.04	$227.04									
70100		X-RAY EXAM OF JAW <4VIEWS	7/1/2015	RBRVS	$34.16	$34.16									
70100	TC	X-RAY EXAM OF JAW <4VIEWS	7/1/2015	RBRVS	$24.45	$24.45									
70100	26	X-RAY EXAM OF JAW <4VIEWS	7/1/2015	RBRVS	$9.68	$9.68									
70110		X-RAY EXAM OF JAW 4/> VIEWS	7/1/2015	RBRVS	$39.33	$39.33									
70110	TC	X-RAY EXAM OF JAW 4/> VIEWS	7/1/2015	RBRVS	$25.92	$25.92									
70110	26	X-RAY EXAM OF JAW 4/> VIEWS	7/1/2015	RBRVS	$13.37	$13.37					Y				
70120		X-RAY EXAM OF MASTOIDS	7/1/2015	RBRVS	$35.27	$35.27					Y				
70120	TC	X-RAY EXAM OF MASTOIDS	7/1/2015	RBRVS	$25.56	$25.56					Y				
70120	26	X-RAY EXAM OF MASTOIDS	7/1/2015	RBRVS	$9.68	$9.68					Y				
70130		X-RAY EXAM OF MASTOIDS	7/1/2015	RBRVS	$56.76	$56.76					Y				
70130	TC	X-RAY EXAM OF MASTOIDS	7/1/2015	RBRVS	$38.48	$38.48					Y				
70130	26	X-RAY EXAM OF MASTOIDS	7/1/2015	RBRVS	$18.28	$18.28									
70134		X-RAY EXAM OF MIDDLE EAR	7/1/2015	RBRVS	$53.36	$53.36									
70134	TC	X-RAY EXAM OF MIDDLE EAR	7/1/2015	RBRVS	$34.79	$34.79									
70134	26	X-RAY EXAM OF MIDDLE EAR	7/1/2015	RBRVS	$18.54	$18.54									
70140		X-RAY EXAM OF FACIAL BONES	7/1/2015	RBRVS	$30.84	$30.84									
70140	TC	X-RAY EXAM OF FACIAL BONES	7/1/2015	RBRVS	$19.65	$19.65									
70140	26	X-RAY EXAM OF FACIAL BONES	7/1/2015	RBRVS	$11.15	$11.15									
70150		X-RAY EXAM OF FACIAL BONES	7/1/2015	RBRVS	$43.02	$43.02									
70150	TC	X-RAY EXAM OF FACIAL BONES	7/1/2015	RBRVS	$28.88	$28.88									
70150	26	X-RAY EXAM OF FACIAL BONES	7/1/2015	RBRVS	$14.11	$14.11									
70160		X-RAY EXAM OF NASAL BONES	7/1/2015	RBRVS	$33.79	$33.79									
70160	TC	X-RAY EXAM OF NASAL BONES	7/1/2015	RBRVS	$24.45	$24.45									
70160	26	X-RAY EXAM OF NASAL BONES	7/1/2015	RBRVS	$9.31	$9.31									
7020F		MAMMO ASSESS CAT IN DBASE	4/1/2008	RBRVS	$0.00	$0.00									
70200		X-RAY EXAM OF EYE SOCKETS	7/1/2015	RBRVS	$43.76	$43.76									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Indicators Pass	Indicators Mult	Indicators Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
70200	TC	X-RAY EXAM OF EYE SOCKETS	7/1/2015	RBRVS	$28.88	$28.88									
70200	26	X-RAY EXAM OF EYE SOCKETS	7/1/2015	RBRVS	$14.85	$14.85									
70210		X-RAY EXAM OF SINUSES	7/1/2015	RBRVS	$30.84	$30.84									
70210	TC	X-RAY EXAM OF SINUSES	7/1/2015	RBRVS	$21.49	$21.49									
70210	26	X-RAY EXAM OF SINUSES	7/1/2015	RBRVS	$9.31	$9.31									
70220		X-RAY EXAM OF SINUSES	7/1/2015	RBRVS	$38.59	$38.59									
70220	TC	X-RAY EXAM OF SINUSES	7/1/2015	RBRVS	$25.19	$25.19									
70220	26	X-RAY EXAM OF SINUSES	7/1/2015	RBRVS	$13.37	$13.37									
7025F		PT INFOSYS ALARM NEXT MAMMO	4/1/2008	RBRVS	$0.00	$0.00									
70250		X-RAY EXAM OF SKULL	7/1/2015	RBRVS	$37.11	$37.11									
70250	TC	X-RAY EXAM OF SKULL	7/1/2015	RBRVS	$23.71	$23.71									
70250	26	X-RAY EXAM OF SKULL	7/1/2015	RBRVS	$13.37	$13.37			Y	Y					
70336		MAGNETIC IMAGE JAW JOINT	7/1/2015	RBRVS	$331.93	$331.93			Y	Y					
70336	TC	MAGNETIC IMAGE JAW JOINT	7/1/2015	RBRVS	$254.15	$254.15				Y	Y				
70336	26	MAGNETIC IMAGE JAW JOINT	7/1/2015	RBRVS	$77.77	$77.77									
70360		X-RAY EXAM OF NECK	7/1/2015	RBRVS	$28.99	$28.99									
70360	TC	X-RAY EXAM OF NECK	7/1/2015	RBRVS	$20.02	$20.02									
70360	26	X-RAY EXAM OF NECK	7/1/2015	RBRVS	$8.94	$8.94			Y	Y					
70450		CT HEAD/BRAIN W/O DYE	7/1/2015	RBRVS	$120.43	$120.43			Y	Y					
70450	TC	CT HEAD/BRAIN W/O DYE	7/1/2015	RBRVS	$75.41	$75.41				Y					
70450	26	CT HEAD/BRAIN W/O DYE	7/1/2015	RBRVS	$45.02	$45.02			Y	Y					
70460		CT HEAD/BRAIN W/DYE	7/1/2015	RBRVS	$168.25	$168.25			Y	Y					
70460	TC	CT HEAD/BRAIN W/DYE	7/1/2015	RBRVS	$108.28	$108.28				Y					
70460	26	CT HEAD/BRAIN W/DYE	7/1/2015	RBRVS	$59.97	$59.97			Y	Y					
70470		CT HEAD/BRAIN W/O & W/DYE	7/1/2015	RBRVS	$198.90	$198.90			Y	Y					
70470	TC	CT HEAD/BRAIN W/O & W/DYE	7/1/2015	RBRVS	$131.54	$131.54				Y					
70470	26	CT HEAD/BRAIN W/O & W/DYE	7/1/2015	RBRVS	$67.36	$67.36			Y	Y					
70480		CT ORBIT/EAR/FOSSA W/O DYE	7/1/2015	RBRVS	$241.74	$241.74			Y	Y					
70480	TC	CT ORBIT/EAR/FOSSA W/O DYE	7/1/2015	RBRVS	$174.01	$174.01				Y					
70480	26	CT ORBIT/EAR/FOSSA W/O DYE	7/1/2015	RBRVS	$67.73	$67.73			Y	Y					
70481		CT ORBIT/EAR/FOSSA W/DYE	7/1/2015	RBRVS	$285.76	$285.76			Y	Y					
70481	TC	CT ORBIT/EAR/FOSSA W/DYE	7/1/2015	RBRVS	$212.79	$212.79				Y					
70481	26	CT ORBIT/EAR/FOSSA W/DYE	7/1/2015	RBRVS	$72.97	$72.97			Y	Y					
70482		CT ORBIT/EAR/FOSSA W/O&W/DYE	7/1/2015	RBRVS	$312.72	$312.72			Y	Y					
70482	TC	CT ORBIT/EAR/FOSSA W/O&W/DYE	7/1/2015	RBRVS	$236.06	$236.06				Y					
70482	26	CT ORBIT/EAR/FOSSA W/O&W/DYE	7/1/2015	RBRVS	$76.67	$76.67			Y	Y					
70487		CT MAXILLOFACIAL W/DYE	7/1/2015	RBRVS	$174.90	$174.90			Y	Y					
70487	TC	CT MAXILLOFACIAL W/DYE	7/1/2015	RBRVS	$114.93	$114.93				Y					
70487	26	CT MAXILLOFACIAL W/DYE	7/1/2015	RBRVS	$59.97	$59.97			Y	Y					
70488		CT MAXILLOFACIAL W/O & W/DYE	7/1/2015	RBRVS	$212.57	$212.57			Y	Y					
70488	TC	CT MAXILLOFACIAL W/O & W/DYE	7/1/2015	RBRVS	$145.58	$145.58				Y					
70488	26	CT MAXILLOFACIAL W/O & W/DYE	7/1/2015	RBRVS	$66.99	$66.99			Y	Y					
70490		CT SOFT TISSUE NECK W/O DYE	7/1/2015	RBRVS	$200.01	$200.01			Y	Y					
70490	TC	CT SOFT TISSUE NECK W/O DYE	7/1/2015	RBRVS	$132.28	$132.28				Y					
70490	26	CT SOFT TISSUE NECK W/O DYE	7/1/2015	RBRVS	$67.73	$67.73			Y	Y					
70491		CT SOFT TISSUE NECK W/DYE	7/1/2015	RBRVS	$244.40	$244.40			Y	Y					

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
70491	TC	CT SOFT TISSUE NECK W/DYE	7/1/2015	RBRVS	$171.06	$171.06				Y					
70491	26	CT SOFT TISSUE NECK W/DYE	7/1/2015	RBRVS	$73.34	$73.34			Y	Y					
70492		CT SFT TSUE NCK W/O & W/DYE	7/1/2015	RBRVS	$287.98	$287.98			Y	Y					
70492	TC	CT SFT TSUE NCK W/O & W/DYE	7/1/2015	RBRVS	$211.31	$211.31				Y					
70492	26	CT SFT TSUE NCK W/O & W/DYE	7/1/2015	RBRVS	$76.67	$76.67			Y	Y					
70496		CT ANGIOGRAPHY HEAD	7/1/2015	RBRVS	$306.78	$306.78			Y	Y					
70496	TC	CT ANGIOGRAPHY HEAD	7/1/2015	RBRVS	$213.64	$213.64				Y					
70496	26	CT ANGIOGRAPHY HEAD	7/1/2015	RBRVS	$93.17	$93.17			Y	Y					
70498		CT ANGIOGRAPHY NECK	7/1/2015	RBRVS	$304.93	$304.93			Y	Y					
70498	TC	CT ANGIOGRAPHY NECK	7/1/2015	RBRVS	$212.16	$212.16				Y					
70498	26	CT ANGIOGRAPHY NECK	7/1/2015	RBRVS	$92.81	$92.81									
71010		CHEST X-RAY 1 VIEW FRONTAL	7/1/2015	RBRVS	$23.45	$23.45									
71010	TC	CHEST X-RAY 1 VIEW FRONTAL	7/1/2015	RBRVS	$13.74	$13.74									
71010	26	CHEST X-RAY 1 VIEW FRONTAL	7/1/2015	RBRVS	$9.68	$9.68									
71015		CHEST X-RAY STEREO FRONTAL	7/1/2015	RBRVS	$28.62	$28.62									
71015	TC	CHEST X-RAY STEREO FRONTAL	7/1/2015	RBRVS	$17.06	$17.06									
71015	26	CHEST X-RAY STEREO FRONTAL	7/1/2015	RBRVS	$11.52	$11.52									
71020		CHEST X-RAY 2VW FRONTAL&LATL	7/1/2015	RBRVS	$28.99	$28.99									
71020	TC	CHEST X-RAY 2VW FRONTAL&LATL	7/1/2015	RBRVS	$17.43	$17.43									
71020	26	CHEST X-RAY 2VW FRONTAL&LATL	7/1/2015	RBRVS	$11.52	$11.52									
71021		CHEST X-RAY FRNT LAT LORDOTC	7/1/2015	RBRVS	$35.27	$35.27									
71021	TC	CHEST X-RAY FRNT LAT LORDOTC	7/1/2015	RBRVS	$20.75	$20.75									
71021	26	CHEST X-RAY FRNT LAT LORDOTC	7/1/2015	RBRVS	$14.48	$14.48									
71022		CHEST X-RAY FRNT LAT OBLIQUE	7/1/2015	RBRVS	$43.39	$43.39									
71022	TC	CHEST X-RAY FRNT LAT OBLIQUE	7/1/2015	RBRVS	$25.92	$25.92									
71022	26	CHEST X-RAY FRNT LAT OBLIQUE	7/1/2015	RBRVS	$17.43	$17.43									
71023		CHEST X-RAY AND FLUOROSCOPY	7/1/2015	RBRVS	$66.07	$66.07									
71023	TC	CHEST X-RAY AND FLUOROSCOPY	7/1/2015	RBRVS	$45.50	$45.50									
71023	26	CHEST X-RAY AND FLUOROSCOPY	7/1/2015	RBRVS	$20.57	$20.57									
71030		CHEST X-RAY 4/> VIEWS	7/1/2015	RBRVS	$43.02	$43.02									
71030	TC	CHEST X-RAY 4/> VIEWS	7/1/2015	RBRVS	$26.66	$26.66									
71030	26	CHEST X-RAY 4/> VIEWS	7/1/2015	RBRVS	$16.32	$16.32									
71034		CHEST X-RAY&FLUORO 4/> VIEWS	7/1/2015	RBRVS	$87.49	$87.49									
71034	TC	CHEST X-RAY&FLUORO 4/> VIEWS	7/1/2015	RBRVS	$62.85	$62.85									
71034	26	CHEST X-RAY&FLUORO 4/> VIEWS	7/1/2015	RBRVS	$24.63	$24.63									
71035		CHEST X-RAY SPECIAL VIEWS	7/1/2015	RBRVS	$33.79	$33.79									
71035	TC	CHEST X-RAY SPECIAL VIEWS	7/1/2015	RBRVS	$24.08	$24.08									
71035	26	CHEST X-RAY SPECIAL VIEWS	7/1/2015	RBRVS	$9.68	$9.68									
71100		X-RAY EXAM RIBS UNI 2 VIEWS	7/1/2015	RBRVS	$31.58	$31.58									
71100	TC	X-RAY EXAM RIBS UNI 2 VIEWS	7/1/2015	RBRVS	$19.65	$19.65									
71100	26	X-RAY EXAM RIBS UNI 2 VIEWS	7/1/2015	RBRVS	$11.89	$11.89									
71101		X-RAY EXAM UNILAT RIBS/CHEST	7/1/2015	RBRVS	$37.48	$37.48									
71101	TC	X-RAY EXAM UNILAT RIBS/CHEST	7/1/2015	RBRVS	$23.34	$23.34									
71101	26	X-RAY EXAM UNILAT RIBS/CHEST	7/1/2015	RBRVS	$14.11	$14.11									
71110		X-RAY EXAM RIBS BIL 3 VIEWS	7/1/2015	RBRVS	$38.59	$38.59									
71110	TC	X-RAY EXAM RIBS BIL 3 VIEWS	7/1/2015	RBRVS	$24.08	$24.08									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
71110	26	X-RAY EXAM RIBS BIL 3 VIEWS	7/1/2015	RBRVS	$14.48	$14.48									
71111		X-RAY EXAM RIBS/CHEST4/> VWS	7/1/2015	RBRVS	$48.93	$48.93									
71111	TC	X-RAY EXAM RIBS/CHEST4/> VWS	7/1/2015	RBRVS	$31.83	$31.83									
71111	26	X-RAY EXAM RIBS/CHEST4/> VWS	7/1/2015	RBRVS	$17.06	$17.06									
71120		X-RAY EXAM BREASTBONE 2/>VWS	7/1/2015	RBRVS	$30.47	$30.47									
71120	TC	X-RAY EXAM BREASTBONE 2/>VWS	7/1/2015	RBRVS	$19.65	$19.65									
71120	26	X-RAY EXAM BREASTBONE 2/>VWS	7/1/2015	RBRVS	$10.78	$10.78									
71130		X-RAY STRENOCLAVIC JT 3/>VWS	7/1/2015	RBRVS	$37.56	$37.56									
71130	TC	X-RAY STRENOCLAVIC JT 3/>VWS	7/1/2015	RBRVS	$25.19	$25.19									
71130	26	X-RAY STRENOCLAVIC JT 3/>VWS	7/1/2015	RBRVS	$12.37	$12.37			Y	Y					
71250		CT THORAX W/O DYE	7/1/2015	RBRVS	$186.64	$186.64			Y	Y					
71250	TC	CT THORAX W/O DYE	7/1/2015	RBRVS	$132.65	$132.65				Y					
71250	26	CT THORAX W/O DYE	7/1/2015	RBRVS	$53.95	$53.95			Y	Y					
71260		CT THORAX W/DYE	7/1/2015	RBRVS	$237.68	$237.68			Y	Y					
71260	TC	CT THORAX W/DYE	7/1/2015	RBRVS	$171.80	$171.80				Y					
71260	26	CT THORAX W/DYE	7/1/2015	RBRVS	$65.88	$65.88			Y	Y					
71270		CT THORAX W/O & W/DYE	7/1/2015	RBRVS	$285.03	$285.03			Y	Y					
71270	TC	CT THORAX W/O & W/DYE	7/1/2015	RBRVS	$212.05	$212.05				Y					
71270	26	CT THORAX W/O & W/DYE	7/1/2015	RBRVS	$72.97	$72.97			Y	Y					
71275		CT ANGIOGRAPHY CHEST	7/1/2015	RBRVS	$311.58	$311.58			Y	Y					
71275	TC	CT ANGIOGRAPHY CHEST	7/1/2015	RBRVS	$214.75	$214.75				Y					
71275	26	CT ANGIOGRAPHY CHEST	7/1/2015	RBRVS	$96.87	$96.87									
72020		X-RAY EXAM OF SPINE 1 VIEW	7/1/2015	RBRVS	$22.71	$22.71									
72020	TC	X-RAY EXAM OF SPINE 1 VIEW	7/1/2015	RBRVS	$14.48	$14.48									
72020	26	X-RAY EXAM OF SPINE 1 VIEW	7/1/2015	RBRVS	$8.20	$8.20									
72040		X-RAY EXAM OF NECK SPINE	7/1/2015	RBRVS	$34.60	$34.60									
72040	TC	X-RAY EXAM OF NECK SPINE	7/1/2015	RBRVS	$22.23	$22.23									
72040	26	X-RAY EXAM OF NECK SPINE	7/1/2015	RBRVS	$12.37	$12.37									
72050		X-RAY EXAM OF NECK SPINE	7/1/2015	RBRVS	$46.42	$46.42									
72050	TC	X-RAY EXAM OF NECK SPINE	7/1/2015	RBRVS	$29.62	$29.62									
72050	26	X-RAY EXAM OF NECK SPINE	7/1/2015	RBRVS	$16.80	$16.80									
72052		X-RAY EXAM OF NECK SPINE	7/1/2015	RBRVS	$58.31	$58.31									
72052	TC	X-RAY EXAM OF NECK SPINE	7/1/2015	RBRVS	$38.48	$38.48									
72052	26	X-RAY EXAM OF NECK SPINE	7/1/2015	RBRVS	$19.83	$19.83									
72070		X-RAY EXAM THORAC SPINE 2VWS	7/1/2015	RBRVS	$32.76	$32.76									
72070	TC	X-RAY EXAM THORAC SPINE 2VWS	7/1/2015	RBRVS	$20.39	$20.39									
72070	26	X-RAY EXAM THORAC SPINE 2VWS	7/1/2015	RBRVS	$12.37	$12.37									
72072		X-RAY EXAM THORAC SPINE 3VWS	7/1/2015	RBRVS	$35.64	$35.64									
72072	TC	X-RAY EXAM THORAC SPINE 3VWS	7/1/2015	RBRVS	$24.08	$24.08									
72072	26	X-RAY EXAM THORAC SPINE 3VWS	7/1/2015	RBRVS	$11.52	$11.52									
72074		X-RAY EXAM THORAC SPINE4/>VW	7/1/2015	RBRVS	$40.44	$40.44									
72074	TC	X-RAY EXAM THORAC SPINE4/>VW	7/1/2015	RBRVS	$28.88	$28.88									
72074	26	X-RAY EXAM THORAC SPINE4/>VW	7/1/2015	RBRVS	$11.52	$11.52									
72080		X-RAY EXAM THORACOLMB 2/> VW	7/1/2015	RBRVS	$35.05	$35.05									
72080	TC	X-RAY EXAM THORACOLMB 2/> VW	7/1/2015	RBRVS	$22.23	$22.23									
72080	26	X-RAY EXAM THORACOLMB 2/> VW	7/1/2015	RBRVS	$12.81	$12.81									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
72081		X-RAY EXAM ENTIRE SPI 1 VW	1/1/2016	RBRVS	$40.51	$40.51									
72081	TC	X-RAY EXAM ENTIRE SPI 1 VW	1/1/2016	RBRVS	$26.29	$26.29									
72081	26	X-RAY EXAM ENTIRE SPI 1 VW	1/1/2016	RBRVS	$14.22	$14.22									
72082		X-RAY EXAM ENTIRE SPI 2/3 VW	1/1/2016	RBRVS	$64.89	$64.89									
72082	TC	X-RAY EXAM ENTIRE SPI 2/3 VW	1/1/2016	RBRVS	$47.71	$47.71									
72082	26	X-RAY EXAM ENTIRE SPI 2/3 VW	1/1/2016	RBRVS	$17.17	$17.17									
72083		X-RAY EXAM ENTIRE SPI 4/5 VW	1/1/2016	RBRVS	$70.43	$70.43									
72083	TC	X-RAY EXAM ENTIRE SPI 4/5 VW	1/1/2016	RBRVS	$51.78	$51.78									
72083	26	X-RAY EXAM ENTIRE SPI 4/5 VW	1/1/2016	RBRVS	$18.65	$18.65									
72084		X-RAY EXAM ENTIRE SPI 6/> VW	1/1/2016	RBRVS	$83.72	$83.72									
72084	TC	X-RAY EXAM ENTIRE SPI 6/> VW	1/1/2016	RBRVS	$62.12	$62.12									
72084	26	X-RAY EXAM ENTIRE SPI 6/> VW	1/1/2016	RBRVS	$21.60	$21.60									
72100		X-RAY EXAM L-S SPINE 2/3 VWS	7/1/2015	RBRVS	$36.45	$36.45									
72100	TC	X-RAY EXAM L-S SPINE 2/3 VWS	7/1/2015	RBRVS	$24.08	$24.08									
72100	26	X-RAY EXAM L-S SPINE 2/3 VWS	7/1/2015	RBRVS	$12.37	$12.37									
72110		X-RAY EXAM L-2 SPINE 4/>VWS	7/1/2015	RBRVS	$50.93	$50.93									
72110	TC	X-RAY EXAM L-2 SPINE 4/>VWS	7/1/2015	RBRVS	$33.68	$33.68									
72110	26	X-RAY EXAM L-2 SPINE 4/>VWS	7/1/2015	RBRVS	$17.25	$17.25									
72114		X-RAY EXAM L-S SPINE BENDING	7/1/2015	RBRVS	$64.96	$64.96									
72114	TC	X-RAY EXAM L-S SPINE BENDING	7/1/2015	RBRVS	$46.97	$46.97									
72114	26	X-RAY EXAM L-S SPINE BENDING	7/1/2015	RBRVS	$17.98	$17.98									
72120		X-RAY BEND ONLY L-S SPINE	7/1/2015	RBRVS	$42.06	$42.06									
72120	TC	X-RAY BEND ONLY L-S SPINE	7/1/2015	RBRVS	$29.25	$29.25									
72120	26	X-RAY BEND ONLY L-S SPINE	7/1/2015	RBRVS	$12.81	$12.81			Y			Y			
72125		CT NECK SPINE W/O DYE	7/1/2015	RBRVS	$191.08	$191.08			Y			Y			
72125	TC	CT NECK SPINE W/O DYE	7/1/2015	RBRVS	$134.50	$134.50						Y			
72125	26	CT NECK SPINE W/O DYE	7/1/2015	RBRVS	$56.54	$56.54			Y			Y			
72126		CT NECK SPINE W/DYE	7/1/2015	RBRVS	$237.76	$237.76			Y			Y			
72126	TC	CT NECK SPINE W/DYE	7/1/2015	RBRVS	$172.91	$172.91						Y			
72126	26	CT NECK SPINE W/DYE	7/1/2015	RBRVS	$64.85	$64.85			Y			Y			
72127		CT NECK SPINE W/O & W/DYE	7/1/2015	RBRVS	$280.15	$280.15			Y			Y			
72127	TC	CT NECK SPINE W/O & W/DYE	7/1/2015	RBRVS	$213.16	$213.16						Y			
72127	26	CT NECK SPINE W/O & W/DYE	7/1/2015	RBRVS	$66.99	$66.99			Y			Y			
72128		CT CHEST SPINE W/O DYE	7/1/2015	RBRVS	$186.64	$186.64			Y			Y			
72128	TC	CT CHEST SPINE W/O DYE	7/1/2015	RBRVS	$133.76	$133.76						Y			
72128	26	CT CHEST SPINE W/O DYE	7/1/2015	RBRVS	$52.85	$52.85			Y			Y			
72129		CT CHEST SPINE W/DYE	7/1/2015	RBRVS	$237.68	$237.68			Y			Y			
72129	TC	CT CHEST SPINE W/DYE	7/1/2015	RBRVS	$173.28	$173.28						Y			
72129	26	CT CHEST SPINE W/DYE	7/1/2015	RBRVS	$64.41	$64.41			Y			Y			
72130		CT CHEST SPINE W/O & W/DYE	7/1/2015	RBRVS	$280.52	$280.52			Y			Y			
72130	TC	CT CHEST SPINE W/O & W/DYE	7/1/2015	RBRVS	$213.53	$213.53						Y			
72130	26	CT CHEST SPINE W/O & W/DYE	7/1/2015	RBRVS	$66.99	$66.99			Y			Y			
72131		CT LUMBAR SPINE W/O DYE	7/1/2015	RBRVS	$185.54	$185.54			Y			Y			
72131	TC	CT LUMBAR SPINE W/O DYE	7/1/2015	RBRVS	$132.65	$132.65						Y			
72131	26	CT LUMBAR SPINE W/O DYE	7/1/2015	RBRVS	$52.85	$52.85			Y			Y			
72132		CT LUMBAR SPINE W/DYE	7/1/2015	RBRVS	$237.02	$237.02			Y			Y			

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
72132	TC	CT LUMBAR SPINE W/DYE	7/1/2015	RBRVS	$172.17	$172.17				Y					
72132	26	CT LUMBAR SPINE W/DYE	7/1/2015	RBRVS	$64.85	$64.85			Y	Y					
72133		CT LUMBAR SPINE W/O & W/DYE	7/1/2015	RBRVS	$280.59	$280.59			Y	Y					
72133	TC	CT LUMBAR SPINE W/O & W/DYE	7/1/2015	RBRVS	$213.16	$213.16				Y					
72133	26	CT LUMBAR SPINE W/O & W/DYE	7/1/2015	RBRVS	$67.43	$67.43			Y	Y					
72141		MRI NECK SPINE W/O DYE	7/1/2015	RBRVS	$231.48	$231.48			Y	Y					
72141	TC	MRI NECK SPINE W/O DYE	7/1/2015	RBRVS	$153.33	$153.33				Y					
72141	26	MRI NECK SPINE W/O DYE	7/1/2015	RBRVS	$78.14	$78.14			Y	Y					
72142		MRI NECK SPINE W/DYE	7/1/2015	RBRVS	$335.88	$335.88			Y	Y					
72142	TC	MRI NECK SPINE W/DYE	7/1/2015	RBRVS	$240.86	$240.86				Y					
72142	26	MRI NECK SPINE W/DYE	7/1/2015	RBRVS	$95.02	$95.02			Y	Y					
72146		MRI CHEST SPINE W/O DYE	7/1/2015	RBRVS	$231.48	$231.48			Y	Y					
72146	TC	MRI CHEST SPINE W/O DYE	7/1/2015	RBRVS	$153.33	$153.33				Y					
72146	26	MRI CHEST SPINE W/O DYE	7/1/2015	RBRVS	$78.14	$78.14			Y	Y					
72147		MRI CHEST SPINE W/DYE	7/1/2015	RBRVS	$333.66	$333.66			Y	Y					
72147	TC	MRI CHEST SPINE W/DYE	7/1/2015	RBRVS	$238.64	$238.64				Y					
72147	26	MRI CHEST SPINE W/DYE	7/1/2015	RBRVS	$95.02	$95.02			Y	Y					
72148		MRI LUMBAR SPINE W/O DYE	7/1/2015	RBRVS	$230.37	$230.37			Y	Y					
72148	TC	MRI LUMBAR SPINE W/O DYE	7/1/2015	RBRVS	$151.86	$151.86				Y					
72148	26	MRI LUMBAR SPINE W/O DYE	7/1/2015	RBRVS	$78.51	$78.51			Y	Y					
72149		MRI LUMBAR SPINE W/DYE	7/1/2015	RBRVS	$331.82	$331.82			Y	Y					
72149	TC	MRI LUMBAR SPINE W/DYE	7/1/2015	RBRVS	$236.80	$236.80				Y					
72149	26	MRI LUMBAR SPINE W/DYE	7/1/2015	RBRVS	$95.02	$95.02			Y	Y					
72156		MRI NECK SPINE W/O & W/DYE	7/1/2015	RBRVS	$394.12	$394.12			Y	Y					
72156	TC	MRI NECK SPINE W/O & W/DYE	7/1/2015	RBRVS	$272.73	$272.73				Y					
72156	26	MRI NECK SPINE W/O & W/DYE	7/1/2015	RBRVS	$121.39	$121.39			Y	Y					
72157		MRI CHEST SPINE W/O & W/DYE	7/1/2015	RBRVS	$395.37	$395.37			Y	Y					
72157	TC	MRI CHEST SPINE W/O & W/DYE	7/1/2015	RBRVS	$273.10	$273.10				Y					
72157	26	MRI CHEST SPINE W/O & W/DYE	7/1/2015	RBRVS	$122.31	$122.31			Y	Y					
72158		MRI LUMBAR SPINE W/O & W/DYE	7/1/2015	RBRVS	$393.16	$393.16			Y	Y					
72158	TC	MRI LUMBAR SPINE W/O & W/DYE	7/1/2015	RBRVS	$270.88	$270.88				Y					
72158	26	MRI LUMBAR SPINE W/O & W/DYE	7/1/2015	RBRVS	$122.31	$122.31									
72170		X-RAY EXAM OF PELVIS	7/1/2015	RBRVS	$28.69	$28.69									
72170	TC	X-RAY EXAM OF PELVIS	7/1/2015	RBRVS	$18.91	$18.91									
72170	26	X-RAY EXAM OF PELVIS	7/1/2015	RBRVS	$9.79	$9.79									
72190		X-RAY EXAM OF PELVIS	7/1/2015	RBRVS	$39.77	$39.77									
72190	TC	X-RAY EXAM OF PELVIS	7/1/2015	RBRVS	$27.77	$27.77									
72190	26	X-RAY EXAM OF PELVIS	7/1/2015	RBRVS	$12.00	$12.00			Y	Y					
72191		CT ANGIOGRAPH PELV W/O&W/DYE	7/1/2015	RBRVS	$316.01	$316.01			Y	Y					
72191	TC	CT ANGIOGRAPH PELV W/O&W/DYE	7/1/2015	RBRVS	$220.29	$220.29				Y					
72191	26	CT ANGIOGRAPH PELV W/O&W/DYE	7/1/2015	RBRVS	$95.76	$95.76			Y	Y					
72194		CT PELVIS W/O & W/DYE	7/1/2015	RBRVS	$269.81	$269.81			Y	Y					
72194	TC	CT PELVIS W/O & W/DYE	7/1/2015	RBRVS	$205.40	$205.40				Y					
72194	26	CT PELVIS W/O & W/DYE	7/1/2015	RBRVS	$64.41	$64.41			Y	Y					
72196		MRI PELVIS W/DYE	7/1/2015	RBRVS	$426.80	$426.80			Y	Y					
72196	TC	MRI PELVIS W/DYE	7/1/2015	RBRVS	$334.40	$334.40				Y					

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
72196	26	MRI PELVIS W/DYE	7/1/2015	RBRVS	$92.44	$92.44									
72220		X-RAY EXAM SACRUM TAILBONE	7/1/2015	RBRVS	$28.99	$28.99									
72220	TC	X-RAY EXAM SACRUM TAILBONE	7/1/2015	RBRVS	$19.65	$19.65									
72220	26	X-RAY EXAM SACRUM TAILBONE	7/1/2015	RBRVS	$9.31	$9.31					Y				
73000		X-RAY EXAM OF COLLAR BONE	7/1/2015	RBRVS	$29.06	$29.06					Y				
73000	TC	X-RAY EXAM OF COLLAR BONE	7/1/2015	RBRVS	$19.65	$19.65					Y				
73000	26	X-RAY EXAM OF COLLAR BONE	7/1/2015	RBRVS	$9.42	$9.42					Y				
73010		X-RAY EXAM OF SHOULDER BLADE	7/1/2015	RBRVS	$31.28	$31.28					Y				
73010	TC	X-RAY EXAM OF SHOULDER BLADE	7/1/2015	RBRVS	$21.12	$21.12					Y				
73010	26	X-RAY EXAM OF SHOULDER BLADE	7/1/2015	RBRVS	$10.16	$10.16					Y				
73020		X-RAY EXAM OF SHOULDER	7/1/2015	RBRVS	$24.26	$24.26					Y				
73020	TC	X-RAY EXAM OF SHOULDER	7/1/2015	RBRVS	$15.58	$15.58					Y				
73020	26	X-RAY EXAM OF SHOULDER	7/1/2015	RBRVS	$8.68	$8.68					Y				
73030		X-RAY EXAM OF SHOULDER	7/1/2015	RBRVS	$30.17	$30.17					Y				
73030	TC	X-RAY EXAM OF SHOULDER	7/1/2015	RBRVS	$19.65	$19.65					Y				
73030	26	X-RAY EXAM OF SHOULDER	7/1/2015	RBRVS	$10.53	$10.53					Y				
73040		CONTRAST X-RAY OF SHOULDER	7/1/2015	RBRVS	$104.55	$104.55					Y				
73040	TC	CONTRAST X-RAY OF SHOULDER	7/1/2015	RBRVS	$75.04	$75.04					Y				
73040	26	CONTRAST X-RAY OF SHOULDER	7/1/2015	RBRVS	$29.51	$29.51									
73050		X-RAY EXAM OF SHOULDERS	7/1/2015	RBRVS	$37.19	$37.19									
73050	TC	X-RAY EXAM OF SHOULDERS	7/1/2015	RBRVS	$25.56	$25.56									
73050	26	X-RAY EXAM OF SHOULDERS	7/1/2015	RBRVS	$11.63	$11.63					Y				
73060		X-RAY EXAM OF HUMERUS	7/1/2015	RBRVS	$27.96	$27.96					Y				
73060	TC	X-RAY EXAM OF HUMERUS	7/1/2015	RBRVS	$18.17	$18.17					Y				
73060	26	X-RAY EXAM OF HUMERUS	7/1/2015	RBRVS	$9.79	$9.79					Y				
73070		X-RAY EXAM OF ELBOW	7/1/2015	RBRVS	$28.69	$28.69					Y				
73070	TC	X-RAY EXAM OF ELBOW	7/1/2015	RBRVS	$19.65	$19.65					Y				
73070	26	X-RAY EXAM OF ELBOW	7/1/2015	RBRVS	$9.05	$9.05					Y				
73080		X-RAY EXAM OF ELBOW	7/1/2015	RBRVS	$32.76	$32.76					Y				
73080	TC	X-RAY EXAM OF ELBOW	7/1/2015	RBRVS	$22.97	$22.97					Y				
73080	26	X-RAY EXAM OF ELBOW	7/1/2015	RBRVS	$9.79	$9.79					Y				
73085		CONTRAST X-RAY OF ELBOW	7/1/2015	RBRVS	$102.26	$102.26					Y				
73085	TC	CONTRAST X-RAY OF ELBOW	7/1/2015	RBRVS	$72.09	$72.09					Y				
73085	26	CONTRAST X-RAY OF ELBOW	7/1/2015	RBRVS	$30.17	$30.17					Y				
73090		X-RAY EXAM OF FOREARM	7/1/2015	RBRVS	$26.77	$26.77					Y				
73090	TC	X-RAY EXAM OF FOREARM	7/1/2015	RBRVS	$17.80	$17.80					Y				
73090	26	X-RAY EXAM OF FOREARM	7/1/2015	RBRVS	$8.94	$8.94					Y				
73092		X-RAY EXAM OF ARM INFANT	7/1/2015	RBRVS	$28.25	$28.25					Y				
73092	TC	X-RAY EXAM OF ARM INFANT	7/1/2015	RBRVS	$19.65	$19.65					Y				
73092	26	X-RAY EXAM OF ARM INFANT	7/1/2015	RBRVS	$8.57	$8.57					Y				
73100		X-RAY EXAM OF WRIST	7/1/2015	RBRVS	$30.54	$30.54					Y				
73100	TC	X-RAY EXAM OF WRIST	7/1/2015	RBRVS	$21.12	$21.12					Y				
73100	26	X-RAY EXAM OF WRIST	7/1/2015	RBRVS	$9.42	$9.42					Y				
73110		X-RAY EXAM OF WRIST	7/1/2015	RBRVS	$36.82	$36.82					Y				
73110	TC	X-RAY EXAM OF WRIST	7/1/2015	RBRVS	$27.03	$27.03					Y				
73110	26	X-RAY EXAM OF WRIST	7/1/2015	RBRVS	$9.79	$9.79					Y				

