# Montana Medicaid - Fee Schedule
# DME
# July 1, 2006

## 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 description. You must refer to the appropriate official CPT-4 or HCPCS 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.

***Method*** – Source of fee determination
**Fee Sched**: Medicaid fee for listed code
**Medicare**: Medicare-prevailing fee for listed code.
**By Report (BR)**: Equals a percentage of billed charges; percentage depends on provider type and service/supply

***PA*** – Prior Authorization
**Y**: Prior authorization is required
**Space:** Prior authorization is not required

# Montana Medicaid - Fee Schedule
## DME
## July 1, 2006

| Proc | Modifier | Description | Effective | Method | Fee | PA |
|---|---|---|---|---|---|---|
| A4206 | | 1 CC STERILE SYRINGE&NEEDLE | 1/1/2004 | BY REPORT | $0.00 | |
| A4207 | | 2 CC STERILE SYRINGE&NEEDLE | 1/1/2004 | BY REPORT | $0.00 | |
| A4208 | | 3 CC STERILE SYRINGE&NEEDLE | 1/1/2004 | BY REPORT | $0.00 | |
| A4209 | | 5+ CC STERILE SYRINGE&NEEDLE | 1/1/2004 | BY REPORT | $0.00 | |
| A4210 | | NONNEEDLE INJECTION DEVICE | 1/1/2004 | BY REPORT | $0.00 | |
| A4211 | | SUPP FOR SELF-ADM INJECTIONS | 1/17/1994 | BY REPORT | $0.00 | |
| A4212 | | NON CORING NEEDLE OR STYLET | 1/1/2004 | BY REPORT | $0.00 | |
| A4213 | | 20+ CC SYRINGE ONLY | 1/1/2004 | BY REPORT | $0.00 | |
| A4215 | | STERILE NEEDLE | 1/1/2004 | BY REPORT | $0.00 | |
| A4216 | | STERILE WATER/SALINE 10 ML | 1/1/2006 | MEDICARE | $0.45 | |
| A4217 | | STERILE WATER/SALINE 500 ML | 1/1/2006 | MEDICARE | $2.66 | |
| A4218 | | STERILE SALINE OR WATER | 1/1/2006 | BY REPORT | $0.00 | |
| A4220 | | INFUSION PUMP REFILL KIT | 1/1/2006 | BY REPORT | $0.00 | |
| A4221 | | MAINT DRUG INFUS CATH PER WK | 1/1/2004 | MEDICARE | $22.26 | |
| A4222 | | INFUSION SUPPLIES WITH PUMP | 1/1/2004 | MEDICARE | $44.17 | |
| A4230 | | INFUS INSULIN PUMP NON NEEDL | 1/1/1996 | BY REPORT | $0.00 | |
| A4231 | | INFUSION INSULIN PUMP NEEDLE | 1/1/1996 | BY REPORT | $0.00 | |
| A4232 | | SYRINGE W/NEEDLE INSULIN 3CC | 1/1/1996 | BY REPORT | $0.00 | |
| A4233 | | ALKALIN BATT FOR GLUCOSE MON | 1/1/2006 | MEDICARE | $0.80 | |
| A4234 | | J-CELL BATT FOR GLUCOSE MON | 1/1/2006 | MEDICARE | $3.63 | |
| A4235 | | LITHIUM BATT FOR GLUCOSE MON | 1/1/2006 | MEDICARE | $2.34 | |
| A4236 | | SILVR OXIDE BATT GLUCOSE MON | 1/1/2006 | MEDICARE | $1.68 | |
| A4244 | | ALCOHOL OR PEROXIDE PER PINT | 1/1/2004 | BY REPORT | $0.00 | |
| A4245 | | ALCOHOL WIPES PER BOX | 7/1/1991 | BY REPORT | $0.00 | |
| A4246 | | BETADINE/PHISOHEX SOLUTION | 9/1/1994 | BY REPORT | $0.00 | |
| A4247 | | BETADINE/IODINE SWABS/WIPES | 1/1/2004 | BY REPORT | $0.00 | |
| A4250 | | URINE REAGENT STRIPS/TABLETS | 1/1/1992 | BY REPORT | $0.00 | |
| A4253 | | BLOOD GLUCOSE/REAGENT STRIPS | 1/1/2004 | MEDICARE | $35.87 | |
| A4255 | | GLUCOSE MONITOR PLATFORMS | 1/1/2004 | MEDICARE | $4.11 | |
| A4256 | | CALIBRATOR SOLUTION/CHIPS | 1/1/2004 | MEDICARE | $11.44 | |
| A4257 | | REPLACE LENSSHIELD CARTRIDGE | 1/1/2004 | MEDICARE | $12.75 | |
| A4258 | | LANCET DEVICE EACH | 1/1/2004 | MEDICARE | $17.75 | |
| A4259 | | LANCETS PER BOX | 1/1/2006 | MEDICARE | $12.06 | |
| A4261 | | CERVICAL CAP CONTRACEPTIVE | 1/1/1999 | BY REPORT | $0.00 | |
| A4265 | | PARAFFIN | 1/1/2004 | MEDICARE | $3.39 | |
| A4270 | | DISPOSABLE ENDOSCOPE SHEATH | 9/1/1994 | BY REPORT | $0.00 | |
| A4280 | | BRST PRSTHS ADHSV ATTCHMNT | 1/1/2004 | MEDICARE | $4.99 | |
| A4305 | | DRUG DELIVERY SYSTEM >=50 ML | 1/1/2004 | BY REPORT | $0.00 | |
| A4306 | | DRUG DELIVERY SYSTEM <=5 ML | 1/1/2004 | BY REPORT | $0.00 | |
| A4310 | | INSERT TRAY W/O BAG/CATH | 1/1/2004 | MEDICARE | $6.99 | |
| A4311 | | CATHETER W/O BAG 2-WAY LATEX | 1/1/2004 | MEDICARE | $14.84 | |
| A4312 | | CATH W/O BAG 2-WAY SILICONE | 1/1/2004 | MEDICARE | $16.65 | |
| A4313 | | CATHETER W/BAG 3-WAY | 1/1/2004 | MEDICARE | $16.65 | |
| A4314 | | CATH W/DRAINAGE 2-WAY LATEX | 1/1/2004 | MEDICARE | $23.02 | |

Please see first page for a complete description
of nformation contained in the fee schedules.

# Montana Medicaid - Fee Schedule
## DME
## July 1, 2006

| Proc | Modifier | Description | Effective | Method | Fee | PA |
|---|---|---|---|---|---|---|
| A4315 | | CATH W/DRAINAGE 2-WAY SILCNE | 1/1/2004 | MEDICARE | $23.02 | |
| A4316 | | CATH W/DRAINAGE 3-WAY | 1/1/2004 | MEDICARE | $24.14 | |
| A4320 | | IRRIGATION TRAY | 1/1/2004 | MEDICARE | $4.72 | |
| A4321 | | CATH THERAPEUTIC IRRIG AGENT | 1/1/1999 | BY REPORT | $0.00 | |
| A4322 | | IRRIGATION SYRINGE | 1/1/2004 | MEDICARE | $3.04 | |
| A4326 | | MALE EXTERNAL CATHETER | 1/1/2004 | MEDICARE | $9.74 | |
| A4327 | | FEM URINARY COLLECT DEV CUP | 1/1/2004 | MEDICARE | $44.62 | |
| A4328 | | FEM URINARY COLLECT POUCH | 1/1/2004 | MEDICARE | $10.45 | |
| A4330 | | STOOL COLLECTION POUCH | 1/1/2004 | MEDICARE | $6.08 | |
| A4331 | | EXTENSION DRAINAGE TUBING | 1/1/2004 | MEDICARE | $3.18 | |
| A4332 | | LUBE STERILE PACKET | 7/1/2003 | MEDICARE | $0.12 | |
| A4333 | | URINARY CATH ANCHOR DEVICE | 1/1/2004 | MEDICARE | $2.20 | |
| A4334 | | URINARY CATH LEG STRAP | 1/1/2004 | MEDICARE | $4.93 | |
| A4335 | | INCONTINENCE SUPPLY | 1/1/1992 | BY REPORT | $0.00 | |
| A4338 | | INDWELLING CATHETER LATEX | 1/1/2004 | MEDICARE | $12.26 | |
| A4340 | | INDWELLING CATHETER SPECIAL | 1/1/2004 | MEDICARE | $26.99 | |
| A4344 | | CATH INDW FOLEY 2 WAY SILICN | 1/1/2004 | MEDICARE | $13.62 | |
| A4346 | | CATH INDW FOLEY 3 WAY | 1/1/2004 | MEDICARE | $17.85 | |
| A4348 | | MALE EXT CATH EXTENDED WEAR | 1/1/2004 | MEDICARE | $27.83 | |
| A4349 | | URINARY COLLECTION AND RETENTION SYSTEM LEG BAG | 7/1/2006 | MEDICARE | $2.02 | |
| A4351 | | STRAIGHT TIP URINE CATHETER | 1/1/2004 | MEDICARE | $1.54 | |
| A4352 | | COUDE TIP URINARY CATHETER | 1/1/2004 | MEDICARE | $5.46 | |
| A4353 | | INTERMITTENT URINARY CATH | 1/1/2004 | MEDICARE | $7.00 | |
| A4354 | | CATH INSERTION TRAY W/BAG | 1/1/2004 | MEDICARE | $10.03 | |
| A4355 | | BLADDER IRRIGATION TUBING | 1/1/2004 | MEDICARE | $8.01 | |
| A4356 | | EXT URETH CLMP OR COMPR DVC | 1/1/2004 | MEDICARE | $43.34 | |
| A4357 | | BEDSIDE DRAINAGE BAG | 1/1/2004 | MEDICARE | $8.25 | |
| A4358 | | URINARY LEG OR ABDOMEN BAG | 1/1/2004 | MEDICARE | $6.36 | |
| A4359 | | URINARY SUSPENSORY W/O LEG B | 1/1/2004 | MEDICARE | $30.63 | |
| A4361 | | OSTOMY FACE PLATE | 1/1/2004 | MEDICARE | $18.37 | |
| A4362 | | SOLID SKIN BARRIER | 1/1/2004 | MEDICARE | $3.10 | |
| A4363 | | OSTOMY CLAMP, REPLACEMENT | 1/1/2006 | MEDICARE | $2.26 | |
| A4364 | | ADHESIVE LIQUID OR EQUAL | 1/1/2004 | MEDICARE | $2.49 | |
| A4365 | | ADHESIVE REMOVER WIPES | 1/1/2004 | MEDICARE | $11.32 | |
| A4366 | | OSTOMY BAG REUSEABLE OR DRAINABLE | 1/1/2006 | MEDICARE | $1.30 | |
| A4367 | | OSTOMY BELT | 1/1/2004 | MEDICARE | $7.28 | |
| A4368 | | OSTOMY FILTER | 1/1/2004 | MEDICARE | $0.26 | |
| A4369 | | SKIN BARRIER LIQUID PER OZ | 1/1/2004 | MEDICARE | $2.06 | |
| A4371 | | SKIN BARRIER POWDER PER OZ | 1/1/2004 | MEDICARE | $3.60 | |
| A4372 | | SKIN BARRIER SOLID 4X4 EQUIV | 1/1/2004 | MEDICARE | $4.18 | |
| A4373 | | SKIN BARRIER WITH FLANGE | 1/1/2004 | MEDICARE | $6.28 | |
| A4375 | | DRAINABLE PLASTIC PCH W FCPL | 1/1/2004 | MEDICARE | $17.18 | |
| A4376 | | DRAINABLE RUBBER PCH W FCPLT | 1/1/2004 | MEDICARE | $47.58 | |
| A4377 | | DRAINABLE PLSTIC PCH W/O FP | 1/1/2004 | MEDICARE | $4.29 | |

Please see first page for a complete description
of nformation contained in the fee schedules.

# Montana Medicaid - Fee Schedule
## DME
## July 1, 2006

| Proc | Modifier | Description | Effective | Method | Fee | PA |
|---|---|---|---|---|---|---|
| A4378 | | DRAINABLE RUBBER PCH W/O FP | 1/1/2004 | MEDICARE | $30.75 | |
| A4379 | | URINARY PLASTIC POUCH W FCPL | 1/1/2004 | MEDICARE | $15.02 | |
| A4380 | | URINARY RUBBER POUCH W FCPLT | 1/1/2004 | MEDICARE | $37.33 | |
| A4381 | | URINARY PLASTIC POUCH W/O FP | 1/1/2004 | MEDICARE | $4.61 | |
| A4382 | | URINARY HVY PLSTC PCH W/O FP | 1/1/2004 | MEDICARE | $24.62 | |
| A4383 | | URINARY RUBBER POUCH W/O FP | 1/1/2004 | MEDICARE | $28.19 | |
| A4384 | | OSTOMY FACEPLT/SILICONE RING | 1/1/2004 | MEDICARE | $9.62 | |
| A4385 | | OST SKN BARRIER SLD EXT WEAR | 1/1/2004 | MEDICARE | $5.10 | |
| A4387 | | OST CLSD POUCH W ATT ST BARR | 7/1/2003 | MEDICARE | $3.83 | |
| A4388 | | DRAINABLE PCH W EX WEAR BARR | 1/1/2004 | MEDICARE | $4.36 | |
| A4389 | | DRAINABLE PCH W ST WEAR BARR | 1/1/2004 | MEDICARE | $6.22 | |
| A4390 | | DRAINABLE PCH EX WEAR CONVEX | 1/1/2004 | MEDICARE | $9.61 | |
| A4391 | | URINARY POUCH W EX WEAR BARR | 1/1/2004 | MEDICARE | $7.07 | |
| A4392 | | URINARY POUCH W ST WEAR BARR | 1/1/2004 | MEDICARE | $8.18 | |
| A4393 | | URINE PCH W EX WEAR BAR CONV | 1/1/2004 | MEDICARE | $9.04 | |
| A4394 | | OSTOMY POUCH LIQ DEODORANT | 1/1/2004 | MEDICARE | $2.58 | |
| A4395 | | OSTOMY POUCH SOLID DEODORANT | 1/1/2000 | MEDICARE | $0.05 | |
| A4396 | | PERISTOMAL HERNIA SUPPRT BLT | 1/1/2004 | MEDICARE | $40.48 | |
| A4397 | | IRRIGATION SUPPLY SLEEVE | 1/1/2004 | MEDICARE | $4.79 | |
| A4398 | | OSTOMY IRRIGATION BAG | 1/1/2004 | MEDICARE | $13.81 | |
| A4399 | | OSTOMY IRRIG CONE/CATH W BRS | 1/1/2004 | MEDICARE | $10.44 | |
| A4400 | | OSTOMY IRRIGATION SET | 1/1/2004 | MEDICARE | $41.54 | |
| A4402 | | LUBRICANT PER OUNCE | 1/1/2004 | MEDICARE | $1.60 | |
| A4404 | | OSTOMY RING EACH | 1/1/2004 | MEDICARE | $1.69 | |
| A4405 | | NONPECTIN BASED OSTOMY PASTE | 1/1/2003 | MEDICARE | $3.40 | |
| A4406 | | PECTIN BASED OSTOMY PASTE | 1/1/2003 | MEDICARE | $5.74 | |
| A4407 | | EXT WEAR OST SKN BARR <=4SQö | 1/1/2003 | MEDICARE | $8.76 | |
| A4408 | | EXT WEAR OST SKN BARR >4SQö | 1/1/2003 | MEDICARE | $9.87 | |
| A4409 | | OST SKN BARR CONVEX <=4 SQ I | 1/1/2003 | MEDICARE | $6.22 | |
| A4410 | | OST SKN BARR EXTND >4 SQ | 1/1/2003 | MEDICARE | $9.04 | |
| A4411 | | OST SKN BARR EXTND =4SQ | 1/1/2006 | MEDICARE | $5.10 | |
| A4412 | | OST POUCH DRAIN HIGH OUTPUT | 1/1/2006 | MEDICARE | $2.70 | |
| A4413 | | 2 PC DRAINABLE OST POUCH | 1/1/2003 | MEDICARE | $5.50 | |
| A4414 | | OST SKNBAR W/O CONV<=4 SQ IN | 1/1/2003 | MEDICARE | $4.93 | |
| A4415 | | OST SKN BARR W/O CONV >4 SQI | 1/3/2003 | MEDICARE | $6.00 | |
| A4416 | | OST PCH CLSD W BARRIER/FILTR | 1/1/2004 | MEDICARE | $2.75 | |
| A4417 | | OST PCH W BAR/BLTINCONV/FLTR | 1/1/2004 | MEDICARE | $3.72 | |
| A4418 | | OST PCH CLSD W/O BAR W FILTR | 1/1/2004 | MEDICARE | $1.81 | |
| A4419 | | OST PCH FOR BAR W FLANGE/FLT | 1/1/2004 | MEDICARE | $1.74 | |
| A4420 | | OST PCH CLSD FOR BAR W LK FL | 1/1/2005 | BY REPORT | $0.00 | |
| A4421 | | OSTOMY SUPPLY MISC | 10/1/1986 | BY REPORT | $0.00 | |
| A4422 | | OST POUCH ABSORBENT MATERIAL | 1/1/2003 | MEDICARE | $0.12 | |
| A4423 | | OST PCH FOR BAR W LK FL/FLTR | 1/1/2004 | MEDICARE | $1.86 | |
| A4424 | | OST PCH DRAIN W BAR & FILTER | 1/1/2004 | MEDICARE | $4.75 | |

Please see first page for a complete description
of nformation contained in the fee schedules.