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
73115		CONTRAST X-RAY OF WRIST	7/1/2015	RBRVS	$111.20	$111.20					Y				
73115	TC	CONTRAST X-RAY OF WRIST	7/1/2015	RBRVS	$80.95	$80.95					Y				
73115	26	CONTRAST X-RAY OF WRIST	7/1/2015	RBRVS	$30.25	$30.25					Y				
73120		X-RAY EXAM OF HAND	7/1/2015	RBRVS	$27.14	$27.14					Y				
73120	TC	X-RAY EXAM OF HAND	7/1/2015	RBRVS	$18.17	$18.17					Y				
73120	26	X-RAY EXAM OF HAND	7/1/2015	RBRVS	$8.94	$8.94					Y				
73130		X-RAY EXAM OF HAND	7/1/2015	RBRVS	$31.58	$31.58					Y				
73130	TC	X-RAY EXAM OF HAND	7/1/2015	RBRVS	$22.23	$22.23					Y				
73130	26	X-RAY EXAM OF HAND	7/1/2015	RBRVS	$9.31	$9.31					Y				
73140		X-RAY EXAM OF FINGER(S)	7/1/2015	RBRVS	$32.31	$32.31					Y				
73140	TC	X-RAY EXAM OF FINGER(S)	7/1/2015	RBRVS	$24.82	$24.82					Y				
73140	26	X-RAY EXAM OF FINGER(S)	7/1/2015	RBRVS	$7.46	$7.46			Y	Y	Y				
73200		CT UPPER EXTREMITY W/O DYE	7/1/2015	RBRVS	$185.54	$185.54			Y	Y	Y				
73200	TC	CT UPPER EXTREMITY W/O DYE	7/1/2015	RBRVS	$132.65	$132.65				Y	Y				
73200	26	CT UPPER EXTREMITY W/O DYE	7/1/2015	RBRVS	$52.85	$52.85			Y	Y	Y				
73201		CT UPPER EXTREMITY W/DYE	7/1/2015	RBRVS	$230.66	$230.66			Y	Y	Y				
73201	TC	CT UPPER EXTREMITY W/DYE	7/1/2015	RBRVS	$169.21	$169.21				Y	Y				
73201	26	CT UPPER EXTREMITY W/DYE	7/1/2015	RBRVS	$61.45	$61.45			Y	Y	Y				
73202		CT UPPR EXTREMITY W/O&W/DYE	7/1/2015	RBRVS	$287.91	$287.91			Y	Y	Y				
73202	TC	CT UPPR EXTREMITY W/O&W/DYE	7/1/2015	RBRVS	$223.50	$223.50				Y	Y				
73202	26	CT UPPR EXTREMITY W/O&W/DYE	7/1/2015	RBRVS	$64.41	$64.41			Y	Y					
73206		CT ANGIO UPR EXTRM W/O&W/DYE	7/1/2015	RBRVS	$338.91	$338.91			Y	Y					
73206	TC	CT ANGIO UPR EXTRM W/O&W/DYE	7/1/2015	RBRVS	$243.55	$243.55				Y					
73206	26	CT ANGIO UPR EXTRM W/O&W/DYE	7/1/2015	RBRVS	$95.39	$95.39			Y	Y	Y				
73218		MRI UPPER EXTREMITY W/O DYE	7/1/2015	RBRVS	$377.35	$377.35			Y	Y	Y				
73218	TC	MRI UPPER EXTREMITY W/O DYE	7/1/2015	RBRVS	$306.33	$306.33			Y	Y	Y				
73218	26	MRI UPPER EXTREMITY W/O DYE	7/1/2015	RBRVS	$71.05	$71.05			Y	Y	Y				
73221		MRI JOINT UPR EXTREM W/O DYE	7/1/2015	RBRVS	$244.40	$244.40			Y	Y	Y				
73221	TC	MRI JOINT UPR EXTREM W/O DYE	7/1/2015	RBRVS	$172.17	$172.17				Y	Y				
73221	26	MRI JOINT UPR EXTREM W/O DYE	7/1/2015	RBRVS	$72.24	$72.24			Y	Y	Y				
73222		MRI JOINT UPR EXTREM W/DYE	7/1/2015	RBRVS	$392.68	$392.68			Y	Y	Y				
73222	TC	MRI JOINT UPR EXTREM W/DYE	7/1/2015	RBRVS	$306.22	$306.22				Y	Y				
73222	26	MRI JOINT UPR EXTREM W/DYE	7/1/2015	RBRVS	$86.42	$86.42									
73501		X-RAY EXAM HIP UNI 1 VIEW	1/1/2016	RBRVS	$31.21	$31.21									
73501	TC	X-RAY EXAM HIP UNI 1 VIEW	1/1/2016	RBRVS	$21.12	$21.12									
73501	26	X-RAY EXAM HIP UNI 1 VIEW	1/1/2016	RBRVS	$10.04	$10.04									
73502		X-RAY EXAM HIP UNI 2-3 VIEWS	1/1/2016	RBRVS	$43.02	$43.02									
73502	TC	X-RAY EXAM HIP UNI 2-3 VIEWS	1/1/2016	RBRVS	$31.10	$31.10									
73502	26	X-RAY EXAM HIP UNI 2-3 VIEWS	1/1/2016	RBRVS	$11.89	$11.89									
73503		X-RAY EXAM HIP UNI 4/> VIEWS	1/1/2016	RBRVS	$53.81	$53.81									
73503	TC	X-RAY EXAM HIP UNI 4/> VIEWS	1/1/2016	RBRVS	$38.48	$38.48									
73503	26	X-RAY EXAM HIP UNI 4/> VIEWS	1/1/2016	RBRVS	$15.33	$15.33									
73510	26	X-RAY EXAM OF HIP	7/1/2015	RBRVS	$12.00	$12.00									
73521		X-RAY EXAM HIPS BI 2 VIEWS	1/1/2016	RBRVS	$41.55	$41.55									
73521	TC	X-RAY EXAM HIPS BI 2 VIEWS	1/1/2016	RBRVS	$29.25	$29.25									
73521	26	X-RAY EXAM HIPS BI 2 VIEWS	1/1/2016	RBRVS	$12.26	$12.26									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
73522		X-RAY EXAM HIPS BI 3-4 VIEWS	1/1/2016	RBRVS	$50.85	$50.85									
73522	TC	X-RAY EXAM HIPS BI 3-4 VIEWS	1/1/2016	RBRVS	$34.79	$34.79									
73522	26	X-RAY EXAM HIPS BI 3-4 VIEWS	1/1/2016	RBRVS	$16.06	$16.06									
73523		X-RAY EXAM HIPS BI 5/> VIEWS	1/1/2016	RBRVS	$58.98	$58.98									
73523	TC	X-RAY EXAM HIPS BI 5/> VIEWS	1/1/2016	RBRVS	$41.80	$41.80									
73523	26	X-RAY EXAM HIPS BI 5/> VIEWS	1/1/2016	RBRVS	$17.17	$17.17					Y				
73525		CONTRAST X-RAY OF HIP	7/1/2015	RBRVS	$105.66	$105.66					Y				
73525	TC	CONTRAST X-RAY OF HIP	7/1/2015	RBRVS	$75.04	$75.04					Y				
73525	26	CONTRAST X-RAY OF HIP	7/1/2015	RBRVS	$30.61	$30.61									
73551		X-RAY EXAM OF FEMUR 1	1/1/2016	RBRVS	$28.99	$28.99									
73551	TC	X-RAY EXAM OF FEMUR 1	1/1/2016	RBRVS	$20.02	$20.02									
73551	26	X-RAY EXAM OF FEMUR 1	1/1/2016	RBRVS	$8.94	$8.94									
73552		X-RAY EXAM OF FEMUR 2/>	1/1/2016	RBRVS	$33.79	$33.79									
73552	TC	X-RAY EXAM OF FEMUR 2/>	1/1/2016	RBRVS	$23.71	$23.71					Y				
73552	26	X-RAY EXAM OF FEMUR 2/>	1/1/2016	RBRVS	$10.04	$10.04					Y				
73560		X-RAY EXAM OF KNEE 1 OR 2	7/1/2015	RBRVS	$30.54	$30.54					Y				
73560	TC	X-RAY EXAM OF KNEE 1 OR 2	7/1/2015	RBRVS	$20.39	$20.39					Y				
73560	26	X-RAY EXAM OF KNEE 1 OR 2	7/1/2015	RBRVS	$10.16	$10.16					Y				
73562		X-RAY EXAM OF KNEE 3	7/1/2015	RBRVS	$35.71	$35.71					Y				
73562	TC	X-RAY EXAM OF KNEE 3	7/1/2015	RBRVS	$25.19	$25.19					Y				
73562	26	X-RAY EXAM OF KNEE 3	7/1/2015	RBRVS	$10.53	$10.53					Y				
73564		X-RAY EXAM KNEE 4 OR MORE	7/1/2015	RBRVS	$41.69	$41.69					Y				
73564	TC	X-RAY EXAM KNEE 4 OR MORE	7/1/2015	RBRVS	$28.88	$28.88					Y				
73564	26	X-RAY EXAM KNEE 4 OR MORE	7/1/2015	RBRVS	$12.81	$12.81									
73565		X-RAY EXAM OF KNEES	7/1/2015	RBRVS	$34.23	$34.23									
73565	TC	X-RAY EXAM OF KNEES	7/1/2015	RBRVS	$24.08	$24.08									
73565	26	X-RAY EXAM OF KNEES	7/1/2015	RBRVS	$10.16	$10.16					Y				
73580		CONTRAST X-RAY OF KNEE JOINT	7/1/2015	RBRVS	$119.25	$119.25					Y				
73580	TC	CONTRAST X-RAY OF KNEE JOINT	7/1/2015	RBRVS	$89.44	$89.44					Y				
73580	26	CONTRAST X-RAY OF KNEE JOINT	7/1/2015	RBRVS	$29.80	$29.80					Y				
73590		X-RAY EXAM OF LOWER LEG	7/1/2015	RBRVS	$27.51	$27.51					Y				
73590	TC	X-RAY EXAM OF LOWER LEG	7/1/2015	RBRVS	$18.17	$18.17					Y				
73590	26	X-RAY EXAM OF LOWER LEG	7/1/2015	RBRVS	$9.31	$9.31					Y				
73592		X-RAY EXAM OF LEG INFANT	7/1/2015	RBRVS	$28.25	$28.25					Y				
73592	TC	X-RAY EXAM OF LEG INFANT	7/1/2015	RBRVS	$19.65	$19.65					Y				
73592	26	X-RAY EXAM OF LEG INFANT	7/1/2015	RBRVS	$8.57	$8.57					Y				
73600		X-RAY EXAM OF ANKLE	7/1/2015	RBRVS	$28.25	$28.25					Y				
73600	TC	X-RAY EXAM OF ANKLE	7/1/2015	RBRVS	$19.28	$19.28					Y				
73600	26	X-RAY EXAM OF ANKLE	7/1/2015	RBRVS	$8.94	$8.94					Y				
73610		X-RAY EXAM OF ANKLE	7/1/2015	RBRVS	$32.76	$32.76					Y				
73610	TC	X-RAY EXAM OF ANKLE	7/1/2015	RBRVS	$22.97	$22.97					Y				
73610	26	X-RAY EXAM OF ANKLE	7/1/2015	RBRVS	$9.79	$9.79					Y				
73615		CONTRAST X-RAY OF ANKLE	7/1/2015	RBRVS	$102.81	$102.81					Y				
73615	TC	CONTRAST X-RAY OF ANKLE	7/1/2015	RBRVS	$71.72	$71.72					Y				
73615	26	CONTRAST X-RAY OF ANKLE	7/1/2015	RBRVS	$31.06	$31.06					Y				
73620		X-RAY EXAM OF FOOT	7/1/2015	RBRVS	$26.77	$26.77					Y				

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
73620	TC	X-RAY EXAM OF FOOT	7/1/2015	RBRVS	$18.54	$18.54					Y				
73620	26	X-RAY EXAM OF FOOT	7/1/2015	RBRVS	$8.20	$8.20					Y				
73630		X-RAY EXAM OF FOOT	7/1/2015	RBRVS	$30.10	$30.10					Y				
73630	TC	X-RAY EXAM OF FOOT	7/1/2015	RBRVS	$21.12	$21.12					Y				
73630	26	X-RAY EXAM OF FOOT	7/1/2015	RBRVS	$8.94	$8.94					Y				
73650		X-RAY EXAM OF HEEL	7/1/2015	RBRVS	$27.88	$27.88					Y				
73650	TC	X-RAY EXAM OF HEEL	7/1/2015	RBRVS	$19.28	$19.28					Y				
73650	26	X-RAY EXAM OF HEEL	7/1/2015	RBRVS	$8.57	$8.57					Y				
73660		X-RAY EXAM OF TOE(S)	7/1/2015	RBRVS	$28.99	$28.99					Y				
73660	TC	X-RAY EXAM OF TOE(S)	7/1/2015	RBRVS	$21.86	$21.86					Y				
73660	26	X-RAY EXAM OF TOE(S)	7/1/2015	RBRVS	$7.09	$7.09			Y	Y	Y				
73700		CT LOWER EXTREMITY W/O DYE	7/1/2015	RBRVS	$185.54	$185.54			Y	Y	Y				
73700	TC	CT LOWER EXTREMITY W/O DYE	7/1/2015	RBRVS	$132.65	$132.65				Y	Y				
73700	26	CT LOWER EXTREMITY W/O DYE	7/1/2015	RBRVS	$52.85	$52.85			Y	Y	Y				
73701		CT LOWER EXTREMITY W/DYE	7/1/2015	RBRVS	$233.99	$233.99			Y	Y	Y				
73701	TC	CT LOWER EXTREMITY W/DYE	7/1/2015	RBRVS	$172.54	$172.54				Y	Y				
73701	26	CT LOWER EXTREMITY W/DYE	7/1/2015	RBRVS	$61.45	$61.45			Y	Y	Y				
73702		CT LWR EXTREMITY W/O&W/DYE	7/1/2015	RBRVS	$283.03	$283.03			Y	Y	Y				
73702	TC	CT LWR EXTREMITY W/O&W/DYE	7/1/2015	RBRVS	$219.44	$219.44				Y	Y				
73702	26	CT LWR EXTREMITY W/O&W/DYE	7/1/2015	RBRVS	$63.56	$63.56			Y	Y	Y				
73706		CT ANGIO LWR EXTR W/O&W/DYE	7/1/2015	RBRVS	$364.31	$364.31			Y	Y	Y				
73706	TC	CT ANGIO LWR EXTR W/O&W/DYE	7/1/2015	RBRVS	$264.60	$264.60				Y	Y				
73706	26	CT ANGIO LWR EXTR W/O&W/DYE	7/1/2015	RBRVS	$99.71	$99.71			Y	Y	Y				
73718		MRI LOWER EXTREMITY W/O DYE	7/1/2015	RBRVS	$378.09	$378.09			Y	Y	Y				
73718	TC	MRI LOWER EXTREMITY W/O DYE	7/1/2015	RBRVS	$307.07	$307.07			Y	Y	Y				
73718	26	MRI LOWER EXTREMITY W/O DYE	7/1/2015	RBRVS	$71.05	$71.05			Y	Y	Y				
73721		MRI JNT OF LWR EXTRE W/O DYE	7/1/2015	RBRVS	$244.03	$244.03			Y	Y	Y				
73721	TC	MRI JNT OF LWR EXTRE W/O DYE	7/1/2015	RBRVS	$172.17	$172.17				Y	Y				
73721	26	MRI JNT OF LWR EXTRE W/O DYE	7/1/2015	RBRVS	$71.87	$71.87									
74000		X-RAY EXAM OF ABDOMEN	7/1/2015	RBRVS	$24.56	$24.56									
74000	TC	X-RAY EXAM OF ABDOMEN	7/1/2015	RBRVS	$14.85	$14.85									
74000	26	X-RAY EXAM OF ABDOMEN	7/1/2015	RBRVS	$9.68	$9.68									
74010		X-RAY EXAM OF ABDOMEN	7/1/2015	RBRVS	$36.38	$36.38									
74010	TC	X-RAY EXAM OF ABDOMEN	7/1/2015	RBRVS	$24.08	$24.08									
74010	26	X-RAY EXAM OF ABDOMEN	7/1/2015	RBRVS	$12.26	$12.26									
74020		X-RAY EXAM OF ABDOMEN	7/1/2015	RBRVS	$38.59	$38.59									
74020	TC	X-RAY EXAM OF ABDOMEN	7/1/2015	RBRVS	$24.45	$24.45									
74020	26	X-RAY EXAM OF ABDOMEN	7/1/2015	RBRVS	$14.11	$14.11									
74022		X-RAY EXAM SERIES ABDOMEN	7/1/2015	RBRVS	$45.61	$45.61									
74022	TC	X-RAY EXAM SERIES ABDOMEN	7/1/2015	RBRVS	$28.88	$28.88									
74022	26	X-RAY EXAM SERIES ABDOMEN	7/1/2015	RBRVS	$16.69	$16.69			Y	Y					
74170		CT ABDOMEN W/O & W/DYE	7/1/2015	RBRVS	$272.10	$272.10			Y	Y					
74170	TC	CT ABDOMEN W/O & W/DYE	7/1/2015	RBRVS	$198.02	$198.02				Y					
74170	26	CT ABDOMEN W/O & W/DYE	7/1/2015	RBRVS	$74.08	$74.08			Y	Y					
74174		CT ANGIO ABD&PELV W/O&W/DYE	7/1/2015	RBRVS	$404.31	$404.31			Y	Y					
74174	TC	CT ANGIO ABD&PELV W/O&W/DYE	7/1/2015	RBRVS	$287.13	$287.13				Y					

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
74174	26	CT ANGIO ABD&PELV W/O&W/DYE	7/1/2015	RBRVS	$117.22	$117.22			Y	Y					
74175		CT ANGIO ABDOM W/O & W/DYE	7/1/2015	RBRVS	$318.60	$318.60			Y	Y					
74175	TC	CT ANGIO ABDOM W/O & W/DYE	7/1/2015	RBRVS	$222.50	$222.50				Y					
74175	26	CT ANGIO ABDOM W/O & W/DYE	7/1/2015	RBRVS	$96.13	$96.13			Y	Y					
74177		CT ABD & PELV W/CONTRAST	7/1/2015	RBRVS	$323.77	$323.77			Y	Y					
74177	TC	CT ABD & PELV W/CONTRAST	7/1/2015	RBRVS	$226.45	$226.45				Y					
74177	26	CT ABD & PELV W/CONTRAST	7/1/2015	RBRVS	$97.31	$97.31			Y						
74240		X-RAY UPPER GI DELAY W/O KUB	7/1/2015	RBRVS	$118.32	$118.32			Y						
74240	TC	X-RAY UPPER GI DELAY W/O KUB	7/1/2015	RBRVS	$80.95	$80.95									
74240	26	X-RAY UPPER GI DELAY W/O KUB	7/1/2015	RBRVS	$37.34	$37.34			Y						
74241		X-RAY UPPER GI DELAY W/KUB	7/1/2015	RBRVS	$121.83	$121.83			Y						
74241	TC	X-RAY UPPER GI DELAY W/KUB	7/1/2015	RBRVS	$85.38	$85.38									
74241	26	X-RAY UPPER GI DELAY W/KUB	7/1/2015	RBRVS	$36.45	$36.45			Y						
74245		X-RAY UPPER GI&SMALL INTEST	7/1/2015	RBRVS	$177.78	$177.78			Y						
74245	TC	X-RAY UPPER GI&SMALL INTEST	7/1/2015	RBRVS	$129.33	$129.33									
74245	26	X-RAY UPPER GI&SMALL INTEST	7/1/2015	RBRVS	$48.42	$48.42			Y						
74246		CONTRST X-RAY UPPR GI TRACT	7/1/2015	RBRVS	$133.17	$133.17			Y						
74246	TC	CONTRST X-RAY UPPR GI TRACT	7/1/2015	RBRVS	$95.35	$95.35									
74246	26	CONTRST X-RAY UPPR GI TRACT	7/1/2015	RBRVS	$37.82	$37.82			Y						
74247		CONTRST X-RAY UPPR GI TRACT	7/1/2015	RBRVS	$146.28	$146.28			Y						
74247	TC	CONTRST X-RAY UPPR GI TRACT	7/1/2015	RBRVS	$109.39	$109.39									
74247	26	CONTRST X-RAY UPPR GI TRACT	7/1/2015	RBRVS	$36.89	$36.89			Y						
74249		CONTRST X-RAY UPPR GI TRACT	7/1/2015	RBRVS	$190.34	$190.34			Y						
74249	TC	CONTRST X-RAY UPPR GI TRACT	7/1/2015	RBRVS	$141.89	$141.89									
74249	26	CONTRST X-RAY UPPR GI TRACT	7/1/2015	RBRVS	$48.42	$48.42			Y	Y					
74261		CT COLONOGRAPHY DX	7/1/2015	RBRVS	$505.13	$505.13			Y	Y					
74261	TC	CT COLONOGRAPHY DX	7/1/2015	RBRVS	$376.50	$376.50				Y					
74261	26	CT COLONOGRAPHY DX	7/1/2015	RBRVS	$128.66	$128.66			Y						
74300		X-RAY BILE DUCTS/PANCREAS	7/1/2014	FEE SCHED	$64.11	$0.00									
74300	TC	X-RAY BILE DUCTS/PANCREAS	7/1/2014	FEE SCHED	$46.16	$0.00									
74300	26	X-RAY BILE DUCTS/PANCREAS	7/1/2015	RBRVS	$19.91	$19.91			Y	Y					
75557		CARDIAC MRI FOR MORPH	7/1/2015	RBRVS	$330.49	$330.49			Y	Y					
75557	TC	CARDIAC MRI FOR MORPH	7/1/2015	RBRVS	$207.25	$207.25				Y					
75557	26	CARDIAC MRI FOR MORPH	7/1/2015	RBRVS	$123.24	$123.24			Y	Y					
75559		CARDIAC MRI W/STRESS IMG	7/1/2015	RBRVS	$449.70	$449.70			Y	Y					
75559	TC	CARDIAC MRI W/STRESS IMG	7/1/2015	RBRVS	$298.84	$298.84				Y					
75559	26	CARDIAC MRI W/STRESS IMG	7/1/2015	RBRVS	$150.86	$150.86			Y	Y					
75561		CARDIAC MRI FOR MORPH W/DYE	7/1/2015	RBRVS	$440.72	$440.72			Y	Y					
75561	TC	CARDIAC MRI FOR MORPH W/DYE	7/1/2015	RBRVS	$304.38	$304.38				Y					
75561	26	CARDIAC MRI FOR MORPH W/DYE	7/1/2015	RBRVS	$136.35	$136.35			Y	Y					
75563		CARD MRI W/STRESS IMG & DYE	7/1/2015	RBRVS	$522.78	$522.78			Y	Y					
75563	TC	CARD MRI W/STRESS IMG & DYE	7/1/2015	RBRVS	$366.53	$366.53				Y					
75563	26	CARD MRI W/STRESS IMG & DYE	7/1/2015	RBRVS	$156.29	$156.29			Y	Y					
75635		CT ANGIO ABDOMINAL ARTERIES	7/1/2015	RBRVS	$394.71	$394.71			Y	Y					
75635	TC	CT ANGIO ABDOMINAL ARTERIES	7/1/2015	RBRVS	$268.00	$268.00				Y					
75635	26	CT ANGIO ABDOMINAL ARTERIES	7/1/2015	RBRVS	$126.74	$126.74									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
75901		REMOVE CVA DEVICE OBSTRUCT	7/1/2015	RBRVS	$181.58	$181.58									
75901	TC	REMOVE CVA DEVICE OBSTRUCT	7/1/2015	RBRVS	$157.03	$157.03									
75901	26	REMOVE CVA DEVICE OBSTRUCT	7/1/2015	RBRVS	$24.56	$24.56									
75902		REMOVE CVA LUMEN OBSTRUCT	7/1/2015	RBRVS	$74.56	$74.56									
75902	TC	REMOVE CVA LUMEN OBSTRUCT	7/1/2015	RBRVS	$54.36	$54.36									
75902	26	REMOVE CVA LUMEN OBSTRUCT	7/1/2015	RBRVS	$20.20	$20.20									
75954		ILIAC ANEURYSM ENDOVAS RPR	7/1/2014	FEE SCHED	$413.32	$0.00									
75954	TC	ILIAC ANEURYSM ENDOVAS RPR	7/1/2014	FEE SCHED	$297.59	$0.00			Y						
75956		XRAY ENDOVASC THOR AO REPR	7/1/2014	FEE SCHED	$1,302.68	$0.00									
75956	TC	XRAY ENDOVASC THOR AO REPR	7/1/2014	FEE SCHED	$937.93	$0.00									
75956	26	XRAY ENDOVASC THOR AO REPR	7/1/2015	RBRVS	$389.87	$389.87			Y						
75957		XRAY ENDOVASC THOR AO REPR	7/1/2014	FEE SCHED	$1,111.11	$0.00									
75957	TC	XRAY ENDOVASC THOR AO REPR	7/1/2014	FEE SCHED	$799.99	$0.00									
75957	26	XRAY ENDOVASC THOR AO REPR	7/1/2015	RBRVS	$334.29	$334.29			Y						
75958		XRAY PLACE PROX EXT THOR AO	7/1/2014	FEE SCHED	$740.82	$0.00									
75958	TC	XRAY PLACE PROX EXT THOR AO	7/1/2014	FEE SCHED	$533.39	$0.00									
75958	26	XRAY PLACE PROX EXT THOR AO	7/1/2015	RBRVS	$222.39	$222.39			Y						
75959		XRAY PLACE DIST EXT THOR AO	7/1/2014	FEE SCHED	$645.32	$0.00									
75959	TC	XRAY PLACE DIST EXT THOR AO	7/1/2014	FEE SCHED	$464.68	$0.00									
76000		FLUOROSCOPE EXAMINATION	7/1/2015	RBRVS	$49.01	$49.01									
76000	TC	FLUOROSCOPE EXAMINATION	7/1/2015	RBRVS	$39.59	$39.59									
76000	26	FLUOROSCOPE EXAMINATION	7/1/2015	RBRVS	$9.42	$9.42									
76376		3D RENDER W/O POSTPROCESS	7/1/2015	RBRVS	$23.82	$23.82									
76376	TC	3D RENDER W/O POSTPROCESS	7/1/2015	RBRVS	$13.37	$13.37									
76376	26	3D RENDER W/O POSTPROCESS	7/1/2015	RBRVS	$10.41	$10.41									
76377		3D RENDERING W/POSTPROCESS	7/1/2015	RBRVS	$66.88	$66.88									
76377	TC	3D RENDERING W/POSTPROCESS	7/1/2015	RBRVS	$25.19	$25.19									
76377	26	3D RENDERING W/POSTPROCESS	7/1/2015	RBRVS	$41.69	$41.69									
76380		CAT SCAN FOLLOW-UP STUDY	7/1/2015	RBRVS	$152.30	$152.30									
76380	TC	CAT SCAN FOLLOW-UP STUDY	7/1/2015	RBRVS	$100.52	$100.52									
76380	26	CAT SCAN FOLLOW-UP STUDY	7/1/2015	RBRVS	$51.74	$51.74									
76496		FLUOROSCOPIC PROCEDURE	7/1/2014	FEE SCHED	$177.61	$0.00									
76496	TC	FLUOROSCOPIC PROCEDURE	7/1/2014	FEE SCHED	$127.88	$0.00									
76496	26	FLUOROSCOPIC PROCEDURE	7/1/2014	FEE SCHED	$49.73	$0.00			Y						
76497		CT PROCEDURE	7/1/2014	FEE SCHED	$363.81	$0.00									
76497	TC	CT PROCEDURE	7/1/2014	FEE SCHED	$261.94	$0.00									
76497	26	CT PROCEDURE	7/1/2014	FEE SCHED	$101.87	$0.00			Y						
76498		MRI PROCEDURE	7/1/2014	FEE SCHED	$550.00	$0.00									
76498	TC	MRI PROCEDURE	7/1/2014	FEE SCHED	$396.00	$0.00									
76498	26	MRI PROCEDURE	7/1/2014	FEE SCHED	$154.00	$0.00									
76499		RADIOGRAPHIC PROCEDURE	7/1/2014	FEE SCHED	$311.14	$0.00									
76499	TC	RADIOGRAPHIC PROCEDURE	7/1/2014	FEE SCHED	$224.02	$0.00									
76499	26	RADIOGRAPHIC PROCEDURE	7/1/2014	FEE SCHED	$87.12	$0.00					Y				
76510		OPHTH US B & QUANT A	7/1/2015	RBRVS	$159.70	$159.70					Y				
76510	TC	OPHTH US B & QUANT A	7/1/2015	RBRVS	$84.64	$84.64					Y				
76510	26	OPHTH US B & QUANT A	7/1/2015	RBRVS	$92.77	$92.77					Y				

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
76513		ECHO EXAM OF EYE WATER BATH	7/1/2015	RBRVS	$100.26	$100.26					Y				
76513	TC	ECHO EXAM OF EYE WATER BATH	7/1/2015	RBRVS	$62.49	$62.49					Y				
76513	26	ECHO EXAM OF EYE WATER BATH	7/1/2015	RBRVS	$37.74	$37.74				Y					
76700		US EXAM ABDOM COMPLETE	7/1/2015	RBRVS	$128.55	$128.55				Y					
76700	TC	US EXAM ABDOM COMPLETE	7/1/2015	RBRVS	$85.75	$85.75				Y					
76700	26	US EXAM ABDOM COMPLETE	7/1/2015	RBRVS	$42.80	$42.80				Y					
76705		ECHO EXAM OF ABDOMEN	7/1/2015	RBRVS	$95.98	$95.98				Y					
76705	TC	ECHO EXAM OF ABDOMEN	7/1/2015	RBRVS	$64.70	$64.70				Y					
76705	26	ECHO EXAM OF ABDOMEN	7/1/2015	RBRVS	$31.28	$31.28				Y					
76770		US EXAM ABDO BACK WALL COMP	7/1/2015	RBRVS	$118.14	$118.14				Y					
76770	TC	US EXAM ABDO BACK WALL COMP	7/1/2015	RBRVS	$79.47	$79.47				Y					
76770	26	US EXAM ABDO BACK WALL COMP	7/1/2015	RBRVS	$38.67	$38.67				Y					
76775		US EXAM ABDO BACK WALL LIM	7/1/2015	RBRVS	$60.09	$60.09				Y					
76775	TC	US EXAM ABDO BACK WALL LIM	7/1/2015	RBRVS	$29.99	$29.99				Y					
76775	26	US EXAM ABDO BACK WALL LIM	7/1/2015	RBRVS	$30.10	$30.10				Y					
76776		US EXAM K TRANSPL W/DOPPLER	7/1/2015	RBRVS	$163.64	$163.64				Y					
76776	TC	US EXAM K TRANSPL W/DOPPLER	7/1/2015	RBRVS	$123.42	$123.42				Y					
76776	26	US EXAM K TRANSPL W/DOPPLER	7/1/2015	RBRVS	$40.22	$40.22									M
76801		OB US < 14 WKS SINGLE FETUS	7/1/2015	RBRVS	$146.54	$146.54									M
76801	TC	OB US < 14 WKS SINGLE FETUS	7/1/2015	RBRVS	$85.29	$85.29									M
76801	26	OB US < 14 WKS SINGLE FETUS	7/1/2015	RBRVS	$61.22	$61.22	ZZZ								M
76802		OB US < 14 WKS ADDL FETUS	7/1/2015	RBRVS	$77.67	$77.67	ZZZ								M
76802	TC	OB US < 14 WKS ADDL FETUS	7/1/2015	RBRVS	$26.56	$26.56	ZZZ								M
76802	26	OB US < 14 WKS ADDL FETUS	7/1/2015	RBRVS	$51.13	$51.13									M
76805		OB US >/= 14 WKS SNGL FETUS	7/1/2015	RBRVS	$168.06	$168.06									M
76805	TC	OB US >/= 14 WKS SNGL FETUS	7/1/2015	RBRVS	$106.79	$106.79									M
76805	26	OB US >/= 14 WKS SNGL FETUS	7/1/2015	RBRVS	$61.22	$61.22	ZZZ								M
76810		OB US >/= 14 WKS ADDL FETUS	7/1/2015	RBRVS	$112.21	$112.21	ZZZ								M
76810	TC	OB US >/= 14 WKS ADDL FETUS	7/1/2015	RBRVS	$51.37	$51.37	ZZZ								M
76810	26	OB US >/= 14 WKS ADDL FETUS	7/1/2015	RBRVS	$60.80	$60.80									M
76811		OB US DETAILED SNGL FETUS	7/1/2015	RBRVS	$215.21	$215.21									M
76811	TC	OB US DETAILED SNGL FETUS	7/1/2015	RBRVS	$97.41	$97.41									M
76811	26	OB US DETAILED SNGL FETUS	7/1/2015	RBRVS	$117.80	$117.80	ZZZ								M
76812		OB US DETAILED ADDL FETUS	7/1/2015	RBRVS	$243.66	$243.66	ZZZ								M
76812	TC	OB US DETAILED ADDL FETUS	7/1/2015	RBRVS	$132.44	$132.44	ZZZ								M
76812	26	OB US DETAILED ADDL FETUS	7/1/2015	RBRVS	$111.18	$111.18									M
76813		OB US NUCHAL MEAS 1 GEST	7/1/2015	RBRVS	$143.82	$143.82									M
76813	TC	OB US NUCHAL MEAS 1 GEST	7/1/2015	RBRVS	$70.39	$70.39									M
76813	26	OB US NUCHAL MEAS 1 GEST	7/1/2015	RBRVS	$73.42	$73.42									M
76814		OB US NUCHAL MEAS ADD-ON	7/1/2015	RBRVS	$96.91	$96.91									M
76814	TC	OB US NUCHAL MEAS ADD-ON	7/1/2015	RBRVS	$35.24	$35.24									M
76814	26	OB US NUCHAL MEAS ADD-ON	7/1/2015	RBRVS	$61.63	$61.63									M
76815		OB US LIMITED FETUS(S)	7/1/2015	RBRVS	$99.85	$99.85									M
76815	TC	OB US LIMITED FETUS(S)	7/1/2015	RBRVS	$60.05	$60.05									M
76815	26	OB US LIMITED FETUS(S)	7/1/2015	RBRVS	$39.75	$39.75									M
76816		OB US FOLLOW-UP PER FETUS	7/1/2015	RBRVS	$135.59	$135.59									M