# Montana Medicaid - Fee Schedule
## DME
## July 1, 2006

| Proc | Modifier | Description | Effective | Method | Fee | PA |
|---|---|---|---|---|---|---|
| A4425 | | OST PCH DRAIN FOR BARRIER FL | 1/1/2004 | MEDICARE | $3.58 | |
| A4426 | | OST PCH DRAIN 2 PIECE SYSTEM | 1/1/2004 | MEDICARE | $2.73 | |
| A4427 | | OST PCH DRAIN/BARR LK FLNG/F | 1/1/2004 | MEDICARE | $2.78 | |
| A4428 | | URINE OST POUCH W FAUCET/TAP | 1/1/2004 | MEDICARE | $6.51 | |
| A4429 | | URINE OST POUCH W BLTINCONV | 1/1/2004 | MEDICARE | $8.25 | |
| A4430 | | URETEROSTOMY SET | 1/1/2004 | MEDICARE | $8.52 | |
| A4431 | | OST PCH URINE W BARRIER/TAPV | 1/1/2004 | MEDICARE | $6.22 | |
| A4432 | | OS PCH URINE W BAR/FANGE/TAP | 1/1/2004 | MEDICARE | $3.59 | |
| A4433 | | URINE OST PCH BAR W LOCK FLN | 1/1/2004 | MEDICARE | $3.34 | |
| A4434 | | URINARY CATHETER ANCHORING DEVICE LEG STRAP EACH | 1/1/2004 | MEDICARE | $3.76 | |
| A4450 | | NON-WATERPROOF TAPE | 1/1/2003 | MEDICARE | $0.09 | |
| A4452 | | WATERPROOF TAPE | 1/1/2003 | MEDICARE | $0.36 | |
| A4455 | | ADHESIVE REMOVER PER OUNCE | 1/1/2004 | MEDICARE | $1.26 | |
| A4458 | | REUSABLE ENEMA BAG | 1/1/2003 | BY REPORT | $0.00 | |
| A4462 | | ABDMNL DRSSNG HOLDER/BINDER | 1/1/2004 | MEDICARE | $3.29 | |
| A4465 | | NON-ELASTIC EXTREMITY BINDER | 1/1/1996 | BY REPORT | $0.00 | |
| A4470 | | GRAVLEE JET WASHER | 10/1/1986 | BY REPORT | $0.00 | |
| A4480 | | VABRA ASPIRATOR | 10/1/1986 | BY REPORT | $0.00 | |
| A4481 | | TRACHEOSTOMA FILTER | 1/1/2004 | MEDICARE | $0.38 | |
| A4483 | | MOISTURE EXCHANGER | 1/1/1999 | BY REPORT | $0.00 | |
| A4490 | | ABOVE KNEE SURGICAL STOCKING | 1/1/2004 | BY REPORT | $0.00 | |
| A4495 | | THIGH LENGTH SURG STOCKING | 1/1/2004 | BY REPORT | $0.00 | |
| A4500 | | BELOW KNEE SURGICAL STOCKING | 1/1/2004 | BY REPORT | $0.00 | |
| A4510 | | FULL LENGTH SURG STOCKING | 1/1/2004 | BY REPORT | $0.00 | |
| A4520 | | INCONTINENCE GARMENT ANY TYPE | 1/1/2005 | BY REPORT | $0.00 | |
| A4554 | | DISPOSABLE UNDERPADS | 1/1/2004 | BY REPORT | $0.00 | |
| A4556 | | ELECTRODES, PAIR | 1/1/2004 | MEDICARE | $12.14 | |
| A4557 | | LEAD WIRES, PAIR | 1/1/2004 | MEDICARE | $21.10 | |
| A4558 | | CONDUCTIVE PASTE OR GEL | 1/1/2004 | MEDICARE | $5.45 | |
| A4561 | | PESSARY RUBBER, ANY TYPE | 7/1/2006 | MEDICARE | $19.30 | |
| A4562 | | PESSARY, NON RUBBER,ANY TYPE | 7/1/2006 | MEDICARE | $48.04 | |
| A4565 | | SLINGS | 1/1/2004 | BY REPORT | $0.00 | |
| A4570 | | SPLINT | 1/1/2004 | BY REPORT | $0.00 | |
| A4575 | | HYPERBARIC O2 CHAMBER DISPS | 1/1/1996 | BY REPORT | $0.00 | |
| A4580 | | CAST SUPPLIES (PLASTER) | 4/1/1994 | BY REPORT | $0.00 | |
| A4590 | | SPECIAL CASTING MATERIAL | 1/1/2004 | BY REPORT | $0.00 | |
| A4595 | | TENS SUPPL 2 LEAD PER MONTH | 1/1/2004 | MEDICARE | $28.35 | |
| A4604 | | TUBING WITH HEATING ELEMENT | 1/1/2006 | MEDICARE | $66.81 | |
| A4605 | | TRACH SUCTION CATH CLOSE SYS | 1/1/2006 | MEDICARE | $16.40 | |
| A4606 | | OXYGEN PROBE USED W OXIMETER | 1/1/2003 | BY REPORT | $0.00 | |
| A4608 | | TRANSTRACHEAL OXYGEN CATH | 1/1/2004 | MEDICARE | $58.15 | |
| A4611 | | HEAVY DUTY BATTERY | 1/1/2004 | MEDICARE | $196.45 | |
| A4612 | | BATTERY CABLES | 1/1/2004 | MEDICARE | $67.94 | |
| A4612 | RR | BATTERY CABLES; REPLACEMENT FOR PATIENT-OWNED VENTILATOR | 1/1/2006 | MEDICARE | $6.92 | |

# Montana Medicaid - Fee Schedule
## DME
## July 1, 2006

| Proc | Modifier | Description | Effective | Method | Fee | PA |
|---|---|---|---|---|---|---|
| A4613 | | BATTERY CHARGER | 1/1/2004 | MEDICARE | $122.58 | |
| A4613 | RR | BATTERY CHARGER; REPLACEMENT FOR PATIENT-OWNED VENTILATOR | 1/1/2006 | MEDICARE | $12.27 | |
| A4614 | | HAND-HELD PEFR METER | 1/1/2004 | MEDICARE | $23.78 | |
| A4615 | | CANNULA NASAL | 1/1/2004 | BY REPORT | $0.00 | |
| A4616 | | TUBING (OXYGEN) PER FOOT | 1/1/2004 | BY REPORT | $0.00 | |
| A4617 | | MOUTH PIECE | 1/1/2004 | BY REPORT | $0.00 | |
| A4618 | | BREATHING CIRCUITS | 1/1/2004 | MEDICARE | $7.56 | |
| A4619 | | FACE TENT | 1/1/2004 | MEDICARE | $1.21 | |
| A4620 | | VARIABLE CONCENTRATION MASK | 1/1/2004 | BY REPORT | $0.00 | |
| A4623 | | TRACHEOSTOMY INNER CANNULA | 1/1/2004 | MEDICARE | $6.55 | |
| A4624 | | TRACHEAL SUCTION TUBE | 1/1/2004 | MEDICARE | $2.63 | |
| A4625 | | TRACH CARE KIT FOR NEW TRACH | 1/1/2004 | MEDICARE | $6.93 | |
| A4626 | | TRACHEOSTOMY CLEANING BRUSH | 1/1/2004 | MEDICARE | $3.19 | |
| A4627 | | SPACER BAG/RESERVOIR | 7/1/1993 | BY REPORT | $0.00 | |
| A4628 | | OROPHARYNGEAL SUCTION CATH | 1/1/2006 | MEDICARE | $3.65 | |
| A4629 | | TRACHEOSTOMY CARE KIT | 1/1/2004 | MEDICARE | $4.61 | |
| A4630 | | REPL BAT T.E.N.S. OWN BY PT | 1/1/2004 | MEDICARE | $6.25 | |
| A4632 | | INFUS PUMP RPLCEMNT BATTERY | 1/1/2003 | BY REPORT | $0.00 | |
| A4633 | | UVL REPLACEMENT BULB | 1/1/2003 | MEDICARE | $41.04 | |
| A4634 | | REPLACEMENT BULB TH LIGHTBOX | 1/1/2003 | BY REPORT | $0.00 | |
| A4635 | | UNDERARM CRUTCH PAD | 1/1/2004 | MEDICARE | $5.12 | |
| A4636 | | HANDGRIP FOR CANE ETC | 1/1/2004 | MEDICARE | $4.21 | |
| A4637 | | REPL TIP CANE/CRUTCH/WALKER | 1/1/2004 | MEDICARE | $1.81 | |
| A4638 | | REPL BATT PULSE GEN SYS | 1/1/2004 | BY REPORT | $0.00 | |
| A4639 | | INFRARED HT SYS REPLCMNT PAD | 1/1/2003 | MEDICARE | $287.21 | |
| A4640 | | ALTERNATING PRESSURE PAD | 1/1/2004 | MEDICARE | $63.32 | |
| A4649 | | SURGICAL SUPPLIES | 10/1/1986 | BY REPORT | $0.00 | |
| A4651 | | CALIBRATED MICROCAP TUBE | 1/1/2002 | BY REPORT | $0.00 | |
| A4652 | | MICROCAPILLARY TUBE SEALANT | 1/1/2002 | BY REPORT | $0.00 | |
| A4653 | | PD CATHETER ANCHOR BELT | 1/1/2003 | BY REPORT | $0.00 | |
| A4657 | | SYRINGE W/WO NEEDLE | 1/1/2002 | BY REPORT | $0.00 | |
| A4660 | | SPHYG/BP APP W CUFF AND STET | 10/1/1986 | BY REPORT | $0.00 | |
| A4663 | | DIALYSIS BLOOD PRESSURE CUFF | 10/1/1986 | BY REPORT | $0.00 | |
| A4670 | | AUTOMATIC BP MONITOR DIAL | 10/1/1986 | BY REPORT | $0.00 | |
| A4680 | | ACTIFICIAL CARBON FILTER, EA | 10/1/1986 | BY REPORT | $0.00 | |
| A4690 | | DIALYZER, EACH | 10/1/1986 | BY REPORT | $0.00 | Y |
| A4706 | | BICARBONATE CONC SOL PER GAL | 1/1/2002 | BY REPORT | $0.00 | |
| A4707 | | BICARBONATE CONC POW PER PAC | 1/1/2002 | BY REPORT | $0.00 | |
| A4708 | | ACETATE CONC SOL PER GALLON | 1/1/2002 | BY REPORT | $0.00 | |
| A4709 | | ACID CONC SOL PER GALLON | 1/1/2002 | BY REPORT | $0.00 | |
| A4714 | | TREATED WATER PER GALLON | 10/1/1986 | BY REPORT | $0.00 | |
| A4719 | | Y SET TUBING FOR PERITONEAL DIALYSIS | 1/1/2002 | BY REPORT | $0.00 | |
| A4720 | | DIALYSAT SOL FLD VOL > 249CC | 1/1/2002 | BY REPORT | $0.00 | |
| A4721 | | DIALYSAT SOL FLD VOL > 999CC | 1/1/2002 | BY REPORT | $0.00 | |

# Montana Medicaid - Fee Schedule
## DME
## July 1, 2006

| Proc | Modifier | Description | Effective | Method | Fee | PA |
|---|---|---|---|---|---|---|
| A4722 | | DIALYS SOL FLD VOL > 1999CC | 1/1/2002 | BY REPORT | $0.00 | |
| A4723 | | DIALYS SOL FLD VOL > 2999CC | 1/1/2002 | BY REPORT | $0.00 | |
| A4724 | | DIALYS SOL FLD VOL > 3999CC | 1/1/2002 | BY REPORT | $0.00 | |
| A4725 | | DIALYS SOL FLD VOL > 4999CC | 1/1/2002 | BY REPORT | $0.00 | |
| A4726 | | DIALYS SOL FLD VOL > 5999CC | 1/1/2002 | BY REPORT | $0.00 | |
| A4730 | | FISTULA CANNULATION SET, EA | 10/1/1986 | BY REPORT | $0.00 | |
| A4736 | | TOPICAL ANESTHETIC, PER GRAM | 1/1/2002 | BY REPORT | $0.00 | |
| A4737 | | INJ ANESTHETIC PER 10 ML | 1/1/2002 | BY REPORT | $0.00 | |
| A4740 | | SHUNT ACCESSORY | 10/1/1986 | BY REPORT | $0.00 | |
| A4750 | | ART OR VENOUS BLOOD TUBING | 10/1/1986 | BY REPORT | $0.00 | |
| A4755 | | COMB ART/VENOUS BLOOD TUBING | 10/1/1986 | BY REPORT | $0.00 | |
| A4760 | | DIALYSATE SOL TEST KIT, EACH | 10/1/1986 | BY REPORT | $0.00 | |
| A4765 | | DIALYSATE CONC POW PER PACK | 10/1/1986 | BY REPORT | $0.00 | |
| A4766 | | DIALYSATE CONC SOL ADD 10 ML | 1/1/2002 | BY REPORT | $0.00 | |
| A4770 | | BLOOD COLLECTION TUBE/VACUUM | 1/1/1986 | BY REPORT | $0.00 | |
| A4771 | | SERUM CLOTTING TIME TUBE | 10/1/1986 | BY REPORT | $0.00 | |
| A4772 | | BLOOD GLUCOSE TEST STRIPS | 10/1/1986 | BY REPORT | $0.00 | |
| A4773 | | OCCULT BLOOD TEST STRIPS | 10/1/1986 | BY REPORT | $0.00 | |
| A4774 | | AMMONIA TEST STRIPS | 10/1/1986 | BY REPORT | $0.00 | |
| A4802 | | PROTAMINE SULFATE PER 50 MG | 1/1/2002 | BY REPORT | $0.00 | |
| A4860 | | DISPOSABLE CATHETER TIPS | 10/1/1986 | BY REPORT | $0.00 | |
| A4870 | | PLUMB/ELEC WK HM HEMO EQUIP | 10/1/1986 | BY REPORT | $0.00 | Y |
| A4890 | | REPAIR/MAINT CONT HEMO EQUIP | 1/17/1994 | BY REPORT | $0.00 | |
| A4911 | | DRAIN BAG/BOTTLE | 1/1/2002 | BY REPORT | $0.00 | |
| A4913 | | MISC DIALYSIS SUPPLIES NOC | 10/1/1986 | BY REPORT | $0.00 | |
| A4918 | | VENOUS PRESSURE CLAMP | 10/1/1986 | BY REPORT | $0.00 | |
| A4927 | | NON-STERILE GLOVES | 7/1/1997 | BY REPORT | $0.00 | |
| A4928 | | SURGICAL MASK | 1/1/2002 | BY REPORT | $0.00 | |
| A4929 | | TOURNIQUET FOR DIALYSIS, EA | 1/1/2002 | BY REPORT | $0.00 | |
| A4930 | | STERILE GLOVES PER PAIR | 1/1/2003 | BY REPORT | $0.00 | |
| A4931 | | REUSABLE ORAL THERMOMETER | 1/1/2003 | BY REPORT | $0.00 | |
| A4932 | | REUSABLE RECTAL THERMOMETER | 1/1/2003 | BY REPORT | $0.00 | |
| A5051 | | POUCH CLSD W BARR ATTACHED | 1/1/2004 | MEDICARE | $2.07 | |
| A5052 | | CLSD OSTOMY POUCH W/O BARR | 1/1/2004 | MEDICARE | $1.49 | |
| A5053 | | CLSD OSTOMY POUCH FACEPLATE | 1/1/2004 | MEDICARE | $1.74 | |
| A5054 | | CLSD OSTOMY POUCH W/FLANGE | 1/1/2004 | MEDICARE | $1.79 | |
| A5055 | | STOMA CAP | 1/1/2004 | MEDICARE | $1.39 | |
| A5061 | | POUCH DRAINABLE W BARRIER AT | 1/1/2006 | MEDICARE | $3.52 | |
| A5062 | | DRNBLE OSTOMY POUCH W/O BARR | 1/1/2004 | MEDICARE | $2.09 | |
| A5063 | | DRAIN OSTOMY POUCH W/FLANGE | 1/1/2004 | MEDICARE | $2.70 | |
| A5071 | | URINARY POUCH W/BARRIER | 1/1/2004 | MEDICARE | $6.01 | |
| A5072 | | URINARY POUCH W/O BARRIER | 1/1/2004 | MEDICARE | $2.99 | |
| A5073 | | URINARY POUCH ON BARR W/FLNG | 1/1/2004 | MEDICARE | $2.70 | |
| A5081 | | CONTINENT STOMA PLUG | 1/1/2004 | MEDICARE | $2.81 | |

# Montana Medicaid - Fee Schedule
## DME
## July 1, 2006

| Proc | Modifier | Description | Effective | Method | Fee | PA |
|---|---|---|---|---|---|---|
| A5082 | | CONTINENT STOMA CATHETER | 1/1/2004 | MEDICARE | $11.89 | |
| A5093 | | OSTOMY ACCESSORY CONVEX INSE | 1/1/2004 | MEDICARE | $1.95 | |
| A5102 | | BEDSIDE DRAIN BTL W/WO TUBE | 1/1/2004 | MEDICARE | $22.42 | |
| A5105 | | URINARY SUSPENSORY | 1/1/2004 | MEDICARE | $39.33 | |
| A5112 | | URINARY LEG BAG | 1/1/2004 | MEDICARE | $34.62 | |
| A5113 | | LATEX LEG STRAP | 1/1/2004 | MEDICARE | $4.00 | |
| A5114 | | FOAM/FABRIC LEG STRAP | 1/1/2004 | MEDICARE | $8.94 | |
| A5120 | | SKIN BARRIER WIPE OR SWAB | 1/1/2006 | MEDICARE | $0.25 | |
| A5121 | | SOLID SKIN BARRIER 6X6 | 1/1/2004 | MEDICARE | $7.46 | |
| A5122 | | SOLID SKIN BARRIER 8X8 | 1/1/2004 | MEDICARE | $10.92 | |
| A5126 | | DISK/FOAM PAD +OR- ADHESIVE | 1/1/2004 | MEDICARE | $1.32 | |
| A5131 | | APPLIANCE CLEANER | 1/1/2004 | MEDICARE | $14.66 | |
| A5200 | | PERCUTANEOUS CATHETER ANCHOR | 1/1/2004 | MEDICARE | $11.29 | |
| A5500 | | DIAB SHOE FOR DENSITY INSERT | 1/1/2006 | MEDICARE | $59.36 | |
| A5501 | | DIABETIC CUSTOM MOLDED SHOE | 1/1/2006 | MEDICARE | $178.04 | |
| A5503 | | DIABETIC SHOE W/ROLLER/ROCKR | 1/1/2006 | MEDICARE | $26.40 | |
| A5504 | | DIABETIC SHOE WITH WEDGE | 1/1/2006 | MEDICARE | $26.40 | |
| A5505 | | DIAB SHOE W/METATARSAL BAR | 1/1/2006 | MEDICARE | $26.40 | |
| A5506 | | DIABETIC SHOE W/OFF SET HEEL | 1/1/2006 | MEDICARE | $26.40 | |
| A5507 | | MODIFICATION DIABETIC SHOE | 1/1/2006 | MEDICARE | $26.40 | |
| A5508 | | DIABETIC DELUXE SHOE | 1/1/2000 | BY REPORT | $0.00 | |
| A5510 | | COMPRESSION FORM SHOE INSERT | 1/1/2002 | BY REPORT | $0.00 | |
| A5512 | | MULTI DEN INSERT DIRECT FORM | 1/1/2006 | MEDICARE | $24.22 | |
| A5513 | | MULTI DEN INSERT CUSTOM MOLD | 1/1/2006 | MEDICARE | $36.14 | |
| A6000 | | WOUND WARMING WOUND COVER | 1/1/2002 | BY REPORT | $0.00 | |
| A6010 | | COLLAGEN BASED WOUND FILLER | 1/1/2004 | MEDICARE | $30.96 | |
| A6011 | | COLLAGEN GEL/PASTE WOUND FIL | 1/1/2003 | MEDICARE | $2.28 | |
| A6021 | | COLLAGEN DRESSING <=16 SQ IN | 1/1/2004 | MEDICARE | $21.02 | |
| A6022 | | COLLAGEN DRSG>6<=48 SQ IN | 1/1/2004 | MEDICARE | $21.02 | |
| A6023 | | COLLAGEN DRESSING >48 SQ IN | 1/1/2004 | MEDICARE | $190.30 | |
| A6024 | | COLLAGEN DSG WOUND FILLER | 1/1/2004 | MEDICARE | $6.19 | |
| A6025 | | SILICONE GEL SHEET EACH | 1/1/1997 | BY REPORT | $0.00 | |
| A6154 | | WOUND POUCH EACH | 1/1/2004 | MEDICARE | $14.36 | |
| A6196 | | ALGINATE DRESSING <=16 SQ IN | 1/1/2004 | MEDICARE | $7.35 | |
| A6197 | | ALGINATE DRSG >16 <=48 SQ IN | 1/1/2004 | MEDICARE | $16.44 | |
| A6198 | | ALGINATE DRESSING > 48 SQ IN | 7/1/2006 | BY REPORT | $0.00 | |
| A6199 | | ALGINATE DRSG WOUND FILLER | 1/1/2004 | MEDICARE | $5.29 | |
| A6200 | | COMPOS DRSG <=16 NO BORDER | 1/1/2004 | MEDICARE | $9.50 | |
| A6201 | | COMPOS DRSG >16<=48 NO BDR | 1/1/2004 | MEDICARE | $20.80 | |
| A6202 | | COMPOS DRSG >48 NO BORDER | 1/1/2004 | MEDICARE | $34.88 | |
| A6203 | | COMPOSITE DRSG <= 16 SQ IN | 1/1/2004 | MEDICARE | $3.35 | |
| A6204 | | COMPOSITE DRSG >16<=48 SQ IN | 1/1/2004 | MEDICARE | $6.23 | |
| A6205 | | COMPOSITE DRSG > 48 SQ IN | 1/1/2004 | BY REPORT | $0.00 | |
| A6206 | | CONTACT LAYER <= 16 SQ IN | 1/1/2004 | BY REPORT | $0.00 | |

Please see first page for a complete description
of nformation contained in the fee schedules.

# Montana Medicaid - Fee Schedule
## DME
## July 1, 2006

| Proc | Modifier | Description | Effective | Method | Fee | PA |
|---|---|---|---|---|---|---|
| A6207 | | CONTACT LAYER >16<= 48 SQ IN | 1/1/2004 | MEDICARE | $7.34 | |
| A6208 | | CONTACT LAYER > 48 SQ IN | 1/1/2004 | BY REPORT | $0.00 | |
| A6209 | | FOAM DRSG <=16 SQ IN W/O BDR | 1/1/2004 | MEDICARE | $7.48 | |
| A6210 | | FOAM DRG >16<=48 SQ IN W/O B | 1/1/2004 | MEDICARE | $19.92 | |
| A6211 | | FOAM DRG > 48 SQ IN W/O BRDR | 1/1/2004 | MEDICARE | $29.37 | |
| A6212 | | FOAM DRG <=16 SQ IN W/BORDER | 1/1/2004 | MEDICARE | $9.70 | |
| A6213 | | FOAM DRG >16<=48 SQ IN W/BDR | 7/1/2006 | BY REPORT | $0.00 | |
| A6214 | | FOAM DRG > 48 SQ IN W/BORDER | 1/1/2004 | MEDICARE | $10.29 | |
| A6215 | | FOAM DRESSING WOUND FILLER | 1/1/2004 | BY REPORT | $0.00 | |
| A6216 | | NON-STERILE GAUZE<=16 SQ IN | 7/1/2006 | MEDICARE | $0.05 | |
| A6217 | | NON-STERILE GAUZE>16<=48 SQ | 1/1/2004 | BY REPORT | $0.00 | |
| A6218 | | NON-STERILE GAUZE > 48 SQ IN | 1/1/2004 | BY REPORT | $0.00 | |
| A6219 | | GAUZE <= 16 SQ IN W/BORDER | 1/1/2004 | MEDICARE | $0.95 | |
| A6220 | | GAUZE >16 <=48 SQ IN W/BORDR | 1/1/2004 | MEDICARE | $2.58 | |
| A6221 | | GAUZE > 48 SQ IN W/BORDER | 7/1/2006 | BY REPORT | $0.00 | |
| A6222 | | GAUZE <=16 IN NO W/SAL W/O B | 1/1/2004 | MEDICARE | $2.13 | |
| A6223 | | GAUZE >16<=48 NO W/SAL W/O B | 1/1/2004 | MEDICARE | $2.42 | |
| A6224 | | GAUZE > 48 IN NO W/SAL W/O B | 1/1/2004 | MEDICARE | $3.61 | |
| A6228 | | GAUZE <= 16 SQ IN WATER/SAL | 7/1/2006 | BY REPORT | $0.00 | |
| A6229 | | GAUZE >16<=48 SQ IN WATR/SAL | 1/1/2004 | MEDICARE | $3.61 | |
| A6230 | | GAUZE > 48 SQ IN WATER/SALNE | 7/1/2006 | BY REPORT | $0.00 | |
| A6231 | | HYDROGEL DSG<=16 SQ IN | 1/1/2004 | MEDICARE | $4.68 | |
| A6232 | | HYDROGEL DSG>16<=48 SQ IN | 1/1/2004 | MEDICARE | $6.88 | |
| A6233 | | HYDROGEL DRESSING >48 SQ IN | 1/1/2004 | MEDICARE | $19.19 | |
| A6234 | | HYDROCOLLD DRG <=16 W/O BDR | 1/1/2004 | MEDICARE | $6.54 | |
| A6235 | | HYDROCOLLD DRG >16<=48 W/O B | 1/1/2004 | MEDICARE | $16.82 | |
| A6236 | | HYDROCOLLD DRG > 48 IN W/O B | 1/1/2004 | MEDICARE | $27.25 | |
| A6237 | | HYDROCOLLD DRG <=16 IN W/BDR | 1/1/2004 | MEDICARE | $7.91 | |
| A6238 | | HYDROCOLLD DRG >16<=48 W/BDR | 1/1/2004 | MEDICARE | $22.79 | |
| A6239 | | HYDROCOLLD DRG > 48 IN W/BDR | 1/1/2004 | BY REPORT | $0.00 | |
| A6240 | | HYDROCOLLD DRG FILLER PASTE | 1/1/2004 | MEDICARE | $12.24 | |
| A6241 | | HYDROCOLLOID DRG FILLER DRY | 1/1/2004 | MEDICARE | $2.57 | |
| A6242 | | HYDROGEL DRG <=16 IN W/O BDR | 1/1/2004 | MEDICARE | $6.07 | |
| A6243 | | HYDROGEL DRG >16<=48 W/O BDR | 1/1/2004 | MEDICARE | $12.31 | |
| A6244 | | HYDROGEL DRG >48 IN W/O BDR | 1/1/2004 | MEDICARE | $39.28 | |
| A6245 | | HYDROGEL DRG <= 16 IN W/BDR | 1/1/2004 | MEDICARE | $7.27 | |
| A6246 | | HYDROGEL DRG >16<=48 IN W/B | 1/1/2004 | MEDICARE | $9.92 | |
| A6247 | | HYDROGEL DRG > 48 SQ IN W/B | 1/1/2004 | MEDICARE | $23.78 | |
| A6248 | | HYDROGEL DRSG GEL FILLER | 1/1/2004 | MEDICARE | $16.24 | |
| A6250 | | SKIN SEAL PROTECT MOISTURIZR | 7/1/2006 | BY REPORT | $0.00 | |
| A6251 | | ABSORPT DRG <=16 SQ IN W/O B | 1/1/2004 | MEDICARE | $1.99 | |
| A6252 | | ABSORPT DRG >16 <=48 W/O BDR | 1/1/2004 | MEDICARE | $3.25 | |
| A6253 | | ABSORPT DRG > 48 SQ IN W/O B | 1/1/2004 | MEDICARE | $6.34 | |
| A6254 | | ABSORPT DRG <=16 SQ IN W/BDR | 1/1/2004 | MEDICARE | $1.21 | |

# Montana Medicaid - Fee Schedule
## DME
## July 1, 2006

| Proc | Modifier | Description | Effective | Method | Fee | PA |
|---|---|---|---|---|---|---|
| A6255 | | ABSORPT DRG >16<=48 IN W/BDR | 1/1/2004 | MEDICARE | $3.03 | |
| A6256 | | ABSORPT DRG > 48 SQ IN W/BDR | 7/1/2006 | BY REPORT | $0.00 | |
| A6257 | | TRANSPARENT FILM <= 16 SQ IN | 1/1/2004 | MEDICARE | $1.53 | |
| A6258 | | TRANSPARENT FILM >16<=48 IN | 1/1/2004 | MEDICARE | $4.30 | |
| A6259 | | TRANSPARENT FILM > 48 SQ IN | 1/1/2004 | MEDICARE | $10.94 | |
| A6260 | | WOUND CLEANSER ANY TYPE/SIZE | 7/1/2006 | BY REPORT | $0.00 | |
| A6261 | | WOUND FILLER GEL/PASTE /OZ | 7/1/2006 | BY REPORT | $0.00 | |
| A6262 | | WOUND FILLER DRY FORM / GRAM | 7/1/2006 | BY REPORT | $0.00 | |
| A6266 | | IMPREG GAUZE NO H20/SAL/YARD | 1/1/2004 | MEDICARE | $1.92 | |
| A6402 | | STERILE GAUZE <= 16 SQ IN | 7/1/2003 | MEDICARE | $0.12 | |
| A6403 | | STERILE GAUZE>16 <= 48 SQ IN | 1/1/2004 | MEDICARE | $0.43 | |
| A6404 | | STERILE GAUZE > 48 SQ IN | 7/1/2006 | BY REPORT | $0.00 | |
| A6407 | | PACKING STRIPS NON-IMPREG | 1/1/2006 | MEDICARE | $1.88 | |
| A6410 | | STERILE EYE PAD | 1/1/2003 | MEDICARE | $0.39 | |
| A6411 | | NON-STERILE EYE PAD | 1/1/2003 | BY REPORT | $0.00 | |
| A6412 | | OCCLUSIVE EYE PATCH | 1/1/2003 | BY REPORT | $0.00 | |
| A6441 | | PAD BAND W>=3" <5"/YD | 1/1/2004 | MEDICARE | $0.67 | |
| A6442 | | CONFORM BAND N/S W<3"/YD | 1/1/2004 | MEDICARE | $0.17 | |
| A6443 | | CONFORM BAND N/S W>=3"<5"/YD | 1/1/2004 | MEDICARE | $0.29 | |
| A6444 | | CONFORM BAND N/S W>=5”/YD | 1/1/2004 | MEDICARE | $0.56 | |
| A6445 | | CONFORM BAND S W <3”/YD | 1/1/2004 | MEDICARE | $0.32 | |
| A6446 | | CONFORM BAND S W>=3” <5”/YD | 1/1/2004 | MEDICARE | $0.41 | |
| A6447 | | CONFORM BAND S W >=5”/YD | 1/1/2004 | MEDICARE | $0.67 | |
| A6448 | | LT COMPRES BAND <3”/YD | 1/1/2004 | MEDICARE | $1.16 | |
| A6449 | | LT COMPRES BAND >=3” <5”/YD | 1/1/2004 | MEDICARE | $1.75 | |
| A6450 | | LT COMPRES BAND >=5”/YD | 1/1/2004 | BY REPORT | $0.00 | |
| A6451 | | MOD COMPRES BAND W>=3”<5”/YD | 1/1/2004 | BY REPORT | $0.00 | |
| A6452 | | HIGH COMPRES BAND W>=3”<5”YD | 1/1/2006 | MEDICARE | $5.91 | |
| A6453 | | SELF-ADHER BAND W <3”/YD | 1/1/2004 | MEDICARE | $0.61 | |
| A6454 | | SELF-ADHER BAND W>=3” <5”/YD | 1/1/2004 | MEDICARE | $0.77 | |
| A6455 | | SELF-ADHER BAND >=5”/YD | 1/1/2006 | MEDICARE | $1.39 | |
| A6456 | | ZINC PASTE BAND W >=3”<5”/YD | 1/1/2004 | MEDICARE | $1.28 | |
| A6457 | | TUBULAR DRESSING | 1/1/2006 | MEDICARE | $1.14 | |
| A6501 | | COMPRES BURNGARMENT BODYSUIT | 1/1/2003 | BY REPORT | $0.00 | |
| A6502 | | COMPRES BURNGARMENT CHINSTRP | 1/1/2003 | BY REPORT | $0.00 | |
| A6503 | | COMPRES BURNGARMENT FACEHOOD | 1/1/2003 | BY REPORT | $0.00 | |
| A6504 | | CMPRSBURNGARMENT GLOVE-WRIST | 1/1/2003 | BY REPORT | $0.00 | |
| A6505 | | CMPRSBURNGARMENT GLOVE-ELBOW | 1/1/2003 | BY REPORT | $0.00 | |
| A6506 | | CMPRSBURNGRMNT GLOVE-AXILLA | 1/1/2003 | BY REPORT | $0.00 | |
| A6507 | | CMPRS BURNGARMENT FOOT-KNEE | 1/1/2003 | BY REPORT | $0.00 | |
| A6508 | | CMPRS BURNGARMENT FOOT-THIGH | 1/1/2003 | BY REPORT | $0.00 | |
| A6509 | | COMPRES BURN GARMENT JACKET | 1/1/2003 | BY REPORT | $0.00 | |
| A6510 | | COMPRES BURN GARMENT LEOTARD | 1/1/2003 | BY REPORT | $0.00 | |
| A6511 | | COMPRES BURN GARMENT PANTY | 1/1/2003 | BY REPORT | $0.00 | |

# Montana Medicaid - Fee Schedule
## DME
## July 1, 2006

| Proc | Modifier | Description | Effective | Method | Fee | PA |
|---|---|---|---|---|---|---|
| A6512 | | COMPRES BURN GARMENT NOC | 1/1/2003 | BY REPORT | $0.00 | |
| A6513 | | COMPRESS BURN MASK FACE/NECK | 1/1/2006 | BY REPORT | $0.00 | |
| A6530 | | COMPRESSION STOCKING BK18-30 | 1/1/2006 | BY REPORT | $0.00 | |
| A6531 | | COMPRESSION STOCKING BK30-40 | 1/1/2006 | MEDICARE | $43.27 | |
| A6532 | | COMPRESSION STOCKING BK40-50 | 1/1/2006 | MEDICARE | $60.96 | |
| A6533 | | GC STOCKING THIGHLNGTH 18-30 | 1/1/2006 | BY REPORT | $0.00 | |
| A6534 | | GC STOCKING THIGHLNGTH 30-40 | 1/1/2006 | BY REPORT | $0.00 | |
| A6535 | | GC STOCKING THIGHLNGTH 40-50 | 1/1/2006 | BY REPORT | $0.00 | |
| A6536 | | GC STOCKING FULL LNGTH 18-30 | 1/1/2006 | BY REPORT | $0.00 | |
| A6537 | | GC STOCKING FULL LNGTH 30-40 | 1/1/2006 | BY REPORT | $0.00 | |
| A6538 | | GC STOCKING FULL LNGTH 40-50 | 1/1/2006 | BY REPORT | $0.00 | |
| A6539 | | GC STOCKING WAISTLNGTH 18-30 | 1/1/2006 | BY REPORT | $0.00 | |
| A6540 | | GC STOCKING WAISTLNGTH 30-40 | 1/1/2006 | BY REPORT | $0.00 | |
| A6541 | | GC STOCKING WAISTLNGTH 40-50 | 1/1/2006 | BY REPORT | $0.00 | |
| A6542 | | GC STOCKING CUSTOM MADE | 1/1/2006 | BY REPORT | $0.00 | |
| A6543 | | GC STOCKING LYMPHEDEMA | 1/1/2006 | BY REPORT | $0.00 | |
| A6544 | | GC STOCKING GARTER BELT | 1/1/2006 | BY REPORT | $0.00 | |
| A6549 | | G COMPRESSION STOCKING | 1/1/2006 | BY REPORT | $0.00 | |
| A6550 | | NEG PRES WOUND THER DRSG SET | 1/1/2004 | MEDICARE | $27.42 | |
| A7000 | | DISPOSABLE CANISTER FOR PUMP | 1/1/2004 | MEDICARE | $9.54 | |
| A7001 | | NONDISPOSABLE PUMP CANISTER | 1/1/2004 | MEDICARE | $33.08 | |
| A7002 | | TUBING USED W SUCTION PUMP | 1/1/2004 | MEDICARE | $3.83 | |
| A7003 | | NEBULIZER ADMINISTRATION SET | 1/1/2004 | MEDICARE | $2.74 | |
| A7004 | | DISPOSABLE NEBULIZER SML VOL | 1/1/2004 | MEDICARE | $1.80 | |
| A7005 | | NONDISPOSABLE NEBULIZER SET | 1/1/2004 | MEDICARE | $30.83 | |
| A7006 | | FILTERED NEBULIZER ADMIN SET | 1/1/2004 | MEDICARE | $9.54 | |
| A7007 | | LG VOL NEBULIZER DISPOSABLE | 1/1/2004 | MEDICARE | $4.61 | |
| A7008 | | DISPOSABLE NEBULIZER PREFILL | 1/1/2004 | MEDICARE | $11.00 | |
| A7009 | | NEBULIZER RESERVOIR BOTTLE | 1/1/2004 | MEDICARE | $42.04 | |
| A7010 | | DISPOSABLE CORRUGATED TUBING | 1/1/2004 | MEDICARE | $23.59 | |
| A7011 | | NONDISPOS CORRUGATED TUBING | 1/1/2000 | BY REPORT | $0.00 | |
| A7012 | | NEBULIZER WATER COLLEC DEVIC | 1/1/2004 | MEDICARE | $3.78 | |
| A7013 | | DISPOSABLE COMPRESSOR FILTER | 1/1/2004 | MEDICARE | $0.83 | |
| A7014 | | COMPRESSOR NONDISPOS FILTER | 1/1/2004 | MEDICARE | $4.49 | |
| A7015 | | AEROSOL MASK USED W NEBULIZE | 1/1/2004 | MEDICARE | $1.88 | |
| A7016 | | NEBULIZER DOME & MOUTHPIECE | 1/1/2004 | MEDICARE | $7.25 | |
| A7017 | | NEBULIZER NOT USED W OXYGEN | 1/1/2004 | MEDICARE | $134.04 | |
| A7017 | RR | DURABLE NEB GLASS/AUTOCLAV PLAS BOTTLE TYPE NOT USED W/O2 | 1/1/2004 | MEDICARE | $13.40 | |
| A7018 | | WATER DISTILLED W/NEBULIZER | 1/1/2004 | MEDICARE | $0.38 | |
| A7025 | | REPLACE CHEST COMPRESS VEST | 1/1/2003 | MEDICARE | $434.94 | |
| A7026 | | REPLACE CHST CMPRSS SYS HOSE | 1/1/2003 | MEDICARE | $28.75 | |
| A7030 | | CPAP FULL FACE MASK | 1/1/2003 | MEDICARE | $188.64 | |
| A7031 | | REPLACEMENT FACEMASK INTERFA | 1/1/2003 | MEDICARE | $69.77 | |
| A7032 | | REPLACEMENT NASAL CUSHION | 1/1/2003 | MEDICARE | $40.53 | |