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
76816	TC	OB US FOLLOW-UP PER FETUS	7/1/2015	RBRVS	$83.22	$83.22									M
76816	26	OB US FOLLOW-UP PER FETUS	7/1/2015	RBRVS	$52.36	$52.36									M
76817		TRANSVAGINAL US OBSTETRIC	7/1/2015	RBRVS	$114.82	$114.82									M
76817	TC	TRANSVAGINAL US OBSTETRIC	7/1/2015	RBRVS	$68.75	$68.75									M
76817	26	TRANSVAGINAL US OBSTETRIC	7/1/2015	RBRVS	$46.08	$46.08									M
76818		FETAL BIOPHYS PROFILE W/NST	7/1/2015	RBRVS	$143.73	$143.73									M
76818	TC	FETAL BIOPHYS PROFILE W/NST	7/1/2015	RBRVS	$78.25	$78.25									M
76818	26	FETAL BIOPHYS PROFILE W/NST	7/1/2015	RBRVS	$65.48	$65.48									M
76819		FETAL BIOPHYS PROFIL W/O NST	7/1/2015	RBRVS	$104.89	$104.89									M
76819	TC	FETAL BIOPHYS PROFIL W/O NST	7/1/2015	RBRVS	$57.58	$57.58									M
76819	26	FETAL BIOPHYS PROFIL W/O NST	7/1/2015	RBRVS	$47.32	$47.32									M
76820		UMBILICAL ARTERY ECHO	7/1/2015	RBRVS	$50.29	$50.29									M
76820	TC	UMBILICAL ARTERY ECHO	7/1/2015	RBRVS	$25.31	$25.31									M
76820	26	UMBILICAL ARTERY ECHO	7/1/2015	RBRVS	$30.56	$30.56									M
76821		MIDDLE CEREBRAL ARTERY ECHO	7/1/2015	RBRVS	$98.50	$98.50									M
76821	TC	MIDDLE CEREBRAL ARTERY ECHO	7/1/2015	RBRVS	$66.26	$66.26									M
76821	26	MIDDLE CEREBRAL ARTERY ECHO	7/1/2015	RBRVS	$43.18	$43.18									M
76825		ECHO EXAM OF FETAL HEART	7/1/2015	RBRVS	$326.18	$326.18									M
76825	TC	ECHO EXAM OF FETAL HEART	7/1/2015	RBRVS	$224.39	$224.39									M
76825	26	ECHO EXAM OF FETAL HEART	7/1/2015	RBRVS	$101.83	$101.83									M
76826		ECHO EXAM OF FETAL HEART	7/1/2015	RBRVS	$193.00	$193.00									M
76826	TC	ECHO EXAM OF FETAL HEART	7/1/2015	RBRVS	$142.78	$142.78									M
76826	26	ECHO EXAM OF FETAL HEART	7/1/2015	RBRVS	$50.21	$50.21									M
76827		ECHO EXAM OF FETAL HEART	7/1/2015	RBRVS	$89.80	$89.80									M
76827	TC	ECHO EXAM OF FETAL HEART	7/1/2015	RBRVS	$55.09	$55.09									M
76827	26	ECHO EXAM OF FETAL HEART	7/1/2015	RBRVS	$34.70	$34.70									M
76828		ECHO EXAM OF FETAL HEART	7/1/2015	RBRVS	$63.32	$63.32									M
76828	TC	ECHO EXAM OF FETAL HEART	7/1/2015	RBRVS	$29.44	$29.44									M
76828	26	ECHO EXAM OF FETAL HEART	7/1/2015	RBRVS	$33.88	$33.88									
76830		TRANSVAGINAL US NON-OB	7/1/2015	RBRVS	$128.29	$128.29									
76830	TC	TRANSVAGINAL US NON-OB	7/1/2015	RBRVS	$90.92	$90.92									
76830	26	TRANSVAGINAL US NON-OB	7/1/2015	RBRVS	$37.34	$37.34				Y					
76831		ECHO EXAM UTERUS	7/1/2015	RBRVS	$124.68	$124.68				Y					
76831	TC	ECHO EXAM UTERUS	7/1/2015	RBRVS	$85.01	$85.01				Y					
76831	26	ECHO EXAM UTERUS	7/1/2015	RBRVS	$39.66	$39.66				Y					
76856		US EXAM PELVIC COMPLETE	7/1/2015	RBRVS	$114.82	$114.82				Y					
76856	TC	US EXAM PELVIC COMPLETE	7/1/2015	RBRVS	$78.73	$78.73				Y					
76856	26	US EXAM PELVIC COMPLETE	7/1/2015	RBRVS	$36.08	$36.08				Y					
76857		US EXAM PELVIC LIMITED	7/1/2015	RBRVS	$49.30	$49.30				Y					
76857	TC	US EXAM PELVIC LIMITED	7/1/2015	RBRVS	$23.71	$23.71				Y					
76857	26	US EXAM PELVIC LIMITED	7/1/2015	RBRVS	$25.56	$25.56									
76881		US XTR NON-VASC COMPLETE	7/1/2015	RBRVS	$109.64	$109.64									
76881	TC	US XTR NON-VASC COMPLETE	7/1/2015	RBRVS	$88.34	$88.34									
76881	26	US XTR NON-VASC COMPLETE	7/1/2015	RBRVS	$33.50	$33.50									
76882		US XTR NON-VASC LMTD	7/1/2015	RBRVS	$34.20	$34.20									
76882	TC	US XTR NON-VASC LMTD	7/1/2015	RBRVS	$11.89	$11.89									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
76882	26	US XTR NON-VASC LMTD	7/1/2015	RBRVS	$26.11	$26.11	ZZZ								
76937		US GUIDE VASCULAR ACCESS	7/1/2015	RBRVS	$33.94	$33.94	ZZZ								
76937	TC	US GUIDE VASCULAR ACCESS	7/1/2015	RBRVS	$18.17	$18.17	ZZZ								
76937	26	US GUIDE VASCULAR ACCESS	7/1/2015	RBRVS	$15.77	$15.77									
76942		ECHO GUIDE FOR BIOPSY	7/1/2015	RBRVS	$63.19	$63.19									
76942	TC	ECHO GUIDE FOR BIOPSY	7/1/2015	RBRVS	$28.14	$28.14									
76942	26	ECHO GUIDE FOR BIOPSY	7/1/2015	RBRVS	$35.05	$35.05									
76970		ULTRASOUND EXAM FOLLOW-UP	7/1/2015	RBRVS	$97.64	$97.64									
76970	TC	ULTRASOUND EXAM FOLLOW-UP	7/1/2015	RBRVS	$75.78	$75.78									
76970	26	ULTRASOUND EXAM FOLLOW-UP	7/1/2015	RBRVS	$21.83	$21.83									
76977		US BONE DENSITY MEASURE	7/1/2015	RBRVS	$7.57	$7.57									
76977	TC	US BONE DENSITY MEASURE	7/1/2015	RBRVS	$4.51	$4.51									
76977	26	US BONE DENSITY MEASURE	7/1/2015	RBRVS	$3.03	$3.03									
76998		US GUIDE INTRAOP	7/1/2014	FEE SCHED	$233.75	$0.00									
76998	TC	US GUIDE INTRAOP	7/1/2014	FEE SCHED	$168.30	$0.00	ZZZ								
77001		FLUOROGUIDE FOR VEIN DEVICE	7/1/2015	RBRVS	$73.01	$73.01	ZZZ								
77001	TC	FLUOROGUIDE FOR VEIN DEVICE	7/1/2015	RBRVS	$53.25	$53.25	ZZZ								
77001	26	FLUOROGUIDE FOR VEIN DEVICE	7/1/2015	RBRVS	$19.76	$19.76									
77002		NEEDLE LOCALIZATION BY XRAY	7/1/2015	RBRVS	$95.98	$95.98									
77002	TC	NEEDLE LOCALIZATION BY XRAY	7/1/2015	RBRVS	$66.55	$66.55									
77002	26	NEEDLE LOCALIZATION BY XRAY	7/1/2015	RBRVS	$29.43	$29.43									
77003		FLUOROGUIDE FOR SPINE INJECT	7/1/2015	RBRVS	$88.96	$88.96									
77003	TC	FLUOROGUIDE FOR SPINE INJECT	7/1/2015	RBRVS	$56.95	$56.95									
77003	26	FLUOROGUIDE FOR SPINE INJECT	7/1/2015	RBRVS	$32.02	$32.02									
77011		CT SCAN FOR LOCALIZATION	7/1/2015	RBRVS	$228.38	$228.38									
77011	TC	CT SCAN FOR LOCALIZATION	7/1/2015	RBRVS	$163.30	$163.30									
77011	26	CT SCAN FOR LOCALIZATION	7/1/2015	RBRVS	$65.03	$65.03									
77012		CT SCAN FOR NEEDLE BIOPSY	7/1/2015	RBRVS	$129.85	$129.85									
77012	TC	CT SCAN FOR NEEDLE BIOPSY	7/1/2015	RBRVS	$69.13	$69.13									
77012	26	CT SCAN FOR NEEDLE BIOPSY	7/1/2015	RBRVS	$60.71	$60.71									
77013		CT GUIDE FOR TISSUE ABLATION	7/1/2014	FEE SCHED	$708.21	$0.00									
77013	TC	CT GUIDE FOR TISSUE ABLATION	7/1/2014	FEE SCHED	$509.91	$0.00									
77014		CT SCAN FOR THERAPY GUIDE	7/1/2015	RBRVS	$121.54	$121.54									
77014	TC	CT SCAN FOR THERAPY GUIDE	7/1/2015	RBRVS	$75.78	$75.78									
77014	26	CT SCAN FOR THERAPY GUIDE	7/1/2015	RBRVS	$45.76	$45.76									
77021		MR GUIDANCE FOR NEEDLE PLACE	7/1/2015	RBRVS	$427.39	$427.39									
77021	TC	MR GUIDANCE FOR NEEDLE PLACE	7/1/2015	RBRVS	$347.22	$347.22									
77021	26	MR GUIDANCE FOR NEEDLE PLACE	7/1/2015	RBRVS	$80.14	$80.14									
77022		MRI FOR TISSUE ABLATION	7/1/2014	FEE SCHED	$748.79	$0.00									
77022	TC	MRI FOR TISSUE ABLATION	7/1/2014	FEE SCHED	$539.13	$0.00	ZZZ								
77051		COMPUTER DX MAMMOGRAM ADD-ON	7/1/2015	RBRVS	$9.42	$9.42	ZZZ								
77051	TC	COMPUTER DX MAMMOGRAM ADD-ON	7/1/2015	RBRVS	$5.98	$5.98	ZZZ								
77051	26	COMPUTER DX MAMMOGRAM ADD-ON	7/1/2015	RBRVS	$3.40	$3.40	ZZZ								
77052		COMP SCREEN MAMMOGRAM ADD-ON	7/1/2015	RBRVS	$9.42	$9.42	ZZZ								
77052	TC	COMP SCREEN MAMMOGRAM ADD-ON	7/1/2015	RBRVS	$5.98	$5.98	ZZZ								
77052	26	COMP SCREEN MAMMOGRAM ADD-ON	7/1/2015	RBRVS	$3.40	$3.40									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
77053		X-RAY OF MAMMARY DUCT	7/1/2015	RBRVS	$60.45	$60.45									
77053	TC	X-RAY OF MAMMARY DUCT	7/1/2015	RBRVS	$41.44	$41.44									
77053	26	X-RAY OF MAMMARY DUCT	7/1/2015	RBRVS	$19.02	$19.02									
77054		X-RAY OF MAMMARY DUCTS	7/1/2015	RBRVS	$79.36	$79.36									
77054	TC	X-RAY OF MAMMARY DUCTS	7/1/2015	RBRVS	$55.10	$55.10									
77054	26	X-RAY OF MAMMARY DUCTS	7/1/2015	RBRVS	$24.26	$24.26									
77055		MAMMOGRAM ONE BREAST	7/1/2015	RBRVS	$93.47	$93.47									
77055	TC	MAMMOGRAM ONE BREAST	7/1/2015	RBRVS	$56.21	$56.21									
77055	26	MAMMOGRAM ONE BREAST	7/1/2015	RBRVS	$37.26	$37.26									
77056		MAMMOGRAM BOTH BREASTS	7/1/2015	RBRVS	$120.17	$120.17									
77056	TC	MAMMOGRAM BOTH BREASTS	7/1/2015	RBRVS	$73.93	$73.93									
77056	26	MAMMOGRAM BOTH BREASTS	7/1/2015	RBRVS	$46.20	$46.20									
77057		MAMMOGRAM SCREENING	7/1/2015	RBRVS	$85.71	$85.71									
77057	TC	MAMMOGRAM SCREENING	7/1/2015	RBRVS	$48.45	$48.45									
77057	26	MAMMOGRAM SCREENING	7/1/2015	RBRVS	$37.26	$37.26				Y					
77058		MRI ONE BREAST	7/1/2015	RBRVS	$561.59	$561.59				Y					
77058	TC	MRI ONE BREAST	7/1/2015	RBRVS	$474.74	$474.74				Y					
77058	26	MRI ONE BREAST	7/1/2015	RBRVS	$86.90	$86.90				Y					
77059		MRI BOTH BREASTS	7/1/2015	RBRVS	$555.69	$555.69				Y					
77059	TC	MRI BOTH BREASTS	7/1/2015	RBRVS	$468.83	$468.83				Y					
77059	26	MRI BOTH BREASTS	7/1/2015	RBRVS	$86.90	$86.90									
77071		X-RAY STRESS VIEW	7/1/2015	RBRVS	$50.82	$50.82									
77072		X-RAYS FOR BONE AGE	7/1/2015	RBRVS	$24.19	$24.19									
77072	TC	X-RAYS FOR BONE AGE	7/1/2015	RBRVS	$14.11	$14.11									
77072	26	X-RAYS FOR BONE AGE	7/1/2015	RBRVS	$10.04	$10.04									
77073		X-RAYS BONE LENGTH STUDIES	7/1/2015	RBRVS	$38.00	$38.00									
77073	TC	X-RAYS BONE LENGTH STUDIES	7/1/2015	RBRVS	$22.23	$22.23									
77073	26	X-RAYS BONE LENGTH STUDIES	7/1/2015	RBRVS	$15.77	$15.77									
77074		X-RAYS BONE SURVEY LIMITED	7/1/2015	RBRVS	$66.36	$66.36									
77074	TC	X-RAYS BONE SURVEY LIMITED	7/1/2015	RBRVS	$42.54	$42.54									
77074	26	X-RAYS BONE SURVEY LIMITED	7/1/2015	RBRVS	$23.82	$23.82									
77075		X-RAYS BONE SURVEY COMPLETE	7/1/2015	RBRVS	$90.44	$90.44									
77075	TC	X-RAYS BONE SURVEY COMPLETE	7/1/2015	RBRVS	$61.75	$61.75									
77075	26	X-RAYS BONE SURVEY COMPLETE	7/1/2015	RBRVS	$28.69	$28.69									
77076		X-RAYS BONE SURVEY INFANT	7/1/2015	RBRVS	$99.01	$99.01									
77076	TC	X-RAYS BONE SURVEY INFANT	7/1/2015	RBRVS	$61.75	$61.75									
77076	26	X-RAYS BONE SURVEY INFANT	7/1/2015	RBRVS	$37.26	$37.26									
77077		JOINT SURVEY SINGLE VIEW	7/1/2015	RBRVS	$39.55	$39.55									
77077	TC	JOINT SURVEY SINGLE VIEW	7/1/2015	RBRVS	$21.49	$21.49									
77077	26	JOINT SURVEY SINGLE VIEW	7/1/2015	RBRVS	$18.06	$18.06									
77078		CT BONE DENSITY AXIAL	7/1/2015	RBRVS	$117.99	$117.99									
77078	TC	CT BONE DENSITY AXIAL	7/1/2015	RBRVS	$104.96	$104.96									
77078	26	CT BONE DENSITY AXIAL	7/1/2015	RBRVS	$13.00	$13.00									
77080		DXA BONE DENSITY AXIAL	7/1/2015	RBRVS	$43.02	$43.02									
77080	TC	DXA BONE DENSITY AXIAL	7/1/2015	RBRVS	$32.20	$32.20									
77080	26	DXA BONE DENSITY AXIAL	7/1/2015	RBRVS	$10.78	$10.78									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
77081		DXA BONE DENSITY/PERIPHERAL	7/1/2015	RBRVS	$29.36	$29.36									
77081	TC	DXA BONE DENSITY/PERIPHERAL	7/1/2015	RBRVS	$17.80	$17.80									
77081	26	DXA BONE DENSITY/PERIPHERAL	7/1/2015	RBRVS	$11.52	$11.52									
77084		MAGNETIC IMAGE BONE MARROW	7/1/2015	RBRVS	$406.19	$406.19									
77084	TC	MAGNETIC IMAGE BONE MARROW	7/1/2015	RBRVS	$320.00	$320.00									
77084	26	MAGNETIC IMAGE BONE MARROW	7/1/2015	RBRVS	$86.23	$86.23									
77085		DXA BONE DENSITY STUDY	7/1/2015	RBRVS	$58.53	$58.53									
77085	TC	DXA BONE DENSITY STUDY	7/1/2015	RBRVS	$42.54	$42.54									
77085	26	DXA BONE DENSITY STUDY	7/1/2015	RBRVS	$15.95	$15.95									
77086		FRACTURE ASSESSMENT VIA DXA	7/1/2015	RBRVS	$37.11	$37.11									
77086	TC	FRACTURE ASSESSMENT VIA DXA	7/1/2015	RBRVS	$27.77	$27.77									
77086	26	FRACTURE ASSESSMENT VIA DXA	7/1/2015	RBRVS	$9.31	$9.31	ZZZ								
77293	TC	RESPIRATOR MOTION MGMT SIMUL	7/1/2015	RBRVS	$372.81	$372.81	ZZZ								
77293	26	RESPIRATOR MOTION MGMT SIMUL	7/1/2015	RBRVS	$107.95	$107.95									
77371		SRS MULTISOURCE	7/1/2014	FEE SCHED	$488.81	$0.00									
77372		SRS LINEAR BASED	7/1/2015	RBRVS	$1,098.45	$1,098.45									
77373		SBRT DELIVERY	7/1/2015	RBRVS	$1,394.70	$1,394.70									
77401		RADIATION TREATMENT DELIVERY	7/1/2015	RBRVS	$21.49	$21.49									
77422		NEUTRON BEAM TX SIMPLE	7/1/2015	RBRVS	$34.79	$34.79									
77423		NEUTRON BEAM TX COMPLEX	7/1/2015	RBRVS	$67.77	$67.77									
77435		SBRT MANAGEMENT	7/1/2015	RBRVS	$660.31	$659.94									
77469		IO RADIATION TX MANAGEMENT	7/1/2015	RBRVS	$336.06	$336.06									
77767		HDR RDNCL SKN SURF BRACHYTX	1/1/2016	RBRVS	$234.80	$234.80									
77767	TC	HDR RDNCL SKN SURF BRACHYTX	1/1/2016	RBRVS	$177.52	$177.52									
77767	26	HDR RDNCL SKN SURF BRACHYTX	1/1/2016	RBRVS	$57.28	$57.28									
77768		HDR RDNCL SKN SURF BRACHYTX	1/1/2016	RBRVS	$367.64	$367.64									
77768	TC	HDR RDNCL SKN SURF BRACHYTX	1/1/2016	RBRVS	$291.78	$291.78									
77768	26	HDR RDNCL SKN SURF BRACHYTX	1/1/2016	RBRVS	$75.85	$75.85									
77770		HDR RDNCL NTRSTL/ICAV BRCHTX	1/1/2016	RBRVS	$335.21	$335.21									
77770	TC	HDR RDNCL NTRSTL/ICAV BRCHTX	1/1/2016	RBRVS	$229.67	$229.67									
77770	26	HDR RDNCL NTRSTL/ICAV BRCHTX	1/1/2016	RBRVS	$105.55	$105.55									
77771		HDR RDNCL NTRSTL/ICAV BRCHTX	1/1/2016	RBRVS	$624.56	$624.56									
77771	TC	HDR RDNCL NTRSTL/ICAV BRCHTX	1/1/2016	RBRVS	$418.27	$418.27									
77771	26	HDR RDNCL NTRSTL/ICAV BRCHTX	1/1/2016	RBRVS	$206.29	$206.29									
77772		HDR RDNCL NTRSTL/ICAV BRCHTX	1/1/2016	RBRVS	$952.76	$952.76									
77772	TC	HDR RDNCL NTRSTL/ICAV BRCHTX	1/1/2016	RBRVS	$660.20	$660.20									
77772	26	HDR RDNCL NTRSTL/ICAV BRCHTX	1/1/2016	RBRVS	$292.56	$292.56									
77786	TC	HDR BRACHYTX 2-12 CHANNEL	7/1/2015	RBRVS	$333.26	$333.26									
77786	26	HDR BRACHYTX 2-12 CHANNEL	7/1/2015	RBRVS	$175.64	$175.64									
78012		THYROID UPTAKE MEASUREMENT	7/1/2015	RBRVS	$85.57	$85.57									
78012	TC	THYROID UPTAKE MEASUREMENT	7/1/2015	RBRVS	$75.52	$75.52									
78012	26	THYROID UPTAKE MEASUREMENT	7/1/2015	RBRVS	$10.04	$10.04									
78013		THYROID IMAGING W/BLOOD FLOW	7/1/2015	RBRVS	$203.74	$203.74									
78013	TC	THYROID IMAGING W/BLOOD FLOW	7/1/2015	RBRVS	$184.83	$184.83									
78013	26	THYROID IMAGING W/BLOOD FLOW	7/1/2015	RBRVS	$18.91	$18.91									
78014		THYROID IMAGING W/BLOOD FLOW	7/1/2015	RBRVS	$258.55	$258.55									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
78014	TC	THYROID IMAGING W/BLOOD FLOW	7/1/2015	RBRVS	$232.92	$232.92									
78014	26	THYROID IMAGING W/BLOOD FLOW	7/1/2015	RBRVS	$25.67	$25.67									
78071		PARATHYRD PLANAR W/WO SUBTRJ	7/1/2015	RBRVS	$384.44	$384.44									
78071	TC	PARATHYRD PLANAR W/WO SUBTRJ	7/1/2015	RBRVS	$322.29	$322.29									
78071	26	PARATHYRD PLANAR W/WO SUBTRJ	7/1/2015	RBRVS	$62.19	$62.19									
78072		PARATHYRD PLANAR W/SPECT&CT	7/1/2015	RBRVS	$440.02	$440.02									
78072	TC	PARATHYRD PLANAR W/SPECT&CT	7/1/2015	RBRVS	$359.29	$359.29									
78072	26	PARATHYRD PLANAR W/SPECT&CT	7/1/2015	RBRVS	$80.73	$80.73									
78226		HEPATOBILIARY SYSTEM IMAGING	7/1/2015	RBRVS	$355.86	$355.86									
78226	TC	HEPATOBILIARY SYSTEM IMAGING	7/1/2015	RBRVS	$317.12	$317.12									
78226	26	HEPATOBILIARY SYSTEM IMAGING	7/1/2015	RBRVS	$38.74	$38.74									
78227		HEPATOBIL SYST IMAGE W/DRUG	7/1/2015	RBRVS	$482.23	$482.23									
78227	TC	HEPATOBIL SYST IMAGE W/DRUG	7/1/2015	RBRVS	$435.37	$435.37									
78227	26	HEPATOBIL SYST IMAGE W/DRUG	7/1/2015	RBRVS	$46.86	$46.86									
78579		LUNG VENTILATION IMAGING	7/1/2015	RBRVS	$197.83	$197.83									
78579	TC	LUNG VENTILATION IMAGING	7/1/2015	RBRVS	$173.39	$173.39									
78579	26	LUNG VENTILATION IMAGING	7/1/2015	RBRVS	$24.45	$24.45									
78582		LUNG VENTILAT&PERFUS IMAGING	7/1/2015	RBRVS	$359.62	$359.62									
78582	TC	LUNG VENTILAT&PERFUS IMAGING	7/1/2015	RBRVS	$303.82	$303.82									
78582	26	LUNG VENTILAT&PERFUS IMAGING	7/1/2015	RBRVS	$55.80	$55.80									
78597		LUNG PERFUSION DIFFERENTIAL	7/1/2015	RBRVS	$216.93	$216.93									
78597	TC	LUNG PERFUSION DIFFERENTIAL	7/1/2015	RBRVS	$178.93	$178.93									
78597	26	LUNG PERFUSION DIFFERENTIAL	7/1/2015	RBRVS	$38.00	$38.00									
78598		LUNG PERF&VENTILAT DIFERENTL	7/1/2015	RBRVS	$328.90	$328.90									
78598	TC	LUNG PERF&VENTILAT DIFERENTL	7/1/2015	RBRVS	$284.99	$284.99									
78598	26	LUNG PERF&VENTILAT DIFERENTL	7/1/2015	RBRVS	$43.91	$43.91			Y						
78808		IV INJ RA DRUG DX STUDY	7/1/2015	RBRVS	$47.16	$47.16									
80047		METABOLIC PANEL IONIZED CA	1/1/2016	MEDICARE	$11.52	$0.00									
80047	QW	METABOLIC PANEL IONIZED CA	1/1/2016	MEDICARE	$11.52	$0.00									
80048		BASIC METABOLIC PANEL	1/1/2016	MEDICARE	$11.52	$0.00									
80048	QW	BASIC METABOLIC PANEL	1/1/2016	MEDICARE	$11.52	$0.00									
80050		GENERAL HEALTH PANEL	7/1/2003	FEE SCHED	$56.77	$0.00									
80051		ELECTROLYTE PANEL	1/1/2015	MEDICARE	$9.55	$0.00									
80051	QW	ELECTROLYTE PANEL	1/1/2015	MEDICARE	$9.55	$0.00									
80053		COMPREHEN METABOLIC PANEL	1/1/2016	MEDICARE	$14.38	$0.00									
80053	QW	COMPREHEN METABOLIC PANEL	1/1/2016	MEDICARE	$14.38	$0.00									
80055		OBSTETRIC PANEL	1/1/2016	MEDICARE	$65.11	$0.00									
80061		LIPID PANEL	1/1/2016	MEDICARE	$18.24	$0.00									
80061	QW	LIPID PANEL	1/1/2016	MEDICARE	$18.24	$0.00									
80069		RENAL FUNCTION PANEL	1/1/2016	MEDICARE	$11.83	$0.00									
80069	QW	RENAL FUNCTION PANEL	1/1/2016	MEDICARE	$11.83	$0.00									
80074		ACUTE HEPATITIS PANEL	1/1/2016	MEDICARE	$64.00	$0.00									
80076		HEPATIC FUNCTION PANEL	1/1/2016	MEDICARE	$11.13	$0.00									
80081		OBSTETRIC PANEL	1/1/2016	MEDICARE	$101.97	$0.00									
80150		ASSAY OF AMIKACIN	1/1/2016	MEDICARE	$20.53	$0.00									
80155		DRUG ASSAY CAFFEINE	1/1/2016	MEDICARE	$19.27	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
80156		ASSAY CARBAMAZEPINE TOTAL	1/1/2016	MEDICARE	$19.84	$0.00									
80157		ASSAY CARBAMAZEPINE FREE	1/1/2016	MEDICARE	$18.06	$0.00									
80158		DRUG ASSAY CYCLOSPORINE	1/1/2016	MEDICARE	$24.58	$0.00									
80159		DRUG ASSAY CLOZAPINE	1/1/2016	MEDICARE	$25.18	$0.00									
80162		ASSAY OF DIGOXIN TOTAL	1/1/2016	MEDICARE	$18.09	$0.00									
80163		ASSAY OF DIGOXIN FREE	1/1/2016	MEDICARE	$18.09	$0.00									
80164		ASSAY DIPROPYLACETIC ACID	1/1/2016	MEDICARE	$18.46	$0.00									
80165		DIPROPYLACETIC ACID FREE	1/1/2016	MEDICARE	$18.46	$0.00									
80168		ASSAY OF ETHOSUXIMIDE	1/1/2016	MEDICARE	$15.57	$0.00									
80169		DRUG ASSAY EVEROLIMUS	1/1/2016	MEDICARE	$18.70	$0.00									
80170		ASSAY OF GENTAMICIN	1/1/2016	MEDICARE	$22.32	$0.00									
80171		DRUG SCREEN QUANT GABAPENTIN	1/1/2016	MEDICARE	$18.06	$0.00									
80173		ASSAY OF HALOPERIDOL	1/1/2016	MEDICARE	$19.84	$0.00									
80175		DRUG SCREEN QUAN LAMOTRIGINE	1/1/2016	MEDICARE	$18.06	$0.00									
80176		ASSAY OF LIDOCAINE	1/1/2016	MEDICARE	$20.01	$0.00									
80177		DRUG SCRN QUAN LEVETIRACETAM	1/1/2016	MEDICARE	$18.06	$0.00									
80178		ASSAY OF LITHIUM	1/1/2016	MEDICARE	$9.01	$0.00									
80178	QW	ASSAY OF LITHIUM	1/1/2016	MEDICARE	$9.01	$0.00									
80180		DRUG SCRN QUAN MYCOPHENOLATE	1/1/2016	MEDICARE	$24.58	$0.00									
80183		DRUG SCRN QUANT OXCARBAZEPIN	1/1/2016	MEDICARE	$18.06	$0.00									
80184		ASSAY OF PHENOBARBITAL	1/1/2016	MEDICARE	$15.60	$0.00									
80185		ASSAY OF PHENYTOIN TOTAL	1/1/2016	MEDICARE	$18.06	$0.00									
80186		ASSAY OF PHENYTOIN FREE	1/1/2016	MEDICARE	$18.75	$0.00									
80188		ASSAY OF PRIMIDONE	1/1/2016	MEDICARE	$21.57	$0.00									
80190		ASSAY OF PROCAINAMIDE	1/1/2016	MEDICARE	$22.81	$0.00									
80192		ASSAY OF PROCAINAMIDE	1/1/2016	MEDICARE	$22.81	$0.00									
80194		ASSAY OF QUINIDINE	1/1/2016	MEDICARE	$19.89	$0.00									
80195		ASSAY OF SIROLIMUS	1/1/2016	MEDICARE	$18.70	$0.00									
80198		ASSAY OF THEOPHYLLINE	1/1/2016	MEDICARE	$19.27	$0.00									
80199		DRUG SCREEN QUANT TIAGABINE	1/1/2016	MEDICARE	$24.60	$0.00									
80200		ASSAY OF TOBRAMYCIN	1/1/2016	MEDICARE	$21.96	$0.00									
80201		ASSAY OF TOPIRAMATE	1/1/2016	MEDICARE	$16.24	$0.00									
80202		ASSAY OF VANCOMYCIN	1/1/2016	MEDICARE	$18.46	$0.00									
80203		DRUG SCREEN QUANT ZONISAMIDE	1/1/2016	MEDICARE	$18.06	$0.00									
80299		QUANTITATIVE ASSAY DRUG	1/1/2016	MEDICARE	$18.66	$0.00									
80400		ACTH STIMULATION PANEL	1/1/2016	MEDICARE	$44.43	$0.00									
80402		ACTH STIMULATION PANEL	1/1/2016	MEDICARE	$118.45	$0.00									
80406		ACTH STIMULATION PANEL	1/1/2016	MEDICARE	$86.35	$0.00									
80408		ALDOSTERONE SUPPRESSION EVAL	1/1/2016	MEDICARE	$170.95	$0.00									
80410		CALCITONIN STIMUL PANEL	1/1/2016	MEDICARE	$109.44	$0.00									
80412		CRH STIMULATION PANEL	1/1/2016	MEDICARE	$449.02	$0.00									
80414		TESTOSTERONE RESPONSE	1/1/2016	MEDICARE	$70.33	$0.00									
80415		ESTRADIOL RESPONSE PANEL	1/1/2016	MEDICARE	$76.12	$0.00									
80418		PITUITARY EVALUATION PANEL	1/1/2016	MEDICARE	$789.52	$0.00									
80420		DEXAMETHASONE PANEL	1/1/2016	MEDICARE	$98.14	$0.00									
80422		GLUCAGON TOLERANCE PANEL	1/1/2016	MEDICARE	$62.76	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
80424		GLUCAGON TOLERANCE PANEL	1/1/2016	MEDICARE	$68.79	$0.00									
80426		GONADOTROPIN HORMONE PANEL	1/1/2016	MEDICARE	$202.15	$0.00									
80428		GROWTH HORMONE PANEL	1/1/2016	MEDICARE	$90.85	$0.00									
80430		GROWTH HORMONE PANEL	1/1/2016	MEDICARE	$106.90	$0.00									
80432		INSULIN SUPPRESSION PANEL	1/1/2016	MEDICARE	$153.25	$0.00									
80434		INSULIN TOLERANCE PANEL	1/1/2016	MEDICARE	$137.82	$0.00									
80435		INSULIN TOLERANCE PANEL	1/1/2016	MEDICARE	$140.32	$0.00									
80436		METYRAPONE PANEL	1/1/2016	MEDICARE	$124.18	$0.00									
80438		TRH STIMULATION PANEL	1/1/2016	MEDICARE	$68.67	$0.00									
80439		TRH STIMULATION PANEL	1/1/2016	MEDICARE	$91.56	$0.00									
80500		LAB PATHOLOGY CONSULTATION	7/1/2015	RBRVS	$24.19	$20.87									
80502		LAB PATHOLOGY CONSULTATION	7/1/2015	RBRVS	$76.22	$72.90									
81000		URINALYSIS NONAUTO W/SCOPE	1/1/2016	MEDICARE	$4.32	$0.00									
81001		URINALYSIS AUTO W/SCOPE	1/1/2016	MEDICARE	$4.32	$0.00									
81002		URINALYSIS NONAUTO W/O SCOPE	1/1/2015	MEDICARE	$3.48	$0.00									
81003		URINALYSIS AUTO W/O SCOPE	1/1/2014	MEDICARE	$3.06	$0.00									
81003	QW	URINALYSIS AUTO W/O SCOPE	1/1/2014	MEDICARE	$3.06	$0.00									
81005		URINALYSIS	1/1/2015	MEDICARE	$2.95	$0.00									
81007		URINE SCREEN FOR BACTERIA	1/1/2015	MEDICARE	$3.49	$0.00									
81007	QW	URINALYSIS;BACTERIURIA SCREEN BY N	1/1/2015	MEDICARE	$3.49	$0.00									
81015		MICROSCOPIC EXAM OF URINE	1/1/2016	MEDICARE	$4.15	$0.00									
81020		URINALYSIS GLASS TEST	1/1/2015	MEDICARE	$5.02	$0.00									
81025		URINE PREGNANCY TEST	1/1/2016	MEDICARE	$5.41	$0.00									
81050		URINALYSIS VOLUME MEASURE	1/1/2016	MEDICARE	$4.09	$0.00									
81099		URINALYSIS TEST PROCEDURE	7/1/2014	FEE SCHED	$4.08	$0.00									
81161		DMD DUP/DELET ANALYSIS	1/1/2016	MEDICARE	$140.14	$0.00									
81162		BRCA1&2 SEQ & FULL DUP/DEL	1/1/2016	MEDICARE	$2,485.86	$0.00									
81170		ABL1 GENE	1/1/2016	MEDICARE	$329.50	$0.00									
81203		APC GENE DUP/DELET VARIANTS	7/1/2014	EAC	$0.00	$0.00									
81218		CEBPA GENE FULL SEQUENCE	1/1/2016	MEDICARE	$329.50	$0.00									
81219		CALR GENE COM VARIANTS	1/1/2016	MEDICARE	$165.67	$0.00									
81235		EGFR GENE COM VARIANTS	1/1/2016	MEDICARE	$329.50	$0.00									
81246		FLT3 GENE ANALYSIS	1/1/2016	MEDICARE	$83.04	$0.00									
81252		GJB2 GENE FULL SEQUENCE	1/1/2013	FEE SCHED	$0.00	$0.00									
81253		GJB2 GENE KNOWN FAM VARIANTS	1/1/2013	FEE SCHED	$0.00	$0.00									
81254		GJB6 GENE COM VARIANTS	1/1/2013	FEE SCHED	$0.00	$0.00									
81272		KIT GENE TARGETED SEQ ANALYS	1/1/2016	MEDICARE	$329.50	$0.00									
81273		KIT GENE ANALYS D816 VARIANT	1/1/2016	MEDICARE	$124.87	$0.00									
81276		KRAS GENE ADDL VARIANTS	1/1/2016	MEDICARE	$177.60	$0.00									
81288		MLH1 GENE	1/1/2016	MEDICARE	$159.64	$0.00									
81311		NRAS GENE VARIANTS EXON 2&3	1/1/2016	MEDICARE	$266.40	$0.00									
81313		PCA3/KLK3 ANTIGEN	1/1/2016	MEDICARE	$260.26	$0.00									
81314		PDGFRA GENE	1/1/2016	MEDICARE	$329.50	$0.00									
81321		PTEN GENE FULL SEQUENCE	1/1/2016	MEDICARE	$599.80	$0.00									
81322		PTEN GENE KNOWN FAM VARIANT	1/1/2016	MEDICARE	$58.30	$0.00									
81323		PTEN GENE DUP/DELET VARIANT	1/1/2016	MEDICARE	$87.46	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
81420		FETAL CHRMOML ANEUPLOIDY	1/1/2016	FEE SCHED	$0.00	$0.00									
81435		HEREDITARY COLON CA DSORDRS	1/1/2016	MEDICARE	$796.75	$0.00									
81436		HEREDITARY COLON CA DSORDRS	1/1/2016	MEDICARE	$796.75	$0.00									
81445		TARGETED GENOMIC SEQ ANALYS	1/1/2016	MEDICARE	$597.91	$0.00									
81450		TARGETED GENOMIC SEQ ANALYS	1/1/2016	MEDICARE	$648.40	$0.00									
81479		UNLISTED MOLECULAR PATHOLOGY	7/1/2014	FEE SCHED	$992.98	$0.00									
81500		ONCO (OVAR) TWO PROTEINS	1/1/2013	RBRVS	$0.00	$0.00									
81503		ONCO (OVAR) FIVE PROTEINS	1/1/2013	RBRVS	$0.00	$0.00									
81504		ONCOLOGY TISSUE OF ORIGIN	1/1/2014	FEE SCHED	$1,044.85	$0.00									
81506		ENDO ASSAY SEVEN ANAL	1/1/2013	RBRVS	$0.00	$0.00									
81507		FETAL ANEUPLOIDY TRISOM RISK	1/1/2014	FEE SCHED	$1,044.85	$0.00									
81508		FTL CGEN ABNOR TWO PROTEINS	1/1/2013	RBRVS	$0.00	$0.00									
81509		FTL CGEN ABNOR 3 PROTEINS	1/1/2013	RBRVS	$0.00	$0.00									
81510		FTL CGEN ABNOR THREE ANAL	1/1/2013	RBRVS	$0.00	$0.00									
81511		FTL CGEN ABNOR FOUR ANAL	1/1/2013	RBRVS	$0.00	$0.00									
81512		FTL CGEN ABNOR FIVE ANAL	1/1/2013	RBRVS	$0.00	$0.00									
81519		ONCOLOGY BREAST MRNA	1/1/2016	MEDICARE	$3,419.41	$0.00									
81528		ONCOLOGY COLORECTAL SCR	1/1/2016	MEDICARE	$493.21	$0.00									
81535		ONCOLOGY GYNECOLOGIC	1/1/2016	MEDICARE	$579.46	$0.00									
81536		ONCOLOGY GYNECOLOGIC	1/1/2016	MEDICARE	$169.99	$0.00									
81599		UNLISTED MAAA	1/1/2013	RBRVS	$0.00	$0.00									
82009		TEST FOR ACETONE/KETONES	1/1/2016	MEDICARE	$6.16	$0.00									
82010		ACETONE ASSAY	1/1/2016	MEDICARE	$11.13	$0.00									
82010	QW	ACETONE OR OTHER KETONE BODIES S	1/1/2016	MEDICARE	$11.13	$0.00									
82013		ACETYLCHOLINESTERASE ASSAY	1/1/2016	MEDICARE	$15.21	$0.00									
82016		ACYLCARNITINES QUAL	1/1/2016	MEDICARE	$18.88	$0.00									
82017		ACYLCARNITINES QUANT	1/1/2016	MEDICARE	$22.96	$0.00									
82024		ASSAY OF ACTH	1/1/2016	MEDICARE	$52.60	$0.00									
82030		ASSAY OF ADP & AMP	1/1/2016	MEDICARE	$35.14	$0.00									
82040		ASSAY OF SERUM ALBUMIN	1/1/2016	MEDICARE	$5.71	$0.00									
82040	QW	ASSAY OF SERUM ALBUMIN	1/1/2016	MEDICARE	$5.71	$0.00									
82042		ASSAY OF URINE ALBUMIN	1/1/2015	MEDICARE	$4.06	$0.00									
82042	QW	ASSAY OF URINE ALBUMIN	1/1/2015	MEDICARE	$4.06	$0.00									
82043		MICROALBUMIN QUANTITATIVE	1/1/2015	MEDICARE	$7.87	$0.00									
82043	QW	MICROALBUMIN QUANTITATIVE	1/1/2015	MEDICARE	$7.87	$0.00									
82044		MICROALBUMIN SEMIQUANT	1/1/2016	MEDICARE	$6.22	$0.00									
82044	QW	MICROALBUMIN SEMIQUANT	1/1/2016	MEDICARE	$6.22	$0.00									
82045		ALBUMIN ISCHEMIA MODIFIED	1/1/2016	MEDICARE	$46.24	$0.00									
82055	QW	ALCOHOL (ETHANOL); ANY SPECIMEN EX	1/1/2014	MEDICARE	$14.74	$0.00									
82075		ASSAY OF BREATH ETHANOL	1/1/2016	MEDICARE	$16.41	$0.00									
82085		ASSAY OF ALDOLASE	1/1/2016	MEDICARE	$13.21	$0.00									
82088		ASSAY OF ALDOSTERONE	1/1/2016	MEDICARE	$55.51	$0.00									
82103		ALPHA-1-ANTITRYPSIN TOTAL	1/1/2016	MEDICARE	$18.30	$0.00									
82104		ALPHA-1-ANTITRYPSIN PHENO	1/1/2016	MEDICARE	$19.69	$0.00									
82105		ALPHA-FETOPROTEIN SERUM	1/1/2016	MEDICARE	$22.84	$0.00									
82106		ALPHA-FETOPROTEIN AMNIOTIC	1/1/2016	MEDICARE	$22.84	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
82107		ALPHA-FETOPROTEIN L3	1/1/2016	MEDICARE	$87.73	$0.00									
82108		ASSAY OF ALUMINUM	1/1/2016	MEDICARE	$34.71	$0.00									
82120		AMINES VAGINAL FLUID QUAL	1/1/2016	MEDICARE	$5.13	$0.00									
82120	QW	AMINES VAGINAL FLUID QUAL	1/1/2016	MEDICARE	$5.13	$0.00									
82127		AMINO ACID SINGLE QUAL	1/1/2016	MEDICARE	$18.88	$0.00									
82128		AMINO ACIDS MULT QUAL	1/1/2016	MEDICARE	$18.88	$0.00									
82131		AMINO ACIDS SINGLE QUANT	1/1/2016	MEDICARE	$22.98	$0.00									
82135		ASSAY AMINOLEVULINIC ACID	1/1/2016	MEDICARE	$22.41	$0.00									
82136		AMINO ACIDS QUANT 2-5	1/1/2016	MEDICARE	$22.96	$0.00									
82139		AMINO ACIDS QUAN 6 OR MORE	1/1/2016	MEDICARE	$22.96	$0.00									
82140		ASSAY OF AMMONIA	1/1/2016	MEDICARE	$17.89	$0.00									
82143		AMNIOTIC FLUID SCAN	1/1/2015	MEDICARE	$9.34	$0.00									
82150		ASSAY OF AMYLASE	1/1/2016	MEDICARE	$8.83	$0.00									
82150	QW	ASSAY OF AMYLASE	1/1/2016	MEDICARE	$8.83	$0.00									
82154		ANDROSTANEDIOL GLUCURONIDE	1/1/2016	MEDICARE	$39.28	$0.00									
82157		ASSAY OF ANDROSTENEDIONE	1/1/2016	MEDICARE	$39.88	$0.00									
82160		ASSAY OF ANDROSTERONE	1/1/2016	MEDICARE	$34.06	$0.00									
82163		ASSAY OF ANGIOTENSIN II	1/1/2016	MEDICARE	$27.96	$0.00									
82164		ANGIOTENSIN I ENZYME TEST	1/1/2016	MEDICARE	$19.89	$0.00									
82175		ASSAY OF ARSENIC	1/1/2016	MEDICARE	$25.84	$0.00									
82180		ASSAY OF ASCORBIC ACID	1/1/2016	MEDICARE	$13.45	$0.00									
82190		ATOMIC ABSORPTION	1/1/2016	MEDICARE	$20.31	$0.00									
82232		ASSAY OF BETA-2 PROTEIN	1/1/2016	MEDICARE	$22.03	$0.00									
82239		BILE ACIDS TOTAL	1/1/2016	MEDICARE	$23.32	$0.00									
82240		BILE ACIDS CHOLYLGLYCINE	1/1/2016	MEDICARE	$36.21	$0.00									
82247		BILIRUBIN TOTAL	1/1/2015	MEDICARE	$6.82	$0.00									
82247	QW	BILIRUBIN TOTAL	1/1/2015	MEDICARE	$6.82	$0.00									
82248		BILIRUBIN DIRECT	1/1/2015	MEDICARE	$6.82	$0.00									
82252		FECAL BILIRUBIN TEST	1/1/2016	MEDICARE	$6.19	$0.00									
82261		ASSAY OF BIOTINIDASE	1/1/2016	MEDICARE	$22.96	$0.00									
82270		OCCULT BLOOD FECES	1/1/2015	MEDICARE	$4.42	$0.00									
82271		OCCULT BLOOD OTHER SOURCES	1/1/2015	MEDICARE	$4.42	$0.00									
82271	QW	OCCULT BLOOD OTHER SOURCES	1/1/2015	MEDICARE	$4.42	$0.00									
82272		OCCULT BLD FECES 1-3 TESTS	1/1/2015	MEDICARE	$4.42	$0.00									
82272	QW	OCCULT BLD FECES 1-3 TESTS	1/1/2015	MEDICARE	$4.42	$0.00									
82274		ASSAY TEST FOR BLOOD FECAL	1/1/2016	MEDICARE	$21.67	$0.00									
82274	QW	ASSAY TEST FOR BLOOD FECAL	1/1/2016	MEDICARE	$21.67	$0.00									
82286		ASSAY OF BRADYKININ	1/1/2015	MEDICARE	$9.37	$0.00									
82300		ASSAY OF CADMIUM	1/1/2016	MEDICARE	$31.51	$0.00									
82306		VITAMIN D 25 HYDROXY	1/1/2016	MEDICARE	$40.33	$0.00									
82308		ASSAY OF CALCITONIN	1/1/2016	MEDICARE	$36.49	$0.00									
82310		ASSAY OF CALCIUM	1/1/2016	MEDICARE	$7.03	$0.00									
82310	QW	ASSAY OF CALCIUM	1/1/2016	MEDICARE	$7.03	$0.00									
82330		ASSAY OF CALCIUM	1/1/2016	MEDICARE	$18.63	$0.00									
82330	QW	ASSAY OF CALCIUM	1/1/2016	MEDICARE	$18.63	$0.00									
82331		CALCIUM INFUSION TEST	1/1/2016	MEDICARE	$7.05	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
82340		ASSAY OF CALCIUM IN URINE	1/1/2015	MEDICARE	$8.20	$0.00									
82355		CALCULUS ANALYSIS QUAL	1/1/2016	MEDICARE	$15.76	$0.00									
82360		CALCULUS ASSAY QUANT	1/1/2016	MEDICARE	$17.53	$0.00									
82365		CALCULUS SPECTROSCOPY	1/1/2016	MEDICARE	$17.56	$0.00									
82370		X-RAY ASSAY CALCULUS	1/1/2016	MEDICARE	$17.05	$0.00									
82373		ASSAY C-D TRANSFER MEASURE	1/1/2016	MEDICARE	$24.60	$0.00									
82374		ASSAY BLOOD CARBON DIOXIDE	1/1/2016	MEDICARE	$6.66	$0.00									
82374	QW	ASSAY BLOOD CARBON DIOXIDE	1/1/2016	MEDICARE	$6.66	$0.00									
82375		ASSAY CARBOXYHB QUANT	1/1/2016	MEDICARE	$11.91	$0.00									
82376		ASSAY CARBOXYHB QUAL	1/1/2016	MEDICARE	$8.16	$0.00									
82378		CARCINOEMBRYONIC ANTIGEN	1/1/2016	MEDICARE	$25.84	$0.00									
82379		ASSAY OF CARNITINE	1/1/2016	MEDICARE	$22.96	$0.00									
82380		ASSAY OF CAROTENE	1/1/2016	MEDICARE	$12.57	$0.00									
82382		ASSAY URINE CATECHOLAMINES	1/1/2016	MEDICARE	$23.41	$0.00									
82383		ASSAY BLOOD CATECHOLAMINES	1/1/2016	MEDICARE	$34.14	$0.00									
82384		ASSAY THREE CATECHOLAMINES	1/1/2016	MEDICARE	$34.39	$0.00									
82387		ASSAY OF CATHEPSIN-D	1/1/2016	MEDICARE	$5.37	$0.00									
82390		ASSAY OF CERULOPLASMIN	1/1/2016	MEDICARE	$14.62	$0.00									
82397		CHEMILUMINESCENT ASSAY	1/1/2016	MEDICARE	$17.85	$0.00									
82415		ASSAY OF CHLORAMPHENICOL	1/1/2016	MEDICARE	$17.26	$0.00									
82435		ASSAY OF BLOOD CHLORIDE	1/1/2015	MEDICARE	$6.25	$0.00									
82435	QW	ASSAY OF BLOOD CHLORIDE	1/1/2015	MEDICARE	$6.25	$0.00									
82436		ASSAY OF URINE CHLORIDE	1/1/2015	MEDICARE	$6.85	$0.00									
82438		ASSAY OTHER FLUID CHLORIDES	1/1/2016	MEDICARE	$6.66	$0.00									
82441		TEST FOR CHLOROHYDROCARBONS	1/1/2016	MEDICARE	$8.17	$0.00									
82465		ASSAY BLD/SERUM CHOLESTEROL	1/1/2015	MEDICARE	$5.92	$0.00									
82465	QW	ASSAY BLD/SERUM CHOLESTEROL	1/1/2015	MEDICARE	$5.92	$0.00									
82480		ASSAY SERUM CHOLINESTERASE	1/1/2016	MEDICARE	$10.72	$0.00									
82482		ASSAY RBC CHOLINESTERASE	1/1/2016	MEDICARE	$10.45	$0.00									
82485		ASSAY CHONDROITIN SULFATE	1/1/2016	MEDICARE	$28.12	$0.00									
82495		ASSAY OF CHROMIUM	1/1/2016	MEDICARE	$27.63	$0.00									
82507		ASSAY OF CITRATE	1/1/2016	MEDICARE	$37.87	$0.00									
82525		ASSAY OF COPPER	1/1/2016	MEDICARE	$16.90	$0.00									
82528		ASSAY OF CORTICOSTERONE	1/1/2016	MEDICARE	$30.67	$0.00									
82530		CORTISOL FREE	1/1/2016	MEDICARE	$22.75	$0.00									
82533		TOTAL CORTISOL	1/1/2016	MEDICARE	$22.21	$0.00									
82540		ASSAY OF CREATINE	1/1/2016	MEDICARE	$6.31	$0.00									
82542		COL CHROMOTOGRAPHY QUAL/QUAN	1/1/2016	MEDICARE	$24.60	$0.00									
82550		ASSAY OF CK (CPK)	1/1/2016	MEDICARE	$8.86	$0.00									
82550	QW	ASSAY OF CK (CPK)	1/1/2016	MEDICARE	$8.86	$0.00									
82552		ASSAY OF CPK IN BLOOD	1/1/2016	MEDICARE	$18.25	$0.00									
82553		CREATINE MB FRACTION	1/1/2016	MEDICARE	$15.73	$0.00									
82554		CREATINE ISOFORMS	1/1/2016	MEDICARE	$12.49	$0.00									
82565		ASSAY OF CREATININE	1/1/2016	MEDICARE	$6.97	$0.00									
82565	QW	ASSAY OF CREATININE	1/1/2016	MEDICARE	$6.97	$0.00									
82570		ASSAY OF URINE CREATININE	1/1/2016	MEDICARE	$7.05	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
82570	QW	CREATININE; OTHER SOURCE	1/1/2016	MEDICARE	$7.05	$0.00									
82575		CREATININE CLEARANCE TEST	1/1/2016	MEDICARE	$12.88	$0.00									
82585		ASSAY OF CRYOFIBRINOGEN	1/1/2016	MEDICARE	$11.68	$0.00									
82595		ASSAY OF CRYOGLOBULIN	1/1/2015	MEDICARE	$8.80	$0.00									
82600		ASSAY OF CYANIDE	1/1/2016	MEDICARE	$26.43	$0.00									
82607		VITAMIN B-12	1/1/2016	MEDICARE	$20.53	$0.00									
82608		B-12 BINDING CAPACITY	1/1/2016	MEDICARE	$19.51	$0.00									
82610		CYSTATIN C	1/1/2016	MEDICARE	$18.52	$0.00									
82615		TEST FOR URINE CYSTINES	1/1/2016	MEDICARE	$11.11	$0.00									
82626		DEHYDROEPIANDROSTERONE	1/1/2016	MEDICARE	$34.42	$0.00									
82627		DEHYDROEPIANDROSTERONE	1/1/2016	MEDICARE	$30.28	$0.00									
82633		DESOXYCORTICOSTERONE	1/1/2016	MEDICARE	$42.19	$0.00									
82634		DEOXYCORTISOL	1/1/2016	MEDICARE	$39.88	$0.00									
82638		ASSAY OF DIBUCAINE NUMBER	1/1/2016	MEDICARE	$16.68	$0.00									
82652		VIT D 1 25-DIHYDROXY	1/1/2016	MEDICARE	$52.44	$0.00									
82656		PANCREATIC ELASTASE FECAL	1/1/2016	MEDICARE	$15.70	$0.00									
82657		ENZYME CELL ACTIVITY	1/1/2016	MEDICARE	$24.60	$0.00									
82658		ENZYME CELL ACTIVITY RA	1/1/2016	MEDICARE	$24.60	$0.00									
82664		ELECTROPHORETIC TEST	1/1/2016	MEDICARE	$46.80	$0.00									
82668		ASSAY OF ERYTHROPOIETIN	1/1/2016	MEDICARE	$25.60	$0.00									
82670		ASSAY OF ESTRADIOL	1/1/2016	MEDICARE	$38.05	$0.00									
82671		ASSAY OF ESTROGENS	1/1/2016	MEDICARE	$43.99	$0.00									
82672		ASSAY OF ESTROGEN	1/1/2016	MEDICARE	$29.56	$0.00									
82677		ASSAY OF ESTRIOL	1/1/2016	MEDICARE	$32.94	$0.00									
82679		ASSAY OF ESTRONE	1/1/2016	MEDICARE	$34.00	$0.00									
82679	QW	ESTRONE	1/1/2016	MEDICARE	$34.00	$0.00									
82693		ASSAY OF ETHYLENE GLYCOL	1/1/2016	MEDICARE	$20.29	$0.00									
82696		ASSAY OF ETIOCHOLANOLONE	1/1/2016	MEDICARE	$32.11	$0.00									
82705		FATS/LIPIDS FECES QUAL	1/1/2015	MEDICARE	$6.93	$0.00									
82710		FATS/LIPIDS FECES QUANT	1/1/2016	MEDICARE	$22.89	$0.00									
82715		ASSAY OF FECAL FAT	1/1/2016	MEDICARE	$23.44	$0.00									
82725		ASSAY OF BLOOD FATTY ACIDS	1/1/2016	MEDICARE	$18.13	$0.00									
82726		LONG CHAIN FATTY ACIDS	1/1/2016	MEDICARE	$24.60	$0.00									
82728		ASSAY OF FERRITIN	1/1/2016	MEDICARE	$18.57	$0.00									
82731		ASSAY OF FETAL FIBRONECTIN	1/1/2016	MEDICARE	$87.73	$0.00									
82735		ASSAY OF FLUORIDE	1/1/2016	MEDICARE	$25.24	$0.00									
82746		ASSAY OF FOLIC ACID SERUM	1/1/2016	MEDICARE	$20.02	$0.00									
82747		ASSAY OF FOLIC ACID RBC	1/1/2016	MEDICARE	$23.59	$0.00									
82757		ASSAY OF SEMEN FRUCTOSE	1/1/2016	MEDICARE	$23.62	$0.00									
82759		ASSAY OF RBC GALACTOKINASE	1/1/2016	MEDICARE	$29.26	$0.00									
82760		ASSAY OF GALACTOSE	1/1/2016	MEDICARE	$15.25	$0.00									
82775		ASSAY GALACTOSE TRANSFERASE	1/1/2016	MEDICARE	$28.69	$0.00									
82776		GALACTOSE TRANSFERASE TEST	1/1/2016	MEDICARE	$11.43	$0.00									
82777		GALECTIN 3	1/1/2016	MEDICARE	$29.95	$0.00									
82784		ASSAY IGA/IGD/IGG/IGM EACH	1/1/2016	MEDICARE	$12.40	$0.00									
82785		ASSAY OF GAMMAGLOBULIN IGE	1/1/2016	MEDICARE	$22.42	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
82787		IGG 1 2 3 OR 4 EACH	1/1/2016	MEDICARE	$10.92	$0.00									
82800		BLOOD PH	1/1/2016	MEDICARE	$11.53	$0.00									
82803		BLOOD GASES ANY COMBINATION	1/1/2016	MEDICARE	$26.35	$0.00									
82805		BLOOD GASES W/O2 SATURATION	1/1/2016	MEDICARE	$38.65	$0.00									
82810		BLOOD GASES O2 SAT ONLY	1/1/2016	MEDICARE	$11.89	$0.00									
82820		HEMOGLOBIN-OXYGEN AFFINITY	1/1/2016	MEDICARE	$13.60	$0.00									
82930		GASTRIC ANALY W/PH EA SPEC	1/1/2016	MEDICARE	$7.42	$0.00									
82938		GASTRIN TEST	1/1/2016	MEDICARE	$24.10	$0.00									
82941		ASSAY OF GASTRIN	1/1/2016	MEDICARE	$24.01	$0.00									
82943		ASSAY OF GLUCAGON	1/1/2016	MEDICARE	$19.45	$0.00									
82945		GLUCOSE OTHER FLUID	1/1/2016	MEDICARE	$5.35	$0.00									
82947		ASSAY GLUCOSE BLOOD QUANT	1/1/2016	MEDICARE	$5.35	$0.00									
82947	QW	ASSAY GLUCOSE BLOOD QUANT	1/1/2016	MEDICARE	$5.35	$0.00									
82948		REAGENT STRIP/BLOOD GLUCOSE	1/1/2016	MEDICARE	$4.32	$0.00									
82950		GLUCOSE TEST	1/1/2016	MEDICARE	$6.46	$0.00									
82950	QW	GLUCOSE; POST GLUCOSE DOSE (INCLU	1/1/2016	MEDICARE	$6.46	$0.00									
82951		GLUCOSE TOLERANCE TEST (GTT)	1/1/2016	MEDICARE	$17.53	$0.00									
82951	QW	GLUCOSE; TOLERANCE (GTT) 3 SPECIME	1/1/2016	MEDICARE	$17.53	$0.00									
82952		GTT-ADDED SAMPLES	1/1/2015	MEDICARE	$5.34	$0.00									
82952	QW	GLUCOSE; TOLERANCE TEST EACH ADD	1/1/2015	MEDICARE	$5.34	$0.00									
82955		ASSAY OF G6PD ENZYME	1/1/2016	MEDICARE	$13.21	$0.00									
82960		TEST FOR G6PD ENZYME	1/1/2015	MEDICARE	$8.23	$0.00									
82962		GLUCOSE BLOOD TEST	1/1/2015	MEDICARE	$3.19	$0.00									
82963		ASSAY OF GLUCOSIDASE	1/1/2016	MEDICARE	$29.26	$0.00									
82965		ASSAY OF GDH ENZYME	1/1/2015	MEDICARE	$10.51	$0.00									
82977		ASSAY OF GGT	1/1/2016	MEDICARE	$9.81	$0.00									
82977	QW	ASSAY OF GGT	1/1/2016	MEDICARE	$9.81	$0.00									
82978		ASSAY OF GLUTATHIONE	1/1/2016	MEDICARE	$19.42	$0.00									
82979		ASSAY RBC GLUTATHIONE	1/1/2015	MEDICARE	$9.37	$0.00									
82985		ASSAY OF GLYCATED PROTEIN	1/1/2016	MEDICARE	$15.85	$0.00									
82985	QW	ASSAY OF GLYCATED PROTEIN	1/1/2016	MEDICARE	$15.85	$0.00									
83001		ASSAY OF GONADOTROPIN (FSH)	1/1/2016	MEDICARE	$25.30	$0.00									
83001	QW	ASSAY OF GONADOTROPIN (FSH)	1/1/2016	MEDICARE	$25.30	$0.00									
83002		ASSAY OF GONADOTROPIN (LH)	1/1/2016	MEDICARE	$25.21	$0.00									
83002	QW	ASSAY OF GONADOTROPIN (LH)	1/1/2016	MEDICARE	$25.21	$0.00									
83003		ASSAY GROWTH HORMONE (HGH)	1/1/2016	MEDICARE	$22.72	$0.00									
83006		GROWTH STIMULATION GENE 2	1/1/2016	MEDICARE	$29.95	$0.00									
83009		H PYLORI (C-13) BLOOD	1/1/2016	MEDICARE	$91.75	$0.00									
83010		ASSAY OF HAPTOGLOBIN QUANT	1/1/2016	MEDICARE	$17.13	$0.00									
83012		ASSAY OF HAPTOGLOBINS	1/1/2016	MEDICARE	$23.41	$0.00									
83013		H PYLORI (C-13) BREATH	1/1/2016	MEDICARE	$91.75	$0.00									
83014		H PYLORI DRUG ADMIN	1/1/2016	MEDICARE	$10.71	$0.00									
83015		HEAVY METAL SCREEN	1/1/2016	MEDICARE	$25.65	$0.00									
83018		QUANTITATIVE SCREEN METALS	1/1/2016	MEDICARE	$29.92	$0.00									
83020		HEMOGLOBIN ELECTROPHORESIS	1/1/2016	MEDICARE	$17.53	$0.00									
83021		HEMOGLOBIN CHROMOTOGRAPHY	1/1/2016	MEDICARE	$24.60	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
83026		HEMOGLOBIN COPPER SULFATE	1/1/2015	MEDICARE	$3.22	$0.00									
83030		FETAL HEMOGLOBIN CHEMICAL	1/1/2016	MEDICARE	$11.26	$0.00									
83033		FETAL HEMOGLOBIN ASSAY QUAL	1/1/2016	MEDICARE	$8.11	$0.00									
83036		GLYCOSYLATED HEMOGLOBIN TEST	1/1/2016	MEDICARE	$13.21	$0.00									
83036	QW	HEMOGLOBIN; GLYCATED	1/1/2016	MEDICARE	$13.21	$0.00									
83037		GLYCOSYLATED HB HOME DEVICE	1/1/2016	MEDICARE	$13.21	$0.00									
83037	QW	GLYCOSYLATED HB HOME DEVICE	1/1/2016	MEDICARE	$13.21	$0.00									
83045		BLOOD METHEMOGLOBIN TEST	1/1/2016	MEDICARE	$6.75	$0.00									
83050		BLOOD METHEMOGLOBIN ASSAY	1/1/2015	MEDICARE	$9.97	$0.00									
83051		ASSAY OF PLASMA HEMOGLOBIN	1/1/2016	MEDICARE	$9.96	$0.00									
83060		BLOOD SULFHEMOGLOBIN ASSAY	1/1/2016	MEDICARE	$11.26	$0.00									
83065		ASSAY OF HEMOGLOBIN HEAT	1/1/2015	MEDICARE	$9.37	$0.00									
83068		HEMOGLOBIN STABILITY SCREEN	1/1/2016	MEDICARE	$11.53	$0.00									
83069		ASSAY OF URINE HEMOGLOBIN	1/1/2016	MEDICARE	$5.38	$0.00									
83070		ASSAY OF HEMOSIDERIN QUAL	1/1/2016	MEDICARE	$6.46	$0.00									
83080		ASSAY OF B HEXOSAMINIDASE	1/1/2016	MEDICARE	$22.96	$0.00									
83088		ASSAY OF HISTAMINE	1/1/2016	MEDICARE	$40.23	$0.00									
83090		ASSAY OF HOMOCYSTINE	1/1/2016	MEDICARE	$22.98	$0.00									
83150		ASSAY OF HOMOVANILLIC ACID	1/1/2016	MEDICARE	$26.35	$0.00									
83491		ASSAY OF CORTICOSTEROIDS 17	1/1/2016	MEDICARE	$23.86	$0.00									
83497		ASSAY OF 5-HIAA	1/1/2016	MEDICARE	$17.56	$0.00									
83498		ASSAY OF PROGESTERONE 17-D	1/1/2016	MEDICARE	$37.00	$0.00									
83499		ASSAY OF PROGESTERONE 20-	1/1/2016	MEDICARE	$34.33	$0.00									
83500		ASSAY FREE HYDROXYPROLINE	1/1/2016	MEDICARE	$30.85	$0.00									
83505		ASSAY TOTAL HYDROXYPROLINE	1/1/2016	MEDICARE	$33.12	$0.00									
83516	QW	IMMUNOASSAY NONANTIBODY	1/1/2016	MEDICARE	$15.70	$0.00									
83518		IMMUNOASSAY DIPSTICK	1/1/2016	MEDICARE	$11.53	$0.00									
83518	QW	IMMUNOASSAY DIPSTICK	1/1/2016	MEDICARE	$11.53	$0.00									
83519		IMMUNOASSAY, NONANTIBODY	1/1/2016	MEDICARE	$18.40	$0.00									
83520		IMMUNOASSAY, RIA	1/1/2016	MEDICARE	$17.62	$0.00									
83520	QW	IMMUNOASSAY, RIA	1/1/2016	MEDICARE	$17.62	$0.00									
83525		ASSAY OF INSULIN	1/1/2016	MEDICARE	$15.57	$0.00									
83527		ASSAY OF INSULIN	1/1/2016	MEDICARE	$17.64	$0.00									
83528		ASSAY OF INTRINSIC FACTOR	1/1/2016	MEDICARE	$21.67	$0.00									
83540		ASSAY OF IRON	1/1/2016	MEDICARE	$5.92	$0.00									
83550		IRON BINDING TEST	1/1/2016	MEDICARE	$7.38	$0.00									
83570		ASSAY OF IDH ENZYME	1/1/2016	MEDICARE	$12.04	$0.00									
83582		ASSAY OF KETOGENIC STEROIDS	1/1/2016	MEDICARE	$19.30	$0.00									
83586		ASSAY 17- KETOSTEROIDS	1/1/2016	MEDICARE	$17.44	$0.00									
83593		FRACTIONATION KETOSTEROIDS	1/1/2016	MEDICARE	$35.82	$0.00									
83605		ASSAY OF LACTIC ACID	1/1/2016	MEDICARE	$14.55	$0.00									
83605	QW	LACTATE (LACTIC ACID)	1/1/2016	MEDICARE	$14.55	$0.00									
83615		LACTATE (LD) (LDH) ENZYME	1/1/2016	MEDICARE	$8.22	$0.00									
83625		ASSAY OF LDH ENZYMES	1/1/2016	MEDICARE	$17.43	$0.00									
83630		LACTOFERRIN FECAL (QUAL)	1/1/2016	MEDICARE	$26.74	$0.00									
83631		LACTOFERRIN FECAL (QUANT)	1/1/2016	MEDICARE	$26.74	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
83632		PLACENTAL LACTOGEN	1/1/2016	MEDICARE	$27.54	$0.00									
83633		TEST URINE FOR LACTOSE	1/1/2016	MEDICARE	$7.48	$0.00									
83655		ASSAY OF LEAD	1/1/2016	MEDICARE	$16.48	$0.00									
83655	QW	ASSAY OF LEAD	1/1/2016	MEDICARE	$16.48	$0.00									
83661		L/S RATIO FETAL LUNG	1/1/2016	MEDICARE	$29.95	$0.00									
83662		FOAM STABILITY FETAL LUNG	1/1/2016	MEDICARE	$9.22	$0.00									
83663		FLUORO POLARIZE FETAL LUNG	1/1/2016	MEDICARE	$9.22	$0.00									
83664		LAMELLAR BDY FETAL LUNG	1/1/2016	MEDICARE	$9.22	$0.00									
83670		ASSAY OF LAP ENZYME	1/1/2016	MEDICARE	$12.48	$0.00									
83690		ASSAY OF LIPASE	1/1/2016	MEDICARE	$9.12	$0.00									
83695		ASSAY OF LIPOPROTEIN(A)	1/1/2016	MEDICARE	$17.62	$0.00									
83700		LIPOPRO BLD ELECTROPHORETIC	1/1/2016	MEDICARE	$15.33	$0.00									
83701		LIPOPROTEIN BLD HR FRACTION	1/1/2016	MEDICARE	$33.82	$0.00									
83704		LIPOPROTEIN BLD BY NMR	1/1/2016	MEDICARE	$42.97	$0.00									
83718		ASSAY OF LIPOPROTEIN	1/1/2016	MEDICARE	$11.16	$0.00									
83718	QW	LIPOPROTEIN DIRECT MEASUREMENT; H	1/1/2016	MEDICARE	$11.16	$0.00									
83719		ASSAY OF BLOOD LIPOPROTEIN	1/1/2016	MEDICARE	$15.85	$0.00									
83721		ASSAY OF BLOOD LIPOPROTEIN	1/1/2016	MEDICARE	$13.00	$0.00									
83721	QW	ASSAY OF BLOOD LIPOPROTEIN	1/1/2016	MEDICARE	$13.00	$0.00									
83727		ASSAY OF LRH HORMONE	1/1/2016	MEDICARE	$23.41	$0.00									
83735		ASSAY OF MAGNESIUM	1/1/2016	MEDICARE	$9.12	$0.00									
83775		ASSAY MALATE DEHYDROGENASE	1/1/2016	MEDICARE	$10.03	$0.00									
83785		ASSAY OF MANGANESE	1/1/2016	MEDICARE	$33.51	$0.00									
83789		MASS SPECTROMETRY QUAL/QUAN	1/1/2016	MEDICARE	$24.60	$0.00									
83825		ASSAY OF MERCURY	1/1/2016	MEDICARE	$22.14	$0.00									
83835		ASSAY OF METANEPHRINES	1/1/2016	MEDICARE	$23.07	$0.00									
83857		ASSAY OF METHEMALBUMIN	1/1/2016	MEDICARE	$14.62	$0.00									
83861		MICROFLUID ANALY TEARS	1/1/2016	MEDICARE	$22.50	$0.00									
83861	QW	MICROFLUID ANALY TEARS	1/1/2016	MEDICARE	$22.50	$0.00									
83864		MUCOPOLYSACCHARIDES	1/1/2016	MEDICARE	$27.13	$0.00									
83872		ASSAY SYNOVIAL FLUID MUCIN	1/1/2015	MEDICARE	$7.98	$0.00									
83873		ASSAY OF CSF PROTEIN	1/1/2016	MEDICARE	$23.44	$0.00									
83874		ASSAY OF MYOGLOBIN	1/1/2016	MEDICARE	$17.59	$0.00									
83876		ASSAY MYELOPEROXIDASE	1/1/2016	MEDICARE	$46.24	$0.00									
83880		ASSAY OF NATRIURETIC PEPTIDE	1/1/2016	MEDICARE	$46.24	$0.00									
83880	QW	ASSAY OF NATRIURETIC PEPTIDE	1/1/2016	MEDICARE	$46.24	$0.00									
83883		ASSAY NEPHELOMETRY NOT SPEC	1/1/2016	MEDICARE	$18.52	$0.00									
83885		ASSAY OF NICKEL	1/1/2016	MEDICARE	$33.37	$0.00									
83915		ASSAY OF NUCLEOTIDASE	1/1/2016	MEDICARE	$15.19	$0.00									
83916		OLIGOCLONAL BANDS	1/1/2016	MEDICARE	$27.39	$0.00									
83918		ORGANIC ACIDS TOTAL QUANT	1/1/2016	MEDICARE	$22.41	$0.00									
83919		ORGANIC ACIDS QUAL EACH	1/1/2016	MEDICARE	$22.41	$0.00									
83921		ORGANIC ACID SINGLE QUANT	1/1/2016	MEDICARE	$22.41	$0.00									
83930		ASSAY OF BLOOD OSMOLALITY	1/1/2016	MEDICARE	$9.01	$0.00									
83935		ASSAY OF URINE OSMOLALITY	1/1/2016	MEDICARE	$9.28	$0.00									
83937		ASSAY OF OSTEOCALCIN	1/1/2016	MEDICARE	$40.66	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
83945		ASSAY OF OXALATE	1/1/2016	MEDICARE	$17.53	$0.00									
83950		ONCOPROTEIN HER-2/NEU	1/1/2016	MEDICARE	$87.73	$0.00									
83951		ONCOPROTEIN DCP	1/1/2016	MEDICARE	$87.73	$0.00									
83970		ASSAY OF PARATHORMONE	1/1/2016	MEDICARE	$56.23	$0.00									
83986		ASSAY OF BODY FLUID ACIDITY	1/1/2016	MEDICARE	$4.87	$0.00									
83986	QW	PH BODY FLUID EXCEPT BLOOD	1/1/2016	MEDICARE	$4.87	$0.00									
83992		ASSAY FOR PHENCYCLIDINE	1/1/2016	MEDICARE	$20.02	$0.00									
83993		ASSAY FOR CALPROTECTIN FECAL	1/1/2016	MEDICARE	$26.74	$0.00									
84030		ASSAY OF BLOOD PKU	1/1/2016	MEDICARE	$7.48	$0.00									
84035		ASSAY OF PHENYLKETONES	1/1/2016	MEDICARE	$4.99	$0.00									
84060		ASSAY ACID PHOSPHATASE	1/1/2016	MEDICARE	$10.06	$0.00									
84061		PHOSPHATASE FORENSIC EXAM	1/1/2016	MEDICARE	$10.77	$0.00									
84066		ASSAY PROSTATE PHOSPHATASE	1/1/2016	MEDICARE	$13.15	$0.00									
84075		ASSAY ALKALINE PHOSPHATASE	1/1/2016	MEDICARE	$7.05	$0.00									
84075	QW	ASSAY ALKALINE PHOSPHATASE	1/1/2016	MEDICARE	$7.05	$0.00									
84078		ASSAY ALKALINE PHOSPHATASE	1/1/2016	MEDICARE	$9.94	$0.00									
84080		ASSAY ALKALINE PHOSPHATASES	1/1/2016	MEDICARE	$20.14	$0.00									
84081		ASSAY PHOSPHATIDYLGLYCEROL	1/1/2016	MEDICARE	$22.50	$0.00									
84085		ASSAY OF RBC PG6D ENZYME	1/1/2015	MEDICARE	$9.18	$0.00									
84087		ASSAY PHOSPHOHEXOSE ENZYMES	1/1/2016	MEDICARE	$14.07	$0.00									
84100		ASSAY OF PHOSPHORUS	1/1/2016	MEDICARE	$6.46	$0.00									
84105		ASSAY OF URINE PHOSPHORUS	1/1/2016	MEDICARE	$7.05	$0.00									
84106		TEST FOR PORPHOBILINOGEN	1/1/2016	MEDICARE	$5.83	$0.00									
84110		ASSAY OF PORPHOBILINOGEN	1/1/2016	MEDICARE	$11.50	$0.00									
84112		PLACENTA ALPHA MICRO IG C/V	1/1/2016	MEDICARE	$87.73	$0.00									
84119		TEST URINE FOR PORPHYRINS	1/1/2016	MEDICARE	$11.74	$0.00									
84120		ASSAY OF URINE PORPHYRINS	1/1/2016	MEDICARE	$20.04	$0.00									
84126		ASSAY OF FECES PORPHYRINS	1/1/2016	MEDICARE	$34.69	$0.00									
84132		ASSAY OF SERUM POTASSIUM	1/1/2015	MEDICARE	$6.25	$0.00									
84132	QW	ASSAY OF SERUM POTASSIUM	1/1/2015	MEDICARE	$6.25	$0.00									
84133		ASSAY OF URINE POTASSIUM	1/1/2016	MEDICARE	$5.86	$0.00									
84134		ASSAY OF PREALBUMIN	1/1/2016	MEDICARE	$19.87	$0.00									
84135		ASSAY OF PREGNANEDIOL	1/1/2016	MEDICARE	$26.05	$0.00									
84138		ASSAY OF PREGNANETRIOL	1/1/2016	MEDICARE	$25.78	$0.00									
84140		ASSAY OF PREGNENOLONE	1/1/2016	MEDICARE	$28.15	$0.00									
84143		ASSAY OF 17-HYDROXYPREGNENO	1/1/2016	MEDICARE	$20.95	$0.00									
84144		ASSAY OF PROGESTERONE	1/1/2016	MEDICARE	$28.42	$0.00									
84146		ASSAY OF PROLACTIN	1/1/2016	MEDICARE	$26.40	$0.00									
84150		ASSAY OF PROSTAGLANDIN	1/1/2016	MEDICARE	$34.00	$0.00									
84152		ASSAY OF PSA COMPLEXED	1/1/2016	MEDICARE	$25.06	$0.00									
84153		ASSAY OF PSA TOTAL	1/1/2016	MEDICARE	$25.06	$0.00									
84154		ASSAY OF PSA FREE	1/1/2016	MEDICARE	$25.06	$0.00									
84155		ASSAY OF PROTEIN SERUM	1/1/2016	MEDICARE	$4.99	$0.00									
84155	QW	ASSAY OF PROTEIN SERUM	1/1/2016	MEDICARE	$4.99	$0.00									
84156		ASSAY OF PROTEIN URINE	1/1/2016	MEDICARE	$4.99	$0.00									
84157		ASSAY OF PROTEIN OTHER	1/1/2016	MEDICARE	$4.99	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
84157	QW	ASSAY OF PROTEIN OTHER	1/1/2016	MEDICARE	$4.99	$0.00									
84160		ASSAY OF PROTEIN ANY SOURCE	1/1/2016	MEDICARE	$7.05	$0.00									
84163		PAPPA SERUM	1/1/2016	MEDICARE	$20.50	$0.00									
84165		PROTEIN E-PHORESIS SERUM	1/1/2016	MEDICARE	$14.62	$0.00									
84166		PROTEIN E-PHORESIS/URINE/CSF	1/1/2016	MEDICARE	$24.28	$0.00									
84181		WESTERN BLOT TEST	1/1/2016	MEDICARE	$23.20	$0.00									
84182		PROTEIN WESTERN BLOT TEST	1/1/2016	MEDICARE	$24.52	$0.00									
84202		ASSAY RBC PROTOPORPHYRIN	1/1/2016	MEDICARE	$19.54	$0.00									
84203		TEST RBC PROTOPORPHYRIN	1/1/2016	MEDICARE	$11.73	$0.00									
84206		ASSAY OF PROINSULIN	1/1/2016	MEDICARE	$24.25	$0.00									
84207		ASSAY OF VITAMIN B-6	1/1/2016	MEDICARE	$38.26	$0.00									
84210		ASSAY OF PYRUVATE	1/1/2016	MEDICARE	$14.79	$0.00									
84220		ASSAY OF PYRUVATE KINASE	1/1/2016	MEDICARE	$12.85	$0.00									
84228		ASSAY OF QUININE	1/1/2016	MEDICARE	$15.85	$0.00									
84233		ASSAY OF ESTROGEN	1/1/2016	MEDICARE	$87.73	$0.00									
84234		ASSAY OF PROGESTERONE	1/1/2016	MEDICARE	$88.38	$0.00									
84235		ASSAY OF ENDOCRINE HORMONE	1/1/2016	MEDICARE	$71.29	$0.00									
84238		ASSAY NONENDOCRINE RECEPTOR	1/1/2016	MEDICARE	$49.81	$0.00									
84244		ASSAY OF RENIN	1/1/2016	MEDICARE	$29.95	$0.00									
84252		ASSAY OF VITAMIN B-2	1/1/2016	MEDICARE	$27.57	$0.00									
84255		ASSAY OF SELENIUM	1/1/2016	MEDICARE	$34.78	$0.00									
84260		ASSAY OF SEROTONIN	1/1/2016	MEDICARE	$42.19	$0.00									
84270		ASSAY OF SEX HORMONE GLOBUL	1/1/2016	MEDICARE	$29.61	$0.00									
84275		ASSAY OF SIALIC ACID	1/1/2016	MEDICARE	$18.30	$0.00									
84285		ASSAY OF SILICA	1/1/2016	MEDICARE	$32.07	$0.00									
84295		ASSAY OF SERUM SODIUM	1/1/2016	MEDICARE	$6.55	$0.00									
84295	QW	ASSAY OF SERUM SODIUM	1/1/2016	MEDICARE	$6.55	$0.00									
84300		ASSAY OF URINE SODIUM	1/1/2016	MEDICARE	$6.63	$0.00									
84302		ASSAY OF SWEAT SODIUM	1/1/2016	MEDICARE	$6.63	$0.00									
84305		ASSAY OF SOMATOMEDIN	1/1/2016	MEDICARE	$28.96	$0.00									
84307		ASSAY OF SOMATOSTATIN	1/1/2016	MEDICARE	$24.90	$0.00									
84311		SPECTROPHOTOMETRY	1/1/2015	MEDICARE	$9.52	$0.00									
84315		BODY FLUID SPECIFIC GRAVITY	1/1/2015	MEDICARE	$3.42	$0.00									
84375		CHROMATOGRAM ASSAY SUGARS	1/1/2016	MEDICARE	$26.71	$0.00									
84376		SUGARS SINGLE QUAL	1/1/2016	MEDICARE	$7.48	$0.00									
84377		SUGARS MULTIPLE QUAL	1/1/2016	MEDICARE	$7.48	$0.00									
84378		SUGARS SINGLE QUANT	1/1/2016	MEDICARE	$15.70	$0.00									
84379		SUGARS MULTIPLE QUANT	1/1/2016	MEDICARE	$15.70	$0.00									
84392		ASSAY OF URINE SULFATE	1/1/2016	MEDICARE	$6.46	$0.00									
84402		ASSAY OF FREE TESTOSTERONE	1/1/2016	MEDICARE	$34.69	$0.00									
84403		ASSAY OF TOTAL TESTOSTERONE	1/1/2016	MEDICARE	$35.17	$0.00									
84425		ASSAY OF VITAMIN B-1	1/1/2016	MEDICARE	$28.92	$0.00									
84430		ASSAY OF THIOCYANATE	1/1/2016	MEDICARE	$15.85	$0.00									
84432		ASSAY OF THYROGLOBULIN	1/1/2016	MEDICARE	$21.88	$0.00									
84436		ASSAY OF TOTAL THYROXINE	1/1/2015	MEDICARE	$9.34	$0.00									
84437		ASSAY OF NEONATAL THYROXINE	1/1/2015	MEDICARE	$8.80	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
84439		ASSAY OF FREE THYROXINE	1/1/2016	MEDICARE	$12.28	$0.00									
84442		ASSAY OF THYROID ACTIVITY	1/1/2016	MEDICARE	$20.14	$0.00									
84443		ASSAY THYROID STIM HORMONE	1/1/2016	MEDICARE	$22.89	$0.00									
84443	QW	ASSAY THYROID STIM HORMONE	1/1/2016	MEDICARE	$22.89	$0.00									
84445		ASSAY OF TSI GLOBULIN	1/1/2016	MEDICARE	$69.27	$0.00									
84446		ASSAY OF VITAMIN E	1/1/2016	MEDICARE	$19.30	$0.00									
84449		ASSAY OF TRANSCORTIN	1/1/2016	MEDICARE	$24.52	$0.00									
84450		TRANSFERASE (AST) (SGOT)	1/1/2016	MEDICARE	$7.05	$0.00									
84450	QW	TRANSFERASE (AST) (SGOT)	1/1/2016	MEDICARE	$7.05	$0.00									
84460		ALANINE AMINO (ALT) (SGPT)	1/1/2016	MEDICARE	$7.21	$0.00									
84460	QW	TRANSFERASE; ALANINE AMINO (ALT)(SG	1/1/2016	MEDICARE	$7.21	$0.00									
84466		ASSAY OF TRANSFERRIN	1/1/2016	MEDICARE	$17.38	$0.00									
84478		ASSAY OF TRIGLYCERIDES	1/1/2016	MEDICARE	$7.83	$0.00									
84478	QW	TRIGLYCERIDES	1/1/2016	MEDICARE	$7.83	$0.00									
84479		ASSAY OF THYROID (T3 OR T4)	1/1/2015	MEDICARE	$8.80	$0.00									
84480		ASSAY TRIIODOTHYRONINE (T3)	1/1/2016	MEDICARE	$19.30	$0.00									
84481		FREE ASSAY (FT-3)	1/1/2016	MEDICARE	$23.07	$0.00									
84482		T3 REVERSE	1/1/2016	MEDICARE	$21.46	$0.00									
84484		ASSAY OF TROPONIN QUANT	1/1/2016	MEDICARE	$13.39	$0.00									
84485		ASSAY DUODENAL FLUID TRYPSIN	1/1/2015	MEDICARE	$10.23	$0.00									
84488		TEST FECES FOR TRYPSIN	1/1/2016	MEDICARE	$9.94	$0.00									
84490		ASSAY OF FECES FOR TRYPSIN	1/1/2015	MEDICARE	$10.35	$0.00									
84510		ASSAY OF TYROSINE	1/1/2016	MEDICARE	$14.17	$0.00									
84512		ASSAY OF TROPONIN QUAL	1/1/2016	MEDICARE	$10.48	$0.00									
84520		ASSAY OF UREA NITROGEN	1/1/2016	MEDICARE	$5.38	$0.00									
84520	QW	ASSAY OF UREA NITROGEN	1/1/2016	MEDICARE	$5.38	$0.00									
84525		UREA NITROGEN SEMI-QUANT	1/1/2016	MEDICARE	$5.13	$0.00									
84540		ASSAY OF URINE/UREA-N	1/1/2016	MEDICARE	$6.46	$0.00									
84545		UREA-N CLEARANCE TEST	1/1/2016	MEDICARE	$9.00	$0.00									
84550		ASSAY OF BLOOD/URIC ACID	1/1/2016	MEDICARE	$6.16	$0.00									
84550	QW	ASSAY OF BLOOD/URIC ACID	1/1/2016	MEDICARE	$6.16	$0.00									
84560		ASSAY OF URINE/URIC ACID	1/1/2016	MEDICARE	$6.46	$0.00									
84577		ASSAY OF FECES/UROBILINOGEN	1/1/2016	MEDICARE	$16.99	$0.00									
84578		TEST URINE UROBILINOGEN	1/1/2014	MEDICARE	$4.42	$0.00									
84580		ASSAY OF URINE UROBILINOGEN	1/1/2015	MEDICARE	$9.66	$0.00									
84583		ASSAY OF URINE UROBILINOGEN	1/1/2015	MEDICARE	$6.85	$0.00									
84585		ASSAY OF URINE VMA	1/1/2016	MEDICARE	$21.10	$0.00									
84586		ASSAY OF VIP	1/1/2016	MEDICARE	$48.13	$0.00									
84588		ASSAY OF VASOPRESSIN	1/1/2016	MEDICARE	$46.24	$0.00									
84590		ASSAY OF VITAMIN A	1/1/2016	MEDICARE	$15.81	$0.00									
84591		ASSAY OF NOS VITAMIN	1/1/2016	MEDICARE	$15.81	$0.00									
84597		ASSAY OF VITAMIN K	1/1/2016	MEDICARE	$18.69	$0.00									
84600		ASSAY OF VOLATILES	1/1/2016	MEDICARE	$21.90	$0.00									
84620		XYLOSE TOLERANCE TEST	1/1/2016	MEDICARE	$16.14	$0.00									
84630		ASSAY OF ZINC	1/1/2016	MEDICARE	$15.51	$0.00									
84681		ASSAY OF C-PEPTIDE	1/1/2016	MEDICARE	$22.18	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
84702		CHORIONIC GONADOTROPIN TEST	1/1/2016	MEDICARE	$20.50	$0.00									
84703		CHORIONIC GONADOTROPIN ASSAY	1/1/2016	MEDICARE	$10.24	$0.00									
84703	QW	GONADOTROPIN CHORIONIC (HCG); QU/	1/1/2016	MEDICARE	$10.24	$0.00									
84704		HCG FREE BETACHAIN TEST	1/1/2016	MEDICARE	$20.50	$0.00									
84830		OVULATION TESTS	1/1/2016	MEDICARE	$5.41	$0.00									
84999		CLINICAL CHEMISTRY TEST	1/1/2015	FEE SCHED	$3,416.00	$0.00									
85002		BLEEDING TIME TEST	1/1/2016	MEDICARE	$6.13	$0.00									
85004		AUTOMATED DIFF WBC COUNT	1/1/2015	MEDICARE	$8.80	$0.00									
85007		BL SMEAR W/DIFF WBC COUNT	1/1/2015	MEDICARE	$4.68	$0.00									
85008		BL SMEAR W/O DIFF WBC COUNT	1/1/2015	MEDICARE	$4.68	$0.00									
85009		MANUAL DIFF WBC COUNT B-COAT	1/1/2015	MEDICARE	$3.91	$0.00									
85013		SPUN MICROHEMATOCRIT	1/1/2014	MEDICARE	$3.22	$0.00									
85014		HEMATOCRIT	1/1/2014	MEDICARE	$3.22	$0.00									
85014	QW	BLOOD COUNT; OTHER THAN SPUN HEM.	1/1/2014	MEDICARE	$3.22	$0.00									
85018		HEMOGLOBIN	1/1/2014	MEDICARE	$3.22	$0.00									
85018	QW	BLOOD COUNT; HEMOGLOBIN	1/1/2014	MEDICARE	$3.22	$0.00									
85025		COMPLETE CBC W/AUTO DIFF WBC	1/1/2016	MEDICARE	$10.59	$0.00									
85027		COMPLETE CBC AUTOMATED	1/1/2015	MEDICARE	$8.80	$0.00									
85032		MANUAL CELL COUNT EACH	1/1/2016	MEDICARE	$5.86	$0.00									
85041		AUTOMATED RBC COUNT	1/1/2014	MEDICARE	$4.11	$0.00									
85044		MANUAL RETICULOCYTE COUNT	1/1/2016	MEDICARE	$5.86	$0.00									
85045		AUTOMATED RETICULOCYTE COUNT	1/1/2016	MEDICARE	$5.44	$0.00									
85046		RETICYTE/HGB CONCENTRATE	1/1/2015	MEDICARE	$7.59	$0.00									
85048		AUTOMATED LEUKOCYTE COUNT	1/1/2014	MEDICARE	$3.46	$0.00									
85049		AUTOMATED PLATELET COUNT	1/1/2016	MEDICARE	$6.10	$0.00									
85055		RETICULATED PLATELET ASSAY	1/1/2016	MEDICARE	$36.46	$0.00									
85060		BLOOD SMEAR INTERPRETATION	7/1/2015	RBRVS	$26.04	$26.04									
85097		BONE MARROW INTERPRETATION	7/1/2015	RBRVS	$92.66	$51.67									
85130		CHROMOGENIC SUBSTRATE ASSAY	1/1/2016	MEDICARE	$16.20	$0.00									
85170		BLOOD CLOT RETRACTION	1/1/2016	MEDICARE	$4.93	$0.00									
85175		BLOOD CLOT LYSIS TIME	1/1/2016	MEDICARE	$6.19	$0.00									
85210		CLOT FACTOR II PROTHROM SPEC	1/1/2016	MEDICARE	$17.68	$0.00									
85220		BLOOC CLOT FACTOR V TEST	1/1/2016	MEDICARE	$24.04	$0.00									
85230		CLOT FACTOR VII PROCONVERTIN	1/1/2016	MEDICARE	$24.39	$0.00									
85240		CLOT FACTOR VIII AHG 1 STAGE	1/1/2016	MEDICARE	$24.39	$0.00									
85244		CLOT FACTOR VIII RELTD ANTGN	1/1/2016	MEDICARE	$27.82	$0.00									
85245		CLOT FACTOR VIII VW RISTOCTN	1/1/2016	MEDICARE	$31.24	$0.00									
85246		CLOT FACTOR VIII VW ANTIGEN	1/1/2016	MEDICARE	$31.24	$0.00									
85247		CLOT FACTOR VIII MULTIMETRIC	1/1/2016	MEDICARE	$31.24	$0.00									
85250		CLOT FACTOR IX PTC/CHRSTMAS	1/1/2016	MEDICARE	$25.93	$0.00									
85260		CLOT FACTOR X STUART-POWER	1/1/2016	MEDICARE	$24.39	$0.00									
85270		CLOT FACTOR XI PTA	1/1/2016	MEDICARE	$24.39	$0.00									
85280		CLOT FACTOR XII HAGEMAN	1/1/2016	MEDICARE	$26.35	$0.00									
85290		CLOT FACTOR XIII FIBRIN STAB	1/1/2016	MEDICARE	$22.26	$0.00									
85291		CLOT FACTOR XIII FIBRIN SCRN	1/1/2016	MEDICARE	$12.12	$0.00									
85292		CLOT FACTOR FLETCHER FACT	1/1/2016	MEDICARE	$25.80	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
85293		CLOT FACTOR WGHT KININOGEN	1/1/2016	MEDICARE	$25.80	$0.00									
85300		ANTITHROMBIN III ACTIVITY	1/1/2016	MEDICARE	$16.15	$0.00									
85301		ANTITHROMBIN III ANTIGEN	1/1/2016	MEDICARE	$14.73	$0.00									
85302		CLOT INHIBIT PROT C ANTIGEN	1/1/2016	MEDICARE	$16.36	$0.00									
85303		CLOT INHIBIT PROT C ACTIVITY	1/1/2016	MEDICARE	$18.84	$0.00									
85305		CLOT INHIBIT PROT S TOTAL	1/1/2016	MEDICARE	$15.81	$0.00									
85306		CLOT INHIBIT PROT S FREE	1/1/2016	MEDICARE	$20.88	$0.00									
85307		ASSAY ACTIVATED PROTEIN C	1/1/2016	MEDICARE	$20.88	$0.00									
85335		FACTOR INHIBITOR TEST	1/1/2016	MEDICARE	$17.53	$0.00									
85337		THROMBOMODULIN	1/1/2016	MEDICARE	$14.20	$0.00									
85345		COAGULATION TIME LEE & WHITE	1/1/2016	MEDICARE	$5.86	$0.00									
85347		COAGULATION TIME ACTIVATED	1/1/2016	MEDICARE	$5.80	$0.00									
85348		COAGULATION TIME OTR METHOD	1/1/2016	MEDICARE	$5.08	$0.00									
85360		EUGLOBULIN LYSIS	1/1/2016	MEDICARE	$11.44	$0.00									
85362		FIBRIN DEGRADATION PRODUCTS	1/1/2015	MEDICARE	$9.37	$0.00									
85366		FIBRINOGEN TEST	1/1/2016	MEDICARE	$11.74	$0.00									
85370		FIBRINOGEN TEST	1/1/2016	MEDICARE	$15.46	$0.00									
85378		FIBRIN DEGRADE SEMIQUANT	1/1/2016	MEDICARE	$9.72	$0.00									
85379		FIBRIN DEGRADATION QUANT	1/1/2016	MEDICARE	$13.87	$0.00									
85380		FIBRIN DEGRADJ D-DIMER	1/1/2016	MEDICARE	$13.87	$0.00									
85384		FIBRINOGEN ACTIVITY	1/1/2016	MEDICARE	$11.56	$0.00									
85385		FIBRINOGEN ANTIGEN	1/1/2016	MEDICARE	$11.56	$0.00									
85390		FIBRINOLYSINS SCREEN I&R	1/1/2015	MEDICARE	$7.03	$0.00									
85396		CLOTTING ASSAY WHOLE BLOOD	7/1/2015	RBRVS	$21.60	$21.60									
85397		CLOTTING FUNCT ACTIVITY	1/1/2016	MEDICARE	$31.24	$0.00									
85400		FIBRINOLYTIC PLASMIN	1/1/2016	MEDICARE	$12.04	$0.00									
85410		FIBRINOLYTIC ANTIPLASMIN	1/1/2016	MEDICARE	$10.50	$0.00									
85415		FIBRINOLYTIC PLASMINOGEN	1/1/2016	MEDICARE	$23.41	$0.00									
85420		FIBRINOLYTIC PLASMINOGEN	1/1/2016	MEDICARE	$8.89	$0.00									
85421		FIBRINOLYTIC PLASMINOGEN	1/1/2016	MEDICARE	$13.87	$0.00									
85441		HEINZ BODIES DIRECT	1/1/2016	MEDICARE	$5.73	$0.00									
85445		HEINZ BODIES INDUCED	1/1/2016	MEDICARE	$9.28	$0.00									
85460		HEMOGLOBIN FETAL	1/1/2016	MEDICARE	$10.54	$0.00									
85475		HEMOLYSIN ACID	1/1/2016	MEDICARE	$12.09	$0.00									
85520		HEPARIN ASSAY	1/1/2016	MEDICARE	$17.83	$0.00									
85525		HEPARIN NEUTRALIZATION	1/1/2016	MEDICARE	$16.12	$0.00									
85530		HEPARIN-PROTAMINE TOLERANCE	1/1/2016	MEDICARE	$19.30	$0.00									
85536		IRON STAIN PERIPHERAL BLOOD	1/1/2015	MEDICARE	$8.80	$0.00									
85540		WBC ALKALINE PHOSPHATASE	1/1/2016	MEDICARE	$11.71	$0.00									
85547		RBC MECHANICAL FRAGILITY	1/1/2016	MEDICARE	$11.71	$0.00									
85549		MURAMIDASE	1/1/2016	MEDICARE	$25.54	$0.00									
85555		RBC OSMOTIC FRAGILITY	1/1/2016	MEDICARE	$9.10	$0.00									
85557		RBC OSMOTIC FRAGILITY	1/1/2016	MEDICARE	$18.19	$0.00									
85576		BLOOD PLATELET AGGREGATION	1/1/2016	MEDICARE	$29.26	$0.00									
85576	QW	BLOOD PLATELET AGGREGATION	1/1/2016	MEDICARE	$29.26	$0.00									
85597		PLATELET NEUTRALIZATION	1/1/2016	MEDICARE	$7.29	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
85598		HEXAGNAL PHOSPH PLTLT NEUTRL	1/1/2016	MEDICARE	$7.29	$0.00									
85610		PROTHROMBIN TIME	1/1/2016	MEDICARE	$5.35	$0.00									
85610	QW	PROTHROMBIN TIME;	1/1/2016	MEDICARE	$5.35	$0.00									
85611		PROTHROMBIN TEST	1/1/2016	MEDICARE	$5.37	$0.00									
85612		VIPER VENOM PROTHROMBIN TIME	1/1/2016	MEDICARE	$13.05	$0.00									
85613		RUSSELL VIPER VENOM DILUTED	1/1/2016	MEDICARE	$13.05	$0.00									
85635		REPTILASE TEST	1/1/2016	MEDICARE	$13.41	$0.00									
85651		RBC SED RATE NONAUTOMATED	1/1/2016	MEDICARE	$4.83	$0.00									
85652		RBC SED RATE AUTOMATED	1/1/2015	MEDICARE	$3.67	$0.00									
85660		RBC SICKLE CELL TEST	1/1/2016	MEDICARE	$7.51	$0.00									
85670		THROMBIN TIME PLASMA	1/1/2016	MEDICARE	$7.86	$0.00									
85675		THROMBIN TIME TITER	1/1/2015	MEDICARE	$9.31	$0.00									
85705		THROMBOPLASTIN INHIBITION	1/1/2016	MEDICARE	$12.85	$0.00									
85730		THROMBOPLASTIN TIME PARTIAL	1/1/2016	MEDICARE	$8.17	$0.00									
85732		THROMBOPLASTIN TIME PARTIAL	1/1/2015	MEDICARE	$8.80	$0.00									
85810		BLOOD VISCOSITY EXAMINATION	1/1/2016	MEDICARE	$15.90	$0.00									
86000		AGGLUTININS FEBRILE ANTIGEN	1/1/2016	MEDICARE	$9.51	$0.00									
86001		ALLERGEN SPECIFIC IGG	1/1/2015	MEDICARE	$3.94	$0.00									
86003		ALLERGEN SPECIFIC IGE	1/1/2015	MEDICARE	$3.94	$0.00									
86005		ALLERGEN SPECIFIC IGE	1/1/2016	MEDICARE	$10.86	$0.00									
86021		WBC ANTIBODY IDENTIFICATION	1/1/2016	MEDICARE	$20.50	$0.00									
86022		PLATELET ANTIBODIES	1/1/2016	MEDICARE	$25.02	$0.00									
86023		IMMUNOGLOBULIN ASSAY	1/1/2016	MEDICARE	$16.96	$0.00									
86038		ANTINUCLEAR ANTIBODIES	1/1/2016	MEDICARE	$16.47	$0.00									
86039		ANTINUCLEAR ANTIBODIES (ANA)	1/1/2016	MEDICARE	$15.19	$0.00									
86060		ANTISTREPTOLYSIN O TITER	1/1/2016	MEDICARE	$9.94	$0.00									
86063		ANTISTREPTOLYSIN O SCREEN	1/1/2016	MEDICARE	$7.86	$0.00									
86077		PHYS BLOOD BANK SERV XMATCH	7/1/2015	RBRVS	$58.76	$54.69									
86078		PHYS BLOOD BANK SERV REACTJ	7/1/2015	RBRVS	$58.39	$54.32									
86079		PHYS BLOOD BANK SERV AUTHRJ	7/1/2015	RBRVS	$57.28	$53.59									
86140		C-REACTIVE PROTEIN	1/1/2016	MEDICARE	$7.05	$0.00									
86141		C-REACTIVE PROTEIN HS	1/1/2016	MEDICARE	$17.62	$0.00									
86146		BETA-2 GLYCOPROTEIN ANTIBODY	1/1/2016	MEDICARE	$34.66	$0.00									
86147		CARDIOLIPIN ANTIBODY EA IG	1/1/2016	MEDICARE	$34.66	$0.00									
86148		ANTI-PHOSPHOLIPID ANTIBODY	1/1/2016	MEDICARE	$21.88	$0.00									
86152		CELL ENUMERATION & ID	1/1/2016	MEDICARE	$334.69	$0.00									
86153	26	CELL ENUMERATION PHYS INTERP	7/1/2015	RBRVS	$36.89	$36.89									
86155		CHEMOTAXIS ASSAY	1/1/2016	MEDICARE	$21.78	$0.00									
86156		COLD AGGLUTININ SCREEN	1/1/2015	MEDICARE	$9.12	$0.00									
86157		COLD AGGLUTININ TITER	1/1/2016	MEDICARE	$10.98	$0.00									
86160		COMPLEMENT ANTIGEN	1/1/2016	MEDICARE	$16.35	$0.00									
86161		COMPLEMENT/FUNCTION ACTIVITY	1/1/2016	MEDICARE	$16.35	$0.00									
86162		COMPLEMENT TOTAL (CH50)	1/1/2016	MEDICARE	$26.23	$0.00									
86171		COMPLEMENT FIXATION EACH	1/1/2016	MEDICARE	$13.63	$0.00									
86185		COUNTERIMMUNOELECTROPHORESIS	1/1/2016	MEDICARE	$12.19	$0.00									
86200		CCP ANTIBODY	1/1/2016	MEDICARE	$17.62	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
86215		DEOXYRIBONUCLEASE ANTIBODY	1/1/2016	MEDICARE	$18.04	$0.00									
86225		DNA ANTIBODY NATIVE	1/1/2016	MEDICARE	$18.70	$0.00									
86226		DNA ANTIBODY SINGLE STRAND	1/1/2016	MEDICARE	$15.07	$0.00									
86235		NUCLEAR ANTIGEN ANTIBODY	1/1/2016	MEDICARE	$24.43	$0.00									
86243		FC RECEPTOR	1/1/2016	MEDICARE	$27.94	$0.00									
86255		FLUORESCENT ANTIBODY SCREEN	1/1/2016	MEDICARE	$16.41	$0.00									
86256		FLUORESCENT ANTIBODY TITER	1/1/2016	MEDICARE	$16.41	$0.00									
86277		GROWTH HORMONE ANTIBODY	1/1/2016	MEDICARE	$21.43	$0.00									
86280		HEMAGGLUTINATION INHIBITION	1/1/2016	MEDICARE	$11.16	$0.00									
86294		IMMUNOASSAY TUMOR QUAL	1/1/2016	MEDICARE	$26.73	$0.00									
86294	QW	IMMUNOASSAY TUMOR QUAL	1/1/2016	MEDICARE	$26.73	$0.00									
86300		IMMUNOASSAY TUMOR CA 15-3	1/1/2016	MEDICARE	$28.35	$0.00									
86301		IMMUNOASSAY TUMOR CA 19-9	1/1/2016	MEDICARE	$28.35	$0.00									
86304		IMMUNOASSAY TUMOR CA 125	1/1/2016	MEDICARE	$28.35	$0.00									
86308		HETEROPHILE ANTIBODY SCREEN	1/1/2016	MEDICARE	$5.61	$0.00									
86308	QW	HETEROPHILE ANTIBODY SCREEN	1/1/2016	MEDICARE	$5.61	$0.00									
86309		HETEROPHILE ANTIBODY TITER	1/1/2015	MEDICARE	$8.80	$0.00									
86310		HETEROPHILE ANTIBODY ABSRBJ	1/1/2016	MEDICARE	$10.03	$0.00									
86316		IMMUNOASSAY TUMOR OTHER	1/1/2016	MEDICARE	$28.35	$0.00									
86317		IMMUNOASSAY INFECTIOUS AGENT	1/1/2016	MEDICARE	$15.09	$0.00									
86318		IMMUNOASSAY INFECTIOUS AGENT	1/1/2016	MEDICARE	$17.62	$0.00									
86318	QW	IMMUNOASSAY INFECTIOUS AGENT	1/1/2016	MEDICARE	$17.62	$0.00									
86320		SERUM IMMUNOELECTROPHORESIS	1/1/2016	MEDICARE	$30.52	$0.00									
86325		OTHER IMMUNOELECTROPHORESIS	1/1/2016	MEDICARE	$30.46	$0.00									
86327		IMMUNOELECTROPHORESIS ASSAY	1/1/2016	MEDICARE	$30.91	$0.00									
86329		IMMUNODIFFUSION NES	1/1/2016	MEDICARE	$19.12	$0.00									
86331		IMMUNODIFFUSION OUCHTERLONY	1/1/2016	MEDICARE	$16.32	$0.00									
86332		IMMUNE COMPLEX ASSAY	1/1/2016	MEDICARE	$33.19	$0.00									
86334		IMMUNOFIX E-PHORESIS SERUM	1/1/2016	MEDICARE	$30.43	$0.00									
86335		IMMUNOGLOBULIN TYPING (GC GM INV)	1/1/2016	MEDICARE	$39.97	$0.00									
86336		INHIBIN A	1/1/2016	MEDICARE	$21.22	$0.00									
86337		INSULIN ANTIBODIES	1/1/2016	MEDICARE	$29.16	$0.00									
86340		INTRINSIC FACTOR ANTIBODY	1/1/2016	MEDICARE	$20.53	$0.00									
86341		ISLET CELL ANTIBODY	1/1/2016	MEDICARE	$26.95	$0.00									
86343		LEUKOCYTE HISTAMINE RELEASE	1/1/2016	MEDICARE	$16.98	$0.00									
86344		LEUKOCYTE PHAGOCYTOSIS	1/1/2016	MEDICARE	$10.87	$0.00									
86353		LYMPHOCYTE TRANSFORMATION	1/1/2016	MEDICARE	$66.79	$0.00									
86355		B CELLS TOTAL COUNT	1/1/2016	MEDICARE	$51.39	$0.00									
86356		MONONUCLEAR CELL ANTIGEN	1/1/2016	MEDICARE	$36.46	$0.00									
86357		NK CELLS TOTAL COUNT	1/1/2016	MEDICARE	$51.39	$0.00									
86359		T CELLS TOTAL COUNT	1/1/2016	MEDICARE	$51.39	$0.00									
86360		T CELL ABSOLUTE COUNT/RATIO	1/1/2016	MEDICARE	$64.00	$0.00									
86361		T CELL ABSOLUTE COUNT	1/1/2016	MEDICARE	$36.46	$0.00									
86367		STEM CELLS TOTAL COUNT	1/1/2016	MEDICARE	$51.39	$0.00									
86376		MICROSOMAL ANTIBODY EACH	1/1/2016	MEDICARE	$19.81	$0.00									
86378		MIGRATION INHIBITORY FACTOR	1/1/2016	MEDICARE	$26.83	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
86382		NEUTRALIZATION TEST VIRAL	1/1/2016	MEDICARE	$23.04	$0.00									
86384		NITROBLUE TETRAZOLIUM DYE	1/1/2016	MEDICARE	$15.51	$0.00									
86386	QW	NUCLEAR MATRIX PROTEIN 22	1/1/2016	MEDICARE	$21.76	$0.00									
86403		PARTICLE AGGLUT ANTBDY SCRN	1/1/2016	MEDICARE	$13.87	$0.00									
86430		RHEUMATOID FACTOR TEST QUAL	1/1/2016	MEDICARE	$7.72	$0.00									
86431		RHEUMATOID FACTOR QUANT	1/1/2016	MEDICARE	$7.72	$0.00									
86480		TB TEST, CELL IMMUN MEASURE	1/1/2016	MEDICARE	$84.43	$0.00									
86481		TB AG RESPONSE T-CELL SUSP	1/1/2016	MEDICARE	$102.07	$0.00									
86485		SKIN TEST CANDIDA	7/1/2014	FEE SCHED	$11.00	$0.00									
86486		SKIN TEST NOS ANTIGEN	7/1/2015	RBRVS	$5.24	$5.24									
86490		COCCIDIOIDOMYCOSIS SKIN TEST	7/1/2015	RBRVS	$7.09	$7.09									
86510		HISTOPLASMOSIS SKIN TEST	7/1/2015	RBRVS	$6.35	$6.35									
86580		TB INTRADERMAL TEST	7/1/2015	RBRVS	$8.20	$8.20									
86590		STREPTOKINASE ANTIBODY	1/1/2016	MEDICARE	$15.04	$0.00									
86592		BLOOD SEROLOGY, QUALITATIVE	1/1/2016	MEDICARE	$5.82	$0.00									
86593		BLOOD SEROLOGY, QUANTITATIVE	1/1/2015	MEDICARE	$5.98	$0.00									
86602		ANTINOMYCES ANTIBODY	1/1/2016	MEDICARE	$13.87	$0.00									
86603		ADENOVIRUS ANTIBODY	1/1/2016	MEDICARE	$17.52	$0.00									
86606		ASPERGILLUS ANTIBODY	1/1/2016	MEDICARE	$20.50	$0.00									
86609		BACTERIUM ANTIBODY	1/1/2016	MEDICARE	$17.55	$0.00									
86611		BARTONELLA ANTIBODY	1/1/2016	MEDICARE	$13.87	$0.00									
86612		BLASTOMYCES ANTIBODY	1/1/2016	MEDICARE	$17.58	$0.00									
86615		BORDETELLA ANTIBODY	1/1/2016	MEDICARE	$17.97	$0.00									
86618		LYME DISEASE ANTIBODY	1/1/2016	MEDICARE	$23.20	$0.00									
86618	QW	ANTIBODY; BORRELIA BURGDORFERI (LY	1/1/2016	MEDICARE	$23.20	$0.00									
86619		BORRELIA ANTIBODY	1/1/2016	MEDICARE	$18.22	$0.00									
86622		BRUCELLA ANTIBODY	1/1/2016	MEDICARE	$12.16	$0.00									
86625		CAMPYLOBACTER ANTIBODY	1/1/2016	MEDICARE	$17.86	$0.00									
86628		CANDIDA ANTIBODY	1/1/2016	MEDICARE	$16.35	$0.00									
86631		CHLAMYDIA ANTIBODY	1/1/2016	MEDICARE	$16.11	$0.00									
86632		CHLAMYDIA IGM ANTIBODY	1/1/2016	MEDICARE	$17.28	$0.00									
86635		COCCIDIOIDES ANTIBODY	1/1/2016	MEDICARE	$15.63	$0.00									
86638		Q FEVER ANTIBODY	1/1/2016	MEDICARE	$16.51	$0.00									
86641		CRYPTOCOCCUS ANTIBODY	1/1/2016	MEDICARE	$19.63	$0.00									
86644		CMV ANTIBODY	1/1/2016	MEDICARE	$15.39	$0.00									
86645		CMV ANTIBODY IGM	1/1/2016	MEDICARE	$22.95	$0.00									
86648		DIPHTHERIA ANTIBODY	1/1/2016	MEDICARE	$20.71	$0.00									
86651		ENCEPHALITIS CALIFORN ANTBDY	1/1/2016	MEDICARE	$17.97	$0.00									
86652		ENCEPHALTIS EAST EQNE ANBDY	1/1/2016	MEDICARE	$17.97	$0.00									
86653		ENCEPHALTIS ST LOUIS ANTBODY	1/1/2016	MEDICARE	$17.97	$0.00									
86654		ENCEPHALTIS WEST EQNE ANTBDY	1/1/2016	MEDICARE	$17.97	$0.00									
86658		ENTEROVIRUS ANTIBODY	1/1/2016	MEDICARE	$17.74	$0.00									
86663		EPSTEIN-BARR ANTIBODY	1/1/2016	MEDICARE	$17.86	$0.00									
86664		EPSTEIN-BARR NUCLEAR ANTIGEN	1/1/2016	MEDICARE	$20.83	$0.00									
86665		EPSTEIN-BARR CAPSID VCA	1/1/2016	MEDICARE	$24.72	$0.00									
86666		EHRLICHIA ANTIBODY	1/1/2016	MEDICARE	$13.87	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
86668		FRANCISELLA TULARENSIS	1/1/2016	MEDICARE	$14.17	$0.00									
86671		FUNGUS NES ANTIBODY	1/1/2016	MEDICARE	$16.69	$0.00									
86674		GIARDIA LAMBLIA ANTIBODY	1/1/2016	MEDICARE	$20.05	$0.00									
86677		HELICOBACTER PYLORI ANTIBODY	1/1/2016	MEDICARE	$19.77	$0.00									
86682		HELMINTH ANTIBODY	1/1/2016	MEDICARE	$17.71	$0.00									
86684		HEMOPHILUS INFLUENZA ANTIBDY	1/1/2016	MEDICARE	$21.58	$0.00									
86687		HTLV-I ANTIBODY	1/1/2016	MEDICARE	$11.43	$0.00									
86688		HTLV-II ANTIBODY	1/1/2016	MEDICARE	$19.08	$0.00									
86689		HTLV/HIV CONFIRMJ ANTIBODY	1/1/2016	MEDICARE	$26.37	$0.00									
86692		HEPATITIS DELTA AGENT ANTBDY	1/1/2016	MEDICARE	$23.38	$0.00									
86694		HERPES SIMPLEX NES ANTBDY	1/1/2016	MEDICARE	$15.39	$0.00									
86695		HERPES SIMPLEX TYPE 1 TEST	1/1/2016	MEDICARE	$17.97	$0.00									
86696		HERPES SIMPLEX TYPE 2 TEST	1/1/2016	MEDICARE	$26.37	$0.00									
86698		HISTOPLASMA ANTIBODY	1/1/2016	MEDICARE	$17.02	$0.00									
86701		HIV-1ANTIBODY	1/1/2016	MEDICARE	$10.02	$0.00									
86701	QW	HIV-1ANTIBODY	1/1/2016	MEDICARE	$10.02	$0.00									
86702		HIV-2 ANTIBODY	1/1/2016	MEDICARE	$18.40	$0.00									
86703		HIV-1/HIV-2 1 RESULT ANTBDY	1/1/2016	MEDICARE	$18.67	$0.00									
86703	QW	HIV-1/HIV-2 1 RESULT ANTBDY	1/1/2012	MEDICARE	$19.42	$0.00									
86704		HEP B CORE ANTIBODY TOTAL	1/1/2016	MEDICARE	$16.41	$0.00									
86705		HEP B CORE ANTIBODY IGM	1/1/2016	MEDICARE	$16.03	$0.00									
86706		HEP B SURFACE ANTIBODY	1/1/2016	MEDICARE	$12.40	$0.00									
86707		HEPATITIS BE ANTIBODY	1/1/2016	MEDICARE	$15.76	$0.00									
86708		HEPATITIS A ANTIBODY	1/1/2016	MEDICARE	$16.87	$0.00									
86709		HEPATITIS A IGM ANTIBODY	1/1/2016	MEDICARE	$15.33	$0.00									
86710		INFLUENZA VIRUS ANTIBODY	1/1/2016	MEDICARE	$18.46	$0.00									
86711		JOHN CUNNINGHAM ANTIBODY	1/1/2016	MEDICARE	$15.39	$0.00									
86713		LEGIONELLA ANTIBODY	1/1/2016	MEDICARE	$20.85	$0.00									
86717		LEISHMANIA ANTIBODY	1/1/2016	MEDICARE	$16.68	$0.00									
86720		LEPTOSPIRA ANTIBODY	1/1/2016	MEDICARE	$17.97	$0.00									
86723		LISTERIA MONOCYTOGENES	1/1/2016	MEDICARE	$17.97	$0.00									
86727		LYMPH CHORIOMENINGITIS AB	1/1/2016	MEDICARE	$17.52	$0.00									
86729		LYMPHO VENEREUM ANTIBODY	1/1/2016	MEDICARE	$16.27	$0.00									
86732		MUCORMYCOSIS ANTIBODY	1/1/2016	MEDICARE	$17.97	$0.00									
86735		MUMPS ANTIBODY	1/1/2016	MEDICARE	$17.77	$0.00									
86738		MYCOPLASMA ANTIBODY	1/1/2016	MEDICARE	$18.04	$0.00									
86741		NEISSERIA MENINGITIDIS	1/1/2016	MEDICARE	$17.97	$0.00									
86744		NOCARDIA ANTIBODY	1/1/2016	MEDICARE	$17.97	$0.00									
86747		PARVOVIRUS ANTIBODY	1/1/2016	MEDICARE	$20.47	$0.00									
86750		MALARIA ANTIBODY	1/1/2016	MEDICARE	$17.97	$0.00									
86753		PROTOZOA ANTIBODY NOS	1/1/2016	MEDICARE	$16.87	$0.00									
86756		RESPIRATORY VIRUS ANTIBODY	1/1/2016	MEDICARE	$17.55	$0.00									
86757		RICKETTSIA ANTIBODY	1/1/2016	MEDICARE	$26.37	$0.00									
86759		ROTAVIRUS ANTIBODY	1/1/2016	MEDICARE	$17.97	$0.00									
86762		RUBELLA ANTIBODY	1/1/2016	MEDICARE	$15.39	$0.00									
86765		RUBEOLA ANTIBODY	1/1/2016	MEDICARE	$17.55	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
86768		SALMONELLA ANTIBODY	1/1/2016	MEDICARE	$17.97	$0.00									
86771		SHIGELLA ANTIBODY	1/1/2016	MEDICARE	$17.97	$0.00									
86774		TETANUS ANTIBODY	1/1/2016	MEDICARE	$20.16	$0.00									
86777		TOXOPLASMA ANTIBODY	1/1/2016	MEDICARE	$15.39	$0.00									
86778		TOXOPLASMA ANTIBODY IGM	1/1/2016	MEDICARE	$19.62	$0.00									
86780		TREPONEMA PALLIDUM	1/1/2016	MEDICARE	$18.03	$0.00									
86780	QW	TREPONEMA PALLIDUM	1/1/2016	MEDICARE	$18.03	$0.00									
86784		TRICHINELLA ANTIBODY	1/1/2016	MEDICARE	$17.11	$0.00									
86787		VARICELLA-ZOSTER ANTIBODY	1/1/2016	MEDICARE	$17.55	$0.00									
86788		WEST NILE VIRUS AB IGM	1/1/2016	MEDICARE	$22.95	$0.00									
86789		WEST NILE VIRUS ANTIBODY	1/1/2016	MEDICARE	$15.39	$0.00									
86790		VIRUS ANTIBODY NOS	1/1/2016	MEDICARE	$17.55	$0.00									
86793		YERSINIA ANTIBODY	1/1/2016	MEDICARE	$17.97	$0.00									
86800		THYROGLOBULIN ANTIBODY	1/1/2016	MEDICARE	$21.67	$0.00									
86803		HEPATITIS C AB TEST	1/1/2016	MEDICARE	$19.44	$0.00									
86803	QW	HEPATITIS C AB TEST	1/1/2016	MEDICARE	$19.44	$0.00									
86804		HEP C AB TEST CONFIRM	1/1/2016	MEDICARE	$21.01	$0.00									
86805		LYMPHOCYTOTOXICITY ASSAY	1/1/2016	MEDICARE	$71.23	$0.00									
86806		LYMPHOCYTOTOXICITY ASSAY	1/1/2016	MEDICARE	$64.83	$0.00									
86807		CYTOTOXIC ANTIBODY SCREENING	1/1/2016	MEDICARE	$53.91	$0.00									
86808		CYTOTOXIC ANTIBODY SCREENING	1/1/2016	MEDICARE	$40.42	$0.00									
86812		HLA TYPING A B OR C	1/1/2016	MEDICARE	$35.16	$0.00									
86813		HLA TYPING A B OR C	1/1/2016	MEDICARE	$79.00	$0.00									
86816		HLA TYPING DR/DQ	1/1/2016	MEDICARE	$37.95	$0.00									
86817		HLA TYPING DR/DQ	1/1/2016	MEDICARE	$87.70	$0.00									
86821		LYMPHOCYTE CULTURE MIXED	1/1/2016	MEDICARE	$76.90	$0.00									
86822		LYMPHOCYTE CULTURE PRIMED	1/1/2016	MEDICARE	$49.80	$0.00									
86825		HLA X-MATH NON-CYTOTOXIC	1/1/2016	MEDICARE	$109.41	$0.00									
86826		HLA X-MATCH NONCYTOTOXC ADDL	1/1/2016	MEDICARE	$36.46	$0.00									
86828		HLA CLASS I&II ANTIBODY QUAL	1/1/2016	MEDICARE	$53.91	$0.00									
86829		HLA CLASS I/II ANTIBODY QUAL	1/1/2016	MEDICARE	$40.42	$0.00									
86830		HLA CLASS I PHENOTYPE QUAL	1/1/2016	MEDICARE	$109.98	$0.00									
86831		HLA CLASS II PHENOTYPE QUAL	1/1/2016	MEDICARE	$94.27	$0.00									
86832		HLA CLASS I HIGH DEFIN QUAL	1/1/2016	MEDICARE	$172.83	$0.00									
86833		HLA CLASS II HIGH DEFIN QUAL	1/1/2016	MEDICARE	$157.12	$0.00									
86834		HLA CLASS I SEMIQUANT PANEL	1/1/2016	MEDICARE	$487.06	$0.00									
86835		HLA CLASS II SEMIQUANT PANEL	1/1/2016	MEDICARE	$439.93	$0.00									
86849		IMMUNOLOGY PROCEDURE	7/1/2014	FEE SCHED	$49.60	$0.00									
86850		RBC ANTIBODY SCREEN	1/1/2016	FEE SCHED	$8.67	$0.00									
86870		RBC ANTIBODY IDENTIFICATION	7/1/2014	FEE SCHED	$45.75	$0.00									
86880		COOMBS TEST DIRECT	1/1/2015	MEDICARE	$7.33	$0.00									
86885		COOMBS TEST INDIRECT QUAL	1/1/2016	MEDICARE	$7.80	$0.00									
86886		COOMBS TEST INDIRECT TITER	1/1/2016	MEDICARE	$7.05	$0.00									
86891		AUTOLOGOUS BLOOD OP SALVAGE	7/1/2014	FEE SCHED	$132.00	$0.00									
86900		BLOOD TYPING SEROLOGIC ABO	1/1/2016	MEDICARE	$4.06	$0.00									
86901		BLOOD TYPING SEROLOGIC RH(D)	1/1/2016	MEDICARE	$4.06	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
86902		BLOOD TYPE ANTIGEN DONOR EA	1/1/2016	MEDICARE	$5.20	$0.00									
86904		BLOOD TYPING PATIENT SERUM	1/1/2016	MEDICARE	$12.96	$0.00									
86905		BLOOD TYPING RBC ANTIGENS	1/1/2016	MEDICARE	$5.20	$0.00									
86906		BLD TYPING SEROLOGIC RH PHNT	1/1/2015	MEDICARE	$10.54	$0.00									
86920		COMPATIBILITY TEST SPIN	7/1/2014	FEE SCHED	$37.83	$0.00									
86940		HEMOLYSINS/AGGLUTININS AUTO	1/1/2016	MEDICARE	$11.17	$0.00									
86941		HEMOLYSINS/AGGLUTININS	1/1/2016	MEDICARE	$16.48	$0.00									
87003		SMALL ANIMAL INOCULATION	1/1/2016	MEDICARE	$22.93	$0.00									
87015		SPECIMEN INFECT AGNT CONCNTJ	1/1/2015	MEDICARE	$9.09	$0.00									
87040		BLOOD CULTURE FOR BACTERIA	1/1/2016	MEDICARE	$14.07	$0.00									
87045		FECES CULTURE AEROBIC BACT	1/1/2016	MEDICARE	$12.85	$0.00									
87046		STOOL CULTR AEROBIC BACT EA	1/1/2016	MEDICARE	$12.85	$0.00									
87070		CULTURE OTHR SPECIMN AEROBIC	1/1/2016	MEDICARE	$11.74	$0.00									
87071		CULTURE AEROBIC QUANT OTHER	1/1/2016	MEDICARE	$12.85	$0.00									
87073		CULTURE BACTERIA ANAEROBIC	1/1/2016	MEDICARE	$12.85	$0.00									
87075		CULTR BACTERIA EXCEPT BLOOD	1/1/2016	MEDICARE	$12.90	$0.00									
87076		CULTURE ANAEROBE IDENT EACH	1/1/2015	MEDICARE	$10.99	$0.00									
87077		CULTURE AEROBIC IDENTIFY	1/1/2015	MEDICARE	$10.99	$0.00									
87077	QW	CULTURE BACTERIAL; AEROBIC ISOLATE	1/1/2015	MEDICARE	$10.99	$0.00									
87081		CULTURE SCREEN ONLY	1/1/2016	MEDICARE	$7.74	$0.00									
87084		CULTURE OF SPECIMEN BY KIT	1/1/2016	MEDICARE	$11.74	$0.00									
87086		URINE CULTURE/COLONY COUNT	1/1/2016	MEDICARE	$10.99	$0.00									
87088		URINE BACTERIA CULTURE	1/1/2016	MEDICARE	$7.74	$0.00									
87101		SKIN FUNGI CULTURE	1/1/2016	MEDICARE	$10.50	$0.00									
87102		FUNGUS ISOLATION CULTURE	1/1/2016	MEDICARE	$9.52	$0.00									
87103		BLOOD FUNGUS CULTURE	1/1/2016	MEDICARE	$12.28	$0.00									
87106		FUNGI IDENTIFICATION YEAST	1/1/2016	MEDICARE	$7.48	$0.00									
87107		FUNGI IDENTIFICATION MOLD	1/1/2016	MEDICARE	$7.48	$0.00									
87109		MYCOPLASMA	1/1/2016	MEDICARE	$20.95	$0.00									
87110		CHLAMYDIA CULTURE	1/1/2016	MEDICARE	$26.68	$0.00									
87116		MYCOBACTERIA CULTURE	1/1/2016	MEDICARE	$14.71	$0.00									
87118		MYCOBACTERIC IDENTIFICATION	1/1/2016	MEDICARE	$14.91	$0.00									
87140		CULTURE TYPE IMMUNOFLUORESC	1/1/2015	MEDICARE	$7.59	$0.00									
87143		CULTURE TYPING GLC/HPLC	1/1/2016	MEDICARE	$17.05	$0.00									
87147		CULTURE TYPE IMMUNOLOGIC	1/1/2016	MEDICARE	$7.05	$0.00									
87149		CULTURE TYPE, NUCLEIC ACID	1/1/2016	MEDICARE	$27.31	$0.00									
87150		DNA/RNA AMPLIFIED PROBE	1/1/2016	MEDICARE	$47.80	$0.00									
87152		CULTURE TYPE PULSE FIELD GEL	1/1/2016	MEDICARE	$7.12	$0.00									
87153		DNA/RNA SEQUENCING	1/1/2016	MEDICARE	$157.14	$0.00									
87158		CULTURE TYPING ADDED METHOD	1/1/2016	MEDICARE	$7.12	$0.00									
87164		DARK FIELD EXAMINATION	1/1/2016	MEDICARE	$14.62	$0.00									
87166		DARK FIELD EXAMINATION	1/1/2016	MEDICARE	$15.37	$0.00									
87168		MACROSCOPIC EXAM ARTHROPOD	1/1/2016	MEDICARE	$5.82	$0.00									
87169		MACROSCOPIC EXAM PARASITE	1/1/2016	MEDICARE	$5.82	$0.00									
87172		PINWORM EXAM	1/1/2016	MEDICARE	$5.82	$0.00									
87176		TISSUE HOMOGENIZATION, CULTR	1/1/2015	MEDICARE	$8.01	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
87177		OVA AND PARASITES SMEARS	1/1/2016	MEDICARE	$12.12	$0.00									
87181		MICROBE SUSCEPTIBLE DIFFUSE	1/1/2016	MEDICARE	$5.61	$0.00									
87184		MICROBE SUSCEPTIBLE DISK	1/1/2015	MEDICARE	$9.39	$0.00									
87185		MICROBE SUSCEPTIBLE ENZYME	1/1/2016	MEDICARE	$5.61	$0.00									
87186		MICROBE SUSCEPTIBLE MIC	1/1/2016	MEDICARE	$11.77	$0.00									
87188		MICROBE SUSCEPT MACROBROTH	1/1/2015	MEDICARE	$9.04	$0.00									
87190		MICROBE SUSCEPT MYCOBACTERI	1/1/2016	MEDICARE	$7.69	$0.00									
87197		BACTERICIDAL LEVEL SERUM	1/1/2016	MEDICARE	$20.47	$0.00									
87205		SMEAR GRAM STAIN	1/1/2016	MEDICARE	$5.82	$0.00									
87206		SMEAR FLUORESCENT/ACID STAI	1/1/2015	MEDICARE	$7.33	$0.00									
87207		SMEAR SPECIAL STAIN	1/1/2016	MEDICARE	$8.16	$0.00									
87209		SMEAR COMPLEX STAIN	1/1/2016	MEDICARE	$24.49	$0.00									
87210		SMEAR WET MOUNT SALINE/INK	1/1/2016	MEDICARE	$5.82	$0.00									
87210	QW	SMEAR WET MOUNT SALINE/INK	1/1/2016	MEDICARE	$5.82	$0.00									
87220		TISSUE EXAM FOR FUNGI	1/1/2016	MEDICARE	$5.82	$0.00									
87230		ASSAY TOXIN OR ANTITOXIN	1/1/2016	MEDICARE	$26.89	$0.00									
87250		VIRUS INOCULATE EGGS/ANIMAL	1/1/2016	MEDICARE	$26.65	$0.00									
87252		VIRUS INOCULATION TISSUE	1/1/2016	MEDICARE	$33.99	$0.00									
87253		VIRUS INOCULATE TISSUE ADDL	1/1/2016	MEDICARE	$27.52	$0.00									
87254		VIRUS INOCULATION SHELL VIA	1/1/2016	MEDICARE	$26.65	$0.00									
87255		GENET VIRUS ISOLATE HSV	1/1/2016	MEDICARE	$46.12	$0.00									
87260		ADENOVIRUS AG IF	1/1/2016	MEDICARE	$16.33	$0.00									
87265		PERTUSSIS AG IF	1/1/2016	MEDICARE	$16.33	$0.00									
87267		ENTEROVIRUS ANTIBODY DFA	1/1/2016	MEDICARE	$16.33	$0.00									
87269		GIARDIA AG IF	1/1/2016	MEDICARE	$16.33	$0.00									
87270		CHLAMYDIA TRACHOMATIS AG IF	1/1/2016	MEDICARE	$16.33	$0.00									
87271		CYTOMEGALOVIRUS DFA	1/1/2016	MEDICARE	$16.33	$0.00									
87272		CRYPTOSPORIDIUM AG IF	1/1/2016	MEDICARE	$16.33	$0.00									
87273		HERPES SIMPLEX 2 AG IF	1/1/2016	MEDICARE	$16.33	$0.00									
87274		HERPES SIMPLEX 1 AG IF	1/1/2016	MEDICARE	$16.33	$0.00									
87275		INFLUENZA B AG IF	1/1/2016	MEDICARE	$16.33	$0.00									
87276		INFLUENZA A AG IF	1/1/2016	MEDICARE	$16.33	$0.00									
87277		LEGIONELLA MICDADEI AG IF	1/1/2016	MEDICARE	$16.33	$0.00									
87278		LEGION PNEUMOPHILIA AG IF	1/1/2016	MEDICARE	$16.33	$0.00									
87279		PARAINFLUENZA AG IF	1/1/2016	MEDICARE	$16.33	$0.00									
87280		RESPIRATORY SYNCYTIAL AG IF	1/1/2016	MEDICARE	$16.33	$0.00									
87281		PNEUMOCYSTIS CARINII AG IF	1/1/2016	MEDICARE	$16.33	$0.00									
87283		RUBEOLA AG IF	1/1/2016	MEDICARE	$16.33	$0.00									
87285		TREPONEMA PALLIDUM AG IF	1/1/2016	MEDICARE	$16.33	$0.00									
87290		VARICELLA ZOSTER AG IF	1/1/2016	MEDICARE	$16.33	$0.00									
87299		ANTIBODY DETECTION NOS IF	1/1/2016	MEDICARE	$16.33	$0.00									
87300		AG DETECTION POLYVAL IF	1/1/2016	MEDICARE	$16.33	$0.00									
87301		ADENOVIRUS AG IA	1/1/2016	MEDICARE	$16.33	$0.00									
87305		ASPERGILLUS AG IA	1/1/2016	MEDICARE	$16.33	$0.00									
87320		CHYLMD TRACH AG IA	1/1/2016	MEDICARE	$16.33	$0.00									
87324		CLOSTRIDIUM AG IA	1/1/2016	MEDICARE	$16.33	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
87327		CRYPTOCOCCUS NEOFORM AG IA	1/1/2016	MEDICARE	$16.33	$0.00									
87328		CRYPTOSPORIDIUM AG IA	1/1/2016	MEDICARE	$16.33	$0.00									
87329		GIARDIA AG IA	1/1/2016	MEDICARE	$16.33	$0.00									
87332		CYTOMEGALOVIRUS AG IA	1/1/2016	MEDICARE	$16.33	$0.00									
87335		E COLI 0157 AG IA	1/1/2016	MEDICARE	$16.33	$0.00									
87336		ENTAMOEB HIST DISPR AG IA	1/1/2016	MEDICARE	$16.33	$0.00									
87337		ENTAMOEB HIST GROUP AG IA	1/1/2016	MEDICARE	$16.33	$0.00									
87338		HPYLORI STOOL IA	1/1/2016	MEDICARE	$16.35	$0.00									
87339		H PYLORI AG IA	1/1/2016	MEDICARE	$16.33	$0.00									
87340		HEPATITIS B SURFACE AG IA	1/1/2016	MEDICARE	$13.18	$0.00									
87341		HEPATITIS B SURFACE AG IA	1/1/2016	MEDICARE	$13.18	$0.00									
87350		HEPATITIS BE AG IA	1/1/2016	MEDICARE	$13.32	$0.00									
87380		HEPATITIS DELTA AG IA	1/1/2016	MEDICARE	$22.36	$0.00									
87385		HISTOPLASMA CAPSUL AG IA	1/1/2016	MEDICARE	$16.33	$0.00									
87390		HIV-1 AG IA	1/1/2016	MEDICARE	$24.03	$0.00									
87391		HIV-2 AG IA	1/1/2016	MEDICARE	$24.03	$0.00									
87400		INFLUENZA A/B AG IA	1/1/2016	MEDICARE	$16.33	$0.00									
87420		RESP SYNCYTIAL AG IA	1/1/2016	MEDICARE	$16.33	$0.00									
87425		ROTAVIRUS AG IA	1/1/2016	MEDICARE	$16.33	$0.00									
87427		SHIGA-LIKE TOXIN AG IA	1/1/2016	MEDICARE	$16.33	$0.00									
87430		STREP A AG IA	1/1/2016	MEDICARE	$16.33	$0.00									
87449		AG DETECT NOS IA MULT	1/1/2016	MEDICARE	$16.33	$0.00									
87449	QW	AG DETECT NOS IA MULT	1/1/2016	MEDICARE	$16.33	$0.00									
87450		AG DETECT NOS IA SINGLE	1/1/2016	MEDICARE	$13.06	$0.00									
87451		AG DETECT POLYVAL IA MULT	1/1/2016	MEDICARE	$13.06	$0.00									
87470		BARTONELLA DNA DIR PROBE	1/1/2016	MEDICARE	$27.31	$0.00									
87471		BARTONELLA DNA AMP PROBE	1/1/2016	MEDICARE	$47.80	$0.00									
87472		BARTONELLA DNA QUANT	1/1/2016	MEDICARE	$58.35	$0.00									
87475		LYME DIS DNA DIR PROBE	1/1/2016	MEDICARE	$27.31	$0.00									
87476		LYME DIS DNA AMP PROBE	1/1/2016	MEDICARE	$47.80	$0.00									
87477		LYME DIS DNA QUANT	1/1/2016	MEDICARE	$58.35	$0.00									
87480		CANDIDA DNA DIR PROBE	1/1/2016	MEDICARE	$27.31	$0.00									
87481		CANDIDA DNA AMP PROBE	1/1/2016	MEDICARE	$47.80	$0.00									
87482		CANDIDA DNA QUANT	1/1/2016	MEDICARE	$56.88	$0.00									
87485		CHYLMD PNEUM DNA DIR PROBE	1/1/2016	MEDICARE	$27.31	$0.00									
87486		CHYLMD PNEUM DNA AMP PROBE	1/1/2016	MEDICARE	$47.80	$0.00									
87487		CHYLMD PNEUM DNA QUANT	1/1/2016	MEDICARE	$58.35	$0.00									
87490		CHYLMD TRACH DNA DIR PROBE	1/1/2016	MEDICARE	$27.31	$0.00									
87491		CHYLMD TRACH DNA AMP PROBE	1/1/2016	MEDICARE	$47.80	$0.00									
87492		CHYLMD TRACH DNA QUANT	1/1/2016	MEDICARE	$47.62	$0.00									
87493		C DIFF AMPLIFIED PROBE	1/1/2016	MEDICARE	$47.80	$0.00									
87495		CYTOMEG DNA DIR PROBE	1/1/2016	MEDICARE	$27.31	$0.00									
87496		CYTOMEG DNA AMP PROBE	1/1/2016	MEDICARE	$47.80	$0.00									
87497		CYTOMEG DNA QUANT	1/1/2016	MEDICARE	$58.35	$0.00									
87498		ENTEROVIRUS DNA AMP PROBE	1/1/2016	MEDICARE	$47.80	$0.00									
87500		VANOMYCIN DNA AMP PROBE	1/1/2016	MEDICARE	$47.80	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
87501		INFLUENZA DNA AMP PROB 1+	1/1/2016	MEDICARE	$69.90	$0.00									
87502		INFLUENZA DNA AMP PROBE	1/1/2016	MEDICARE	$115.92	$0.00									
87502	QW	INFLUENZA DNA AMP PROBE	1/1/2016	MEDICARE	$115.92	$0.00									
87503		INFLUENZA DNA AMP PROB ADDL	1/1/2016	MEDICARE	$28.29	$0.00									
87505		NFCT AGENT DETECTION GI	1/1/2016	MEDICARE	$174.76	$0.00									
87506		IADNA-DNA/RNA PROBE TQ 6-11	1/1/2016	MEDICARE	$290.74	$0.00									
87507		IADNA-DNA/RNA PROBE TQ 12-25	1/1/2016	MEDICARE	$567.75	$0.00									
87510		GARDNER VAG DNA DIR PROBE	1/1/2016	MEDICARE	$27.31	$0.00									
87511		GARDNER VAG DNA AMP PROBE	1/1/2016	MEDICARE	$47.80	$0.00									
87512		GARDNER VAG DNA QUANT	1/1/2016	MEDICARE	$56.88	$0.00									
87515		HEPATITIS B DNA DIR PROBE	1/1/2016	MEDICARE	$27.31	$0.00									
87516		HEPATITIS B DNA AMP PROBE	1/1/2016	MEDICARE	$47.80	$0.00									
87517		HEPATITIS B DNA QUANT	1/1/2016	MEDICARE	$58.35	$0.00									
87520		HEPATITIS C RNA DIR PROBE	1/1/2016	MEDICARE	$27.31	$0.00									
87521		HEPATITIS C RNA AMP PROBE	1/1/2016	MEDICARE	$47.80	$0.00									
87522		HEPATITIS C RNA QUANT	1/1/2016	MEDICARE	$58.35	$0.00									
87525		HEPATITIS G DNA DIR PROBE	1/1/2016	MEDICARE	$27.31	$0.00									
87526		HEPATITIS G DNA AMP PROBE	1/1/2016	MEDICARE	$47.80	$0.00									
87527		HEPATITIS G DNA QUANT	1/1/2016	MEDICARE	$56.88	$0.00									
87528		HSV DNA DIR PROBE	1/1/2016	MEDICARE	$27.31	$0.00									
87529		HSV DNA AMP PROBE	1/1/2016	MEDICARE	$47.80	$0.00									
87530		HSV DNA QUANT	1/1/2016	MEDICARE	$58.35	$0.00									
87531		HHV-6 DNA DIR PROBE	1/1/2016	MEDICARE	$27.31	$0.00									
87532		HHV-6 DNA AMP PROBE	1/1/2016	MEDICARE	$47.80	$0.00									
87533		HHV-6 DNA QUANT	1/1/2016	MEDICARE	$56.88	$0.00									
87534		HIV-1 DNA DIR PROBE	1/1/2016	MEDICARE	$27.31	$0.00									
87535		HIV-1 DNA AMP PROBE	1/1/2016	MEDICARE	$47.80	$0.00									
87536		HIV-1 DNA QUANT	1/1/2016	MEDICARE	$115.92	$0.00									
87537		HIV-2 DNA DIR PROBE	1/1/2016	MEDICARE	$27.31	$0.00									
87538		HIV-2 DNA AMP PROBE	1/1/2016	MEDICARE	$47.80	$0.00									
87539		HIV-2 DNA QUANT	1/1/2016	MEDICARE	$58.35	$0.00									
87540		LEGION PNEUMO DNA DIR PROB	1/1/2016	MEDICARE	$27.31	$0.00									
87541		LEGION PNEUMO DNA AMP PROB	1/1/2016	MEDICARE	$47.80	$0.00									
87542		LEGION PNEUMO DNA QUANT	1/1/2016	MEDICARE	$56.88	$0.00									
87550		MYCOBACTERIA DNA DIR PROBE	1/1/2016	MEDICARE	$27.31	$0.00									
87551		MYCOBACTERIA DNA AMP PROBE	1/1/2016	MEDICARE	$47.80	$0.00									
87552		MYCOBACTERIA DNA QUANT	1/1/2016	MEDICARE	$58.35	$0.00									
87555		M.TUBERCULO DNA DIR PROBE	1/1/2016	MEDICARE	$27.31	$0.00									
87556		M.TUBERCULO DNA AMP PROBE	1/1/2016	MEDICARE	$47.80	$0.00									
87557		M.TUBERCULO DNA QUANT	1/1/2016	MEDICARE	$58.35	$0.00									
87560		M.AVIUM-INTRA DNA DIR PROB	1/1/2016	MEDICARE	$27.31	$0.00									
87561		M.AVIUM-INTRA DNA AMP PROB	1/1/2016	MEDICARE	$47.80	$0.00									
87562		M.AVIUM-INTRA DNA QUANT	1/1/2016	MEDICARE	$58.35	$0.00									
87580		M.PNEUMON DNA DIR PROBE	1/1/2016	MEDICARE	$27.31	$0.00									
87581		M.PNEUMON DNA AMP PROBE	1/1/2016	MEDICARE	$47.80	$0.00									
87582		M.PNEUMON DNA QUANT	1/1/2016	MEDICARE	$56.88	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
87590		N.GONORRHOEAE DNA DIR PROB	1/1/2016	MEDICARE	$27.31	$0.00									
87591		N.GONORRHOEAE DNA AMP PROB	1/1/2016	MEDICARE	$47.80	$0.00									
87592		N.GONORRHOEAE DNA QUANT	1/1/2016	MEDICARE	$58.35	$0.00									
87623		HPV LOW-RISK TYPES	1/1/2016	MEDICARE	$47.80	$0.00									
87624		HPV HIGH-RISK TYPES	1/1/2016	MEDICARE	$47.80	$0.00									
87625		HPV TYPES 16 & 18 ONLY	1/1/2016	MEDICARE	$47.80	$0.00									
87631		RESP VIRUS 3-5 TARGETS	1/1/2016	MEDICARE	$174.76	$0.00									
87632		RESP VIRUS 6-11 TARGETS	1/1/2016	MEDICARE	$290.74	$0.00									
87633		RESP VIRUS 12-25 TARGETS	1/1/2016	MEDICARE	$567.75	$0.00									
87640		STAPH A DNA AMP PROBE	1/1/2016	MEDICARE	$47.80	$0.00									
87641		MR-STAPH DNA AMP PROBE	1/1/2016	MEDICARE	$47.80	$0.00									
87650		STREP A DNA DIR PROBE	1/1/2016	MEDICARE	$27.31	$0.00									
87650	QW	STREP A DNA DIR PROBE	1/1/2016	MEDICARE	$27.31	$0.00									
87651		STREP A DNA AMP PROBE	1/1/2016	MEDICARE	$47.80	$0.00									
87651	QW	STREP A DNA AMP PROBE	1/1/2016	MEDICARE	$47.80	$0.00									
87652		STREP A DNA QUANT	1/1/2016	MEDICARE	$56.88	$0.00									
87653		STREP B DNA AMP PROBE	1/1/2016	MEDICARE	$47.80	$0.00									
87660		TRICHOMONAS VAGIN DIR PROBE	1/1/2016	MEDICARE	$27.31	$0.00									
87661		TRICHOMONAS VAGINALIS AMPLIF	1/1/2016	MEDICARE	$47.80	$0.00									
87797		DETECT AGENT NOS DNA DIR	1/1/2016	MEDICARE	$27.31	$0.00									
87798		DETECT AGENT NOS DNA AMP	1/1/2016	MEDICARE	$47.80	$0.00									
87799		DETECT AGENT NOS DNA QUANT	1/1/2016	MEDICARE	$58.35	$0.00									
87800		DETECT AGNT MULT DNA DIREC	1/1/2016	MEDICARE	$54.64	$0.00									
87801		DETECT AGNT MULT DNA AMPLI	1/1/2016	MEDICARE	$95.62	$0.00									
87802		STREP B ASSAY W/OPTIC	1/1/2016	MEDICARE	$16.33	$0.00									
87803		CLOSTRIDIUM TOXIN A W/OPTIC	1/1/2016	MEDICARE	$16.33	$0.00									
87804		INFLUENZA ASSAY W/OPTIC	1/1/2016	MEDICARE	$16.33	$0.00									
87804	QW	INFLUENZA ASSAY W/OPTIC	1/1/2016	MEDICARE	$16.33	$0.00									
87806		HIV ANTIGEN W/HIV ANTIBODIES	1/1/2016	MEDICARE	$32.80	$0.00									
87806	QW	HIV ANTIGEN W/HIV ANTIBODIES	1/1/2016	MEDICARE	$32.80	$0.00									
87807		RSV ASSAY W/OPTIC	1/1/2016	MEDICARE	$16.33	$0.00									
87807	QW	RSV ASSAY W/OPTIC	1/1/2016	MEDICARE	$16.33	$0.00									
87808		TRICHOMONAS ASSAY W/OPTIC	1/1/2016	MEDICARE	$16.33	$0.00									
87808	QW	TRICHOMONAS ASSAY W/OPTIC	1/1/2016	MEDICARE	$16.33	$0.00									
87809		ADENOVIRUS ASSAY W/OPTIC	1/1/2016	MEDICARE	$16.33	$0.00									
87809	QW	ADENOVIRUS ASSAY W/OPTIC	1/1/2016	MEDICARE	$16.33	$0.00									
87810		CHYLMD TRACH ASSAY W/OPTIC	1/1/2016	MEDICARE	$16.33	$0.00									
87850		N. GONORRHOEAE ASSAY W/OPTIC	1/1/2016	MEDICARE	$16.33	$0.00									
87880		STREP A ASSAY W/OPTIC	1/1/2016	MEDICARE	$16.33	$0.00									
87880	QW	INFEC. AGENT ANTIGEN DETEC/ASSAY W	1/1/2016	MEDICARE	$16.33	$0.00									
87899		AGENT NOS ASSAY W/OPTIC	1/1/2016	MEDICARE	$16.33	$0.00									
87899	QW	INFEC AGENT ANTIGEN DETEC/ASSAY W.	1/1/2016	MEDICARE	$16.33	$0.00									
87900		PHENOTYPE INFECT AGENT DRUG	1/1/2016	MEDICARE	$169.99	$0.00									
87901		GENOTYPE DNA HIV REVERSE T	1/1/2016	MEDICARE	$350.68	$0.00									
87902		GENOTYPE DNA/RNA HEP C	1/1/2016	MEDICARE	$350.68	$0.00									
87903		PHENOTYPE DNA HIV W/CULTURE	1/1/2016	MEDICARE	$665.64	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
87904		PHENOTYPE DNA HIV W/CLT ADD	1/1/2016	MEDICARE	$33.99	$0.00									
87905		SIALIDASE ENZYME ASSAY	1/1/2016	MEDICARE	$16.63	$0.00									
87905	QW	SIALIDASE ENZYME ASSAY	1/1/2016	MEDICARE	$16.63	$0.00									
87906		GENOTYPE DNA HIV REVERSE T	1/1/2016	MEDICARE	$175.35	$0.00									
87910		GENOTYPE CYTOMEGALOVIRUS	1/1/2016	MEDICARE	$350.68	$0.00									
87912		GENOTYPE DNA HEPATITIS B	1/1/2016	MEDICARE	$350.68	$0.00									
88104		CYTOPATH FL NONGYN SMEARS	7/1/2015	RBRVS	$77.74	$77.74									
88104	TC	CYTOPATH FL NONGYN SMEARS	7/1/2015	RBRVS	$46.97	$46.97									
88104	26	CYTOPATH FL NONGYN SMEARS	7/1/2015	RBRVS	$30.73	$30.73									
88106		CYTOPATH FL NONGYN FILTER	7/1/2015	RBRVS	$91.03	$91.03									
88106	TC	CYTOPATH FL NONGYN FILTER	7/1/2015	RBRVS	$70.24	$70.24									
88106	26	CYTOPATH FL NONGYN FILTER	7/1/2015	RBRVS	$20.75	$20.75									
88108		CYTOPATH CONCENTRATE TECH	7/1/2015	RBRVS	$87.71	$87.71									
88108	TC	CYTOPATH CONCENTRATE TECH	7/1/2015	RBRVS	$63.22	$63.22									
88108	26	CYTOPATH CONCENTRATE TECH	7/1/2015	RBRVS	$24.45	$24.45									
88112		CYTOPATH CELL ENHANCE TECH	7/1/2015	RBRVS	$67.03	$67.03									
88112	TC	CYTOPATH CELL ENHANCE TECH	7/1/2015	RBRVS	$37.37	$37.37									
88112	26	CYTOPATH CELL ENHANCE TECH	7/1/2015	RBRVS	$29.62	$29.62									
88120		CYTP URNE 3-5 PROBES EA SPEC	7/1/2015	RBRVS	$644.02	$644.02									
88120	TC	CYTP URNE 3-5 PROBES EA SPEC	7/1/2015	RBRVS	$582.94	$582.94									
88120	26	CYTP URNE 3-5 PROBES EA SPEC	7/1/2015	RBRVS	$61.12	$61.12									
88121		CYTP URINE 3-5 PROBES CMPTR	7/1/2015	RBRVS	$572.67	$572.67									
88121	TC	CYTP URINE 3-5 PROBES CMPTR	7/1/2015	RBRVS	$519.31	$519.31									
88121	26	CYTP URINE 3-5 PROBES CMPTR	7/1/2015	RBRVS	$53.36	$53.36									
88125		FORENSIC CYTOPATHOLOGY	7/1/2015	RBRVS	$27.59	$27.59									
88125	TC	FORENSIC CYTOPATHOLOGY	7/1/2015	RBRVS	$12.26	$12.26									
88125	26	FORENSIC CYTOPATHOLOGY	7/1/2015	RBRVS	$15.33	$15.33									
88130		SEX CHROMATIN IDENTIFICATION	1/1/2016	MEDICARE	$20.50	$0.00									
88140		SEX CHROMATIN IDENTIFICATION	1/1/2016	MEDICARE	$10.89	$0.00									
88141		CYTOPATH C/V INTERPRET	7/1/2015	RBRVS	$33.79	$33.79									
88142		CYTOPATH C/V THIN LAYER	1/1/2016	MEDICARE	$27.60	$0.00									
88143		CYTOPATH C/V THIN LAYER REDO	1/1/2016	MEDICARE	$27.60	$0.00									
88147		CYTOPATH C/V AUTOMATED	1/1/2016	MEDICARE	$15.49	$0.00									
88148		CYTOPATH C/V AUTO RESCREEN	1/1/2016	MEDICARE	$20.70	$0.00									
88150		CYTOPATH C/V MANUAL	1/1/2016	MEDICARE	$14.38	$0.00									
88152		CYTOPATH C/V AUTO REDO	1/1/2016	MEDICARE	$14.38	$0.00									
88153		CYTOPATH C/V REDO	1/1/2016	MEDICARE	$14.38	$0.00									
88154		CYTOPATH C/V SELECT	1/1/2016	MEDICARE	$14.38	$0.00									
88155		CYTOPATH C/V INDEX ADD-ON	1/1/2016	MEDICARE	$8.16	$0.00									
88160		CYTOPATH SMEAR OTHER SOURCE	7/1/2015	RBRVS	$69.61	$69.61									
88160	TC	CYTOPATH SMEAR OTHER SOURCE	7/1/2015	RBRVS	$41.80	$41.80									
88160	26	CYTOPATH SMEAR OTHER SOURCE	7/1/2015	RBRVS	$27.77	$27.77									
88161		CYTOPATH SMEAR OTHER SOURCE	7/1/2015	RBRVS	$62.97	$62.97									
88161	TC	CYTOPATH SMEAR OTHER SOURCE	7/1/2015	RBRVS	$36.27	$36.27									
88161	26	CYTOPATH SMEAR OTHER SOURCE	7/1/2015	RBRVS	$26.66	$26.66									
88162		CYTOPATH SMEAR OTHER SOURCE	7/1/2015	RBRVS	$103.66	$103.66									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
88162	TC	CYTOPATH SMEAR OTHER SOURCE	7/1/2015	RBRVS	$61.01	$61.01									
88162	26	CYTOPATH SMEAR OTHER SOURCE	7/1/2015	RBRVS	$42.65	$42.65									
88164		CYTOPATH TBS C/V MANUAL	1/1/2016	MEDICARE	$14.38	$0.00									
88165		CYTOPATH TBS C/V REDO	1/1/2016	MEDICARE	$14.38	$0.00									
88166		CYTOPATH TBS C/V AUTO REDO	1/1/2016	MEDICARE	$14.38	$0.00									
88167		CYTOPATH TBS C/V SELECT	1/1/2016	MEDICARE	$14.38	$0.00									
88172		CYTOPATHOLOGY EVAL OF FNA	7/1/2015	RBRVS	$58.90	$58.90									
88172	TC	CYTOPATHOLOGY EVAL OF FNA	7/1/2015	RBRVS	$20.39	$20.39									
88172	26	CYTOPATHOLOGY EVAL OF FNA	7/1/2015	RBRVS	$38.48	$38.48									
88173		CYTOPATH EVAL FNA REPORT	7/1/2015	RBRVS	$156.84	$156.84									
88173	TC	CYTOPATH EVAL FNA REPORT	7/1/2015	RBRVS	$82.17	$82.17									
88173	26	CYTOPATH EVAL FNA REPORT	7/1/2015	RBRVS	$74.67	$74.67									
88174		CYTOPATH C/V AUTO IN FLUID	1/1/2016	MEDICARE	$29.11	$0.00									
88175		CYTOPATH C/V AUTO FLUID REDO	1/1/2016	MEDICARE	$36.09	$0.00	ZZZ								
88177		CYTP FNA EVAL EA ADDL	7/1/2015	RBRVS	$31.94	$31.94	ZZZ								
88177	TC	CYTP FNA EVAL EA ADDL	7/1/2015	RBRVS	$8.20	$8.20	ZZZ								
88177	26	CYTP FNA EVAL EA ADDL	7/1/2015	RBRVS	$23.71	$23.71									
88182		CELL MARKER STUDY	7/1/2015	RBRVS	$112.60	$112.60									
88182	TC	CELL MARKER STUDY	7/1/2015	RBRVS	$75.23	$75.23									
88182	26	CELL MARKER STUDY	7/1/2015	RBRVS	$37.37	$37.37									
88184		FLOWCYTOMETRY/ TC 1 MARKER	7/1/2015	RBRVS	$97.20	$97.20	ZZZ								
88185		FLOWCYTOMETRY/TC ADD-ON	7/1/2015	RBRVS	$59.16	$59.16									
88187		FLOWCYTOMETRY/READ 2-8	7/1/2015	RBRVS	$75.12	$75.12									
88188		FLOWCYTOMETRY/READ 9-15	7/1/2015	RBRVS	$95.65	$95.65									
88189		FLOWCYTOMETRY/READ 16 & >	7/1/2015	RBRVS	$117.92	$117.92									
88230		TISSUE CULTURE LYMPHOCYTE	1/1/2016	MEDICARE	$158.68	$0.00									
88233		TISSUE CULTURE SKIN/BIOPSY	1/1/2016	MEDICARE	$191.70	$0.00									
88235		TISSUE CULTURE PLACENTA	1/1/2016	MEDICARE	$200.59	$0.00									
88237		TISSUE CULTURE BONE MARROW	1/1/2016	MEDICARE	$172.06	$0.00									
88239		TISSUE CULTURE TUMOR	1/1/2016	MEDICARE	$200.95	$0.00									
88240		CELL CRYOPRESERVE/STORAGE	1/1/2016	MEDICARE	$13.75	$0.00									
88241		FROZEN CELL PREPARATION	1/1/2016	MEDICARE	$13.75	$0.00									
88245		CHROMOSOME ANALYSIS 20-25	1/1/2016	MEDICARE	$202.78	$0.00									
88248		CHROMOSOME ANALYSIS 50-100	1/1/2016	MEDICARE	$235.90	$0.00									
88249		CHROMOSOME ANALYSIS 100	1/1/2016	MEDICARE	$235.90	$0.00									
88261		CHROMOSOME ANALYSIS 5	1/1/2016	MEDICARE	$240.76	$0.00									
88262		CHROMOSOME ANALYSIS 15-20	1/1/2016	MEDICARE	$169.78	$0.00									
88263		CHROMOSOME ANALYSIS 45	1/1/2016	MEDICARE	$204.73	$0.00									
88264		CHROMOSOME ANALYSIS 20-25	1/1/2016	MEDICARE	$169.78	$0.00									
88267		CHROMOSOME ANALYS PLACENTA	1/1/2016	MEDICARE	$244.89	$0.00									
88269		CHROMOSOME ANALYS AMNIOTIC	1/1/2016	MEDICARE	$226.57	$0.00									
88271		CYTOGENETICS DNA PROBE	1/1/2016	MEDICARE	$19.72	$0.00									
88272		CYTOGENETICS 3-5	1/1/2016	MEDICARE	$24.64	$0.00									
88273		CYTOGENETICS 10-30	1/1/2016	MEDICARE	$34.50	$0.00									
88274		CYTOGENETICS 25-99	1/1/2016	MEDICARE	$39.42	$0.00									
88275		CYTOGENETICS 100-300	1/1/2016	MEDICARE	$44.35	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
88280		CHROMOSOME KARYOTYPE STUDY	1/1/2016	MEDICARE	$34.18	$0.00									
88283		CHROMOSOME BANDING STUDY	1/1/2016	MEDICARE	$25.27	$0.00									
88285		CHROMOSOME COUNT ADDITIONAL	1/1/2016	MEDICARE	$25.87	$0.00									
88289		CHROMOSOME STUDY ADDITIONAL	1/1/2015	MEDICARE	$4.33	$0.00									
88291		CYTO/MOLECULAR REPORT	7/1/2015	RBRVS	$33.05	$33.05									
88300		SURGICAL PATH GROSS	7/1/2015	RBRVS	$16.06	$16.06									
88300	TC	SURGICAL PATH GROSS	7/1/2015	RBRVS	$11.15	$11.15									
88300	26	SURGICAL PATH GROSS	7/1/2015	RBRVS	$4.87	$4.87									
88302		TISSUE EXAM BY PATHOLOGIST	7/1/2015	RBRVS	$33.42	$33.42									
88302	TC	TISSUE EXAM BY PATHOLOGIST	7/1/2015	RBRVS	$25.92	$25.92									
88302	26	TISSUE EXAM BY PATHOLOGIST	7/1/2015	RBRVS	$7.46	$7.46									
88304		TISSUE EXAM BY PATHOLOGIST	7/1/2015	RBRVS	$47.46	$47.46									
88304	TC	TISSUE EXAM BY PATHOLOGIST	7/1/2015	RBRVS	$35.16	$35.16									
88304	26	TISSUE EXAM BY PATHOLOGIST	7/1/2015	RBRVS	$12.26	$12.26									
88305		TISSUE EXAM BY PATHOLOGIST	7/1/2015	RBRVS	$75.52	$75.52									
88305	TC	TISSUE EXAM BY PATHOLOGIST	7/1/2015	RBRVS	$35.16	$35.16									
88305	26	TISSUE EXAM BY PATHOLOGIST	7/1/2015	RBRVS	$40.33	$40.33									
88307		TISSUE EXAM BY PATHOLOGIST	7/1/2015	RBRVS	$316.45	$316.45									
88307	TC	TISSUE EXAM BY PATHOLOGIST	7/1/2015	RBRVS	$227.67	$227.67									
88307	26	TISSUE EXAM BY PATHOLOGIST	7/1/2015	RBRVS	$88.82	$88.82									
88309		TISSUE EXAM BY PATHOLOGIST	7/1/2015	RBRVS	$480.31	$480.31									
88309	TC	TISSUE EXAM BY PATHOLOGIST	7/1/2015	RBRVS	$323.32	$323.32									
88309	26	TISSUE EXAM BY PATHOLOGIST	7/1/2015	RBRVS	$156.99	$156.99									
88311		DECALCIFY TISSUE	7/1/2015	RBRVS	$21.97	$21.97									
88311	TC	DECALCIFY TISSUE	7/1/2015	RBRVS	$8.57	$8.57									
88311	26	DECALCIFY TISSUE	7/1/2015	RBRVS	$13.37	$13.37									
88312		SPECIAL STAINS	7/1/2015	RBRVS	$101.00	$101.00									
88312	TC	SPECIAL STAINS	7/1/2015	RBRVS	$72.09	$72.09									
88312	26	SPECIAL STAINS	7/1/2015	RBRVS	$28.88	$28.88									
88313		SPECIAL STAINS	7/1/2015	RBRVS	$70.35	$70.35									
88313	TC	SPECIAL STAINS	7/1/2015	RBRVS	$57.32	$57.32									
88313	26	SPECIAL STAINS	7/1/2015	RBRVS	$13.00	$13.00									
88314		HISTOCHEMICAL STAINS ADD-ON	7/1/2015	RBRVS	$77.37	$77.37									
88314	TC	HISTOCHEMICAL STAINS ADD-ON	7/1/2015	RBRVS	$53.62	$53.62									
88314	26	HISTOCHEMICAL STAINS ADD-ON	7/1/2015	RBRVS	$23.71	$23.71									
88319		ENZYME HISTOCHEMISTRY	7/1/2015	RBRVS	$91.84	$91.84									
88319	TC	ENZYME HISTOCHEMISTRY	7/1/2015	RBRVS	$62.49	$62.49									
88319	26	ENZYME HISTOCHEMISTRY	7/1/2015	RBRVS	$29.36	$29.36									
88321		MICROSLIDE CONSULTATION	7/1/2015	RBRVS	$100.30	$89.96									
88323		MICROSLIDE CONSULTATION	7/1/2015	RBRVS	$157.58	$157.58									
88323	TC	MICROSLIDE CONSULTATION	7/1/2015	RBRVS	$65.07	$65.07									
88323	26	MICROSLIDE CONSULTATION	7/1/2015	RBRVS	$92.51	$92.51									
88325		COMPREHENSIVE REVIEW OF DATA	7/1/2015	RBRVS	$223.69	$142.07									
88329		PATH CONSULT INTROP	7/1/2015	RBRVS	$61.19	$38.30									
88331		PATH CONSULT INTRAOP 1 BLOC	7/1/2015	RBRVS	$106.91	$106.91									
88331	TC	PATH CONSULT INTRAOP 1 BLOC	7/1/2015	RBRVS	$40.33	$40.33									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
88331	26	PATH CONSULT INTRAOP 1 BLOC	7/1/2015	RBRVS	$66.55	$66.55									
88332		PATH CONSULT INTRAOP, ADDL	7/1/2015	RBRVS	$47.09	$47.09									
88332	TC	PATH CONSULT INTRAOP, ADDL	7/1/2015	RBRVS	$14.11	$14.11									
88332	26	PATH CONSULT INTRAOP, ADDL	7/1/2015	RBRVS	$32.94	$32.94									
88333		INTRAOP CYTO PATH CONSULT 1	7/1/2015	RBRVS	$112.90	$112.90									
88333	TC	INTRAOP CYTO PATH CONSULT 1	7/1/2015	RBRVS	$45.87	$45.87									
88333	26	INTRAOP CYTO PATH CONSULT 1	7/1/2015	RBRVS	$67.03	$67.03									
88334		INTRAOP CYTO PATH CONSULT 2	7/1/2015	RBRVS	$69.32	$69.32									
88334	TC	INTRAOP CYTO PATH CONSULT 2	7/1/2015	RBRVS	$28.14	$28.14									
88334	26	INTRAOP CYTO PATH CONSULT 2	7/1/2015	RBRVS	$41.18	$41.18	ZZZ								
88341		IMMUNOHISTO ANTB ADDL SLIDE	7/1/2015	RBRVS	$69.98	$69.98	ZZZ								
88341	TC	IMMUNOHISTO ANTB ADDL SLIDE	7/1/2015	RBRVS	$47.34	$47.34	ZZZ								
88341	26	IMMUNOHISTO ANTB ADDL SLIDE	7/1/2015	RBRVS	$22.60	$22.60									
88342		IMMUNOHISTO ANTB 1ST STAIN	7/1/2015	RBRVS	$93.62	$93.62									
88342	TC	IMMUNOHISTO ANTB 1ST STAIN	7/1/2015	RBRVS	$55.84	$55.84									
88342	26	IMMUNOHISTO ANTB 1ST STAIN	7/1/2015	RBRVS	$37.74	$37.74									
88344		IMMUNOHISTO ANTIBODY SLIDE	7/1/2015	RBRVS	$120.95	$120.95									
88344	TC	IMMUNOHISTO ANTIBODY SLIDE	7/1/2015	RBRVS	$79.47	$79.47									
88344	26	IMMUNOHISTO ANTIBODY SLIDE	7/1/2015	RBRVS	$41.44	$41.44									
88346		IMMUNOFLUOR ANTB 1ST STAIN	7/1/2015	RBRVS	$114.30	$114.30									
88346	TC	IMMUNOFLUOR ANTB 1ST STAIN	7/1/2015	RBRVS	$69.13	$69.13									
88346	26	IMMUNOFLUOR ANTB 1ST STAIN	7/1/2015	RBRVS	$45.13	$45.13									
88348		ELECTRON MICROSCOPY	7/1/2015	RBRVS	$358.63	$358.63									
88348	TC	ELECTRON MICROSCOPY	7/1/2015	RBRVS	$278.05	$278.05									
88348	26	ELECTRON MICROSCOPY	7/1/2015	RBRVS	$80.58	$80.58	ZZZ								
88350		IMMUNOFLUOR ANTB ADDL STAIN	1/1/2016	RBRVS	$74.67	$74.67	ZZZ								
88350	TC	IMMUNOFLUOR ANTB ADDL STAIN	1/1/2016	RBRVS	$45.05	$45.05	ZZZ								
88350	26	IMMUNOFLUOR ANTB ADDL STAIN	1/1/2016	RBRVS	$29.62	$29.62									
88355		ANALYSIS SKELETAL MUSCLE	7/1/2015	RBRVS	$180.85	$180.85									
88355	TC	ANALYSIS SKELETAL MUSCLE	7/1/2015	RBRVS	$94.73	$94.73									
88355	26	ANALYSIS SKELETAL MUSCLE	7/1/2015	RBRVS	$86.12	$86.12									
88356		ANALYSIS NERVE	7/1/2015	RBRVS	$212.68	$212.68									
88356	TC	ANALYSIS NERVE	7/1/2015	RBRVS	$86.31	$86.31									
88356	26	ANALYSIS NERVE	7/1/2015	RBRVS	$126.37	$126.37									
88358		ANALYSIS TUMOR	7/1/2015	RBRVS	$87.34	$87.34									
88358	TC	ANALYSIS TUMOR	7/1/2015	RBRVS	$40.33	$40.33									
88358	26	ANALYSIS TUMOR	7/1/2015	RBRVS	$46.97	$46.97									
88360		SPECIAL WHOLE ORGAN SECT	7/1/2015	RBRVS	$140.52	$140.52									
88360	TC	SPECIAL WHOLE ORGAN SECT	7/1/2015	RBRVS	$83.17	$83.17									
88360	26	SPECIAL WHOLE ORGAN SECT	7/1/2015	RBRVS	$57.32	$57.32									
88361		TUMOR IMMUNOHISTOCHEM/COMPUT	7/1/2015	RBRVS	$175.23	$175.23									
88361	TC	TUMOR IMMUNOHISTOCHEM/COMPUT	7/1/2015	RBRVS	$113.08	$113.08									
88361	26	TUMOR IMMUNOHISTOCHEM/COMPUT	7/1/2015	RBRVS	$62.12	$62.12									
88362		NERVE TEASING PREPARATIONS	7/1/2015	RBRVS	$307.11	$307.11									
88362	TC	NERVE TEASING PREPARATIONS	7/1/2015	RBRVS	$189.86	$189.86									
88362	26	NERVE TEASING PREPARATIONS	7/1/2015	RBRVS	$117.25	$117.25									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
88363		XM ARCHIVE TISSUE MOLEC ANAL	7/1/2015	RBRVS	$21.43	$18.45	ZZZ								
88364		INSITU HYBRIDIZATION (FISH)	7/1/2015	RBRVS	$100.63	$100.63	ZZZ								
88364	TC	INSITU HYBRIDIZATION (FISH)	7/1/2015	RBRVS	$72.46	$72.46	ZZZ								
88364	26	INSITU HYBRIDIZATION (FISH)	7/1/2015	RBRVS	$28.14	$28.14									
88365		INSITU HYBRIDIZATION (FISH)	7/1/2015	RBRVS	$161.94	$161.94									
88365	TC	INSITU HYBRIDIZATION (FISH)	7/1/2015	RBRVS	$115.66	$115.66									
88365	26	INSITU HYBRIDIZATION (FISH)	7/1/2015	RBRVS	$46.24	$46.24									
88366		INSITU HYBRIDIZATION (FISH)	7/1/2015	RBRVS	$154.55	$154.55									
88366	TC	INSITU HYBRIDIZATION (FISH)	7/1/2015	RBRVS	$89.44	$89.44									
88366	26	INSITU HYBRIDIZATION (FISH)	7/1/2015	RBRVS	$65.07	$65.07									
88367		INSITU HYBRIDIZATION AUTO	7/1/2015	RBRVS	$110.97	$110.97									
88367	TC	INSITU HYBRIDIZATION AUTO	7/1/2015	RBRVS	$74.30	$74.30									
88367	26	INSITU HYBRIDIZATION AUTO	7/1/2015	RBRVS	$36.63	$36.63									
88368		INSITU HYBRIDIZATION MANUAL	7/1/2015	RBRVS	$112.45	$112.45									
88368	TC	INSITU HYBRIDIZATION MANUAL	7/1/2015	RBRVS	$69.87	$69.87									
88368	26	INSITU HYBRIDIZATION MANUAL	7/1/2015	RBRVS	$42.54	$42.54	ZZZ								
88369		M/PHMTRC ALYSISHQUANT/SEMIQ	7/1/2015	RBRVS	$76.26	$76.26	ZZZ								
88369	TC	M/PHMTRC ALYSISHQUANT/SEMIQ	7/1/2015	RBRVS	$50.30	$50.30	ZZZ								
88369	26	M/PHMTRC ALYSISHQUANT/SEMIQ	7/1/2015	RBRVS	$25.92	$25.92									
88371		PROTEIN WESTERN BLOT TISSUE	1/1/2016	MEDICARE	$16.86	$0.00									
88372		PROTEIN ANALYSIS W/PROBE	1/1/2016	MEDICARE	$25.29	$0.00	ZZZ								
88373		M/PHMTRC ALYS ISHQUANT/SEMIQ	7/1/2015	RBRVS	$62.60	$62.60	ZZZ								
88373	TC	M/PHMTRC ALYS ISHQUANT/SEMIQ	7/1/2015	RBRVS	$40.70	$40.70	ZZZ								
88373	26	M/PHMTRC ALYS ISHQUANT/SEMIQ	7/1/2015	RBRVS	$21.86	$21.86									
88374		M/PHMTRC ALYS ISHQUANT/SEMIQ	7/1/2015	RBRVS	$211.42	$211.42									
88374	TC	M/PHMTRC ALYS ISHQUANT/SEMIQ	7/1/2015	RBRVS	$164.78	$164.78									
88374	26	M/PHMTRC ALYS ISHQUANT/SEMIQ	7/1/2015	RBRVS	$46.61	$46.61									
88375		OPTICAL ENDOMICROSCPY INTERP	7/1/2015	RBRVS	$49.89	$49.89									
88377		M/PHMTRC ALYS ISHQUANT/SEMIQ	7/1/2015	RBRVS	$221.03	$221.03									
88377	TC	M/PHMTRC ALYS ISHQUANT/SEMIQ	7/1/2015	RBRVS	$153.33	$153.33									
88377	26	M/PHMTRC ALYS ISHQUANT/SEMIQ	7/1/2015	RBRVS	$67.66	$67.66									
88380		MICRODISSECTION LASER	7/1/2015	RBRVS	$137.19	$137.19									
88380	TC	MICRODISSECTION LASER	7/1/2015	RBRVS	$78.73	$78.73									
88380	26	MICRODISSECTION LASER	7/1/2015	RBRVS	$58.42	$58.42									
88381		MICRODISSECTION MANUAL	7/1/2015	RBRVS	$128.77	$128.77									
88381	TC	MICRODISSECTION MANUAL	7/1/2015	RBRVS	$101.74	$101.74									
88381	26	MICRODISSECTION MANUAL	7/1/2015	RBRVS	$27.03	$27.03									
88387		TISS EXAM MOLECULAR STUDY	7/1/2015	RBRVS	$44.50	$44.50									
88387	TC	TISS EXAM MOLECULAR STUDY	7/1/2015	RBRVS	$10.41	$10.41									
88387	26	TISS EXAM MOLECULAR STUDY	7/1/2015	RBRVS	$34.05	$34.05									
88388		TISS EX MOLECUL STUDY ADD-ON	7/1/2015	RBRVS	$35.64	$35.64									
88388	TC	TISS EX MOLECUL STUDY ADD-ON	7/1/2015	RBRVS	$10.04	$10.04									
88388	26	TISS EX MOLECUL STUDY ADD-ON	7/1/2015	RBRVS	$25.56	$25.56									
88720		BILIRUBIN TOTAL TRANSCUT	1/1/2015	MEDICARE	$6.82	$0.00									
88738		HGB QUANT TRANSCUTANEOUS	1/1/2015	MEDICARE	$6.82	$0.00									
88740		0RANSCUTANEOUS CARBOXYHB	1/1/2015	MEDICARE	$6.82	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
88741		TRANSCUTANEOUS METHB	1/1/2015	MEDICARE	$6.82	$0.00									
89049		CHCT FOR MAL HYPERTHERMIA	7/1/2015	RBRVS	$250.64	$65.99									
89050		BODY FLUID CELL COUNT	1/1/2016	MEDICARE	$6.43	$0.00									
89051		BODY FLUID CELL COUNT	1/1/2016	MEDICARE	$7.50	$0.00									
89055		LEUKOCYTE ASSESSMENT FECAL	1/1/2016	MEDICARE	$5.82	$0.00									
89060		EXAM SYNOVIAL FLUID CRYSTALS	1/1/2016	MEDICARE	$9.75	$0.00									
89125		SPECIMEN FAT STAIN	1/1/2015	MEDICARE	$5.88	$0.00									
89160		EXAM FECES FOR MEAT FIBERS	1/1/2015	MEDICARE	$5.02	$0.00									
89190		NASAL SMEAR FOR EOSINOPHILS	1/1/2016	MEDICARE	$6.46	$0.00									
89220		SPUTUM SPECIMEN COLLECTION	7/1/2015	RBRVS	$16.32	$16.32									
89230		COLLECT SWEAT FOR TEST	7/1/2015	RBRVS	$2.66	$2.66									
9003F		AORTIC ANRYSM5.5-5.9CM DIAM	1/1/2014	RBRVS	$0.00	$0.00									
9004F		AORTIC ANRYSM 6/> CM DIAM	1/1/2014	RBRVS	$0.00	$0.00									
9006F		SYMPT STEN-TIA/STRK<120DAYS	1/1/2014	RBRVS	$0.00	$0.00									
9007F		OTHER CAROT STEN 120 DAYS/>	1/1/2014	RBRVS	$0.00	$0.00									
90291		CMV IG IV	1/1/2009	EAC	$0.00	$0.00									
90371		HEP B IG IM	1/1/2016	FEE SCHED	$113.22	$0.00									
90375		RABIES IG IM/SC	1/1/2016	FEE SCHED	$285.18	$0.00									
90376		RABIES IG HEAT TREATED	1/1/2016	FEE SCHED	$262.81	$0.00									
90384		RH IG FULL-DOSE IM	7/1/2015	FEE SCHED	$107.21	$0.00									
90385		RH IG MINIDOSE IM	7/1/2014	FEE SCHED	$34.66	$0.00									
90386		RH IG IV	7/1/2015	FEE SCHED	$107.21	$0.00									
90389		TETANUS IG IM	1/1/2009	EAC	$0.00	$0.00									
90396		VARICELLA-ZOSTER IG IM	1/1/2016	FEE SCHED	$0.00	$0.00									
90460		IMADM ANY ROUTE 1ST VAC/TOX	1/1/2013	FEE SCHED	$21.32	$0.00									
90460	SL	IMADM ANY ROUTE 1ST VAC/TOX	1/1/2013	FEE SCHED	$21.32	$0.00									
90461		INADM ANY ROUTE ADDL VAC/TOX	1/1/2016	FEE SCHED	$13.00	$0.00									
90461	SL	INADM ANY ROUTE ADDL VAC/TOX	1/1/2011	FEE SCHED	$0.00	$0.00									
90471		IMMUNIZATION ADMIN	1/1/2013	FEE SCHED	$21.32	$0.00									
90471	SL	IMMUNIZATION ADMIN	1/1/2013	FEE SCHED	$21.32	$0.00									
90472		IMMUNIZATION ADMIN EACH ADD	1/1/2016	FEE SCHED	$13.00	$0.00									
90472	SL	IMMUNIZATION ADMIN EACH ADD	1/1/2016	FEE SCHED	$13.00	$0.00									
90473		IMMUNE ADMIN ORAL/NASAL	1/1/2013	FEE SCHED	$21.32	$0.00									
90473	SL	IMMUNE ADMIN ORAL/NASAL	1/1/2013	FEE SCHED	$21.32	$0.00									
90474		IMMUNE ADMIN ORAL/NASAL ADDL	1/1/2016	FEE SCHED	$13.00	$0.00									
90474	SL	IMMUNE ADMIN ORAL/NASAL ADDL	1/1/2016	FEE SCHED	$13.00	$0.00									
90585		BCG VACCINE PERCUT	1/1/2016	FEE SCHED	$123.76	$0.00									
90586		BCG VACCINE INTRAVESICAL	1/1/2016	FEE SCHED	$123.76	$0.00									
90620		MENB RP W/OMV VACCINE IM	2/1/2015	FEE SCHED	$160.75	$0.00									
90620	SL	MENB RP W/OMV VACCINE IM	6/1/2015	FEE SCHED	$0.00	$0.00									
90621		MENB RLP VACCINE IM	2/1/2015	FEE SCHED	$115.75	$0.00									
90621	SL	MENB RLP VACCINE IM	6/1/2015	FEE SCHED	$0.00	$0.00									
90630		FLU VACC IIV4 NO PRESERV ID	1/1/2016	FEE SCHED	$21.00	$0.00									
90632		HEPA VACCINE ADULT IM	1/1/2016	FEE SCHED	$51.23	$0.00									
90633		HEPA VACC PED/ADOL 2 DOSE IM	1/1/2016	FEE SCHED	$29.33	$0.00									
90636		HEP A/HEP B VACC ADULT IM	1/1/2013	FEE SCHED	$92.50	$0.00									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
90647		HIB PRP-OMP VACC 3 DOSE IM	1/1/2016	FEE SCHED	$23.65	$0.00									
90648		HIB PRP-T VACCINE 4 DOSE IM	1/1/2016	FEE SCHED	$25.55	$0.00									
90649		4VHPV VACCINE 3 DOSE IM	1/1/2016	FEE SCHED	$160.17	$0.00									
90650		2VHPV VACCINE 3 DOSE IM	10/16/2009	FEE SCHED	$128.75	$0.00									
90651		9VHPV VACCINE 3 DOSE IM	1/1/2016	FEE SCHED	$177.70	$0.00									
90651	SL	9VHPV VACCINE 3 DOSE IM	5/1/2015	FEE SCHED	$0.00	$0.00									
90654		FLU VACCINE NO PRESERV, ID	10/1/2013	FEE SCHED	$16.93	$0.00									
90655		IIV3 VACC NO PRSV 6-35 MO IM	10/1/2013	FEE SCHED	$15.43	$0.00									
90656		IIV3 VACC NO PRSV 3 YRS+ IM	10/1/2015	FEE SCHED	$12.42	$0.00									
90657		IIV3 VACCINE 6-35 MONTHS IM	10/1/2012	FEE SCHED	$5.39	$0.00									
90658		IIV3 VACCINE 3 YRS+ IM	1/1/2016	FEE SCHED	$17.04	$0.00									
90660		LAIV3 VACCINE INTRANASAL	10/1/2012	FEE SCHED	$20.99	$0.00									
90661		CCIIV3 VAC IM CULT PRSV FREE	10/1/2015	FEE SCHED	$19.94	$0.00									
90670		PCV13 VACCINE IM	4/1/2015	FEE SCHED	$154.92	$0.00									
90672		LAIV4 VACCINE INTRANASAL	10/1/2015	FEE SCHED	$24.05	$0.00									
90673		RIV3 VACCINE NO PRESERV IM	4/1/2015	FEE SCHED	$33.28	$0.00									
90675		RABIES VACCINE IM	1/1/2016	FEE SCHED	$280.21	$0.00									
90680		RV5 VACC 3 DOSE LIVE ORAL	1/1/2016	FEE SCHED	$78.18	$0.00									
90681		RV1 VACC 2 DOSE LIVE ORAL	10/10/2008	FEE SCHED	$0.00	$0.00									
90685		IIV4 VACC NO PRSV 6-35 M IM	10/1/2015	FEE SCHED	$22.01	$0.00									
90686		IIV4 VACC NO PRSV 3 YRS+ IM	1/1/2016	FEE SCHED	$15.60	$0.00									
90687		IIV4 VACCINE 6-35 MONTHS IM	7/1/2015	FEE SCHED	$8.17	$0.00									
90688		IIV4 VACCINE 3 YRS PLUS IM	1/1/2016	FEE SCHED	$15.22	$0.00									
90690		TYPHOID VACCINE ORAL	7/1/2014	FEE SCHED	$19.24	$0.00									
90691		TYPHOID VACCINE IM	1/1/2016	FEE SCHED	$75.12	$0.00									
90696		DTAP-IPV VACCINE 4-6 YRS IM	10/10/2008	FEE SCHED	$0.00	$0.00									
90698		DTAP-IPV/HIB VACCINE IM	10/10/2008	FEE SCHED	$0.00	$0.00									
90700		DTAP VACCINE < 7 YRS IM	7/1/2010	FEE SCHED	$0.00	$0.00									
90702		DT VACCINE UNDER 7 YRS IM	1/1/2016	FEE SCHED	$26.27	$0.00									
90707		MMR VACCINE SC	1/1/2016	FEE SCHED	$62.79	$0.00									
90713		POLIOVIRUS IPV SC/IM	4/1/2015	FEE SCHED	$28.77	$0.00									
90714		TD VACC NO PRESV 7 YRS+ IM	1/1/2016	FEE SCHED	$22.75	$0.00									
90715		TDAP VACCINE 7 YRS/> IM	1/1/2016	FEE SCHED	$31.21	$0.00									
90716		VAR VACCINE LIVE SUBQ	1/1/2016	FEE SCHED	$107.67	$0.00									
90717		YELLOW FEVER VACCINE SUBQ	4/1/2013	FEE SCHED	$75.06	$0.00									
90723		DTAP-HEP B-IPV VACCINE IM	7/1/2004	FEE SCHED	$70.72	$0.00									
90732		PPSV23 VACC 2 YRS+ SUBQ/IM	1/1/2016	FEE SCHED	$73.83	$0.00									
90733		MPSV4 VACCINE SUBQ	4/1/2014	FEE SCHED	$106.49	$0.00									
90734		MENINGOCOCCAL VACCINE IM	1/1/2016	FEE SCHED	$115.18	$0.00									
90736		HZV VACCINE LIVE SUBQ	4/1/2015	FEE SCHED	$187.89	$0.00									
90740		HEPB VACC 3 DOSE IMMUNSUP IM	1/1/2011	FEE SCHED	$106.85	$0.00									
90743		HEPB VACC 2 DOSE ADOLESC IM	1/1/2011	FEE SCHED	$21.67	$0.00									
90744		HEPB VACC 3 DOSE PED/ADOL IM	1/1/2012	FEE SCHED	$21.67	$0.00									
90746		HEPB VACCINE 3 DOSE ADULT IM	1/1/2011	FEE SCHED	$53.42	$0.00									
90747		HEPB VACC 4 DOSE IMMUNSUP IM	1/1/2011	FEE SCHED	$106.85	$0.00	ZZZ								
90785		PSYTX COMPLEX INTERACTIVE	7/1/2015	RBRVS	$13.36	$13.36									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
90791		PSYCH DIAGNOSTIC EVALUATION	7/1/2015	RBRVS	$122.74	$119.08									
90792		PSYCH DIAG EVAL W/MED SRVCS	7/1/2015	RBRVS	$137.99	$134.01									
90832		PSYTX PT&/FAMILY 30 MINUTES	7/1/2015	RBRVS	$59.85	$59.19	ZZZ								
90833		PSYTX PT&/FAM W/E&M 30 MIN	7/1/2015	RBRVS	$61.52	$60.85									
90834		PSYTX PT&/FAMILY 45 MINUTES	7/1/2015	RBRVS	$79.23	$78.57	ZZZ								
90836		PSYTX PT&/FAM W/E&M 45 MIN	7/1/2015	RBRVS	$77.97	$77.64									
90837		PSYTX PT&/FAMILY 60 MINUTES	7/1/2015	RBRVS	$119.08	$118.42	ZZZ								
90838		PSYTX PT&/FAM W/E&M 60 MIN	7/1/2015	RBRVS	$103.13	$102.47									
90839		PSYTX CRISIS INITIAL 60 MIN	7/1/2015	RBRVS	$124.40	$123.40	ZZZ								
90840		PSYTX CRISIS EA ADDL 30 MIN	7/1/2015	RBRVS	$59.52	$59.19									
90845		PSYCHOANALYSIS	7/1/2015	RBRVS	$85.28	$84.95									
90846		FAMILY PSYTX W/O PATIENT	7/1/2015	RBRVS	$95.92	$95.25									
90847		FAMILY PSYTX W/PATIENT	7/1/2015	RBRVS	$100.04	$99.37									
90849		MULTIPLE FAMILY GROUP PSYTX	7/1/2015	RBRVS	$33.13	$29.81									
90853		GROUP PSYCHOTHERAPY	7/1/2015	RBRVS	$24.09	$23.76									
90863		PHARMACOLOGIC MGMT W/PSYTX	7/1/2014	FEE SCHED	$33.00	$0.00									
90865		NARCOSYNTHESIS	7/1/2015	RBRVS	$157.97	$120.08	000								
90870		ELECTROCONVULSIVE THERAPY	7/1/2015	RBRVS	$166.51	$104.03									
90880		HYPNOTHERAPY	7/1/2015	RBRVS	$94.92	$88.28									
90885		PSY EVALUATION OF RECORDS	9/1/2011	RBRVS	$0.00	$0.00									
90887		CONSULTATION WITH FAMILY	9/1/2011	RBRVS	$0.00	$0.00									
90889		PREPARATION OF REPORT	7/1/2003	RBRVS	$0.00	$0.00	000		Y						
90901		BIOFEEDBACK TRAIN ANY METH	7/1/2015	RBRVS	$35.73	$19.10	000		Y						
90911		BIOFEEDBACK PERI/URO/RECTAL	7/1/2015	RBRVS	$79.56	$42.34	000								
90935		HEMODIALYSIS ONE EVALUATION	7/1/2015	RBRVS	$68.80	$68.80									
90951		ESRD SERV 4 VISITS P MO <2	7/1/2015	RBRVS	$988.65	$988.28									
90954		ESRD SERV 4 VSTS P MO 2-11	7/1/2015	RBRVS	$860.99	$860.62									
90955		ESRD SRV 2-3 VSTS P MO 2-11	7/1/2015	RBRVS	$481.49	$481.12									
90956		ESRD SRV 1 VISIT P MO 2-11	7/1/2015	RBRVS	$336.76	$336.76									
90957		ESRD SRV 4 VSTS P MO 12-19	7/1/2015	RBRVS	$678.48	$678.11									
90958		ESRD SRV 2-3 VSTS P MO 12-19	7/1/2015	RBRVS	$457.49	$457.12									
90959		ESRD SERV 1 VST P MO 12-19	7/1/2015	RBRVS	$311.02	$311.02									
90960		ESRD SRV 4 VISITS P MO 20+	7/1/2015	RBRVS	$298.32	$298.32									
90961		ESRD SRV 2-3 VSTS P MO 20+	7/1/2015	RBRVS	$251.09	$251.09									
90962		ESRD SERV 1 VISIT P MO 20+	7/1/2015	RBRVS	$193.18	$193.18									
90963		ESRD HOME PT SERV P MO <2YRS	7/1/2015	RBRVS	$573.60	$573.23									
90964		ESRD HOME PT SERV P MO 2-11	7/1/2015	RBRVS	$499.74	$499.37									
90965		ESRD HOME PT SERV P MO 12-19	7/1/2015	RBRVS	$476.58	$476.21									
90966		ESRD HOME PT SERV P MO 20+	7/1/2015	RBRVS	$249.79	$249.79									
90967		ESRD HOME PT SERV P DAY <2	7/1/2015	RBRVS	$17.11	$17.11									
90968		ESRD HOME PT SRV P DAY 2-11	7/1/2015	RBRVS	$14.78	$14.78									
90969		ESRD HOME PT SRV P DAY 12-19	7/1/2015	RBRVS	$14.45	$14.45									
90970		ESRD HOME PT SERV P DAY 20+	7/1/2015	RBRVS	$7.38	$7.38	ZZZ		Y						
91013		ESOPHGL MOTIL W/STIM/PERFUS	7/1/2015	RBRVS	$25.30	$25.30	ZZZ		Y						
91013	TC	ESOPHGL MOTIL W/STIM/PERFUS	7/1/2015	RBRVS	$15.22	$15.22	ZZZ								
91013	26	ESOPHGL MOTIL W/STIM/PERFUS	7/1/2015	RBRVS	$10.04	$10.04	000		Y						

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
91022		DUODENAL MOTILITY STUDY	7/1/2015	RBRVS	$160.66	$160.66	000		Y						
91022	TC	DUODENAL MOTILITY STUDY	7/1/2015	RBRVS	$98.68	$98.68	000								
91022	26	DUODENAL MOTILITY STUDY	7/1/2015	RBRVS	$71.82	$71.82	000		Y						
91034		GASTROESOPHAGEAL REFLUX TEST	7/1/2015	RBRVS	$177.18	$177.18	000		Y						
91034	TC	GASTROESOPHAGEAL REFLUX TEST	7/1/2015	RBRVS	$143.73	$143.73	000								
91034	26	GASTROESOPHAGEAL REFLUX TEST	7/1/2015	RBRVS	$47.82	$47.82	000		Y						
91035		G-ESOPH REFLX TST W/ELECTROD	7/1/2015	RBRVS	$456.11	$456.11	000		Y						
91035	TC	G-ESOPH REFLX TST W/ELECTROD	7/1/2015	RBRVS	$418.12	$418.12	000								
91035	26	G-ESOPH REFLX TST W/ELECTROD	7/1/2015	RBRVS	$79.76	$79.76	000		Y						
91037		ESOPH IMPED FUNCTION TEST	7/1/2015	RBRVS	$152.75	$152.75	000		Y						
91037	TC	ESOPH IMPED FUNCTION TEST	7/1/2015	RBRVS	$115.30	$115.30	000								
91037	26	ESOPH IMPED FUNCTION TEST	7/1/2015	RBRVS	$48.98	$48.98	000		Y						
91038		ESOPH IMPED FUNCT TEST > 1HR	7/1/2015	RBRVS	$429.19	$429.19	000		Y						
91038	TC	ESOPH IMPED FUNCT TEST > 1HR	7/1/2015	RBRVS	$414.06	$414.06	000								
91038	26	ESOPH IMPED FUNCT TEST > 1HR	7/1/2015	RBRVS	$56.50	$56.50	000		Y						
91040		ESOPH BALLOON DISTENSION TST	7/1/2015	RBRVS	$414.09	$414.09	000		Y						
91040	TC	ESOPH BALLOON DISTENSION TST	7/1/2015	RBRVS	$406.67	$406.67	000								
91040	26	ESOPH BALLOON DISTENSION TST	7/1/2015	RBRVS	$48.09	$48.09			Y						
91111		ESOPHAGEAL CAPSULE ENDOSCOPY	7/1/2015	RBRVS	$767.07	$767.07			Y						
91111	TC	ESOPHAGEAL CAPSULE ENDOSCOPY	7/1/2015	RBRVS	$711.71	$711.71									
91111	26	ESOPHAGEAL CAPSULE ENDOSCOPY	7/1/2015	RBRVS	$55.36	$55.36			Y						
91120		RECTAL SENSATION TEST	7/1/2015	RBRVS	$406.26	$406.26			Y						
91120	TC	RECTAL SENSATION TEST	7/1/2015	RBRVS	$396.70	$396.70									
91120	26	RECTAL SENSATION TEST	7/1/2015	RBRVS	$49.19	$49.19	000		Y						
91122		ANAL PRESSURE RECORD	7/1/2015	RBRVS	$212.94	$212.94	000		Y						
91122	TC	ANAL PRESSURE RECORD	7/1/2015	RBRVS	$141.63	$141.63	000								
91122	26	ANAL PRESSURE RECORD	7/1/2015	RBRVS	$85.51	$85.51									
92002		EYE EXAM NEW PATIENT	7/1/2015	RBRVS	$76.01	$45.09									
92004		EYE EXAM NEW PATIENT	7/1/2015	RBRVS	$139.06	$93.86									
92012		EYE EXAM ESTABLISH PATIENT	7/1/2015	RBRVS	$80.00	$49.41									
92014		EYE EXAM&TX ESTAB PT 1/>VST	7/1/2015	RBRVS	$115.69	$75.15						Y			
92235	26	EYE EXAM WITH PHOTOS	7/1/2015	RBRVS	$49.19	$49.19						Y			
92240	26	ICG ANGIOGRAPHY	7/1/2015	RBRVS	$66.55	$66.55			Y						
92526		ORAL FUNCTION THERAPY	7/1/2015	RBRVS	$80.73	$80.73			Y						
92540		BSC VSTBLR EVALUATION	7/1/2015	RBRVS	$95.76	$95.76			Y						
92540	TC	BSC VSTBLR EVALUATION	7/1/2015	RBRVS	$23.34	$23.34									
92540	26	BSC VSTBLR EVALUATION	7/1/2015	RBRVS	$74.75	$74.75			Y						
92541		SPONTANEOUS NYSTAGMUS TEST	7/1/2015	RBRVS	$21.10	$21.10			Y						
92541	TC	SPONTANEOUS NYSTAGMUS TEST	7/1/2015	RBRVS	$1.55	$1.55									
92541	26	SPONTANEOUS NYSTAGMUS TEST	7/1/2015	RBRVS	$19.67	$19.67			Y						
92542		POSITIONAL NYSTAGMUS TEST	7/1/2015	RBRVS	$24.75	$24.75			Y						
92542	TC	POSITIONAL NYSTAGMUS TEST	7/1/2015	RBRVS	$1.55	$1.55									
92542	26	POSITIONAL NYSTAGMUS TEST	7/1/2015	RBRVS	$23.32	$23.32			Y						
92543	TC	CALORIC VESTIBULAR TEST	7/1/2015	RBRVS	$10.78	$10.78									
92543	26	CALORIC VESTIBULAR TEST	7/1/2015	RBRVS	$5.38	$5.38			Y						
92544		OPTOKINETIC NYSTAGMUS TEST	7/1/2015	RBRVS	$14.78	$14.78			Y						