# Montana Medicaid - Fee Schedule
## DME
## July 1, 2006

| Proc | Modifier | Description | Effective | Method | Fee | PA |
|---|---|---|---|---|---|---|
| A7033 | | REPLACEMENT NASAL PILLOWS | 1/1/2003 | MEDICARE | $28.41 | |
| A7034 | | NASAL APPLICATION DEVICE | 1/1/2003 | MEDICARE | $117.64 | |
| A7035 | | POS AIRWAY PRESS HEADGEAR | 1/1/2003 | MEDICARE | $39.75 | |
| A7036 | | POS AIRWAY PRESS CHINSTRAP | 1/1/2003 | MEDICARE | $18.20 | |
| A7037 | | POS AIRWAY PRESSURE TUBING | 1/1/2003 | MEDICARE | $41.02 | |
| A7038 | | POS AIRWAY PRESSURE FILTER | 1/1/2003 | MEDICARE | $5.39 | |
| A7039 | | FILTER NON DISPOSABLE W PAP | 1/1/2003 | MEDICARE | $15.33 | |
| A7044 | | PAP ORAL INTERFACE | 1/1/2003 | MEDICARE | $120.91 | |
| A7046 | | REPL WATER CHAMBER PAP DEV | 1/1/2004 | MEDICARE | $19.51 | |
| A7501 | | TRACHEOSTOMA VALVE W DIAPHRA | 1/1/2004 | MEDICARE | $105.03 | |
| A7502 | | REPLACEMENT DIAPHRAGM/FPLATE | 1/1/2004 | MEDICARE | $49.91 | |
| A7503 | | HMES FILTER HOLDER OR CAP | 1/1/2004 | MEDICARE | $11.33 | |
| A7504 | | TRACHEOSTOMA HMES FILTER | 1/1/2004 | MEDICARE | $0.67 | |
| A7505 | | HMES OR TRACH VALVE HOUSING | 1/1/2004 | MEDICARE | $4.68 | |
| A7506 | | HMES/TRACHVALVE ADHESIVEDISK | 1/1/2004 | MEDICARE | $0.33 | |
| A7507 | | INTEGRATED FILTER & HOLDER | 1/1/2004 | MEDICARE | $2.49 | |
| A7508 | | HOUSING & INTEGRATED ADHESIV | 1/1/2004 | MEDICARE | $2.87 | |
| A7509 | | HEAT & MOISTURE EXCHANGE SYS | 1/1/2004 | MEDICARE | $1.41 | |
| A7520 | | TRACH/LARYN TUBE NON-CUFFED | 1/1/2004 | MEDICARE | $47.48 | |
| A7521 | | TRACH/LARYN TUBE CUFFED | 1/1/2004 | MEDICARE | $47.05 | |
| A7522 | | TRACH/LARYN TUBE STAINLESS | 1/1/2004 | MEDICARE | $45.16 | |
| A7523 | | TRACHEOSTOMY SHOWER PROTECT | 1/1/2004 | BY REPORT | $0.00 | |
| A7524 | | TRACHEOSTOMA STENT/STUD/BTTN | 1/1/2004 | MEDICARE | $77.40 | |
| A7525 | | TRACHEOSTOMY MASK | 1/1/2004 | MEDICARE | $2.07 | |
| A7526 | | TRACHEOSTOMY TUBE COLLAR | 1/1/2004 | MEDICARE | $3.37 | |
| A7527 | | TRACH/LARYN TUBE PLUG/STOP | 1/1/2006 | MEDICARE | $3.58 | |
| A9275 | | DISP HOME GLUCOSE MONITOR | 1/1/2006 | BY REPORT | $0.00 | |
| A9282 | | WIG ANY TYPE | 1/1/2006 | BY REPORT | $0.00 | |
| A9999 | | DME SUPPLY OR ACCESSORY NOS | 1/1/2004 | BY REPORT | $0.00 | |
| B4034 | | ENTERAL FEEDING SUPPLY KIT; SYRINGE PER DAY | 7/1/2006 | MEDICARE | $6.12 | |
| B4035 | | ENTERAL FEEDING SUPPLY KIT; PUMP FED PER DAY | 7/1/2006 | MEDICARE | $11.66 | |
| B4036 | | ENTERAL FEEDING SUPPLY KIT; GRAVITY FED PER DAY | 7/1/2006 | MEDICARE | $8.00 | |
| B4081 | | NASOGASTRIC TUBING WITH STYLET | 7/1/2006 | MEDICARE | $21.62 | |
| B4082 | | NASOGASTRIC TUBING WITHOUT STYLET | 7/1/2006 | MEDICARE | $16.09 | |
| B4083 | | STOMACH TUBE - LEVINE TYPE | 7/1/2006 | MEDICARE | $2.46 | |
| B4086 | | GASTROSTOMY/JEJUNOSTOMY TUBE | 7/1/2006 | MEDICARE | $35.69 | |
| B4100 | BO | FOOD THICKENER ORAL | 1/1/2003 | BY REPORT | $0.00 | |
| B4102 | | EF ADULT FLUIDS AND ELECTRO | 1/1/2005 | BY REPORT | $0.00 | |
| B4103 | | EF PED FLUID AND ELECTROLYTE | 1/1/2005 | BY REPORT | $0.00 | |
| B4103 | BO | EF PED FLUID AND ELECTROLYTE | 1/1/2005 | BY REPORT | $0.00 | |
| B4104 | | ADDITIVE FOR ENTERAL FORMULA | 1/1/2005 | BY REPORT | $0.00 | |
| B4149 | | EF BLENDERIZED FOODS | 7/1/2006 | MEDICARE | $1.57 | |
| B4150 | | EF COMPLET W/INTACT NUTRIENT | 7/1/2006 | MEDICARE | $0.67 | |
| B4150 | BO | ENTERAL FORMULAE CATEGORY I; SEMI-SYNETHETIC INTACT PROTEIN | 7/1/2006 | MEDICARE | $0.67 | |

# Montana Medicaid - Fee Schedule
## DME
## July 1, 2006

| Proc | Modifier | Description | Effective | Method | Fee | PA |
|---|---|---|---|---|---|---|
| B4152 | | EF CALORIE DENSE>/=1.5KCAL | 7/1/2006 | MEDICARE | $0.56 | |
| B4152 | BO | ENTERAL FORMULAE; CATEGORY II: INTACT PROTEIN/PROTEIN ISOLAT | 7/1/2006 | MEDICARE | $0.56 | |
| B4153 | | EF HYDROLYZED/AMINO ACIDS | 7/1/2006 | MEDICARE | $1.91 | |
| B4153 | BO | ENTERAL FORMULAE; CATEGORY III: HYDROLIZED PROTEIN/AMINO ACI | 7/1/2006 | MEDICARE | $1.91 | |
| B4154 | | EF SPEC METABOLIC NONINHERIT | 7/1/2006 | MEDICARE | $1.22 | |
| B4154 | BO | ENTERAL FORMULAE; CATEGORY IV: DEFINED FORM FOR SPECIAL NEED | 7/1/2006 | MEDICARE | $1.22 | |
| B4155 | | EF INCOMPLETE/MODULAR | 7/1/2006 | MEDICARE | $0.95 | |
| B4155 | BO | ENTERAL FORMULAE;CATEGORY V:MODULAR COMPONENTS 100 CAL= 1 UN | 7/1/2006 | MEDICARE | $0.95 | |
| B4157 | | ENTERAL FORMULAE; PREPACKAGED DELIVERY SYSTEM AND FORMULA | 1/1/2005 | BY REPORT | $0.00 | |
| B4157 | BO | EF SPECIAL METABOLIC INHERIT | 1/1/2005 | BY REPORT | $0.00 | |
| B4158 | | EF PED COMPLETE INTACT NUT | 1/1/2005 | BY REPORT | $0.00 | |
| B4158 | BO | EF PED COMPLETE INTACT NUT | 1/1/2001 | BY REPORT | $0.00 | |
| B4159 | | EF PED COMPLETE SOY BASED | 1/1/2005 | BY REPORT | $0.00 | |
| B4159 | BO | EF PED COMPLETE SOY BASED | 1/1/2005 | BY REPORT | $0.00 | |
| B4160 | | EF PED CALORIC DENSE>/=0.7KC | 1/1/2005 | BY REPORT | $0.00 | |
| B4160 | BO | EF PED CALORIC DENSE >=0.7KC | 1/1/2005 | BY REPORT | $0.00 | |
| B4161 | | EF PED HYDROLYZED/AMINO ACID | 1/1/2005 | BY REPORT | $0.00 | |
| B4161 | BO | EF PED HYDROLYZED/AMINO ACID | 1/1/2005 | BY REPORT | $0.00 | |
| B4162 | | EF PED SPECMETABOLIC INHERIT | 1/1/2005 | BY REPORT | $0.00 | |
| B4162 | BO | EF PED SPECMETABOLIC INHERIT | 1/1/2005 | BY REPORT | $0.00 | |
| B4164 | | PARENTERAL NUTRITION SOLUTION: CARBOHYDRATES (DEXTROSE) 50 | 1/1/2006 | MEDICARE | $16.48 | |
| B4168 | | PARENTERAL NUTRITION SOLUTION; AMINO ACID | 1/1/2006 | MEDICARE | $24.01 | |
| B4172 | | PARENTERAL NUTRITION SOLUTION; AMINO ACID | 1/1/2004 | BY REPORT | $0.00 | |
| B4176 | | PARENTERAL NUTRITION SOLUTION; AMINO ACID | 1/1/2006 | MEDICARE | $46.46 | |
| B4178 | | PARENTERAL NUTRITION SOLUTION: AMINO ACID GREATER THAN 8.5% | 1/1/2006 | MEDICARE | $55.78 | |
| B4180 | | PARENTERAL NUTRITION SOLUTION; CARBOHYDRATES (DEXTROSE) GRE | 7/1/2006 | MEDICARE | $23.63 | |
| B4185 | | PARENTERAL SOL 10 GM LIPIDS | 1/1/2006 | MEDICARE | $10.89 | |
| B4189 | | PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CAR | 1/1/2006 | MEDICARE | $172.31 | |
| B4193 | | PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CAR | 1/1/2006 | MEDICARE | $222.67 | |
| B4197 | | PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CAR | 1/1/2006 | MEDICARE | $271.08 | |
| B4199 | | PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CAR | 1/1/2006 | MEDICARE | $309.77 | |
| B4216 | | PARENTERAL NUTRITION; ADDITIVES (VITAMINS TRACE ELEMENTS H | 7/1/2006 | MEDICARE | $7.49 | |
| B4220 | | PARENTERAL NUTRITION SUPPLY KIT; PREMIX PER DAY | 1/1/2006 | MEDICARE | $7.76 | |
| B4222 | | PARENTERAL NUTRITION SUPPLY KIT; HOME MIX PER DAY | 7/1/2006 | MEDICARE | $9.57 | |
| B4224 | | PARENTERAL NUTRITION ADMINISTRATION KIT PER DAY | 1/1/2006 | MEDICARE | $24.25 | |
| B5000 | | PARENTERAL NUTRITION SOLUTION: COMPOUNDED AMINO ACID AND CA | 1/1/2006 | MEDICARE | $11.52 | |
| B5100 | | PARENTERAL NUTRITION SOLUTION: COMPOUNDED AMINO ACID AND CAR | 1/1/2006 | MEDICARE | $4.51 | |
| B5200 | | PARENTERAL NUTRITION SOLUTION: COMPOUNDED AMINO ACID AND CA | 1/1/2004 | BY REPORT | $0.00 | |
| B9000 | | ENTERAL NUTRITION INFUSION PUMP WITHOUT ALARM | 7/1/2006 | MEDICARE | $1,226.26 | Y |
| B9000 | RR | ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM | 7/1/2006 | MEDICARE | $112.68 | |
| B9002 | | ENTERAL NUTRITION INFUSION PUMP - WITH ALARM | 7/1/2006 | MEDICARE | $1,226.26 | Y |
| B9002 | RR | ENTERAL NUTRITION INFUSION PUMP - WITH ALARM | 7/1/2006 | MEDICARE | $118.77 | |
| B9004 | | PARENTERAL NUTRITION INFUSION PUMP PORTABLE | 1/1/2006 | MEDICARE | $2,446.04 | Y |
| B9004 | RR | PARENTERAL NUTRITION INFUSION PUMP - PORTABLE | 7/1/2006 | MEDICARE | $387.23 | |

# Montana Medicaid - Fee Schedule
## DME
## July 1, 2006

| Proc | Modifier | Description | Effective | Method | Fee | PA |
|---|---|---|---|---|---|---|
| B9006 | | PARENTERAL NUTRITION INFUSION PUMP STATIONARY | 1/1/2006 | MEDICARE | $2,446.04 | Y |
| B9006 | RR | PARENTERAL NUTRITION INFUSION PUMP STATIONARY | 1/1/2006 | MEDICARE | $387.23 | |
| B9998 | | NOC FOR ENTERNAL SUPPLIES | 10/1/1986 | BY REPORT | $0.00 | |
| B9999 | | NOC FOR PARENTERAL SUPPLIES | 10/1/1986 | BY REPORT | $0.00 | |
| E0100 | | CANE INCLUDES CANES OF ALL MATERIALS ADJUSTABLE OR FIXED | 1/1/2004 | MEDICARE | $21.07 | |
| E0100 | RR | CANE INCLUDES CANES OF ALL MATERIALS ADJUSTABLE OR FIXED | 1/1/2004 | MEDICARE | $5.39 | |
| E0105 | | CANE QUAD OR THREE PRONG INCLUDES CANES OF ALL MATERIALS | 1/1/2004 | MEDICARE | $49.11 | |
| E0105 | RR | CANE QUAD OR THREE PRONG INCLUDES CANES OF ALL MATERIALS | 1/1/2004 | MEDICARE | $8.86 | |
| E0110 | | CRUTCHES FOREARM INCLUDES CRUTCHES OF VARIOUS MATERIALS | 1/1/2004 | MEDICARE | $77.59 | |
| E0110 | RR | CRUTCHES FOREARM INCL CRUTCHES OF VARIOUS MATERIALS PAIR | 1/1/2004 | MEDICARE | $13.59 | |
| E0111 | | CRUTCH FOREARM INCLUDES CRUTCHES OF VARIOUS MATERIALS | 1/1/2004 | MEDICARE | $53.26 | |
| E0111 | RR | CRUTCH FOREARM INCL CRUTCHES OF VARIOUS MATERIALS EACH | 1/1/2004 | MEDICARE | $7.17 | |
| E0112 | | CRUTCHES UNDERARM WOOD ADJUSTABLE OR FIXED PAIR WITH PA | 1/1/2004 | MEDICARE | $37.00 | |
| E0112 | RR | CRUTCHES UNDERARM WOOD ADJUSTABLE OR FIXED PAIR WITH PA | 1/1/2004 | MEDICARE | $9.85 | |
| E0113 | | CRUTCH UNDERAR WOOD ADJ. OR FIXED EA. W/PAD TIP & GRIP | 1/1/2004 | MEDICARE | $17.96 | |
| E0113 | RR | CRUTCH UNDERARM WOOD ADJUSTABLE OR FIXED EACH WITH PAD | 1/1/2004 | MEDICARE | $5.15 | |
| E0114 | | CRUTCHES UNDERARM ALUMINUM ADJUSTABLE OR FIXED PAIR WIT | 1/1/2004 | MEDICARE | $47.19 | |
| E0114 | RR | CRUTCHES UNDERARM ALUMINUM ADJUSTABLE OR FIXED PAIR WIT | 1/1/2004 | MEDICARE | $8.57 | |
| E0116 | | CRUTCH UNDERARM EACH NO WOOD | 1/1/2004 | MEDICARE | $27.74 | |
| E0116 | RR | CRUTCH UNDERARM ALUMINUM ADJUSTABLE OR FIXED EACH WITH | 1/1/2004 | MEDICARE | $5.40 | |
| E0117 | | UNDERARM SPRINGASSIST CRUTCH | 1/1/2003 | MEDICARE | $192.71 | |
| E0117 | RR | UNDERARM SPRINGASSIST CRUTCH | 1/1/2004 | MEDICARE | $19.26 | |
| E0130 | | WALKER RIGID (PICKUP) ADJUSTABLE OR FIXED HEIGHT | 7/1/2006 | MEDICARE | $70.23 | |
| E0130 | RR | WALKER RIGID (PICKUP) ADJUSTABLE OR FIXED HEIGHT | 1/1/2006 | MEDICARE | $16.82 | |
| E0135 | | WALKER FOLDING (PICKUP) ADJUSTABLE OR FIXED HEIGHT | 7/1/2006 | MEDICARE | $83.84 | |
| E0135 | RR | WALKER FOLDING (PICKUP) ADJUSTABLE OR FIXED HEIGHT | 7/1/2006 | MEDICARE | $17.26 | |
| E0140 | | WALKER W TRUNK SUPPORT | 1/1/2006 | MEDICARE | $360.71 | |
| E0140 | RR | WALKER WHEELED WITH OR WITHOUT SEAT | 1/1/2006 | MEDICARE | $36.08 | |
| E0141 | | RIGID WHEELED WALKER ADJ/FIX | 7/1/2006 | MEDICARE | $115.29 | |
| E0141 | RR | WALKER WHEELED WITHOUT SEAT | 1/1/2006 | MEDICARE | $22.36 | |
| E0143 | | WALKER FOLDING WHEELED W/O S | 7/1/2006 | MEDICARE | $119.29 | |
| E0143 | RR | FOLDING WALKER WHEELED WITHOUT SEAT | 7/1/2006 | MEDICARE | $21.59 | |
| E0144 | | ENCLOSED WALKER W REAR SEAT | 7/1/2006 | MEDICARE | $318.45 | |
| E0144 | RR | ENCLOSED FRAMED FOLDING WALKER WHEELED WITH POSTERIOR SEAT | 1/1/2006 | MEDICARE | $31.86 | |
| E0147 | | WALKER VARIABLE WHEEL RESIST | 1/1/2006 | MEDICARE | $574.81 | |
| E0147 | RR | HEAVY DUTY MULTIPLE BREAKING SYSTEM VARIABLE WHEEL RESIST | 1/1/2006 | MEDICARE | $57.48 | |
| E0148 | | WALKER HEAVY DUTY W/O WHEELS RIGID OR FOLDING ANY EACH | 7/1/2006 | MEDICARE | $127.05 | |
| E0148 | RR | WALKER HEAVY DUTY W/O WHEELS RIGID OR FOLDING ANY EACH | 7/1/2006 | MEDICARE | $12.72 | |
| E0149 | | HEAVY DUTY WHEELED WALKER | 7/1/2006 | MEDICARE | $223.20 | |
| E0149 | RR | WALKER HEAVY DUTY WHEELED RIGID OR FOLDING ANY TYPE EACH | 7/1/2006 | MEDICARE | $22.32 | |
| E0153 | | PLATFORM ATTACHMENT FOREARM CRUTCH EACH | 1/1/2006 | MEDICARE | $69.38 | |
| E0153 | RR | PLATFORM ATTACHMENT FOREARM CRUTCH EACH | 1/1/2006 | MEDICARE | $7.84 | |
| E0154 | | PLATFORM ATTACHMENT WALKER EACH | 7/1/2006 | MEDICARE | $70.51 | |
| E0154 | RR | PLATFORM ATTACHMENT WALKER EACH | 7/1/2006 | MEDICARE | $8.56 | |