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
92544	TC	OPTOKINETIC NYSTAGMUS TEST	7/1/2015	RBRVS	$1.55	$1.55									
92544	26	OPTOKINETIC NYSTAGMUS TEST	7/1/2015	RBRVS	$13.36	$13.36			Y						
92545		OSCILLATING TRACKING TEST	7/1/2015	RBRVS	$13.79	$13.79			Y						
92545	TC	OSCILLATING TRACKING TEST	7/1/2015	RBRVS	$1.55	$1.55									
92545	26	OSCILLATING TRACKING TEST	7/1/2015	RBRVS	$12.36	$12.36			Y						
92550		TYMPANOMETRY & REFLEX THRESH	7/1/2015	RBRVS	$19.67	$19.67			Y						
92551		PURE TONE HEARING TEST AIR	7/1/2015	RBRVS	$11.36	$11.36			Y						
92552		PURE TONE AUDIOMETRY AIR	7/1/2015	RBRVS	$29.31	$29.31			Y						
92553		AUDIOMETRY AIR & BONE	7/1/2015	RBRVS	$34.63	$34.63			Y						
92555		SPEECH THRESHOLD AUDIOMETRY	7/1/2015	RBRVS	$21.67	$21.67			Y						
92556		SPEECH AUDIOMETRY COMPLETE	7/1/2015	RBRVS	$34.96	$34.96			Y						
92557		COMPREHENSIVE HEARING TEST	7/1/2015	RBRVS	$35.06	$30.41			Y						
92561		BEKESY AUDIOMETRY DIAGNOSIS	7/1/2015	RBRVS	$35.29	$35.29			Y						
92562		LOUDNESS BALANCE TEST	7/1/2015	RBRVS	$43.27	$43.27			Y						
92563		TONE DECAY HEARING TEST	7/1/2015	RBRVS	$28.98	$28.98			Y						
92564		SISI HEARING TEST	7/1/2015	RBRVS	$26.65	$26.65			Y						
92565		STENGER TEST PURE TONE	7/1/2015	RBRVS	$14.68	$14.68			Y						
92567		TYMPANOMETRY	7/1/2015	RBRVS	$13.69	$10.36			Y						
92568		ACOUSTIC REFL THRESHOLD TST	7/1/2015	RBRVS	$14.68	$14.35			Y						
92570		ACOUSTIC IMMITANCE TESTING	7/1/2015	RBRVS	$30.07	$28.08			Y						
92571		FILTERED SPEECH HEARING TEST	7/1/2015	RBRVS	$25.65	$25.65			Y						
92572		STAGGERED SPONDAIC WORD TEST	7/1/2015	RBRVS	$29.31	$29.31			Y						
92575		SENSORINEURAL ACUITY TEST	7/1/2015	RBRVS	$66.53	$66.53			Y						
92576		SYNTHETIC SENTENCE TEST	7/1/2015	RBRVS	$32.96	$32.96			Y						
92577		STENGER TEST SPEECH	7/1/2015	RBRVS	$15.02	$15.02			Y						
92579		VISUAL AUDIOMETRY (VRA)	7/1/2015	RBRVS	$42.38	$35.73			Y						
92582		CONDITIONING PLAY AUDIOMETRY	7/1/2015	RBRVS	$66.87	$66.87			Y						
92583		SELECT PICTURE AUDIOMETRY	7/1/2015	RBRVS	$47.59	$47.59			Y						
92584		ELECTROCOCHLEOGRAPHY	7/1/2015	RBRVS	$69.20	$69.20			Y						
92585		AUDITOR EVOKE POTENT COMPRE	7/1/2015	RBRVS	$126.80	$126.80			Y						
92585	TC	AUDITOR EVOKE POTENT COMPRE	7/1/2015	RBRVS	$113.08	$113.08									
92585	26	AUDITOR EVOKE POTENT COMPRE	7/1/2015	RBRVS	$24.99	$24.99			Y						
92587		EVOKED AUDITORY TEST	7/1/2015	RBRVS	$20.43	$20.43			Y						
92587	TC	EVOKED AUDITORY TEST	7/1/2015	RBRVS	$3.40	$3.40									
92587	26	EVOKED AUDITORY TEST	7/1/2015	RBRVS	$17.35	$17.35			Y						
92588		EVOKED AUDITORY TEST	7/1/2015	RBRVS	$31.07	$31.07			Y						
92588	TC	EVOKED AUDITORY TEST	7/1/2015	RBRVS	$4.14	$4.14									
92588	26	EVOKED AUDITORY TEST	7/1/2015	RBRVS	$27.32	$27.32			Y						
92596		EAR PROTECTOR EVALUATION	7/1/2015	RBRVS	$39.28	$39.28			Y						
92597		ORAL SPEECH DEVICE EVAL	7/1/2015	RBRVS	$67.93	$67.93									
92620		AUDITORY FUNCTION 60 MIN	7/1/2015	RBRVS	$88.44	$77.80	ZZZ								
92621		AUDITORY FUNCTION + 15 MIN	7/1/2015	RBRVS	$21.00	$18.01									
92625		TINNITUS ASSESSMENT	7/1/2015	RBRVS	$65.77	$58.79									
92626		EVAL AUD REHAB STATUS	7/1/2015	RBRVS	$84.45	$71.82	ZZZ								
92627		EVAL AUD STATUS REHAB ADD-ON	7/1/2015	RBRVS	$20.67	$16.68	000								
92950		HEART/LUNG RESUSCITATION CPR	7/1/2015	RBRVS	$289.69	$180.67			Y						

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
93000		ELECTROCARDIOGRAM COMPLETE	7/1/2015	RBRVS	$17.91	$17.91			Y						
93005		ELECTROCARDIOGRAM TRACING	7/1/2015	RBRVS	$8.94	$8.94			Y						
93010		ELECTROCARDIOGRAM REPORT	7/1/2015	RBRVS	$8.94	$8.94			Y						
93015		CARDIOVASCULAR STRESS TEST	7/1/2015	RBRVS	$79.73	$79.73			Y						
93016		CARDIOVASCULAR STRESS TEST	7/1/2015	RBRVS	$23.45	$23.45			Y						
93017		CARDIOVASCULAR STRESS TEST	7/1/2015	RBRVS	$41.07	$41.07			Y						
93018		CARDIOVASCULAR STRESS TEST	7/1/2015	RBRVS	$15.22	$15.22			Y						
93224		ECG MONITOR/REPORT, 24 HRS	7/1/2015	RBRVS	$95.98	$95.98			Y						
93225		ECG MONITOR/RECORD, 24 HRS	7/1/2015	RBRVS	$28.14	$28.14			Y						
93226		ECG MONITOR/REPORT, 24 HRS	7/1/2015	RBRVS	$39.59	$39.59			Y						
93227		ECG MONITOR/REVIEW, 24 HRS	7/1/2015	RBRVS	$28.25	$28.25			Y						
93228		REMOTE 30 DAY ECG REV/REPORT	7/1/2015	RBRVS	$27.59	$27.59			Y						
93229		REMOTE 30 DAY ECG TECH SUPP	7/1/2015	RBRVS	$702.81	$702.81			Y						
93260		PRGRMG DEV EVAL IMPLTBL SYS	7/1/2015	RBRVS	$70.13	$70.13			Y						
93260	TC	PRGRMG DEV EVAL IMPLTBL SYS	7/1/2015	RBRVS	$23.34	$23.34			Y						
93260	26	PRGRMG DEV EVAL IMPLTBL SYS	7/1/2015	RBRVS	$46.79	$46.79			Y						
93261		INTERROGATE SUBQ DEFIB	7/1/2015	RBRVS	$64.22	$64.22			Y						
93261	TC	INTERROGATE SUBQ DEFIB	7/1/2015	RBRVS	$23.34	$23.34			Y						
93261	26	INTERROGATE SUBQ DEFIB	7/1/2015	RBRVS	$40.88	$40.88			Y						
93270		ECG RECORDING	7/1/2015	RBRVS	$9.68	$9.68			Y						
93271		ECG/MONITORING AND ANALYSIS	7/1/2015	RBRVS	$177.45	$177.45			Y						
93272		ECG/REVIEW, INTERPRET ONLY	7/1/2015	RBRVS	$26.77	$26.77			Y						
93279		PM DEVICE PROGR EVAL SNGL	7/1/2015	RBRVS	$51.96	$51.96			Y						
93279	TC	PM DEVICE PROGR EVAL SNGL	7/1/2015	RBRVS	$18.17	$18.17									
93279	26	PM DEVICE PROGR EVAL SNGL	7/1/2015	RBRVS	$33.79	$33.79			Y						
93280		PM DEVICE PROGR EVAL DUAL	7/1/2015	RBRVS	$61.27	$61.27			Y						
93280	TC	PM DEVICE PROGR EVAL DUAL	7/1/2015	RBRVS	$20.75	$20.75									
93280	26	PM DEVICE PROGR EVAL DUAL	7/1/2015	RBRVS	$40.51	$40.51			Y						
93281		PM DEVICE PROGR EVAL MULTI	7/1/2015	RBRVS	$71.24	$71.24			Y						
93281	TC	PM DEVICE PROGR EVAL MULTI	7/1/2015	RBRVS	$24.08	$24.08									
93281	26	PM DEVICE PROGR EVAL MULTI	7/1/2015	RBRVS	$47.16	$47.16			Y						
93282		ICD DEVICE PROG EVAL 1 SNGL	7/1/2015	RBRVS	$66.44	$66.44			Y						
93282	TC	ICD DEVICE PROG EVAL 1 SNGL	7/1/2015	RBRVS	$21.49	$21.49									
93282	26	ICD DEVICE PROG EVAL 1 SNGL	7/1/2015	RBRVS	$44.94	$44.94			Y						
93283		ICD DEVICE PROGR EVAL DUAL	7/1/2015	RBRVS	$85.35	$85.35			Y						
93283	TC	ICD DEVICE PROGR EVAL DUAL	7/1/2015	RBRVS	$24.82	$24.82									
93283	26	ICD DEVICE PROGR EVAL DUAL	7/1/2015	RBRVS	$60.53	$60.53			Y						
93284		ICD DEVICE PROGR EVAL MULT	7/1/2015	RBRVS	$93.84	$93.84			Y						
93284	TC	ICD DEVICE PROGR EVAL MULT	7/1/2015	RBRVS	$28.14	$28.14									
93284	26	ICD DEVICE PROGR EVAL MULT	7/1/2015	RBRVS	$65.70	$65.70			Y						
93285		ILR DEVICE EVAL PROGR	7/1/2015	RBRVS	$44.21	$44.21			Y						
93285	TC	ILR DEVICE EVAL PROGR	7/1/2015	RBRVS	$16.69	$16.69									
93285	26	ILR DEVICE EVAL PROGR	7/1/2015	RBRVS	$27.51	$27.51			Y						
93286		PRE-OP PM DEVICE EVAL	7/1/2015	RBRVS	$28.62	$28.62			Y						
93286	TC	PRE-OP PM DEVICE EVAL	7/1/2015	RBRVS	$12.63	$12.63									
93286	26	PRE-OP PM DEVICE EVAL	7/1/2015	RBRVS	$15.95	$15.95			Y						