# Montana Medicaid - Fee Schedule
## DME
## July 1, 2006

| Proc | Modifier | Description | Effective | Method | Fee | PA |
|---|---|---|---|---|---|---|
| E0155 | | WHEEL ATTACHMENT RIGID PICK-UP WALKER PER PAIR | 7/1/2006 | MEDICARE | $31.56 | |
| E0155 | RR | WHEEL ATTACHMENT RIGID PICK-UP WALKER PER PAIR | 7/1/2006 | MEDICARE | $3.85 | |
| E0156 | | SEAT ATTACHMENT WALKER | 7/1/2006 | MEDICARE | $22.47 | |
| E0156 | RR | SEAT ATTACHMENT WALKER | 1/1/2006 | MEDICARE | $2.87 | |
| E0157 | | CRUTCH ATTACHMENT WALKER EACH | 1/1/2006 | MEDICARE | $81.92 | |
| E0157 | RR | CRUTCH ATTACHMENT WALKER EACH | 1/1/2006 | MEDICARE | $8.99 | |
| E0158 | | LEG EXTENSIONS FOR WALKER PER SET OF FOUR (4) | 7/1/2006 | MEDICARE | $32.18 | |
| E0158 | RR | LEG EXTENSIONS FOR WALKER PER SET OF FOUR (4) | 1/1/2006 | MEDICARE | $3.55 | |
| E0159 | | BRAKE ATTACHMENT FOR WHEELED WALKER REPLACEMENT EACH | 1/1/2006 | MEDICARE | $17.87 | |
| E0160 | | SITZ TYPE BATH PORTABLE FITS OVER COMMODE SEAT | 7/1/2006 | MEDICARE | $33.06 | |
| E0160 | RR | SITZ TYPE BATH PORTABLE FITS OVER COMMODE SEAT | 1/1/2006 | MEDICARE | $4.33 | |
| E0161 | | SITZ TYPE BATH PORTABLE FITS OVER COMMODE SEAT | 1/1/2006 | MEDICARE | $25.32 | |
| E0161 | RR | SITZ TYPE BATH PORTABLE FITS OVER COMMODE SEAT | 1/1/2006 | MEDICARE | $3.03 | |
| E0162 | | SITZ BATH CHAIR | 1/1/2006 | MEDICARE | $123.85 | |
| E0162 | RR | SITZ BATH CHAIR | 1/1/2006 | MEDICARE | $13.00 | |
| E0163 | | COMMODE CHAIR STATIONARY WITH FIXED ARMS | 7/1/2006 | MEDICARE | $110.29 | |
| E0163 | RR | COMMODE CHAIR STATIONARY WITH FIXED ARMS | 7/1/2006 | MEDICARE | $23.41 | |
| E0164 | | COMMODE CHAIR MOBILE WITH FIXED ARMS | 7/1/2006 | MEDICARE | $181.40 | |
| E0164 | RR | COMMODE CHAIR MOBILE FIXED ARMS | 1/1/2006 | MEDICARE | $26.43 | |
| E0165 | | COMMODE CHAIR STATIONARY WITH DETACHABLE ARMS | 7/1/2006 | MEDICARE | $161.20 | Y |
| E0165 | RR | COMMODE CHAIR STATIONARY WITH DETACHABLE ARMS (CAPPED) | 7/1/2006 | MEDICARE | $16.12 | Y |
| E0166 | | COMMODE CHAIR MOBILE WITH DETACHABLE ARMS | 7/1/2006 | MEDICARE | $311.40 | |
| E0166 | RR | COMMODE CHAIR MOBILE WITH DETACHABLE ARMS | 1/1/2006 | MEDICARE | $31.14 | |
| E0167 | | PAIL OR PAN FOR USE WITH COMMODE CHAIR | 7/1/2006 | MEDICARE | $11.27 | |
| E0168 | | COMMODE CHAIR EXTRA WIDE AND/OR HEAVY DUTY STATIONARY OR | 7/1/2006 | MEDICARE | $150.92 | |
| E0168 | RR | COMMODE CHAIR EXTRA WIDE AND/OR HEAVY DUTY STATIONARY OR | 7/1/2006 | MEDICARE | $15.09 | |
| E0170 | | COMMODE CHAIR STATIONARY WITH PAIL OR PAN DETACHABLE ARMS | 7/1/2006 | MEDICARE | $1,607.20 | Y |
| E0170 | RR | COMMODE CHAIR STATIONARY WITH PAIL OR PAN DETACHABLE ARMS | 7/1/2006 | MEDICARE | $160.72 | |
| E0171 | | COMMODE CHAIR NON-ELECTRIC | 7/1/2006 | MEDICARE | $289.20 | |
| E0171 | RR | COMMODE CHAIR NON-ELECTRIC | 7/1/2006 | MEDICARE | $28.92 | |
| E0172 | | SEAT LIFT MECHANISM TOILET | 1/1/2006 | BY REPORT | $0.00 | |
| E0172 | RR | SEAT LIFT MECHANISM TOILET | 1/1/2006 | BY REPORT | $0.00 | |
| E0175 | | FOOT REST FOR USE WITH COMMODE CHAIR EACH | 7/1/2006 | MEDICARE | $64.73 | |
| E0175 | RR | FOOT REST FOR USE WITH COMMODE CHAIR EACH | 1/1/2006 | MEDICARE | $6.47 | |
| E0177 | RR | WATER PRESSURE PAD OR CUSHION NON-POSITIONING | 1/1/2004 | BY REPORT | $0.00 | |
| E0178 | RR | GEL PRESSURE PAD OR CUSHION NON-POSITIONING | 1/1/2004 | BY REPORT | $0.00 | |
| E0179 | RR | DRY PRESSURE PAD OR CUSHION NON POSITIONING | 10/1/1986 | BY REPORT | $0.00 | |
| E0180 | | PRESSURE PAD ALTERNATING WITH PUMP | 7/1/2006 | MEDICARE | $195.70 | |
| E0180 | RR | PRESSURE PAD ALTERNATING WITH PUMP | 7/1/2006 | MEDICARE | $19.57 | |
| E0181 | | PRESSURE PAD ALTERNATING WITH PUMP HEAVY DUTY | 7/1/2006 | MEDICARE | $217.10 | |
| E0181 | RR | PRESSURE PAD ALTERNATING WITH PUMP HEAVY DUTY | 7/1/2006 | MEDICARE | $21.71 | |
| E0182 | | PUMP FOR ALTERNATING PRESSURE PAD | 7/1/2006 | MEDICARE | $251.90 | |
| E0182 | RR | PUMP FOR ALTERNATING PRESSURE PAD | 1/1/2006 | MEDICARE | $25.19 | |
| E0184 | | PRESSURE MATTRESS DRY | 7/1/2006 | MEDICARE | $165.50 | |

# Montana Medicaid - Fee Schedule
## DME
## July 1, 2006

| Proc | Modifier | Description | Effective | Method | Fee | PA |
|---|---|---|---|---|---|---|
| E0184 | RR | PRESSURE MATTRESS DRY | 1/1/2006 | MEDICARE | $20.88 | |
| E0185 | | GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS STND LENGTH/WIDTH | 7/1/2006 | MEDICARE | $319.86 | |
| E0185 | RR | GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS STND LENGTH/WIDTH | 1/1/2006 | MEDICARE | $38.20 | |
| E0186 | | AIR PRESSURE MATTRESS | 7/1/2006 | MEDICARE | $172.60 | |
| E0186 | RR | AIR PRESSURE MATTRESS | 1/1/2006 | MEDICARE | $17.26 | |
| E0187 | | WATER PRESSURE MATTRESS | 7/1/2006 | MEDICARE | $197.30 | |
| E0187 | RR | WATER PRESSURE MATTRESS | 1/1/2006 | MEDICARE | $19.73 | |
| E0188 | | SYNTHETIC SHEEPSKIN PAD | 7/1/2006 | MEDICARE | $26.43 | |
| E0189 | | LAMBSWOOL SHEEPSKIN PAD ANY SIZE | 7/1/2006 | MEDICARE | $51.13 | |
| E0191 | | HEEL OR ELBOW PROTECTOR EACH | 7/1/2006 | MEDICARE | $9.99 | |
| E0193 | | POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY) | 7/1/2006 | MEDICARE | $8,251.00 | Y |
| E0193 | RR | POWERED AIR FLOTATION BED(LOW AIR LOSS THERAPY) | 1/1/2006 | MEDICARE | $825.10 | Y |
| E0194 | RR | AIR FLUIDIZED BED | 1/1/2006 | MEDICARE | $3,254.34 | Y |
| E0196 | | GEL PRESSURE MATTRESS | 7/1/2006 | MEDICARE | $276.20 | |
| E0196 | RR | GEL PRESSURE MATTRESS | 1/1/2006 | MEDICARE | $27.62 | |
| E0197 | | AIR PRESSURE PAD FOR MATTRESS STND MATTRESS LENGTH/WIDTH | 7/1/2006 | MEDICARE | $221.58 | |
| E0197 | RR | AIR PRESSURE PAD FOR MATTRESS | 1/1/2006 | MEDICARE | $30.57 | |
| E0198 | | WATER PRESSURE PAD FOR MATTRESS STND MATTRESS LENGTH/WIDTH | 1/1/2006 | MEDICARE | $221.58 | |
| E0198 | RR | WATER PRESSURE PAD FOR MATTRESS | 1/1/2006 | MEDICARE | $22.95 | |
| E0199 | | DRY PRESSURE PAD FOR MATTRESS STANDARD MATTRESS LENGTH/WIDTH | 7/1/2006 | MEDICARE | $32.05 | |
| E0199 | RR | DRY PRESSURE PAD FOR MATTRESS | 1/1/2006 | MEDICARE | $3.19 | |
| E0200 | | HEAT LAMP WITHOUT STAND (TABLE MODEL) INCLUDES BULB OR | 1/1/2006 | MEDICARE | $67.39 | |
| E0200 | RR | HEAT LAMP WITHOUT STAND (TABLE MODEL) INCLUDES BULB OR | 1/1/2006 | MEDICARE | $9.15 | |
| E0202 | | PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER | 7/1/2006 | MEDICARE | $545.00 | |
| E0202 | RR | PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER | 7/1/2006 | MEDICARE | $54.50 | |
| E0203 | | THERAPEUTIC LIGHTBOX TABLETP | 1/1/2003 | BY REPORT | $0.00 | |
| E0203 | RR | THERAPEUTIC LIGHTBOX TABLETP | 1/1/2003 | BY REPORT | $0.00 | |
| E0205 | | HEAT LAMP WITH STAND INCLUDES BULB OR INFRARED | 1/1/2006 | MEDICARE | $168.68 | |
| E0205 | RR | HEAT LAMP WITH STAND INCLUDES BULB OR INFRARED | 1/1/2006 | MEDICARE | $18.14 | |
| E0210 | | ELECTRIC HEAT PAD STANDARD | 7/1/2006 | MEDICARE | $32.64 | |
| E0215 | | ELECTRIC HEAT PAD MOIST | 7/1/2006 | MEDICARE | $60.21 | |
| E0217 | | WATER CIRCULATING HEAT PAD WITH PUMP | 1/1/2006 | MEDICARE | $429.03 | |
| E0217 | RR | WATER CIRCULATING HEAT PAD WITH PUMP | 1/1/2006 | MEDICARE | $46.99 | |
| E0218 | | WATER CIRCULATING COLD PAD WITH PUMP | 8/1/1998 | BY REPORT | $0.00 | |
| E0218 | RR | WATER CIRCULATING COLD PAD WITH PUMP | 8/1/1998 | BY REPORT | $0.00 | |
| E0220 | | HOT WATER BOTTLE | 1/1/2006 | MEDICARE | $7.66 | |
| E0221 | | INFRARED HEATING PAD SYSTEM | 1/1/2004 | BY REPORT | $0.00 | Y |
| E0221 | RR | INFRARED HEATING PAD SYSTEM | 1/1/2004 | BY REPORT | $0.00 | |
| E0225 | | HYDROCOLLATOR UNIT INCLUDING PADS | 1/1/2006 | MEDICARE | $388.65 | |
| E0225 | RR | HYDROCOLLATOR UNIT INCLUDES PADS | 1/1/2006 | MEDICARE | $38.31 | |
| E0230 | | ICE CAP OR COLLAR | 7/1/2006 | MEDICARE | $8.48 | |
| E0231 | | WOUND WARMING DEVICE | 1/1/2002 | BY REPORT | $0.00 | |
| E0231 | RR | WOUND WARMING DEVICE | 1/1/2002 | BY REPORT | $0.00 | |
| E0232 | | WARMING CARD FOR NWT | 1/1/2002 | BY REPORT | $0.00 | |

# Montana Medicaid - Fee Schedule
## DME
## July 1, 2006

| Proc | Modifier | Description | Effective | Method | Fee | PA |
|---|---|---|---|---|---|---|
| E0235 | | PARAFFIN BATH UNIT PORTABLE (SEE MEDICAL SUPPLY CODE A4265 | 7/1/2006 | MEDICARE | $146.70 | |
| E0235 | RR | PARAFFIN BATH UNIT PORTABLE (SEE MEDICAL SUPPLY CODE A4265 | 1/1/2006 | MEDICARE | $14.67 | |
| E0236 | | PUMP FOR WATER CIRCULATING PAD | 7/1/2006 | MEDICARE | $442.50 | |
| E0236 | RR | PUMP FOR WATER CIRCULATING PAD | 7/1/2006 | MEDICARE | $44.25 | |
| E0238 | | NON-ELECTRIC HEAT PAD MOIST | 7/1/2006 | MEDICARE | $22.98 | |
| E0238 | RR | NON-ELECTRIC HEAT PAD MOIST | 1/1/2006 | MEDICARE | $2.31 | |
| E0239 | | HYDROCOLLATOR UNIT PORTABLE | 1/1/2006 | MEDICARE | $449.83 | |
| E0239 | RR | HYDROCOLLATOR UNIT PORTABLE | 1/1/2006 | MEDICARE | $44.99 | |
| E0240 | | BATH/SHOWER CHAIR | 1/1/2004 | BY REPORT | $0.00 | |
| E0240 | RR | BATH/SHOWER CHAIR | 1/1/2004 | BY REPORT | $0.00 | |
| E0244 | | RAISED TOILET SEAT | 1/1/2004 | BY REPORT | $0.00 | |
| E0245 | | TUB STOOL OR BENCH | 1/1/2003 | BY REPORT | $0.00 | |
| E0245 | RR | TUB STOOL OR BENCH | 1/1/2003 | BY REPORT | $0.00 | |
| E0247 | | TRANS BENCH W/WO COMM OPEN | 1/1/2004 | BY REPORT | $0.00 | |
| E0247 | RR | TRANS BENCH W/WO COMM OPEN | 1/1/2004 | BY REPORT | $0.00 | |
| E0248 | | HDTRANS BENCH W/WO COMM OPEN | 1/1/2004 | BY REPORT | $0.00 | |
| E0248 | RR | HDTRANS BENCH W/WO COMM OPEN | 1/1/2004 | BY REPORT | $0.00 | |
| E0249 | | PAD FOR WATER CIRCULATING HEAT UNIT | 7/1/2006 | MEDICARE | $84.66 | |
| E0249 | RR | PAD FOR WATER CIRCULATING HEAT UNIT | 1/1/2006 | MEDICARE | $9.31 | |
| E0250 | | HOSPITAL BED W/ 2 SIDE RAILS FIXED HEIGHT WITH MATTRESS | 7/1/2006 | MEDICARE | $863.30 | |
| E0250 | RR | HOSPITAL BED WITH SIDE RAILS FIXED HEIGHT WITH MATTRESS | 1/1/2006 | MEDICARE | $86.33 | |
| E0251 | | HOSPITAL BED WITH SIDE RAILS FIXED HEIGHT W/OUT MATTRESS | 7/1/2006 | MEDICARE | $662.60 | |
| E0251 | RR | HOSPITAL BED WITH SIDE RAILS FIXED HEIGHT WITHOUT MATTRE | 1/1/2006 | MEDICARE | $66.26 | |
| E0255 | | HOSP BED W/ 2 SIDE RAILS VARIABLE HEIGHT HI-LO W/MATTRESS | 7/1/2006 | MEDICARE | $1,158.20 | Y |
| E0255 | RR | HOSPITAL BED W SIDE RAILS VARIABLE HEIGHT HI-LO W MATRES | 1/1/2006 | MEDICARE | $115.82 | |
| E0256 | | HOSP BED VAR HT HI-LO W/ANY TYPE SIDE RAILS W/OUT MATTRE | 7/1/2006 | MEDICARE | $833.50 | |
| E0256 | RR | HOSP BED VARIABLE HGT HI-LO WITH SIDE RAILS W/O MATTRESS | 1/1/2006 | MEDICARE | $83.35 | |
| E0260 | | HOSP BED W/ 2 SIDE RAILS SEMI-ELECTRIC W/ MATTRESS | 7/1/2006 | MEDICARE | $1,404.60 | Y |
| E0260 | RR | HOSPITAL BED W SIDE RAILS SEMI ELECTRIC HEAD & FOOT ADJUS | 7/1/2006 | MEDICARE | $140.46 | |
| E0261 | | HOSP BED SEMI-ELECTRIC W/ANY TYPE SIDE RAILS W/OUT MATTRE | 7/1/2006 | MEDICARE | $1,369.40 | Y |
| E0261 | RR | HOSP BED SEMIELECT(HEAD & FOOT ADJ) WITH SIDE RAILS W/O MAT | 1/1/2006 | MEDICARE | $136.94 | |
| E0265 | | HOSPITAL BED TOTAL ELECTRIC WITH 2 SIDERAILS | 7/1/2006 | MEDICARE | $1,998.80 | Y |
| E0265 | RR | HOSPITAL BED TOTAL ELECTRIC WITH SIDERAILS WITH MATRESS | 7/1/2006 | MEDICARE | $199.88 | |
| E0266 | | HOSP BED W/SIDE RAILS TOTAL ELECTRIC W/OUT MATTRESS | 7/1/2006 | MEDICARE | $1,775.90 | Y |
| E0266 | RR | HOSPITAL BED WITH SIDE RAILS TOTAL ELECTRIC HEAD FOOT A | 1/1/2006 | MEDICARE | $177.59 | |
| E0271 | | MATTRESS INNERSPRING | 7/1/2006 | MEDICARE | $195.60 | |
| E0272 | | MATTRESS FOAM RUBBER | 7/1/2006 | MEDICARE | $172.01 | |
| E0273 | | BED BOARD | 10/1/1986 | BY REPORT | $0.00 | |
| E0275 | | BED PAN STANDARD METAL OR PLASTIC | 7/1/2006 | MEDICARE | $13.01 | |
| E0276 | | BED PAN FRACTURE METAL OR PLASTIC | 7/1/2006 | MEDICARE | $11.31 | |
| E0277 | | POWERED PRESSURE-REDUCING AIR MATTRESS | 7/1/2006 | MEDICARE | $6,454.60 | Y |
| E0277 | RR | ALTERNATING PRESSURE MATTRESS | 7/1/2006 | MEDICARE | $645.46 | Y |
| E0280 | | BED CRADLE ANY TYPE | 7/1/2006 | MEDICARE | $38.20 | |
| E0280 | RR | BED CRADLE ANY TYPE | 1/1/2006 | MEDICARE | $4.11 | |

# Montana Medicaid - Fee Schedule
## DME
## July 1, 2006

| Proc | Modifier | Description | Effective | Method | Fee | PA |
|---|---|---|---|---|---|---|
| E0290 | | HOSP BED FIXED HEIGHT WITHOUT SIDE RAILS WITH MATTRESS | 7/1/2006 | MEDICARE | $730.60 | |
| E0290 | RR | HOSP BED FIXED HEIGHT W/O SIDE RAILS WITH MATTRESS | 1/1/2006 | MEDICARE | $73.06 | |
| E0291 | | HOSPITAL BED FIXED HEIGHT W/OUT SIDE RAILS W/OUT MATTRESS | 7/1/2006 | MEDICARE | $522.40 | |
| E0291 | RR | HOSP BED FIXED HEIGHT WITHOUT SIDE RAILS OR MATTRESS | 1/1/2006 | MEDICARE | $52.24 | |
| E0292 | | HOSPITAL BED VAR HT HI-LO W/OUT SIDE RAILS W/MATTRESS | 7/1/2006 | MEDICARE | $840.40 | |
| E0292 | RR | HOSP BED VARIABLE HGT HI-LO W/O WIDE RAILS WITH MATTRESS | 1/1/2006 | MEDICARE | $84.04 | |
| E0293 | | HOSP BED VARIABLE HT HI-LO W/OUT SIDE RAILS OR MATTRESS | 7/1/2006 | MEDICARE | $715.10 | |
| E0293 | RR | HOSP BED VARIABLE HEIGHT HI-LO W/O SIDE RAILS OR MATTRESS | 1/1/2006 | MEDICARE | $71.51 | |
| E0294 | | HOSP BED SEMI-ELECTRIC W/OUT SIDE RAILS W/MATTRESS | 7/1/2006 | MEDICARE | $1,306.50 | Y |
| E0294 | RR | HOSP BED SEMI ELECT(HEAD /FOOT) W/O SIDE RAILS WITH MATTRE | 1/1/2006 | MEDICARE | $130.65 | |
| E0295 | | HOSP BED SEMI-ELECTRIC W/OUT SIDE RAILS W/OUT MATTRESS | 7/1/2006 | MEDICARE | $1,273.50 | Y |
| E0295 | RR | HOSPITAL BED SEMI-ELEC(HEAD/FOOT) W/O SIDE RAILS OR MATTRES | 1/1/2006 | MEDICARE | $127.35 | |
| E0296 | | HOSP BED TOTAL ELECTRIC W/O SIDE RAILS WITH MATTRESS | 7/1/2006 | MEDICARE | $1,642.00 | Y |
| E0296 | RR | HOSP BED TOTAL ELEC WITHOUT SIDE RAILS WITH MATTRESS | 7/1/2006 | MEDICARE | $164.20 | |
| E0297 | | HOSP BED TOTAL ELECTRIC W/OUT SIDE RAILS W/OUT MATTRESS | 7/1/2006 | MEDICARE | $1,406.70 | Y |
| E0297 | RR | HOSP BED TOOTAL ELECTRIC W/O SIDE RAILS OR MATTRESS | 1/1/2006 | MEDICARE | $140.67 | |
| E0300 | | ENCLOSED PED CRIB HOSP GRADE | 1/1/2006 | MEDICARE | $2,838.62 | Y |
| E0300 | RR | ENCLOSED PED CRIB HOSP GRADE | 1/1/2006 | MEDICARE | $283.86 | |
| E0301 | | HD HOSP BED 350-600 LBS | 7/1/2006 | MEDICARE | $2,413.90 | Y |
| E0301 | RR | HD HOSP BED 350-600 LBS | 7/1/2006 | MEDICARE | $241.39 | |
| E0302 | | EX HD HOSP BED > 600 LBS | 7/1/2006 | MEDICARE | $7,154.40 | Y |
| E0302 | RR | EX HD HOSP BED > 600 LBS | 1/1/2006 | MEDICARE | $715.44 | |
| E0303 | | HOSP BED HVY DTY XTRA WIDE | 7/1/2006 | MEDICARE | $2,746.50 | Y |
| E0303 | RR | HOSP BED HVY DTY XTRA WIDE | 1/1/2006 | MEDICARE | $274.65 | |
| E0304 | | HOSP BED XTRA HVY DTY X WIDE | 7/1/2006 | MEDICARE | $7,706.70 | Y |
| E0304 | RR | HOSP BED XTRA HVY DTY X WIDE | 1/1/2006 | MEDICARE | $770.67 | |
| E0305 | | BED SIDE RAILS HALF LENGTH EACH | 7/1/2006 | MEDICARE | $177.90 | |
| E0305 | RR | HOSPITAL BED SIDE RAILS HALF LENGTH (EACH) | 7/1/2006 | MEDICARE | $17.79 | |
| E0310 | | BEDSIDE RAILS FULL-LENGTH | 7/1/2006 | MEDICARE | $166.60 | |
| E0310 | RR | HOSPITAL BED SIDE RAILS FULL LENGTH (EACH) | 1/1/2006 | MEDICARE | $22.76 | |
| E0315 | | BED ACCESSORIES: BOARDS OR TABLES ANY TYPE | 2/12/1990 | BY REPORT | $0.00 | |
| E0315 | RR | BED ACCESSORIES: BOARDS OR TABLES ANY TYPE | 2/12/1990 | BY REPORT | $0.00 | |
| E0316 | | BED SAFETY ENCLOSURE | 7/1/2006 | MEDICARE | $1,919.40 | Y |
| E0316 | RR | BED SAFETY ENCLOSURE | 1/1/2006 | MEDICARE | $191.94 | |
| E0325 | | URINAL MALE ANY MATERIAL | 1/1/2004 | MEDICARE | $10.11 | |
| E0326 | | URINAL FEMALE ANY MATERIAL | 1/1/2004 | MEDICARE | $8.93 | |
| E0350 | | CONTROL UNIT FOR ELECTRONIC BOWEL IRRIGATION/EVACUATION SYST | 8/1/1998 | BY REPORT | $0.00 | |
| E0350 | RR | CONTROL UNIT FOR ELECTRONIC BOWEL IRRIGATION/EVACUATION SYST | 8/1/1998 | BY REPORT | $0.00 | |
| E0352 | | DISPOSABLE PACK FOR USE W/ELECTRONIC BOWEL EVAC/IRRIG SYSTEM | 8/1/1998 | BY REPORT | $0.00 | |
| E0370 | | AIR PRESSURE ELEVATOR FOR HEEL | 8/1/1998 | BY REPORT | $0.00 | |
| E0371 | | NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS | 7/1/2006 | MEDICARE | $4,007.60 | Y |
| E0371 | RR | NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS | 1/1/2006 | MEDICARE | $400.76 | Y |
| E0372 | | POWERED AIR OVERLAY FOR MATTRESS STD MATTRESS LGTH & WIDTH | 7/1/2006 | MEDICARE | $4,863.10 | Y |
| E0372 | RR | POWERED AIR OVERLAY FOR MATTRESS STANDARD LENGTH/WIDTH | 1/1/2006 | MEDICARE | $486.31 | Y |

# Montana Medicaid - Fee Schedule
## DME
## July 1, 2006

| Proc | Modifier | Description | Effective | Method | Fee | PA |
|---|---|---|---|---|---|---|
| E0373 | | NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS | 7/1/2006 | MEDICARE | $5,570.70 | Y |
| E0373 | RR | NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS | 1/1/2006 | MEDICARE | $557.07 | Y |
| E0424 | RR | STN O2 COMP GAS SYS RENT CONTENT AND SUPPLIES UNIT=50CF. | 7/1/2006 | MEDICARE | $200.41 | |
| E0425 | | STN O2 COMP GAS SYS PURCHASE INCLUDES ALL SUPPLIES | 7/1/2006 | MEDICARE | $259.94 | |
| E0431 | RR | PORT GAS O2 SYS RENTAL MC REG FLOW HUMID CANNULA MASK TUBING | 1/1/2004 | MEDICARE | $30.57 | |
| E0434 | RR | PORT O2 LIQ SYS RENT INC PORT CONTAINER AND ALL SUPPLIES | 1/1/2004 | MEDICARE | $30.57 | |
| E0439 | RR | STN O2 COMP LIQ SYS RENT RESERVOIR AND SUPPLIES UNIT=10LB | 7/1/2006 | MEDICARE | $200.41 | |
| E0441 | | OXYGEN CONTENTS GASEOUS | 1/1/2004 | MEDICARE | $162.98 | |
| E0442 | | OXYGEN CONTENTS LIQUID | 1/1/2004 | MEDICARE | $162.98 | |
| E0443 | | PORTABLE 02 CONTENTS GAS | 1/1/2004 | MEDICARE | $21.41 | |
| E0444 | | PORTABLE 02 CONTENTS LIQUID | 1/1/2004 | MEDICARE | $21.41 | |
| E0445 | | OXIMETER DEVICE FOR MEASURING BLOOD O2 LEVELS NON-INVASIVELY | 1/1/2004 | BY REPORT | $0.00 | Y |
| E0445 | RR | OXIMETER DEVICE FOR MEASURING BLOOD O2 LEVELS NON-INVASIVELY | 1/1/2004 | BY REPORT | $0.00 | Y |
| E0450 | RR | VOLUME VENTILATOR STATIONARY OR PORTABLE W/BACKUP RATE | 1/1/2004 | MEDICARE | $833.79 | Y |
| E0454 | RR | PRESSURE VENTILATOR | 1/1/2003 | MEDICARE | $1,400.14 | Y |
| E0457 | | CHEST SHELL (CUIRASS) | 1/1/2004 | MEDICARE | $614.51 | |
| E0457 | RR | CHEST SHELL (CUIRASS) | 1/1/2004 | MEDICARE | $61.45 | |
| E0459 | | CHEST WRAP | 1/1/2004 | MEDICARE | $470.50 | |
| E0459 | RR | CHEST WRAP | 1/1/2004 | MEDICARE | $47.05 | |
| E0460 | RR | NEGATIVE PRESSURE PUMP | 1/1/2004 | MEDICARE | $733.57 | |
| E0461 | RR | VOL VENT NONINVASIVE INTERFACE | 1/1/2003 | MEDICARE | $1,002.05 | Y |
| E0462 | | ROCKING BED WITH OR WITHOUT SIDE RAILS | 1/1/2004 | MEDICARE | $2,476.90 | Y |
| E0462 | RR | ROCKING BED WITH OR WITHOUT SIDERAILS | 1/1/2004 | MEDICARE | $247.69 | |
| E0463 | | PRESS SUPP VENT INVASIVE INT | 7/1/2006 | MEDICARE | $14,063.80 | Y |
| E0463 | RR | PRESS SUPP VENT INVASIVE INT | 7/1/2006 | MEDICARE | $1,406.38 | Y |
| E0464 | | PRESS SUPP VENT NONINV INT | 7/1/2006 | MEDICARE | $14,063.80 | Y |
| E0464 | RR | PRESS SUPP VENT NONINV INT | 1/1/2006 | MEDICARE | $1,406.38 | Y |
| E0470 | | RAD W/O BACKUP NON-INV INTFC | 1/1/2004 | MEDICARE | $2,198.80 | Y |
| E0470 | RR | RAD W/O BACKUP NON-INV INTFC | 1/1/2004 | MEDICARE | $219.88 | Y |
| E0471 | RR | RAD W/BACKUP NON INV INTRFC | 1/1/2004 | MEDICARE | $545.84 | Y |
| E0472 | RR | RAD W BACKUP INVASIVE INTRFC | 1/1/2004 | MEDICARE | $545.84 | Y |
| E0480 | | PERCUSSOR ELECTRIC OR PNEUMATIC HOME MODEL | 1/1/2004 | MEDICARE | $418.80 | |
| E0480 | RR | PERCUSSOR ELECTRIC OR PNEUMATIC HOME MODEL | 1/1/2004 | MEDICARE | $41.88 | |
| E0481 | | INTRPULMNRY PERCUSS VENT SYS | 1/1/2002 | BY REPORT | $0.00 | |
| E0481 | RR | INTRPULMNRY PERCUSS VENT SYS | 1/1/2002 | BY REPORT | $0.00 | |
| E0482 | | COUGH STIMULATING DEVICE | 1/1/2004 | MEDICARE | $3,877.50 | Y |
| E0482 | RR | COUGH STIMULATING DEVICE | 1/1/2004 | MEDICARE | $387.75 | Y |
| E0483 | | CHEST COMPRESSION GEN SYSTEM | 1/1/2003 | MEDICARE | $10,631.30 | Y |
| E0483 | RR | CHEST COMPRESSION GEN SYSTEM | 1/1/2003 | MEDICARE | $1,063.13 | Y |
| E0484 | | NON-ELEC OSCILLATORY PEP DVC | 1/1/2003 | MEDICARE | $36.92 | |
| E0485 | | ORAL DEVICE/APPLIANCE PREFAB | 1/1/2006 | BY REPORT | $0.00 | Y |
| E0486 | | ORAL DEVICE/APPLIANCE CUSFAB | 1/1/2006 | BY REPORT | $0.00 | Y |
| E0500 | | IPPB MACHINES WITH MANUAL VALVES EXTERNAL POWER SOURCE INCL | 7/1/2006 | MEDICARE | $987.90 | |
| E0500 | RR | IPPB MACHINES WITH MANUAL VALVES EXTERNAL POWER SOURCE INCL | 1/1/2004 | MEDICARE | $98.79 | |

# Montana Medicaid - Fee Schedule
## DME
## July 1, 2006

| Proc | Modifier | Description | Effective | Method | Fee | PA |
|---|---|---|---|---|---|---|
| E0550 | | HUMIDIF EXTENS SUPPLE W IPPB | 1/1/2004 | MEDICARE | $501.30 | |
| E0550 | RR | HUMIDIFIER DURABLE FOR EXTENSIVE SUPPLEMENTAL HUMIDIFICATIO | 1/1/2004 | MEDICARE | $50.13 | |
| E0555 | | HUMIDIFIER DURABLE GLASS OR AUTOCLAVABLE PLASTIC BOTTLE | 1/1/2004 | BY REPORT | $0.00 | |
| E0555 | RR | HUMIDIFIER DURABLE GLASS OR AUTOCLAVABLE PLASTIC BOTTLE | 1/1/2004 | BY REPORT | $0.00 | |
| E0560 | | HUMIDIFIER SUPPLEMENTAL W/ I | 1/1/2004 | MEDICARE | $145.79 | |
| E0560 | RR | HUMIDIFIER DURABLE FOR SUPPLEMENTAL HUMIDIFICATION DURING | 1/1/2004 | MEDICARE | $17.09 | |
| E0561 | | HUMIDIFIER NONHEATED W PAP | 1/1/2004 | MEDICARE | $107.00 | |
| E0561 | RR | HUMIDIFIER NONHEATED W PAP | 1/1/2004 | MEDICARE | $10.69 | |
| E0562 | | HUMIDIFIER HEATED USED W PAP | 1/1/2004 | MEDICARE | $301.22 | |
| E0562 | RR | HUMIDIFIER HEATED USED W PAP | 1/1/2004 | MEDICARE | $30.11 | |
| E0565 | | COMPRESSOR AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF | 1/1/2004 | MEDICARE | $518.60 | |
| E0565 | RR | COMPRESSOR AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF | 1/1/2004 | MEDICARE | $51.86 | |
| E0570 | | NEBULIZER WITH COMPRESSOR E.G. DEVILBISS PULMO-AID | 7/1/2006 | MEDICARE | $161.00 | |
| E0570 | RR | NEBULIZER WITH COMPRESSOR E.G. DEVILBISS PULMO-AID | 1/1/2005 | MEDICARE | $16.10 | |
| E0571 | | AEROSOL COMPRESSOR BATTERY POWERED FOR SM VOL NEBULIZER | 1/1/2004 | MEDICARE | $271.80 | |
| E0571 | RR | AEROSOL COMPRESSOR BATTERY POWERED FOR SM VOL NEBULIZER | 1/1/2004 | MEDICARE | $27.18 | |
| E0572 | | AEROSOL COMPRESSOR ADJUSTABLE PRESSURE LIGHT DUTY FOR | 1/1/2004 | MEDICARE | $345.40 | |
| E0572 | RR | AEROSOL COMPRESSOR ADJUSTABLE PRESSURE LIGHT DUTY FOR | 1/1/2004 | MEDICARE | $34.54 | |
| E0574 | | ULTRASONIC GENERATOR W SVNEB | 1/1/2004 | MEDICARE | $365.10 | |
| E0574 | RR | ULTRASONIC GENERATOR WITH SM VOLUME ULTRASONIC NEBULIZER | 1/1/2004 | MEDICARE | $36.51 | |
| E0575 | | NEBULIZER ULTRASONIC LARGE VOLUME | 7/1/2006 | MEDICARE | $873.60 | |
| E0575 | RR | NEBULIZER SELF-CONTAINED ULTRASONIC | 1/1/2004 | MEDICARE | $87.36 | |
| E0580 | | NEBULIZER DURABLE GLASS OR AUTOCLAVABLE PLASTIC BOTTLE | 1/1/2006 | MEDICARE | $134.04 | |
| E0580 | RR | NEBULIZER DURABLE GLASS OR AUTOCLAVABLE PLASTIC BOTTLE | 1/1/2006 | MEDICARE | $13.40 | |
| E0585 | | NEBULIZER WITH COMPRESSOR AND HEATER | 1/1/2004 | MEDICARE | $350.70 | |
| E0585 | RR | NEBULIZER WITH COMPRESSOR AND HEATER | 1/1/2004 | MEDICARE | $35.07 | |
| E0600 | | SUCTION PUMP PORTAB HOM MODL | 1/1/2004 | MEDICARE | $457.90 | |
| E0600 | RR | SUCTION PUMP HOME MODEL PORTABLE | 1/1/2004 | MEDICARE | $45.79 | |
| E0601 | | NASAL CONTINUOUS AIRWAY PRESSURE (CPAP) DEVISE | 1/1/2004 | MEDICARE | $949.50 | |
| E0601 | RR | NASAL CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE | 1/1/2004 | MEDICARE | $94.95 | |
| E0603 | RR | ELECTRIC BREAST PUMP | 1/1/2004 | BY REPORT | $0.00 | |
| E0605 | | VAPORIZER ROOM TYPE | 1/1/2004 | MEDICARE | $26.43 | |
| E0606 | RR | POSTURAL DRAINAGE BOARD | 1/1/2006 | MEDICARE | $20.39 | |
| E0607 | | HOME BLOOD GLUCOSE MONITOR | 1/1/2004 | MEDICARE | $66.82 | |
| E0610 | | PACEMAKER MONITOR SELF-CONTAINED (CHECKS BATTERY DEPLETIO | 1/1/2004 | MEDICARE | $237.86 | Y |
| E0615 | | PACEMAKER MONITOR SELF CONTAINED CHECKS BATTERY DEPLETION | 1/1/2004 | MEDICARE | $478.82 | Y |
| E0618 | | APNEA MONITOR | 1/1/2003 | MEDICARE | $2,383.00 | Y |
| E0618 | RR | APNEA MONITOR | 1/1/2003 | MEDICARE | $238.30 | |
| E0619 | | APNEA MONITOR W RECORDER | 1/1/2003 | MEDICARE | $2,383.00 | Y |
| E0619 | RR | APNEA MONITOR W RECORDER | 1/1/2003 | MEDICARE | $238.30 | |
| E0620 | | CAP BLD SKIN PIERCING LASER | 1/1/2004 | MEDICARE | $874.39 | |
| E0621 | | SLING OR SEAT PATIENT LIFT CANVAS OR NYLON | 7/1/2006 | MEDICARE | $95.99 | |
| E0625 | | PATIENT LIFT BATHROOM OR TOI | 10/1/1986 | BY REPORT | $0.00 | |
| E0625 | RR | PATIENT LIFT KARTOP BATHROOM OR TOILET | 11/1/1990 | BY REPORT | $0.00 | |