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
93287		PRE-OP ICD DEVICE EVAL	7/1/2015	RBRVS	$37.93	$37.93			Y						
93287	TC	PRE-OP ICD DEVICE EVAL	7/1/2015	RBRVS	$13.74	$13.74									
93287	26	PRE-OP ICD DEVICE EVAL	7/1/2015	RBRVS	$24.19	$24.19			Y						
93288		PM DEVICE EVAL IN PERSON	7/1/2015	RBRVS	$39.40	$39.40			Y						
93288	TC	PM DEVICE EVAL IN PERSON	7/1/2015	RBRVS	$16.69	$16.69									
93288	26	PM DEVICE EVAL IN PERSON	7/1/2015	RBRVS	$22.71	$22.71			Y						
93289		ICD DEVICE INTERROGATE	7/1/2015	RBRVS	$68.28	$68.28			Y						
93289	TC	ICD DEVICE INTERROGATE	7/1/2015	RBRVS	$20.39	$20.39									
93289	26	ICD DEVICE INTERROGATE	7/1/2015	RBRVS	$47.90	$47.90			Y						
93290		ICM DEVICE EVAL	7/1/2015	RBRVS	$32.31	$32.31			Y						
93290	TC	ICM DEVICE EVAL	7/1/2015	RBRVS	$10.04	$10.04									
93290	26	ICM DEVICE EVAL	7/1/2015	RBRVS	$22.23	$22.23			Y						
93291		ILR DEVICE INTERROGATE	7/1/2015	RBRVS	$37.48	$37.48			Y						
93291	TC	ILR DEVICE INTERROGATE	7/1/2015	RBRVS	$15.22	$15.22									
93291	26	ILR DEVICE INTERROGATE	7/1/2015	RBRVS	$22.23	$22.23			Y						
93292		WCD DEVICE INTERROGATE	7/1/2015	RBRVS	$33.79	$33.79			Y						
93292	TC	WCD DEVICE INTERROGATE	7/1/2015	RBRVS	$11.52	$11.52									
93292	26	WCD DEVICE INTERROGATE	7/1/2015	RBRVS	$22.23	$22.23			Y						
93293		PM PHONE R-STRIP DEVICE EVAL	7/1/2015	RBRVS	$55.95	$55.95			Y						
93293	TC	PM PHONE R-STRIP DEVICE EVAL	7/1/2015	RBRVS	$39.59	$39.59									
93293	26	PM PHONE R-STRIP DEVICE EVAL	7/1/2015	RBRVS	$16.32	$16.32			Y						
93294		PM DEVICE INTERROGATE REMOTE	7/1/2015	RBRVS	$35.79	$35.79			Y						
93295		ICD DEVICE INTERROGAT REMOTE	7/1/2015	RBRVS	$71.27	$71.27			Y						
93296		PM/ICD REMOTE TECH SERV	7/1/2015	RBRVS	$27.03	$27.03			Y						
93297		ICM DEVICE INTERROGAT REMOTE	7/1/2015	RBRVS	$27.96	$27.96			Y						
93298		ILR DEVICE INTERROGAT REMOTE	7/1/2015	RBRVS	$27.96	$27.96			Y						
93299		ICM/ILR REMOTE TECH SERV	7/1/2014	FEE SCHED	$29.22	$0.00			Y						
93303		ECHO TRANSTHORACIC	7/1/2015	RBRVS	$247.58	$247.58			Y						
93303	TC	ECHO TRANSTHORACIC	7/1/2015	RBRVS	$180.77	$180.77									
93303	26	ECHO TRANSTHORACIC	7/1/2015	RBRVS	$66.81	$66.81			Y						
93304		ECHO TRANSTHORACIC	7/1/2015	RBRVS	$161.27	$161.27			Y						
93304	TC	ECHO TRANSTHORACIC	7/1/2015	RBRVS	$123.05	$123.05									
93304	26	ECHO TRANSTHORACIC	7/1/2015	RBRVS	$38.22	$38.22			Y						
93306		TTE W/DOPPLER COMPLETE	7/1/2015	RBRVS	$236.87	$236.87			Y						
93306	TC	TTE W/DOPPLER COMPLETE	7/1/2015	RBRVS	$170.43	$170.43									
93306	26	TTE W/DOPPLER COMPLETE	7/1/2015	RBRVS	$66.44	$66.44			Y						
93307		TTE W/O DOPPLER COMPLETE	7/1/2015	RBRVS	$135.87	$135.87			Y						
93307	TC	TTE W/O DOPPLER COMPLETE	7/1/2015	RBRVS	$88.34	$88.34									
93307	26	TTE W/O DOPPLER COMPLETE	7/1/2015	RBRVS	$47.53	$47.53			Y						
93308		TTE F-UP OR LMTD	7/1/2015	RBRVS	$129.88	$129.88			Y						
93308	TC	TTE F-UP OR LMTD	7/1/2015	RBRVS	$102.74	$102.74									
93308	26	TTE F-UP OR LMTD	7/1/2015	RBRVS	$27.14	$27.14			Y						
93312		ECHO TRANSESOPHAGEAL	7/1/2015	RBRVS	$319.41	$319.41			Y						
93312	TC	ECHO TRANSESOPHAGEAL	7/1/2015	RBRVS	$191.56	$191.56									
93312	26	ECHO TRANSESOPHAGEAL	7/1/2015	RBRVS	$127.89	$127.89			Y						
93313		ECHO TRANSESOPHAGEAL	7/1/2015	RBRVS	$23.97	$23.97			Y						

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
93314		ECHO TRANSESOPHAGEAL	7/1/2015	RBRVS	$306.30	$306.30			Y						
93314	TC	ECHO TRANSESOPHAGEAL	7/1/2015	RBRVS	$202.63	$202.63									
93314	26	ECHO TRANSESOPHAGEAL	7/1/2015	RBRVS	$103.66	$103.66			Y						
93315		ECHO TRANSESOPHAGEAL	7/1/2014	FEE SCHED	$750.05	$0.00									
93315	TC	ECHO TRANSESOPHAGEAL	7/1/2014	FEE SCHED	$587.29	$0.00									
93315	26	ECHO TRANSESOPHAGEAL	7/1/2015	RBRVS	$154.44	$154.44			Y						
93316		ECHO TRANSESOPHAGEAL	7/1/2015	RBRVS	$40.40	$40.40			Y						
93317		ECHO TRANSESOPHAGEAL	7/1/2014	FEE SCHED	$490.21	$0.00									
93317	TC	ECHO TRANSESOPHAGEAL	7/1/2014	FEE SCHED	$397.07	$0.00									
93317	26	ECHO TRANSESOPHAGEAL	7/1/2015	RBRVS	$116.29	$116.29			Y						
93318		ECHO TRANSESOPHAGEAL INTRAOP	7/1/2014	FEE SCHED	$587.42	$0.00									
93318	TC	ECHO TRANSESOPHAGEAL INTRAOP	7/1/2014	FEE SCHED	$475.81	$0.00									
93318	26	ECHO TRANSESOPHAGEAL INTRAOP	7/1/2015	RBRVS	$128.11	$128.11	ZZZ		Y						
93320		DOPPLER ECHO EXAM HEART	7/1/2015	RBRVS	$57.06	$57.06	ZZZ		Y						
93320	TC	DOPPLER ECHO EXAM HEART	7/1/2015	RBRVS	$37.74	$37.74	ZZZ								
93320	26	DOPPLER ECHO EXAM HEART	7/1/2015	RBRVS	$19.28	$19.28	ZZZ		Y						
93321		DOPPLER ECHO EXAM HEART	7/1/2015	RBRVS	$28.99	$28.99	ZZZ		Y						
93321	TC	DOPPLER ECHO EXAM HEART	7/1/2015	RBRVS	$21.12	$21.12	ZZZ								
93321	26	DOPPLER ECHO EXAM HEART	7/1/2015	RBRVS	$7.83	$7.83	ZZZ		Y						
93325		DOPPLER COLOR FLOW ADD-ON	7/1/2015	RBRVS	$27.51	$27.51	ZZZ		Y						
93325	TC	DOPPLER COLOR FLOW ADD-ON	7/1/2015	RBRVS	$23.71	$23.71	ZZZ								
93325	26	DOPPLER COLOR FLOW ADD-ON	7/1/2015	RBRVS	$3.77	$3.77			Y						
93350		ECHO TRANSTHORACIC	7/1/2015	RBRVS	$250.98	$250.98			Y						
93350	TC	ECHO TRANSTHORACIC	7/1/2015	RBRVS	$175.97	$175.97									
93350	26	ECHO TRANSTHORACIC	7/1/2015	RBRVS	$75.00	$75.00			Y						
93351		STRESS TTE COMPLETE	7/1/2015	RBRVS	$282.07	$282.07			Y						
93351	TC	STRESS TTE COMPLETE	7/1/2015	RBRVS	$192.22	$192.22									
93351	26	STRESS TTE COMPLETE	7/1/2015	RBRVS	$89.89	$89.89	ZZZ		Y						
93352		ADMIN ECG CONTRAST AGENT	7/1/2015	RBRVS	$35.64	$35.64			Y						
93355		ECHO TRANSESOPHAGEAL (TEE)	7/1/2015	RBRVS	$240.12	$240.12	ZZZ		Y						
93463		DRUG ADMIN & HEMODYNMIC MEAS	7/1/2015	RBRVS	$94.78	$94.78	ZZZ		Y						
93464		EXERCISE W/HEMODYNAMIC MEAS	7/1/2015	RBRVS	$258.51	$258.51	ZZZ		Y						
93464	TC	EXERCISE W/HEMODYNAMIC MEAS	7/1/2015	RBRVS	$195.18	$195.18	ZZZ								
93464	26	EXERCISE W/HEMODYNAMIC MEAS	7/1/2015	RBRVS	$82.89	$82.89			Y						
93745		SET-UP CARDIOVERT-DEFIBRILL	7/1/2014	FEE SCHED	$286.63	$0.00									
93745	TC	SET-UP CARDIOVERT-DEFIBRILL	7/1/2014	FEE SCHED	$232.17	$0.00									
93745	26	SET-UP CARDIOVERT-DEFIBRILL	7/1/2014	FEE SCHED	$54.46	$0.00			Y						
93750		INTERROGATION VAD IN PERSON	7/1/2015	RBRVS	$53.28	$44.64			Y						
93886		INTRACRANIAL COMPLETE STUDY	7/1/2015	RBRVS	$300.39	$300.39			Y						
93886	TC	INTRACRANIAL COMPLETE STUDY	7/1/2015	RBRVS	$251.31	$251.31									
93886	26	INTRACRANIAL COMPLETE STUDY	7/1/2015	RBRVS	$49.08	$49.08			Y						
93888		INTRACRANIAL LIMITED STUDY	7/1/2015	RBRVS	$140.56	$140.56			Y						
93888	TC	INTRACRANIAL LIMITED STUDY	7/1/2015	RBRVS	$129.33	$129.33									
93888	26	INTRACRANIAL LIMITED STUDY	7/1/2015	RBRVS	$24.16	$24.16			Y						
93890		TCD VASOREACTIVITY STUDY	7/1/2015	RBRVS	$273.67	$273.67			Y						
93890	TC	TCD VASOREACTIVITY STUDY	7/1/2015	RBRVS	$250.57	$250.57									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
93890	26	TCD VASOREACTIVITY STUDY	7/1/2015	RBRVS	$48.15	$48.15			Y						
93892		TCD EMBOLI DETECT W/O INJ	7/1/2015	RBRVS	$317.27	$317.27			Y						
93892	TC	TCD EMBOLI DETECT W/O INJ	7/1/2015	RBRVS	$290.45	$290.45									
93892	26	TCD EMBOLI DETECT W/O INJ	7/1/2015	RBRVS	$55.87	$55.87			Y						
93893		TCD EMBOLI DETECT W/INJ	7/1/2015	RBRVS	$325.59	$325.59			Y						
93893	TC	TCD EMBOLI DETECT W/INJ	7/1/2015	RBRVS	$299.69	$299.69									
93893	26	TCD EMBOLI DETECT W/INJ	7/1/2015	RBRVS	$55.87	$55.87			Y						
93971		EXTREMITY STUDY	7/1/2015	RBRVS	$127.08	$127.08			Y						
93971	TC	EXTREMITY STUDY	7/1/2015	RBRVS	$103.11	$103.11									
93971	26	EXTREMITY STUDY	7/1/2015	RBRVS	$23.97	$23.97			Y						
93976		VASCULAR STUDY	7/1/2015	RBRVS	$154.01	$154.01			Y						
93976	TC	VASCULAR STUDY	7/1/2015	RBRVS	$128.59	$128.59									
93976	26	VASCULAR STUDY	7/1/2015	RBRVS	$38.25	$38.25			Y						
93990		DOPPLER FLOW TESTING	7/1/2015	RBRVS	$152.32	$152.32			Y						
93990	TC	DOPPLER FLOW TESTING	7/1/2015	RBRVS	$141.89	$141.89									
93990	26	DOPPLER FLOW TESTING	7/1/2015	RBRVS	$27.33	$27.33			Y						
94002		VENT MGMT INPAT INIT DAY	7/1/2015	RBRVS	$98.46	$98.46			Y						
94003		VENT MGMT INPAT SUBQ DAY	7/1/2015	RBRVS	$71.09	$71.09			Y						
94004		VENT MGMT NF PER DAY	7/1/2015	RBRVS	$51.48	$51.48			Y						
94005		HOME VENT MGMT SUPERVISION	9/1/2011	RBRVS	$0.00	$0.00			Y						
94010		BREATHING CAPACITY TEST	7/1/2015	RBRVS	$34.06	$34.06			Y						
94010	TC	BREATHING CAPACITY TEST	7/1/2015	RBRVS	$28.88	$28.88									
94010	26	BREATHING CAPACITY TEST	7/1/2015	RBRVS	$8.04	$8.04			Y						
94011		SPIROMETRY UP TO 2 YRS OLD	7/1/2015	RBRVS	$95.29	$95.29			Y						
94012		SPIRMTRY W/BRNCHDIL INF-2 YR	7/1/2015	RBRVS	$157.68	$157.68			Y						
94013		MEAS LUNG VOL THRU 2 YRS	7/1/2015	RBRVS	$29.54	$29.54			Y						
94014		PATIENT RECORDED SPIROMETRY	7/1/2015	RBRVS	$52.74	$52.74			Y						
94015		PATIENT RECORDED SPIROMETRY	7/1/2015	RBRVS	$28.64	$28.64			Y						
94016		REVIEW PATIENT SPIROMETRY	7/1/2015	RBRVS	$24.09	$24.09			Y						
94060		EVALUATION OF WHEEZING	7/1/2015	RBRVS	$57.33	$57.33			Y						
94060	TC	EVALUATION OF WHEEZING	7/1/2015	RBRVS	$49.93	$49.93									
94060	26	EVALUATION OF WHEEZING	7/1/2015	RBRVS	$12.36	$12.36									
94070	26	EVALUATION OF WHEEZING	7/1/2015	RBRVS	$30.10	$30.10									
94150		VITAL CAPACITY TEST	9/1/2011	RBRVS	$0.00	$0.00									
94150	TC	VITAL CAPACITY TEST	9/1/2011	RBRVS	$0.00	$0.00									
94150	26	VITAL CAPACITY TEST	9/1/2011	RBRVS	$0.00	$0.00			Y						
94453		HAST W/OXYGEN TITRATE	7/1/2015	RBRVS	$75.34	$75.34			Y						
94453	TC	HAST W/OXYGEN TITRATE	7/1/2015	RBRVS	$63.59	$63.59									
94453	26	HAST W/OXYGEN TITRATE	7/1/2015	RBRVS	$18.11	$18.11			Y						
94610		SURFACTANT ADMIN THRU TUBE	7/1/2015	RBRVS	$59.83	$59.83			Y						
94640		AIRWAY INHALATION TREATMENT	7/1/2015	RBRVS	$17.35	$17.35			Y						
94644		CBT 1ST HOUR	7/1/2015	RBRVS	$45.50	$45.50			Y						
94645		CBT EACH ADDL HOUR	7/1/2015	RBRVS	$14.48	$14.48			Y						
94660		POS AIRWAY PRESSURE CPAP	7/1/2015	RBRVS	$65.77	$39.92			Y						
94664		EVALUATE PT USE OF INHALER	7/1/2015	RBRVS	$16.35	$16.35			Y						
94680		EXHALED AIR ANALYSIS O2	7/1/2015	RBRVS	$60.01	$60.01			Y						