# Montana Medicaid - Fee Schedule
## DME
## July 1, 2006

| Proc | Modifier | Description | Effective | Method | Fee | PA |
|---|---|---|---|---|---|---|
| E0627 | | SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHA | 7/1/2006 | MEDICARE | $337.32 | |
| E0628 | | SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURN | 1/1/2006 | MEDICARE | $337.32 | |
| E0628 | RR | SEPARATE SEAT LFT MECH FOR USE WITH PATIENT OWNER FURN-ELEC | 1/1/2006 | MEDICARE | $33.74 | |
| E0629 | | SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED | 7/1/2006 | MEDICARE | $330.71 | |
| E0629 | RR | SEPARATE SEAT LIFT MECH FOR USE WITH PAT OWNED FURN-NON-ELEC | 1/1/2006 | MEDICARE | $33.08 | |
| E0630 | | PATIENT LIFT HYDRAULIC WITH SEAT OR SLING | 7/1/2006 | MEDICARE | $950.80 | |
| E0630 | RR | PATIENT LIFT HYDRAULIC WITH SEAT OR SLING | 7/1/2006 | MEDICARE | $95.08 | |
| E0635 | | PATIENT LIFT ELECTRIC WITH SEAT OR SLING | 7/1/2006 | MEDICARE | $1,223.60 | Y |
| E0635 | RR | PATIENT LIFT CHAIR ELECTRIC WITH SEAT OR SLING | 1/1/2006 | MEDICARE | $122.36 | |
| E0636 | | PT SUPPORT & POSITIONING SYS | 7/1/2006 | MEDICARE | $10,545.60 | Y |
| E0636 | RR | PT SUPPORT & POSITIONING SYS | 1/1/2006 | MEDICARE | $1,054.56 | Y |
| E0637 | | COMBINATION SIT TO STAND SYS | 1/1/2004 | BY REPORT | $0.00 | |
| E0637 | RR | SIT-STAND W SEATLIFT | 1/1/2004 | BY REPORT | $0.00 | |
| E0638 | | STANDING FRAME SYS | 1/1/2004 | BY REPORT | $0.00 | |
| E0638 | RR | STANDING FRAME SYS | 1/1/2004 | BY REPORT | $0.00 | |
| E0639 | | MOVEABLE PATIENT LIFT SYSTEM | 1/1/2005 | BY REPORT | $0.00 | |
| E0641 | | MULTI-POSITION STND FRAM SYS | 1/1/2006 | BY REPORT | $0.00 | Y |
| E0642 | | DYNAMIC STANDING FRAME | 1/1/2006 | BY REPORT | $0.00 | Y |
| E0650 | | PNEUMATIC COMPRESSOR NON-SEGMENTAL HOME MODEL | 1/1/2004 | MEDICARE | $698.54 | Y |
| E0650 | RR | PNEUMATIC COMPRESSOR NON-SEGMENTAL HOME MODEL | 1/1/2004 | MEDICARE | $87.35 | |
| E0651 | | PNEUMATIC COMPRESSOR SEGMENTAL HOME MODEL W/O CALIBRATED | 1/1/2004 | MEDICARE | $918.42 | Y |
| E0651 | RR | PNEUMATIC COMPRESSOR SEGMENTAL HOME MODEL W/O CALIBRATED | 1/1/2004 | MEDICARE | $93.82 | |
| E0652 | | PNEUMATIC COMPRESSOR SEGMENTAL HOME MODEL WITH CALIBRATED | 1/1/2004 | MEDICARE | $4,506.23 | Y |
| E0652 | RR | PNEUMATIC COMPRESSOR SEGMENTAL HOME MODEL W/CALIBRATED GRAD | 1/1/2004 | MEDICARE | $445.36 | |
| E0655 | | PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR HALF | 1/1/2004 | MEDICARE | $106.88 | Y |
| E0655 | RR | PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR HALF | 1/1/2004 | MEDICARE | $10.78 | |
| E0660 | | PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR FULL | 1/1/2004 | MEDICARE | $159.75 | Y |
| E0660 | RR | PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR FULL | 1/1/2004 | MEDICARE | $16.63 | |
| E0665 | | PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR FULL | 1/1/2004 | MEDICARE | $136.99 | Y |
| E0665 | RR | PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR FULL | 1/1/2004 | MEDICARE | $14.07 | |
| E0666 | | PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR HALF | 1/1/2004 | MEDICARE | $138.08 | Y |
| E0666 | RR | PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR HALF | 1/1/2004 | MEDICARE | $14.23 | |
| E0667 | | PNEUMATIC APPLIANCE FOR USE WITH COMPRESSOR LEG | 1/1/2004 | MEDICARE | $275.20 | Y |
| E0667 | RR | PNEUMATIC APPLIANCE FOR USE W/COMPRESSPR LEG | 1/1/2004 | MEDICARE | $31.08 | |
| E0668 | | PNEUMATIC APPLIANCE FOR USE WITH COMPRESSOR ARM | 1/1/2004 | MEDICARE | $375.60 | Y |
| E0668 | RR | PNEUMATIC APPLIANCE FOR USE W/COMPRESSOR ARM | 1/1/2004 | MEDICARE | $37.07 | |
| E0669 | | PNEUMATIC APPLIANCE FOR USE WITH COMPRESSOR HALF LEG | 1/1/2004 | MEDICARE | $183.31 | Y |
| E0669 | RR | PNEUMATIC APPLIANCE FOR USE W/COMPRESSOR HALF LEG | 1/1/2004 | MEDICARE | $18.34 | |
| E0671 | | SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE FULL LEG | 1/1/2004 | MEDICARE | $415.35 | Y |
| E0671 | RR | SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE FULL LEG | 1/1/2004 | MEDICARE | $41.54 | |
| E0672 | | SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE FULL ARM | 1/1/2004 | MEDICARE | $322.73 | Y |
| E0672 | RR | SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE FULL ARM | 1/1/2004 | MEDICARE | $32.28 | |
| E0673 | | SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE HALF LEG | 1/1/2004 | MEDICARE | $268.17 | Y |
| E0673 | RR | SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE HALF LEG | 1/1/2004 | MEDICARE | $26.82 | |

# Montana Medicaid - Fee Schedule
## DME
## July 1, 2006

| Proc | Modifier | Description | Effective | Method | Fee | PA |
|---|---|---|---|---|---|---|
| E0675 | | PNEUMATIC COMPRESSION DEVICE | 7/1/2006 | MEDICARE | $3,845.50 | Y |
| E0675 | RR | PNEUMATIC COMPRESSION DEVICE | 1/1/2005 | MEDICARE | $384.55 | |
| E0691 | | UVL PNL 2 SQ FT OR LESS | 1/1/2006 | MEDICARE | $898.59 | |
| E0691 | RR | UVL PNL 2 SQ FT OR LESS | 1/1/2006 | MEDICARE | $89.86 | |
| E0692 | | UVL SYS PANEL 4 FT | 1/1/2006 | MEDICARE | $1,128.37 | Y |
| E0692 | RR | UVL SYS PANEL 4 FT | 1/1/2006 | MEDICARE | $112.83 | |
| E0693 | | UVL SYS PANEL 6 FT | 1/1/2006 | MEDICARE | $1,390.98 | Y |
| E0693 | RR | UVL SYS PANEL 6 FT | 1/1/2006 | MEDICARE | $139.10 | |
| E0694 | | UVL MD CABINET SYS 6 FT | 7/1/2006 | MEDICARE | $4,427.34 | Y |
| E0694 | RR | UVL MD CABINET SYS 6 FT | 1/1/2006 | MEDICARE | $442.73 | |
| E0700 | | SAFETY EQUIPMENT (E.G. BELT HARNESS OR VEST) | 10/1/1986 | BY REPORT | $0.00 | |
| E0700 | RR | SAFETY EQUIPMENT (E.G. BELT HARNESS OR VEST) | 11/1/1990 | BY REPORT | $0.00 | |
| E0701 | | HELMET W FACE GUARD PREFAB | 1/1/2003 | MEDICARE | $153.35 | |
| E0705 | | TRANSFER BOARD OR DEVICE | 7/1/2006 | MEDICARE | $55.12 | |
| E0705 | RR | TRANSFER BOARD OR DEVICE | 7/1/2006 | MEDICARE | $5.61 | |
| E0710 | | RESTRAINTS ANY TYPE (BODY CHEST WRIST OR ANKLE) | 10/1/1986 | BY REPORT | $0.00 | |
| E0710 | RR | RESTRAINTS ANY TYPE (BODY CHEST WRIST OR ANKLE) | 11/1/1990 | BY REPORT | $0.00 | |
| E0720 | | TENS TWO LEAD LOCALIZED STIMULATION | 1/1/2004 | MEDICARE | $342.40 | |
| E0720 | RR | TENS TWO LEAD LOCALIZED STIMULATION | 1/1/2004 | MEDICARE | $34.24 | |
| E0730 | | TENS FOUR LEAD | 1/1/2004 | MEDICARE | $370.56 | |
| E0730 | RR | TENS FOUR LEAD LARGER AREA/MULTIPLE NERVE STIMULATION | 1/1/2004 | MEDICARE | $37.06 | |
| E0731 | | FORM FITTING CONDUCTIVE GARMENT FOR DELIVERY OF TENS | 1/1/2004 | MEDICARE | $356.69 | |
| E0731 | RR | FORMFITTING CONDUCTIVE GARMENT FOR DELIVERY OF TENS | 1/1/2004 | MEDICARE | $35.67 | |
| E0740 | | INCONTINENCE TREATMENT SYSTM | 1/1/2004 | MEDICARE | $522.87 | |
| E0740 | RR | REPLACEMENT BATTERIES FOR MEDICALLY NECESSARY TENS OWNED | 1/1/2004 | MEDICARE | $52.29 | |
| E0744 | | NEUROMUSCULAR STIMULATOR FOR SCOLOSIS | 1/1/2004 | MEDICARE | $778.30 | |
| E0744 | RR | NEUROMUSCULAR STIMULATOR FOR SCOLOSIS | 1/1/2004 | MEDICARE | $77.83 | |
| E0745 | | NEUROMUSCULAR STIMULATOR ELECTRONIC SHOCK UNIT NON-CLINIC | 1/1/2004 | MEDICARE | $895.10 | |
| E0745 | RR | NEUROMUSCULAR STIMULATOR ELECTRONIC SHOCK UNIT NON-CLINIC | 1/1/2004 | MEDICARE | $89.51 | |
| E0746 | RR | ELECTROMYOGRAPHY (EMG) BIOFEEDBACK DEVICE | 1/17/1994 | BY REPORT | $0.00 | |
| E0747 | | OSTEOGENESIS STIMULATOR (NON-INVASIVE) | 7/1/2006 | MEDICARE | $3,813.12 | Y |
| E0747 | RR | OSTEOGENESIS STIMULATOR (NON-INVASIVE) | 1/1/2006 | MEDICARE | $378.92 | |
| E0748 | | OSTEOGENIC STIMULATOR NONINVASIVE SPINAL APPLICATONS | 7/1/2006 | MEDICARE | $3,788.41 | Y |
| E0748 | RR | OSTEOGENIC STIMULATOR NONINVASIVE SPINAL APPLICATIONS | 1/1/2006 | MEDICARE | $378.84 | |
| E0749 | | OSTEOGENESIS STIMULATOR (SURGICALLY IMPLANTED) | 7/1/2006 | MEDICARE | $2,331.91 | Y |
| E0749 | RR | OSTEOGENESIS STIMULATOR (SURGICALLY IMPLANTED) | 7/1/2006 | MEDICARE | $233.20 | |
| E0755 | | ELECTRONIC SALIVARY REFLEX STIMULATOR(INTRAORAL/NONINVASIVE) | 8/1/1998 | BY REPORT | $0.00 | Y |
| E0760 | | OSTEOGEN ULTRASOUND STIMLTOR | 1/1/2006 | MEDICARE | $3,148.10 | Y |
| E0760 | RR | OSTEOGEN ULTRASOUND STIMLTOR | 1/1/2006 | MEDICARE | $314.82 | |
| E0762 | | TRANS ELEC JT STIM DEV SYS | 7/1/2006 | MEDICARE | $1,089.10 | Y |
| E0762 | RR | TRANS ELEC JT STIM DEV SYS | 7/1/2006 | MEDICARE | $108.90 | Y |
| E0764 | | FUNCTIONAL NEUROMUSCULARSTIM | 1/1/2006 | MEDICARE | $10,775.87 | Y |
| E0765 | | FDA APPROVED NERVE STIMULATOR WITH REPLACEMENT BATTERIES | 1/1/2004 | MEDICARE | $84.13 | |
| E0765 | RR | FDA APPROVED NERVE STIMULATOR WITH REPLACEMENT BATTERIES | 1/1/2004 | MEDICARE | $8.43 | |

# Montana Medicaid - Fee Schedule
## DME
## July 1, 2006

| Proc | Modifier | Description | Effective | Method | Fee | PA |
|---|---|---|---|---|---|---|
| E0769 | | ELECTRIC WOUND TREATMENT DEV | 1/1/2005 | BY REPORT | $0.00 | |
| E0776 | | IV POLE | 1/1/2004 | MEDICARE | $143.16 | |
| E0776 | RR | IV POLE RENTAL | 7/1/2006 | MEDICARE | $18.65 | |
| E0779 | | AMBUL INFUSION PUMP MECHANICAL REUSABLE INFUSION => 8 HRS. | 1/1/2004 | MEDICARE | $151.80 | |
| E0779 | RR | AMBUL INFUSION PUMP MECHANICAL REUSABLE INFUSION => 8 HRS. | 1/1/2004 | MEDICARE | $15.18 | |
| E0780 | | AMBUL INFUSION PUMP MECHANICAL REUSABLE INFUSION < 8 HRS. | 7/1/2006 | MEDICARE | $10.37 | |
| E0780 | RR | AMBUL INFUSION PUMP MECHANICAL REUSABLE INFUSION < 8 HRS. | 1/1/2004 | MEDICARE | $10.37 | |
| E0781 | | AMBULATORY INFUSION PUMP SING OR MULT CHAN W/ADMIN EQUIPMNT | 1/1/2004 | MEDICARE | $2,406.50 | Y |
| E0781 | RR | AMBULATORY INFUSION PUMP SING OR MULT CHAN W/ADMIN EQUIPMNT | 1/1/2004 | MEDICARE | $240.65 | |
| E0782 | | NON-PROGRAMBLE INFUSION PUMP | 7/1/2006 | MEDICARE | $3,079.24 | Y |
| E0782 | RR | INFUSION PUMP IMPLANTABLE | 7/1/2006 | MEDICARE | $307.93 | |
| E0783 | | INFUSION PUMP SYSTEM IMPLANTABLE PROGRAMMABLE (INC COMPONE | 7/1/2006 | MEDICARE | $6,775.92 | Y |
| E0783 | RR | INFUSION PUMP SYSTEM IMPLANTABLE PROGRAMMABLE (INC COMPONE | 7/1/2006 | MEDICARE | $677.60 | |
| E0784 | | EXTERNAL AMBULATORY INFUSION PUMP INSULIN | 7/1/2003 | MEDICARE | $4,174.90 | Y |
| E0784 | RR | EXTERNAL AMBULATORY INFUSION PUMP INSULIN | 1/1/2004 | MEDICARE | $417.49 | |
| E0785 | | IMPLANTABLE INTRASPINAL CATH USED W/INFUSION PUMP REPLACEMT | 7/1/2006 | MEDICARE | $414.09 | Y |
| E0791 | | PARENTERAL INFUSION PUMP STATIONARY | 1/1/2004 | MEDICARE | $2,687.70 | Y |
| E0791 | RR | PARENTERAL INFUSION PUMP STATIONARY | 1/1/2004 | MEDICARE | $268.77 | |
| E0830 | | AMBULATORY TRACTION DEVICE ALL TYPES EACH | 1/1/2001 | BY REPORT | $0.00 | |
| E0830 | RR | AMBULATORY TRACTION DEVICE ALL TYPES EACH | 1/1/2001 | BY REPORT | $0.00 | |
| E0840 | | TRACTION FRAME ATTACHED TO HEADBOARD SIMPLE CERVICAL | 1/1/2004 | MEDICARE | $62.29 | |
| E0840 | RR | TRACTION FRAME ATTACHED TO HEADBOARD SIMPLE CERVICAL TRACT | 1/1/2004 | MEDICARE | $13.87 | |
| E0849 | | CERVICAL PNEUM TRAC EQUIP | 1/1/2006 | MEDICARE | $515.31 | |
| E0850 | | TRACTION STAND FREE STANDING SIMPLE CERVICAL TRACTION | 1/1/2004 | MEDICARE | $89.30 | |
| E0850 | RR | TRACTION STAND FREE STANDING SIMPLE CERVICAL TRACTION | 1/1/2004 | MEDICARE | $12.27 | |
| E0855 | | CERVICAL TRACTION EQUIP. NOT REQUIRING ADD'L STAND OR FRAME | 1/1/2004 | MEDICARE | $494.22 | |
| E0855 | RR | CERVICAL TRACTION EQUIPMENT NOT REQUIRING ADD'L STAND/FRAME | 1/1/2004 | MEDICARE | $49.44 | |
| E0860 | | TRACTION EQUIPMENT OVERDOOR CERVICAL | 1/1/2004 | MEDICARE | $38.53 | |
| E0860 | RR | TRACTION EQUIPMENT OVERDOOR CERVICAL | 1/1/2004 | MEDICARE | $6.51 | |
| E0870 | | TRACTION FRAME ATTACHED TO FOOTBOARD SIMPLE EXTREMITY | 1/1/2004 | MEDICARE | $98.86 | |
| E0870 | RR | TRACTION FRAME ATTACHED TO FOOTBOARD SIMPLE EXTREMITY | 1/1/2004 | MEDICARE | $13.40 | |
| E0880 | | TRACTION STAND FREE STANDING SIMPLE EXTREMITY TRACTION | 1/1/2004 | MEDICARE | $125.54 | |
| E0880 | RR | TRACTION STAND FREE STANDING SIMPLE EXTREMITY TRACTION | 1/1/2004 | MEDICARE | $19.71 | |
| E0890 | | TRACTION FRAME ATTACHED TO FOOTBOARD PELVIC TRACTION | 1/1/2004 | MEDICARE | $120.41 | |
| E0890 | RR | TRACTION FRAME ATTACHED TO FOOTBOARD SIMPLE PELVIC TRACTIO | 1/1/2004 | MEDICARE | $27.91 | |
| E0900 | | TRACTION STAND FREE STANDING SIMPLE PELVIC TRACTION (E.G | 1/1/2004 | MEDICARE | $128.12 | |
| E0900 | RR | TRACTION STANDARD FREESTANDING SIMPLE PELVIC (BUCKS) | 1/1/2004 | MEDICARE | $27.62 | |
| E0910 | | TRAPEZE BARS A/K/A PATIENT HELPER ATTACHED TO BED WITH G | 1/1/2004 | MEDICARE | $200.00 | |
| E0910 | RR | TRAPEZE BAR | 1/1/2004 | MEDICARE | $20.00 | |
| E0911 | | HD TRAPEZE BAR ATTACH TO BED | 7/1/2006 | MEDICARE | $498.50 | |
| E0911 | RR | HD TRAPEZE BAR ATTACH TO BED | 7/1/2006 | MEDICARE | $49.85 | |
| E0912 | | HD TRAPEZE BAR FREE STANDING | 7/1/2006 | MEDICARE | $1,144.70 | Y |
| E0912 | RR | HD TRAPEZE BAR FREE STANDING | 7/1/2006 | MEDICARE | $114.47 | |
| E0920 | | FRACTURE FRAME ATTACHED TO BED INCLUDES WEIGHTS | 1/1/2004 | MEDICARE | $392.20 | |