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
94680	TC	EXHALED AIR ANALYSIS O2	7/1/2015	RBRVS	$46.61	$46.61									
94680	26	EXHALED AIR ANALYSIS O2	7/1/2015	RBRVS	$13.37	$13.37			Y						
94681		EXHALED AIR ANALYSIS O2/CO2	7/1/2015	RBRVS	$55.95	$55.95			Y						
94681	TC	EXHALED AIR ANALYSIS O2/CO2	7/1/2015	RBRVS	$45.50	$45.50									
94681	26	EXHALED AIR ANALYSIS O2/CO2	7/1/2015	RBRVS	$10.41	$10.41			Y						
94690		EXHALED AIR ANALYSIS	7/1/2015	RBRVS	$51.89	$51.89			Y						
94690	TC	EXHALED AIR ANALYSIS	7/1/2015	RBRVS	$47.71	$47.71									
94690	26	EXHALED AIR ANALYSIS	7/1/2015	RBRVS	$4.14	$4.14									
94750	26	PULMONARY COMPLIANCE STUDY	7/1/2015	RBRVS	$11.89	$11.89			Y						
94760		MEASURE BLOOD OXYGEN LEVEL	9/1/2011	RBRVS	$0.00	$0.00			Y						
94761		MEASURE BLOOD OXYGEN LEVEL	9/1/2011	RBRVS	$0.00	$0.00			Y						
94762		MEASURE BLOOD OXYGEN LEVEL	7/1/2015	RBRVS	$23.00	$23.00			Y						
94777		PED HOME APNEA REC REPORT	7/1/2014	FEE SCHED	$37.40	$0.00			Y						
95004		PERCUT ALLERGY SKIN TESTS	7/1/2015	RBRVS	$6.04	$6.04			Y						
95012		EXHALED NITRIC OXIDE MEAS	7/1/2015	RBRVS	$20.39	$20.39			Y						
95017		PERQ & ICUT ALLG TEST VENOMS	7/1/2015	RBRVS	$7.38	$3.39			Y						
95018		PERQ&IC ALLG TEST DRUGS/BIOL	7/1/2015	RBRVS	$17.68	$6.71			Y						
95024		ID ALLERGY TEST DRUG/BUG	7/1/2015	RBRVS	$7.38	$1.06			Y						
95027		ID ALLERGY TITRATE-AIRBORNE	7/1/2015	RBRVS	$4.38	$4.38			Y						
95028		ICUT ALLERGY TEST-DELAYED	7/1/2015	RBRVS	$12.69	$12.69			Y						
95044		ALLERGY PATCH TESTS	7/1/2015	RBRVS	$5.38	$5.38			Y						
95115		IMMUNOTHERAPY ONE INJECTION	7/1/2015	RBRVS	$8.37	$8.37			Y						
95117		IMMUNOTHERAPY INJECTIONS	7/1/2015	RBRVS	$9.70	$9.70			Y						
95165		ANTIGEN THERAPY SERVICES	7/1/2015	RBRVS	$12.03	$3.06			Y						
95250		GLUCOSE MONITORING CONT	7/1/2015	RBRVS	$147.73	$147.73			Y						
95251		GLUC MONITOR CONT PHYS I&R	7/1/2015	RBRVS	$40.85	$40.85									
95782	26	POLYSOM <6 YRS 4/> PARAMTRS	7/1/2015	RBRVS	$128.77	$128.77									
95783	26	POLYSOM <6 YRS CPAP/BILVL	7/1/2015	RBRVS	$155.92	$155.92			Y						
95800		SLP STDY UNATTENDED	7/1/2015	RBRVS	$168.87	$168.87			Y						
95800	TC	SLP STDY UNATTENDED	7/1/2015	RBRVS	$133.02	$133.02									
95800	26	SLP STDY UNATTENDED	7/1/2015	RBRVS	$49.15	$49.15			Y						
95801		SLP STDY UNATND W/ANAL	7/1/2015	RBRVS	$86.44	$86.44			Y						
95801	TC	SLP STDY UNATND W/ANAL	7/1/2015	RBRVS	$44.02	$44.02									
95801	26	SLP STDY UNATND W/ANAL	7/1/2015	RBRVS	$46.82	$46.82			Y						
95803		ACTIGRAPHY TESTING	7/1/2015	RBRVS	$132.91	$132.91			Y						
95803	TC	ACTIGRAPHY TESTING	7/1/2015	RBRVS	$102.37	$102.37									
95803	26	ACTIGRAPHY TESTING	7/1/2015	RBRVS	$40.77	$40.77			Y						
95805		MULTIPLE SLEEP LATENCY TEST	7/1/2015	RBRVS	$437.36	$437.36			Y						
95805	TC	MULTIPLE SLEEP LATENCY TEST	7/1/2015	RBRVS	$375.36	$375.36									
95805	26	MULTIPLE SLEEP LATENCY TEST	7/1/2015	RBRVS	$62.01	$62.01			Y						
95810		POLYSOMNOGRAPHY 4 OR MORE	7/1/2015	RBRVS	$647.79	$647.79			Y						
95810	TC	POLYSOMNOGRAPHY 4 OR MORE	7/1/2015	RBRVS	$519.97	$519.97									
95810	26	POLYSOMNOGRAPHY 4 OR MORE	7/1/2015	RBRVS	$127.78	$127.78			Y						
95811		POLYSOMNOGRAPHY W/CPAP	7/1/2015	RBRVS	$612.32	$612.32			Y						
95811	TC	POLYSOMNOGRAPHY W/CPAP	7/1/2015	RBRVS	$547.78	$547.78									
95811	26	POLYSOMNOGRAPHY W/CPAP	7/1/2015	RBRVS	$119.32	$119.32			Y						

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
95812		EEG 41-60 MINUTES	7/1/2015	RBRVS	$392.46	$392.46			Y						
95812	TC	EEG 41-60 MINUTES	7/1/2015	RBRVS	$375.47	$375.47									
95812	26	EEG 41-60 MINUTES	7/1/2015	RBRVS	$54.54	$54.54			Y						
95813		EEG OVER 1 HOUR	7/1/2015	RBRVS	$469.93	$469.93			Y						
95813	TC	EEG OVER 1 HOUR	7/1/2015	RBRVS	$424.66	$424.66									
95813	26	EEG OVER 1 HOUR	7/1/2015	RBRVS	$87.75	$87.75			Y						
95865		MUSCLE TEST LARYNX	7/1/2015	RBRVS	$136.03	$136.03			Y						
95865	TC	MUSCLE TEST LARYNX	7/1/2015	RBRVS	$62.49	$62.49									
95865	26	MUSCLE TEST LARYNX	7/1/2015	RBRVS	$79.76	$79.76			Y		Y				
95866		MUSCLE TEST HEMIDIAPHRAGM	7/1/2015	RBRVS	$125.43	$125.43			Y		Y				
95866	TC	MUSCLE TEST HEMIDIAPHRAGM	7/1/2015	RBRVS	$68.03	$68.03					Y				
95866	26	MUSCLE TEST HEMIDIAPHRAGM	7/1/2015	RBRVS	$64.17	$64.17	ZZZ		Y						
95873		GUIDE NERV DESTR ELEC STIM	7/1/2015	RBRVS	$70.29	$70.29	ZZZ		Y						
95873	TC	GUIDE NERV DESTR ELEC STIM	7/1/2015	RBRVS	$56.58	$56.58	ZZZ								
95873	26	GUIDE NERV DESTR ELEC STIM	7/1/2015	RBRVS	$19.34	$19.34	ZZZ		Y						
95874		GUIDE NERV DESTR NEEDLE EMG	7/1/2015	RBRVS	$67.63	$67.63	ZZZ		Y						
95874	TC	GUIDE NERV DESTR NEEDLE EMG	7/1/2015	RBRVS	$54.36	$54.36	ZZZ								
95874	26	GUIDE NERV DESTR NEEDLE EMG	7/1/2015	RBRVS	$18.67	$18.67			Y						
95905		MOTOR &/ SENS NRVE CNDJ TEST	7/1/2015	RBRVS	$67.30	$67.30			Y						
95905	TC	MOTOR &/ SENS NRVE CNDJ TEST	7/1/2015	RBRVS	$71.72	$71.72									
95905	26	MOTOR &/ SENS NRVE CNDJ TEST	7/1/2015	RBRVS	$2.72	$2.72			Y						
95907		NVR CNDJ TST 1-2 STUDIES	7/1/2015	RBRVS	$91.43	$91.43			Y						
95907	TC	NVR CNDJ TST 1-2 STUDIES	7/1/2015	RBRVS	$45.50	$45.50									
95907	26	NVR CNDJ TST 1-2 STUDIES	7/1/2015	RBRVS	$50.49	$50.49			Y						
95908		NRV CNDJ TST 3-4 STUDIES	7/1/2015	RBRVS	$117.45	$117.45			Y						
95908	TC	NRV CNDJ TST 3-4 STUDIES	7/1/2015	RBRVS	$59.53	$59.53									
95908	26	NRV CNDJ TST 3-4 STUDIES	7/1/2015	RBRVS	$63.84	$63.84			Y						
95909		NRV CNDJ TST 5-6 STUDIES	7/1/2015	RBRVS	$139.13	$139.13			Y						
95909	TC	NRV CNDJ TST 5-6 STUDIES	7/1/2015	RBRVS	$69.87	$69.87									
95909	26	NRV CNDJ TST 5-6 STUDIES	7/1/2015	RBRVS	$76.24	$76.24			Y						
95910		NRV CNDJ TEST 7-8 STUDIES	7/1/2015	RBRVS	$184.89	$184.89			Y						
95910	TC	NRV CNDJ TEST 7-8 STUDIES	7/1/2015	RBRVS	$92.03	$92.03									
95910	26	NRV CNDJ TEST 7-8 STUDIES	7/1/2015	RBRVS	$102.04	$102.04			Y						
95911		NRV CNDJ TEST 9-10 STUDIES	7/1/2015	RBRVS	$219.93	$219.93			Y						
95911	TC	NRV CNDJ TEST 9-10 STUDIES	7/1/2015	RBRVS	$103.11	$103.11									
95911	26	NRV CNDJ TEST 9-10 STUDIES	7/1/2015	RBRVS	$127.13	$127.13			Y						
95912		NRV CNDJ TEST 11-12 STUDIES	7/1/2015	RBRVS	$245.42	$245.42			Y						
95912	TC	NRV CNDJ TEST 11-12 STUDIES	7/1/2015	RBRVS	$104.96	$104.96									
95912	26	NRV CNDJ TEST 11-12 STUDIES	7/1/2015	RBRVS	$150.96	$150.96			Y						
95913		NRV CNDJ TEST 13/> STUDIES	7/1/2015	RBRVS	$278.12	$278.12			Y						
95913	TC	NRV CNDJ TEST 13/> STUDIES	7/1/2015	RBRVS	$111.23	$111.23									
95913	26	NRV CNDJ TEST 13/> STUDIES	7/1/2015	RBRVS	$178.02	$178.02									
95924	26	ANS PARASYMP & SYMP W/TILT	7/1/2015	RBRVS	$93.21	$93.21			Y						
95926		SOMATOSENSORY TESTING	7/1/2015	RBRVS	$135.24	$135.24			Y						
95926	TC	SOMATOSENSORY TESTING	7/1/2015	RBRVS	$121.68	$121.68									
95926	26	SOMATOSENSORY TESTING	7/1/2015	RBRVS	$25.75	$25.75			Y						

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
95927		SOMATOSENSORY TESTING	7/1/2015	RBRVS	$143.21	$143.21			Y						
95927	TC	SOMATOSENSORY TESTING	7/1/2015	RBRVS	$130.18	$130.18									
95927	26	SOMATOSENSORY TESTING	7/1/2015	RBRVS	$26.09	$26.09			Y						
95928		C MOTOR EVOKED UPPR LIMBS	7/1/2015	RBRVS	$243.29	$243.29			Y						
95928	TC	C MOTOR EVOKED UPPR LIMBS	7/1/2015	RBRVS	$185.94	$185.94									
95928	26	C MOTOR EVOKED UPPR LIMBS	7/1/2015	RBRVS	$75.97	$75.97			Y						
95929		C MOTOR EVOKED LWR LIMBS	7/1/2015	RBRVS	$242.59	$242.59			Y						
95929	TC	C MOTOR EVOKED LWR LIMBS	7/1/2015	RBRVS	$187.42	$187.42									
95929	26	C MOTOR EVOKED LWR LIMBS	7/1/2015	RBRVS	$73.95	$73.95			Y						
95930		VISUAL EVOKED POTENTIAL TEST	7/1/2015	RBRVS	$120.55	$120.55			Y						
95930	TC	VISUAL EVOKED POTENTIAL TEST	7/1/2015	RBRVS	$114.67	$114.67									
95930	26	VISUAL EVOKED POTENTIAL TEST	7/1/2015	RBRVS	$17.35	$17.35									
95943	26	PARASYMP&SYMP HRT RATE TEST	7/1/2014	FEE SCHED	$39.30	$0.00			Y						
95957		EEG DIGITAL ANALYSIS	7/1/2015	RBRVS	$297.44	$297.44			Y						
95957	TC	EEG DIGITAL ANALYSIS	7/1/2015	RBRVS	$219.18	$219.18									
95957	26	EEG DIGITAL ANALYSIS	7/1/2015	RBRVS	$100.20	$100.20			Y						
95970		ANALYZE NEUROSTIM NO PROG	7/1/2015	RBRVS	$63.11	$22.89			Y						
95971		ANALYZE NEUROSTIM SIMPLE	7/1/2015	RBRVS	$54.30	$38.69			Y						
95972		ANALYZE NEUROSTIM COMPLEX	7/1/2015	RBRVS	$52.38	$39.75			Y						
95974		CRANIAL NEUROSTIM COMPLEX	7/1/2015	RBRVS	$198.02	$157.47	ZZZ		Y						
95975		CRANIAL NEUROSTIM COMPLEX	7/1/2015	RBRVS	$106.15	$88.87			Y						
95978		ANALYZE NEUROSTIM BRAIN/1H	7/1/2015	RBRVS	$236.94	$184.42	ZZZ		Y						
95979		ANALYZ NEUROSTIM BRAIN ADDON	7/1/2015	RBRVS	$103.16	$85.88			Y						
95980		IO ANAL GAST N-STIM INIT	7/1/2015	RBRVS	$44.73	$44.73			Y						
95981		IO ANAL GAST N-STIM SUBSQ	7/1/2015	RBRVS	$30.15	$16.84			Y						
95982		IO GA N-STIM SUBSQ W/REPROG	7/1/2015	RBRVS	$50.51	$35.56			Y						
95990		SPIN/BRAIN PUMP REFIL & MAIN	7/1/2015	RBRVS	$84.65	$84.65			Y						
95992		CANALITH REPOSITIONING PROC	7/1/2015	RBRVS	$40.11	$35.13			Y						
96000		MOTION ANALYSIS VIDEO/3D	7/1/2015	RBRVS	$90.63	$90.63			Y						
96001		MOTION TEST W/FT PRESS MEAS	7/1/2015	RBRVS	$96.58	$96.58			Y						
96002		DYNAMIC SURFACE EMG	7/1/2015	RBRVS	$20.84	$20.84			Y						
96003		DYNAMIC FINE WIRE EMG	7/1/2015	RBRVS	$18.01	$18.01			Y						
96004		PHYS REVIEW OF MOTION TESTS	7/1/2015	RBRVS	$111.94	$111.94			Y						
96020		FUNCTIONAL BRAIN MAPPING	7/1/2014	FEE SCHED	$876.21	$0.00									
96020	TC	FUNCTIONAL BRAIN MAPPING	7/1/2014	FEE SCHED	$711.35	$0.00									
96020	26	FUNCTIONAL BRAIN MAPPING	7/1/2015	RBRVS	$178.85	$178.85									
96101		PSYCHO TESTING BY PSYCH/PHYS	7/1/2015	RBRVS	$74.91	$74.25									
96102		PSYCHO TESTING BY TECHNICIAN	7/1/2015	RBRVS	$59.72	$21.83									
96103		PSYCHO TESTING ADMIN BY COMP	7/1/2015	RBRVS	$25.82	$25.16									
96105		ASSESSMENT OF APHASIA	7/1/2015	RBRVS	$97.92	$97.92									
96110		DEVELOPMENTAL SCREEN W/SCORE	7/1/2015	RBRVS	$9.03	$9.03									
96111		DEVELOPMENTAL TEST EXTEND	7/1/2015	RBRVS	$120.87	$114.57									
96116		NEUROBEHAVIORAL STATUS EXAM	7/1/2015	RBRVS	$87.84	$82.19									
96118		NEUROPSYCH TST BY PSYCH/PHYS	7/1/2015	RBRVS	$91.53	$73.91									
96119		NEUROPSYCH TESTING BY TECH	7/1/2015	RBRVS	$75.95	$22.43									
96120		NEUROPSYCH TST ADMIN W/COMP	7/1/2015	RBRVS	$45.09	$24.49									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
96127		BRIEF EMOTIONAL/BEHAV ASSMT	7/1/2015	RBRVS	$5.61	$5.61			Y						
96150		ASSESS HLTH/BEHAVE INIT	7/1/2015	RBRVS	$20.43	$20.10			Y						
96151		ASSESS HLTH/BEHAVE SUBSEQ	7/1/2015	RBRVS	$19.44	$19.10			Y						
96152		INTERVENE HLTH/BEHAVE INDIV	7/1/2015	RBRVS	$18.35	$18.01			Y						
96153		INTERVENE HLTH/BEHAVE GROUP	7/1/2015	RBRVS	$4.38	$4.05			Y						
96154		INTERV HLTH/BEHAV FAM W/PT	7/1/2015	RBRVS	$18.01	$17.68			Y						
96155		INTERV HLTH/BEHAV FAM NO PT	7/1/2015	RBRVS	$21.50	$21.50			Y						
96360		HYDRATION IV INFUSION INIT	7/1/2015	RBRVS	$60.09	$60.09	ZZZ		Y						
96361		HYDRATE IV INFUSION ADD-ON	7/1/2015	RBRVS	$15.95	$15.95			Y						
96365		THER/PROPH/DIAG IV INF INIT	7/1/2015	RBRVS	$72.72	$72.72	ZZZ		Y						
96366		THER/PROPH/DIAG IV INF ADDON	7/1/2015	RBRVS	$19.65	$19.65	ZZZ		Y						
96367		TX/PROPH/DG ADDL SEQ IV INF	7/1/2015	RBRVS	$31.46	$31.46	ZZZ		Y						
96368		THER/DIAG CONCURRENT INF	7/1/2015	RBRVS	$21.49	$21.49			Y						
96369		SC THER INFUSION UP TO 1 HR	7/1/2015	RBRVS	$202.63	$202.63	ZZZ		Y						
96370		SC THER INFUSION ADDL HR	7/1/2015	RBRVS	$15.95	$15.95	ZZZ		Y						
96371		SC THER INFUSION RESET PUMP	7/1/2015	RBRVS	$93.51	$93.51			Y						
96372		THER/PROPH/DIAG INJ SC/IM	7/1/2015	RBRVS	$26.29	$26.29			Y						
96373		THER/PROPH/DIAG INJ IA	7/1/2015	RBRVS	$20.39	$20.39			Y						
96374		THER/PROPH/DIAG INJ IV PUSH	7/1/2015	RBRVS	$59.35	$59.35	ZZZ		Y						
96375		TX/PRO/DX INJ NEW DRUG ADDON	7/1/2015	RBRVS	$23.34	$23.34			Y						
96379		THER/PROP/DIAG INJ/INF PROC	7/1/2014	FEE SCHED	$40.39	$0.00			Y						
96401		CHEMO ANTI-NEOPL SQ/IM	7/1/2015	RBRVS	$70.10	$70.10			Y						
96402		CHEMO HORMON ANTINEOPL SQ/IM	7/1/2015	RBRVS	$30.31	$30.31			Y						
96409		CHEMO IV PUSH SNGL DRUG	7/1/2015	RBRVS	$103.83	$103.83	ZZZ		Y						
96411		CHEMO IV PUSH ADDL DRUG	7/1/2015	RBRVS	$58.06	$58.06			Y						
96413		CHEMO IV INFUSION 1 HR	7/1/2015	RBRVS	$126.82	$126.82	ZZZ		Y						
96415		CHEMO IV INFUSION ADDL HR	7/1/2015	RBRVS	$26.32	$26.32			Y						
96416		CHEMO PROLONG INFUSE W/PUMP	7/1/2015	RBRVS	$131.49	$131.49	ZZZ		Y						
96417		CHEMO IV INFUS EACH ADDL SEQ	7/1/2015	RBRVS	$58.73	$58.73			Y						
96422		CHEMO IA INFUSION UP TO 1 HR	7/1/2015	RBRVS	$159.63	$159.63	ZZZ		Y						
96423		CHEMO IA INFUSE EACH ADDL HR	7/1/2015	RBRVS	$74.15	$74.15	000		Y						
96450		CHEMOTHERAPY INTO CNS	7/1/2015	RBRVS	$171.40	$77.01			Y						
96521		REFILL/MAINT PORTABLE PUMP	7/1/2015	RBRVS	$129.49	$129.49			Y						
96522		REFILL/MAINT PUMP/RESVR SYST	7/1/2015	RBRVS	$106.89	$106.89			Y						
96523		IRRIG DRUG DELIVERY DEVICE	9/1/2011	RBRVS	$0.00	$0.00			Y						
96567		PHOTODYNAMIC TX SKIN	7/1/2015	RBRVS	$126.03	$126.03			Y						
96900		ULTRAVIOLET LIGHT THERAPY	7/1/2015	RBRVS	$19.34	$19.34			Y						
96902		TRICHOGRAM	7/1/2015	RBRVS	$0.00	$0.00			Y						
96904		WHOLE BODY PHOTOGRAPHY	7/1/2015	RBRVS	$65.44	$65.44	000		Y						
96936		RCM CELULR SUBCELULR IMG SKN	1/1/2016	MSRP	$0.00	$0.00			Y						
97001		PT EVALUATION	7/1/2015	RBRVS	$70.42	$70.42			Y						
97002		PT RE-EVALUATION	7/1/2015	RBRVS	$39.38	$39.38			Y						
97010		HOT OR COLD PACKS THERAPY	9/1/2011	RBRVS	$0.00	$0.00			Y						
97032		ELECTRICAL STIMULATION	7/1/2015	RBRVS	$18.01	$18.01			Y						
97034		CONTRAST BATH THERAPY	7/1/2015	RBRVS	$17.01	$17.01			Y						
97035		ULTRASOUND THERAPY	7/1/2015	RBRVS	$12.03	$12.03			Y						

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
97036		HYDROTHERAPY	7/1/2015	RBRVS	$31.41	$31.41			Y						
97110		THERAPEUTIC EXERCISES	7/1/2015	RBRVS	$30.41	$30.41			Y						
97112		NEUROMUSCULAR REEDUCATION	7/1/2015	RBRVS	$31.31	$31.31			Y						
97113		AQUATIC THERAPY/EXERCISES	7/1/2015	RBRVS	$40.28	$40.28			Y						
97150		GROUP THERAPEUTIC PROCEDURES	7/1/2015	RBRVS	$16.35	$16.35			Y						
97530		THERAPEUTIC ACTIVITIES	7/1/2015	RBRVS	$32.64	$32.64			Y						
97535		SELF CARE MNGMENT TRAINING	7/1/2015	FEE SCHED	$24.48	$0.00			Y						
97537		COMMUNITY/WORK REINTEGRATION	7/1/2015	RBRVS	$28.31	$28.31			Y						
97542		WHEELCHAIR MNGMENT TRAINING	7/1/2015	RBRVS	$28.64	$28.64	000		Y						
97597		ACTIVE WOUND CARE/20 CM OR <	7/1/2015	RBRVS	$71.75	$22.89	ZZZ		Y						
97598		RMVL DEVITAL TIS ADDL 20CM/<	7/1/2015	RBRVS	$23.83	$11.20			Y						
97605		NEG PRESS WOUND TX </=50 CM	7/1/2015	RBRVS	$41.54	$26.58			Y						
97606		NEG PRESS WOUND TX >50 CM	7/1/2015	RBRVS	$49.35	$29.41			Y						
97750		PHYSICAL PERFORMANCE TEST	7/1/2015	RBRVS	$31.07	$31.07			Y						
97760		ORTHOTIC MGMT AND TRAINING	7/1/2015	RBRVS	$35.73	$35.73			Y						
97761		PROSTHETIC TRAINING	7/1/2015	RBRVS	$31.07	$31.07			Y						
97762		C/O FOR ORTHOTIC/PROSTH USE	7/1/2015	RBRVS	$44.93	$44.93			Y						
98960		SELF-MGMT EDUC & TRAIN 1 PT	9/1/2011	RBRVS	$0.00	$0.00			Y						
98961		SELF-MGMT EDUC/TRAIN 2-4 PT	9/1/2011	RBRVS	$0.00	$0.00			Y						
98962		SELF-MGMT EDUC/TRAIN 5-8 PT	9/1/2011	RBRVS	$0.00	$0.00									
99000		SPECIMEN HANDLING	7/1/2003	RBRVS	$0.00	$0.00									
99001		SPECIMEN HANDLING	7/1/2003	RBRVS	$0.00	$0.00			Y						
99002		DEVICE HANDLING	7/1/2003	RBRVS	$0.00	$0.00			Y						
99024		POSTOP FOLLOW-UP VISIT	7/1/2003	RBRVS	$0.00	$0.00									
99026		IN-HOSPITAL ON CALL SERVICE	1/1/2003	RBRVS	$0.00	$0.00			Y						
99027		OUT-OF-HOSP ON CALL SERVICE	1/1/2003	RBRVS	$0.00	$0.00			Y						
99050		MEDICAL SERVICES AFTER HRS	7/1/2003	RBRVS	$0.00	$0.00			Y						
99051		MED SERV EVE/WKEND/HOLIDAY	1/1/2006	RBRVS	$0.00	$0.00			Y						
99053		MED SERV 10PM-8AM 24 HR FAC	1/1/2006	RBRVS	$0.00	$0.00			Y						
99056		MED SERVICE OUT OF OFFICE	7/1/2003	RBRVS	$0.00	$0.00									
99058		OFFICE EMERGENCY CARE	7/1/2003	RBRVS	$0.00	$0.00			Y						
99060		OUT OF OFFICE EMERG MED SERV	1/1/2006	RBRVS	$0.00	$0.00			Y						
99070		SPECIAL SUPPLIES	7/1/2003	RBRVS	$0.00	$0.00			Y						
99082		UNUSUAL PHYSICIAN TRAVEL	7/1/2014	FEE SCHED	$66.00	$0.00			Y						
99091		COLLECT/REVIEW DATA FROM PT	9/1/2011	RBRVS	$0.00	$0.00	ZZZ		Y						
99100		SPECIAL ANESTHESIA SERVICE	7/1/2003	RBRVS	$0.00	$0.00	ZZZ		Y						
99116		ANESTHESIA WITH HYPOTHERMIA	7/1/2003	RBRVS	$0.00	$0.00	ZZZ		Y						
99135		SPECIAL ANESTHESIA PROCEDURE	7/1/2003	RBRVS	$0.00	$0.00	ZZZ		Y						
99140		EMERGENCY ANESTHESIA	7/1/2003	RBRVS	$0.00	$0.00			Y						
99143		MOD CS BY SAME PHYS < 5 YRS	7/1/2014	FEE SCHED	$68.30	$0.00			Y						
99144		MOD CS BY SAME PHYS 5 YRS +	7/1/2014	FEE SCHED	$65.24	$0.00			Y						
99145		MOD CS BY SAME PHYS ADD-ON	7/1/2014	FEE SCHED	$29.48	$0.00			Y						
99148		MOD CS DIFF PHYS < 5 YRS	7/1/2014	FEE SCHED	$66.00	$0.00			Y						
99149		MOD CS DIFF PHYS 5 YRS +	7/1/2014	FEE SCHED	$71.04	$0.00			Y						
99150		MOD CS DIFF PHYS ADD-ON	7/1/2014	FEE SCHED	$24.46	$0.00			Y						
99173		VISUAL ACUITY SCREEN	7/1/2015	RBRVS	$3.06	$3.06			Y						

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
99175		INDUCTION OF VOMITING	7/1/2015	RBRVS	$16.02	$16.02									
99188		APP TOPICAL FLUORIDE VARNISH	1/1/2015	FEE SCHED	$19.52	$0.00			Y						
99195		PHLEBOTOMY	7/1/2015	RBRVS	$94.52	$94.52			Y						
99201		OFFICE/OUTPATIENT VISIT NEW	7/1/2015	RBRVS	$41.18	$25.22			Y						
99202		OFFICE/OUTPATIENT VISIT NEW	7/1/2015	RBRVS	$70.32	$47.39			Y						
99203		OFFICE/OUTPATIENT VISIT NEW	7/1/2015	RBRVS	$102.50	$73.25			Y						
99204		OFFICE/OUTPATIENT VISIT NEW	7/1/2015	RBRVS	$155.88	$123.64			Y						
99205		OFFICE/OUTPATIENT VISIT NEW	7/1/2015	RBRVS	$195.96	$160.73			Y						
99211		OFFICE/OUTPATIENT VISIT EST	7/1/2015	RBRVS	$18.67	$8.71			Y						
99212		OFFICE/OUTPATIENT VISIT EST	7/1/2015	RBRVS	$41.18	$24.22			Y						
99213		OFFICE/OUTPATIENT VISIT EST	7/1/2015	RBRVS	$68.26	$47.99			Y						
99214		OFFICE/OUTPATIENT VISIT EST	7/1/2015	RBRVS	$101.47	$74.21			Y						
99215		OFFICE/OUTPATIENT VISIT EST	7/1/2015	RBRVS	$137.13	$105.56			Y						
99217		OBSERVATION CARE DISCHARGE	7/1/2015	RBRVS	$68.80	$68.80			Y						
99218		INITIAL OBSERVATION CARE	7/1/2015	RBRVS	$95.25	$95.25			Y						
99219		INITIAL OBSERVATION CARE	7/1/2015	RBRVS	$128.66	$128.66			Y						
99220		INITIAL OBSERVATION CARE	7/1/2015	RBRVS	$176.45	$176.45			Y						
99221		INITIAL HOSPITAL CARE	7/1/2015	RBRVS	$96.82	$96.82			Y						
99222		INITIAL HOSPITAL CARE	7/1/2015	RBRVS	$130.18	$130.18			Y						
99223		INITIAL HOSPITAL CARE	7/1/2015	RBRVS	$192.70	$192.70			Y						
99224		SUBSEQUENT OBSERVATION CARE	7/1/2015	RBRVS	$37.26	$37.26			Y						
99225		SUBSEQUENT OBSERVATION CARE	7/1/2015	RBRVS	$68.80	$68.80			Y						
99226		SUBSEQUENT OBSERVATION CARE	7/1/2015	RBRVS	$99.77	$99.77			Y						
99231		SUBSEQUENT HOSPITAL CARE	7/1/2015	RBRVS	$36.92	$36.92			Y						
99232		SUBSEQUENT HOSPITAL CARE	7/1/2015	RBRVS	$68.47	$68.47			Y						
99233		SUBSEQUENT HOSPITAL CARE	7/1/2015	RBRVS	$98.78	$98.78			Y						
99234		OBSERV/HOSP SAME DATE	7/1/2015	RBRVS	$127.19	$127.19			Y						
99235		OBSERV/HOSP SAME DATE	7/1/2015	RBRVS	$160.27	$160.27			Y						
99236		OBSERV/HOSP SAME DATE	7/1/2015	RBRVS	$206.66	$206.66			Y						
99238		HOSPITAL DISCHARGE DAY	7/1/2015	RBRVS	$69.12	$69.12			Y						
99239		HOSPITAL DISCHARGE DAY	7/1/2015	RBRVS	$101.61	$101.61									
99281		EMERGENCY DEPT VISIT	7/1/2015	RBRVS	$19.84	$19.84									
99282		EMERGENCY DEPT VISIT	7/1/2015	RBRVS	$39.08	$39.08									
99283		EMERGENCY DEPT VISIT	7/1/2015	RBRVS	$59.05	$59.05									
99284		EMERGENCY DEPT VISIT	7/1/2015	RBRVS	$112.47	$112.47									
99285		EMERGENCY DEPT VISIT	7/1/2015	RBRVS	$166.71	$166.71			Y						
99288		DIRECT ADVANCED LIFE SUPPORT	7/1/2003	RBRVS	$0.00	$0.00			Y						
99291		CRITICAL CARE FIRST HOUR	7/1/2015	RBRVS	$261.24	$213.38	ZZZ		Y						
99292		CRITICAL CARE ADDL 30 MIN	7/1/2015	RBRVS	$116.43	$106.46									
99304		NURSING FACILITY CARE INIT	7/1/2015	RBRVS	$86.58	$86.58									
99305		NURSING FACILITY CARE INIT	7/1/2015	RBRVS	$123.44	$123.44									
99306		NURSING FACILITY CARE INIT	7/1/2015	RBRVS	$157.31	$157.31									
99307		NURSING FAC CARE SUBSEQ	7/1/2015	RBRVS	$41.84	$41.84									
99308		NURSING FAC CARE SUBSEQ	7/1/2015	RBRVS	$64.61	$64.61									
99309		NURSING FAC CARE SUBSEQ	7/1/2015	RBRVS	$85.75	$85.75									
99310		NURSING FAC CARE SUBSEQ	7/1/2015	RBRVS	$127.76	$127.76									

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
99315		NURSING FAC DISCHARGE DAY	7/1/2015	RBRVS	$68.67	$68.67									
99316		NURSING FAC DISCHARGE DAY	7/1/2015	RBRVS	$99.21	$99.21									
99318		ANNUAL NURSING FAC ASSESSMNT	7/1/2015	RBRVS	$90.50	$90.50									
99324		DOMICIL/R-HOME VISIT NEW PAT	7/1/2015	RBRVS	$51.98	$51.98									
99325		DOMICIL/R-HOME VISIT NEW PAT	7/1/2015	RBRVS	$75.87	$75.87									
99326		DOMICIL/R-HOME VISIT NEW PAT	7/1/2015	RBRVS	$131.15	$131.15									
99327		DOMICIL/R-HOME VISIT NEW PAT	7/1/2015	RBRVS	$175.05	$175.05									
99328		DOMICIL/R-HOME VISIT NEW PAT	7/1/2015	RBRVS	$205.03	$205.03									
99334		DOMICIL/R-HOME VISIT EST PAT	7/1/2015	RBRVS	$56.63	$56.63									
99335		DOMICIL/R-HOME VISIT EST PAT	7/1/2015	RBRVS	$89.50	$89.50									
99336		DOMICIL/R-HOME VISIT EST PAT	7/1/2015	RBRVS	$126.76	$126.76									
99337		DOMICIL/R-HOME VISIT EST PAT	7/1/2015	RBRVS	$181.37	$181.37									
99339		DOMICIL/R-HOME CARE SUPERVIS	9/1/2011	RBRVS	$0.00	$0.00									
99340		DOMICIL/R-HOME CARE SUPERVIS	9/1/2011	RBRVS	$0.00	$0.00			Y						
99341		HOME VISIT NEW PATIENT	7/1/2015	RBRVS	$51.65	$51.65			Y						
99342		HOME VISIT NEW PATIENT	7/1/2015	RBRVS	$75.28	$75.28			Y						
99343		HOME VISIT NEW PATIENT	7/1/2015	RBRVS	$122.58	$122.58			Y						
99344		HOME VISIT NEW PATIENT	7/1/2015	RBRVS	$171.83	$171.83			Y						
99345		HOME VISIT NEW PATIENT	7/1/2015	RBRVS	$208.09	$208.09			Y						
99347		HOME VISIT EST PATIENT	7/1/2015	RBRVS	$52.31	$52.31			Y						
99348		HOME VISIT EST PATIENT	7/1/2015	RBRVS	$79.20	$79.20			Y						
99349		HOME VISIT EST PATIENT	7/1/2015	RBRVS	$120.78	$120.78			Y						
99350		HOME VISIT EST PATIENT	7/1/2015	RBRVS	$167.08	$167.08	ZZZ		Y						
99354		PROLONG E&M/PSYCTX SERV O/P	7/1/2015	RBRVS	$94.29	$87.64	ZZZ		Y						
99355		PROLONG E&M/PSYCTX SERV O/P	7/1/2015	RBRVS	$91.63	$84.65	ZZZ		Y						
99356		PROLONGED SERVICE INPATIENT	7/1/2015	RBRVS	$86.91	$86.91	ZZZ		Y						
99357		PROLONGED SERVICE INPATIENT	7/1/2015	RBRVS	$85.85	$85.85			Y						
99358		PROLONGED SERV, W/O CONTACT	9/1/2011	RBRVS	$0.00	$0.00	ZZZ		Y						
99359		PROLONGED SERV, W/O CONTACT	9/1/2011	RBRVS	$0.00	$0.00			Y						
99363		ANTICOAGULANT MGMT INITIAL	9/1/2011	RBRVS	$0.00	$0.00			Y						
99364		ANTICOAGULANT MGMT SUBSEQ	9/1/2011	RBRVS	$0.00	$0.00			Y						
99366		TEAM CONF W/PAT BY HC PROF	9/1/2011	RBRVS	$0.00	$0.00			Y						
99367		TEAM CONF W/O PAT BY PHYS	9/1/2011	RBRVS	$0.00	$0.00			Y						
99368		TEAM CONF W/O PAT BY HC PRO	9/1/2011	RBRVS	$0.00	$0.00			Y						
99381		INIT PM E/M NEW PAT INFANT	7/1/2015	RBRVS	$116.07	$80.99			Y						
99382		INIT PM E/M NEW PAT 1-4 YRS	7/1/2015	RBRVS	$121.32	$86.60			Y						
99383		PREV VISIT NEW AGE 5-11	7/1/2015	RBRVS	$126.12	$91.77			Y						
99384		PREV VISIT NEW AGE 12-17	7/1/2015	RBRVS	$142.99	$108.65			Y						
99385		PREV VISIT NEW AGE 18-39	7/1/2015	RBRVS	$125.03	$93.79			Y						
99386		PREV VISIT NEW AGE 40-64	7/1/2015	RBRVS	$144.45	$113.53			Y						
99387		INIT PM E/M NEW PAT 65+ YRS	7/1/2015	RBRVS	$156.48	$121.91			Y						
99391		PER PM REEVAL EST PAT INFANT	7/1/2015	RBRVS	$104.14	$73.86			Y						
99392		PREV VISIT EST AGE 1-4	7/1/2015	RBRVS	$111.27	$80.99			Y						
99393		PREV VISIT EST AGE 5-11	7/1/2015	RBRVS	$110.90	$80.99			Y						
99394		PREV VISIT EST AGE 12-17	7/1/2015	RBRVS	$121.68	$91.77			Y						
99395		PREV VISIT EST AGE 18-39	7/1/2015	RBRVS	$112.23	$85.32			Y						

Montana Medicaid - Fee Schedule
Mid-Level Services
January 1, 2016

Proc	Mod	Description	Effective	Method	Fees Office	Fees Facility	Global Days	PA	Pass	Mult	Bilat	Indicators Assist	Indicators CoSurg	Indicators Team	Policy Adjust
99396		PREV VISIT EST AGE 40-64	7/1/2015	RBRVS	$120.05	$93.13			Y						
99397		PREV VISIT, EST, 65 & OVER	7/1/2015	RBRVS	$129.02	$97.78			Y						
99401		PREVENTIVE COUNSELING INDIV	7/1/2015	RBRVS	$37.93	$25.74			Y						
99402		PREVENTIVE COUNSELING INDIV	7/1/2015	RBRVS	$64.78	$52.59			Y						
99403		PREVENTIVE COUNSELING INDIV	7/1/2015	RBRVS	$90.96	$79.14			Y						
99404		PREVENTIVE COUNSELING INDIV	7/1/2015	RBRVS	$117.88	$106.06			Y						
99406		BEHAV CHNG SMOKING 3-10 MIN	7/1/2015	RBRVS	$13.46	$11.79			Y						
99407		BEHAV CHNG SMOKING < 10 MIN	7/1/2015	RBRVS	$25.82	$24.16			Y						
99408		AUDIT/DAST 15-30 MIN	7/1/2015	RBRVS	$36.89	$35.05			Y						
99409		AUDIT/DAST OVER 30 MIN	7/1/2015	RBRVS	$72.38	$70.54			Y						
99411		PREVENTIVE COUNSELING GROUP	7/1/2015	RBRVS	$17.06	$8.20			Y						
99412		PREVENTIVE COUNSELING GROUP	7/1/2015	RBRVS	$22.71	$13.85			Y						
99415		PROLONG CLINCL STAFF SVC	1/1/2016	RBRVS	$8.37	$8.37			Y						
99416		PROLONG CLINCL STAFF SVC ADD	1/1/2016	RBRVS	$0.72	$0.72			Y						
99420		HEALTH RISK ASSESSMENT TEST	7/1/2015	RBRVS	$11.52	$11.52			Y						
99441		PHONE E/M BY PHYS 5-10 MIN	7/1/2015	RBRVS	$13.46	$12.46			Y						
99442		PHONE E/M BY PHYS 11-20 MIN	7/1/2015	RBRVS	$25.49	$24.16			Y						
99443		PHONE E/M BY PHYS 21-30 MIN	7/1/2015	RBRVS	$37.92	$36.59									
99446		INTERPROF PHONE/ONLINE 5-10	1/1/2014	RBRVS	$0.00	$0.00									
99447		INTERPROF PHONE/ONLINE 11-20	1/1/2014	RBRVS	$0.00	$0.00									
99448		INTERPROF PHONE/ONLINE 21-30	1/1/2014	RBRVS	$0.00	$0.00									
99449		INTERPROF PHONE/ONLINE 31/>	1/1/2014	RBRVS	$0.00	$0.00									M
99460		INIT NB EM PER DAY HOSP	7/1/2015	RBRVS	$116.85	$116.85									M
99461		INIT NB EM PER DAY NON-FAC	7/1/2015	RBRVS	$105.30	$73.88									M
99462		SBSQ NB EM PER DAY HOSP	7/1/2015	RBRVS	$48.76	$48.76									M
99463		SAME DAY NB DISCHARGE	7/1/2015	RBRVS	$141.21	$141.21									M
99464		ATTENDANCE AT DELIVERY	7/1/2015	RBRVS	$87.68	$87.68									M
99465		NB RESUSCITATION	7/1/2015	RBRVS	$177.36	$177.36									M
99468		NEONATE CRIT CARE INITIAL	7/1/2015	RBRVS	$1,080.41	$1,080.41									M
99469		NEONATE CRIT CARE SUBSQ	7/1/2015	RBRVS	$468.13	$468.13									
99471		PED CRITICAL CARE INITIAL	7/1/2015	RBRVS	$920.92	$920.92									
99472		PED CRITICAL CARE SUBSQ	7/1/2015	RBRVS	$429.90	$429.90									
99475		PED CRIT CARE AGE 2-5 INIT	7/1/2015	RBRVS	$606.94	$606.94									
99476		PED CRIT CARE AGE 2-5 SUBSQ	7/1/2015	RBRVS	$365.64	$365.64									M
99477		INIT DAY HOSP NEONATE CARE	7/1/2015	RBRVS	$382.71	$382.71									M
99478		IC LBW INF < 1500 GM SUBSQ	7/1/2015	RBRVS	$166.81	$166.81									M
99479		IC LBW INF 1500-2500 G SUBSQ	7/1/2015	RBRVS	$146.59	$146.59									M
99480		IC INF PBW 2501-5000 G SUBSQ	7/1/2015	RBRVS	$140.80	$140.80									
99487		CMPLX CHRON CARE W/O PT VSIT	1/1/2013	RBRVS	$0.00	$0.00	ZZZ								
99489		COMPLX CHRON CARE ADDL30 MIN	1/1/2013	RBRVS	$0.00	$0.00			Y						
99490		CHRON CARE MGMT SRVC 20 MIN	7/1/2015	RBRVS	$40.24	$30.94									
99495		TRANS CARE MGMT 14 DAY DISCH	7/1/2015	RBRVS	$154.95	$105.09									
99496		TRANS CARE MGMT 7 DAY DISCH	7/1/2015	RBRVS	$217.46	$151.32									