# Montana Medicaid - Fee Schedule
## DME
## July 1, 2006

| Proc | Modifier | Description | Effective | Method | Fee | PA |
|---|---|---|---|---|---|---|
| E0920 | RR | FRACTURE FRAME ATTACHED TO BED INCLUDES WEIGHTS | 1/1/2004 | MEDICARE | $39.22 | |
| E0930 | | FRACTURE FRAME FREE STANDING INCLUDES WEIGHTS | 1/1/2004 | MEDICARE | $456.90 | |
| E0930 | RR | FRACTURE FRAME FREE STANDING INCLUDES WEIGHTS | 1/1/2004 | MEDICARE | $45.69 | |
| E0935 | RR | PASSIVE MOTION EXERCISE DEVICE | 1/1/2004 | MEDICARE | $19.32 | |
| E0940 | | TRAPEZE BAR FREE STANDING COMPLETE WITH GRAB BAR | 1/1/2004 | MEDICARE | $347.70 | |
| E0940 | RR | TRAPEZE BAR FREE STANDING WITH GRAB BAR | 1/1/2004 | MEDICARE | $34.77 | |
| E0941 | | GRAVITY ASSISTED TRACTION DEVICE ANY TYPE | 1/1/2004 | MEDICARE | $369.00 | |
| E0941 | RR | GRAVITY ASSISTED TRACTION DEVICE ANY TYPE | 1/1/2004 | MEDICARE | $36.90 | |
| E0942 | | CERVICAL HEAD HARNESS/HALTER | 1/1/2004 | MEDICARE | $19.85 | |
| E0942 | RR | CERVICAL HEAD HARNESS/HALTER | 1/1/2004 | MEDICARE | $2.34 | |
| E0944 | | PELVIC BELT/HARNESS/BOOT | 1/1/2004 | MEDICARE | $39.00 | |
| E0944 | RR | PELVIC BELT/HARNESS/BOOT | 1/1/2004 | MEDICARE | $3.91 | |
| E0945 | | EXTREMITY BELT/HARNESS | 1/1/2004 | MEDICARE | $44.32 | |
| E0945 | RR | EXTREMITY BELT/HARNESS | 1/1/2004 | MEDICARE | $4.44 | |
| E0946 | | FRACTURE FRAME DUAL WITH CROSS BARS ATTACHED TO BED (E. | 1/1/2004 | MEDICARE | $502.90 | |
| E0946 | RR | FRACTURE FRAME DUAL WITH CROSS BARS ATTACHED TO BED (E. | 1/1/2004 | MEDICARE | $50.29 | |
| E0947 | | FRACTURE FRAME ATTACHMENTS FOR COMPLEX PELVIC TRACTION | 1/1/2004 | MEDICARE | $606.46 | |
| E0947 | RR | FRACTURE FRAME ATTACHMENTS FOR COMPLEX PELVIC TRACTION | 1/1/2004 | MEDICARE | $62.89 | |
| E0948 | | FRACTURE FRAME ATTACHMENTS FOR COMPLEX CERVICAL TRACTION | 1/1/2004 | MEDICARE | $548.92 | |
| E0948 | RR | FRACTURE FRAME ATTACHMENTS FOR COMPLEX CERVICAL TRACTION | 1/1/2004 | MEDICARE | $54.89 | |
| E0950 | | TRAY | 10/1/1986 | BY REPORT | $0.00 | |
| E0951 | | LOOP HEEL | 10/1/1986 | BY REPORT | $0.00 | |
| E0952 | | TOE LOOP/HOLDER EACH | 10/1/1986 | BY REPORT | $0.00 | |
| E0955 | | CUSHIONED HEADREST | 1/1/2004 | BY REPORT | $0.00 | |
| E0955 | RR | CUSHIONED HEADREST | 1/1/2004 | BY REPORT | $0.00 | |
| E0956 | | W/C LATERAL TRUNK/HIP SUPPOR | 1/1/2004 | BY REPORT | $0.00 | |
| E0956 | RR | W/C LATERAL TRUNK/HIP SUPPOR | 1/1/2004 | BY REPORT | $0.00 | |
| E0957 | | W/C MEDIAL THIGH SUPPORT | 1/1/2004 | BY REPORT | $0.00 | |
| E0957 | RR | W/C MEDIAL THIGH SUPPORT | 1/1/2004 | BY REPORT | $0.00 | |
| E0958 | | WHLCHR ATT- CONV 1 ARM DRIVE | 10/1/1986 | BY REPORT | $0.00 | |
| E0958 | RR | WHEELCHAIR ATTACHMENT TO CONVERT ANY WHEELCHAIR | 3/1/1989 | BY REPORT | $0.00 | |
| E0959 | | AMPUTEE ADAPTER | 10/1/1986 | BY REPORT | $0.00 | |
| E0960 | | W/C SHOULDER HARNESS/STRAPS | 1/1/2004 | BY REPORT | $0.00 | |
| E0961 | | WHEELCHAIR BRAKE EXTENSION | 10/1/1986 | BY REPORT | $0.00 | |
| E0966 | | WHEELCHAIR HEAD REST EXTENSI | 10/1/1986 | BY REPORT | $0.00 | |
| E0967 | | WHEELCHAIR HAND RIMS | 10/1/1986 | BY REPORT | $0.00 | |
| E0968 | | COMMODE SEAT WHEELCHAIR | 10/1/1986 | BY REPORT | $0.00 | |
| E0968 | RR | COMMODE SEAT WHEELCHAIR | 3/1/1989 | BY REPORT | $0.00 | |
| E0969 | | NARROWING DEVICE WHEELCHAIR | 2/12/1990 | BY REPORT | $0.00 | |
| E0969 | RR | NARROWING DEVICE WHEELCHAIR | 2/12/1990 | BY REPORT | $0.00 | |
| E0970 | | WHEELCHAIR NO. 2 FOOTPLATES | 10/1/1986 | BY REPORT | $0.00 | |
| E0971 | | WHEELCHAIR ANTI-TIPPING DEVI | 10/1/1986 | BY REPORT | $0.00 | |
| E0973 | | W/CH ACCESS DET ADJ ARMREST | 10/1/1986 | BY REPORT | $0.00 | |
| E0974 | | W/CH ACCESS ANTI-ROLLBACK | 10/1/1986 | BY REPORT | $0.00 | |

# Montana Medicaid - Fee Schedule
## DME
## July 1, 2006

| Proc | Modifier | Description | Effective | Method | Fee | PA |
|---|---|---|---|---|---|---|
| E0977 | | WEDGE CUSHION WHEELCHAIR | 10/1/1986 | BY REPORT | $0.00 | |
| E0978 | | W/C ACC SAF BELT PELV STRAP | 7/1/1999 | BY REPORT | $0.00 | |
| E0980 | | SAFETY VEST WHEELCHAIR | 10/1/1986 | BY REPORT | $0.00 | |
| E0981 | | SEAT UPHOLSTERY REPLACEMENT | 1/1/2004 | BY REPORT | $0.00 | |
| E0982 | | BACK UPHOLSTERY REPLACEMENT | 1/1/2004 | BY REPORT | $0.00 | |
| E0983 | | ADD PWR JOYSTICK | 1/1/2004 | BY REPORT | $0.00 | |
| E0984 | | ADD PWR TILLER | 1/1/2004 | BY REPORT | $0.00 | |
| E0985 | | W/C SEAT LIFT MECHANISM | 1/1/2004 | BY REPORT | $0.00 | |
| E0986 | | MAN W/C PUSH-RIM POW ASSIST | 1/1/2004 | BY REPORT | $0.00 | |
| E0990 | | WHELLCHAIR ELEVATING LEG RES | 10/1/1986 | BY REPORT | $0.00 | |
| E0990 | RR | ELEVATING LEG REST EACH | 1/1/1993 | BY REPORT | $0.00 | |
| E0992 | | WHEELCHAIR SOLID SEAT INSERT | 10/1/1986 | BY REPORT | $0.00 | |
| E0994 | | ARMREST EACH | 7/1/1999 | BY REPORT | $0.00 | |
| E0995 | | WHEELCHAIR CALF REST | 10/1/1986 | BY REPORT | $0.00 | |
| E0997 | | CASTER WITH A FORK | 10/1/1986 | BY REPORT | $0.00 | |
| E0998 | | CASTER WITHOUT FORK | 10/1/1986 | BY REPORT | $0.00 | |
| E0999 | | PNEUMATIC TIRE WITH WHEEL | 10/1/1986 | BY REPORT | $0.00 | |
| E1002 | | PWR SEAT TILT | 1/1/2004 | BY REPORT | $0.00 | |
| E1003 | | PWR SEAT RECLINE | 1/1/2004 | BY REPORT | $0.00 | |
| E1004 | | PWR SEAT RECLINE MECH | 1/1/2004 | BY REPORT | $0.00 | |
| E1005 | | REPLACEMENT BATTERIES FOR MEDICALLY NECESSARY ELECTRIC | 1/1/2004 | BY REPORT | $0.00 | |
| E1006 | | PWR SEAT COMBO W/O SHEAR | 1/1/2004 | BY REPORT | $0.00 | |
| E1007 | | PWR SEAT COMBO W/SHEAR | 1/1/2004 | BY REPORT | $0.00 | |
| E1008 | | PWR SEAT COMBO PWR SHEAR | 1/1/2004 | BY REPORT | $0.00 | |
| E1009 | | ADD MECH LEG ELEVATION | 1/1/2004 | BY REPORT | $0.00 | |
| E1010 | | ADD PWR LEG ELEVATION | 1/1/2004 | BY REPORT | $0.00 | Y |
| E1011 | | PED WC MODIFY WIDTH ADJUSTM | 1/1/2003 | BY REPORT | $0.00 | |
| E1012 | RR | INT SEAT SYS PLANAR PED W/C | 1/1/2003 | BY REPORT | $0.00 | |
| E1013 | RR | INT SEAT SYS CONTOUR PED W/C | 1/1/2003 | BY REPORT | $0.00 | |
| E1014 | | RECLINING BACK ADD PED W/C | 1/1/2003 | BY REPORT | $0.00 | |
| E1014 | RR | RECLINING BACK ADD PED W/C | 1/1/2003 | BY REPORT | $0.00 | |
| E1015 | | SHOCK ABSORBER FOR MAN W/C | 1/1/2003 | BY REPORT | $0.00 | |
| E1016 | | SHOCK ABSORBER FOR POWER W/C | 1/1/2003 | BY REPORT | $0.00 | |
| E1017 | | HD SHCK ABSRBR FOR HD MAN WC | 1/1/2003 | BY REPORT | $0.00 | |
| E1018 | | HD SHCK ABSRBER FOR HD POWWC | 1/1/2003 | BY REPORT | $0.00 | |
| E1020 | | RESIDUAL LIMB SUPPORT SYSTEM | 1/1/2003 | BY REPORT | $0.00 | |
| E1020 | RR | ECONOMY WHEELCHAIR FIXED FULL LENGTH ARMS BOLT ON ELEVATIN | 1/1/2003 | BY REPORT | $0.00 | |
| E1028 | | W/C MANUAL SWINGAWAY | 1/1/2004 | BY REPORT | $0.00 | |
| E1029 | | W/C VENT TRAY FIXED | 1/1/2004 | BY REPORT | $0.00 | |
| E1030 | | W/C VENT TRAY GIMBALED | 1/1/2004 | BY REPORT | $0.00 | |
| E1031 | | ROLLABOUT CHAIR ANY AND ALL TYPES W/CASTORS 5" OR GREATER | 7/1/1999 | BY REPORT | $0.00 | |
| E1031 | RR | ROLLABOUT CHAIR ANY AND ALL TYPES W/CASTORS 5" OR GREATER | 7/1/1999 | BY REPORT | $0.00 | |
| E1035 | | PATIENT TRANSFER SYSTEM | 1/1/2001 | BY REPORT | $0.00 | |
| E1035 | RR | GERIATRIC CHAIR RENTAL | 1/1/2001 | BY REPORT | $0.00 | |

# Montana Medicaid - Fee Schedule
## DME
## July 1, 2006

| Proc | Modifier | Description | Effective | Method | Fee | PA |
|---|---|---|---|---|---|---|
| E1037 | | TRANSPORT CHAIR PED SIZE | 1/1/2003 | BY REPORT | $0.00 | |
| E1037 | RR | TRANSPORT CHAIR PED SIZE | 1/1/2003 | BY REPORT | $0.00 | |
| E1038 | | TRANSPORT CHAIR PT WT<=300LB | 1/1/2003 | BY REPORT | $0.00 | |
| E1038 | RR | TRANSPORT CHAIR ADULT SIZE | 1/1/2003 | BY REPORT | $0.00 | |
| E1039 | | TRANSPORT CHAIR PT WT >300LB | 1/1/2005 | BY REPORT | $0.00 | |
| E1050 | | FULLY-RECLINING WHEELCH FULL ARMS SWING AWAY DET LEGREST | 7/1/1999 | BY REPORT | $0.00 | |
| E1050 | RR | FULLY-RECLINING WHEELCH FULL ARMS SWING AWAY DET LEGREST | 1/1/2003 | BY REPORT | $0.00 | |
| E1060 | | FULLY-RECLINING WHEELCH DET ARMS DESK OR FULL DET LEGREST | 7/1/1999 | BY REPORT | $0.00 | |
| E1060 | RR | FULLY-RECLINING WHEELCH DET ARMS DESK OR FULL DET LEGREST | 1/1/2003 | BY REPORT | $0.00 | |
| E1070 | | FULLY-RECLINING WHEELCH DET ARMS DESK OR FULL DET FOOTREST | 7/1/1999 | BY REPORT | $0.00 | |
| E1070 | RR | FULLY-RECLINING WHEELCH DET ARMS DESK OR FULL DET FOOTREST | 1/1/2003 | BY REPORT | $0.00 | |
| E1083 | | HEMI-WHEELCHAIR FULL ARMS SWING AWAY DET ELEVATE LEGRESTS | 7/1/1999 | BY REPORT | $0.00 | |
| E1083 | RR | HEMI-WHEELCHAIR FULL ARMS SWING AWAY DET ELEVATE LEGRESTS | 1/1/2003 | BY REPORT | $0.00 | |
| E1084 | | HEMI-WHEELCHAIR DET ARMS DESK OR FULL DET ELEVATE LEGREST | 7/1/1999 | BY REPORT | $0.00 | |
| E1084 | RR | HEMI-WHEELCHAIR DET ARMS DESK OR FULL DET ELEVATE LEGREST | 1/1/2003 | BY REPORT | $0.00 | |
| E1085 | | HEMI-WHEELCHAIR FIXED ARMS | 7/1/1999 | BY REPORT | $0.00 | |
| E1085 | RR | HEMI-WHEELCHAIR FULL ARMS SWING AWAY DETACH FOOTRESTS | 1/1/2003 | BY REPORT | $0.00 | |
| E1086 | | HEMI-WHEELCHAIR DET ARMS DESK OR FULL DETACH FOOTRESTS | 7/1/1999 | BY REPORT | $0.00 | |
| E1086 | RR | HEMI-WHEELCHAIR DET ARMS DESK OR FULL DETACH FOOTRESTS | 1/1/2003 | BY REPORT | $0.00 | |
| E1087 | | HIGH-STREN LIGHTWT WHEELCH FULL ARMS SWING-AWAY DET LEGRE | 7/1/1999 | BY REPORT | $0.00 | |
| E1087 | RR | HIGH-STREN LIGHTWT WHEELCH FULL ARMS SWING-AWAY DET LEGRE | 1/1/2003 | BY REPORT | $0.00 | |
| E1088 | | HIGH-STREN LIGHTWT WHEELCH DET ARMS DESK OR FULL DET LEGRES | 7/1/1999 | BY REPORT | $0.00 | |
| E1088 | RR | HIGH-STREN LIGHTWT WHEELCH DET ARMS DESK OR FULL DET LEGRES | 1/1/2003 | BY REPORT | $0.00 | |
| E1089 | | WHEELCHAIR LIGHTWT FIXED ARM | 7/1/1999 | BY REPORT | $0.00 | |
| E1089 | RR | HIGH-STREN LIGHTWT WHEELCH FIXED ARMS SWING-AWAY DET FOOTR | 1/1/2003 | BY REPORT | $0.00 | |
| E1090 | | HIGH-STREN LIGHTWT WHEELCH DET ARMS DESK OR FULL DET FOOTRE | 7/1/1999 | BY REPORT | $0.00 | |
| E1090 | RR | HIGH-STREN LIGHTWT WHEELCH DET ARMS DESK OR FULL DET FOOTRE | 1/1/2003 | BY REPORT | $0.00 | |
| E1092 | | WIDE HEAVY-DUTY WHEELCH DET ARMS DESK OR FULL DET LEGRESTS | 7/1/1999 | BY REPORT | $0.00 | |
| E1092 | RR | WIDE HEAVY-DUTY WHEELCH DET ARMS DESK OR FULL DET LEGRESTS | 1/1/2003 | BY REPORT | $0.00 | |
| E1093 | | WIDE HEAVY-DUTY WHEELCH DET ARMS DESK OR FULL DET FOOTREST | 7/1/1999 | BY REPORT | $0.00 | |
| E1093 | RR | WIDE HEAVY-DUTY WHEELCH DET ARMS DESK OR FULL DET FOOTREST | 1/1/2003 | BY REPORT | $0.00 | |
| E1100 | | SEMI-RECLIN WHEELCH FULL ARMS SWING-AWAY DET LEGRESTS | 7/1/1999 | BY REPORT | $0.00 | |
| E1100 | RR | SEMI-RECLIN WHEELCH FULL ARMS SWING-AWAY DET LEGRESTS | 1/1/2003 | BY REPORT | $0.00 | |
| E1110 | | SEMI-RECLIN WHEELCH DET ARMS DESK OR FULL ELEV LEGREST | 7/1/1999 | BY REPORT | $0.00 | |
| E1110 | RR | SEMI-RECLIN WHEELCH DET ARMS DESK OR FULL ELEV LEGREST | 1/1/2003 | BY REPORT | $0.00 | |
| E1130 | | WHLCHR STAND FXD ARM FT REST | 7/1/1999 | BY REPORT | $0.00 | |
| E1130 | RR | STAND WHEELCH FULL ARMS FIXED OR SWING-AWAY DET FOOTRESTS | 1/1/2003 | BY REPORT | $0.00 | |
| E1140 | | WHEELCHAIR DET ARMS DESK OR FULL SWING-AWAY DET FOOTREST | 7/1/1999 | BY REPORT | $0.00 | |
| E1140 | RR | WHEELCHAIR DET ARMS DESK OR FULL SWING-AWAY DET FOOTREST | 1/1/2003 | BY REPORT | $0.00 | |
| E1150 | | WHEELCHAIR DET ARMS DESK OR FULL SWING-AWAY DET LEGREST | 7/1/1999 | BY REPORT | $0.00 | |
| E1150 | RR | WHEELCHAIR DET ARMS DESK OR FULL SWING-AWAY DET LEGREST | 1/1/2003 | BY REPORT | $0.00 | |
| E1160 | | WHEELCHAIR FIXED ARMS SWING-AWAY DETACH ELEVATING LEGREST | 7/1/1999 | BY REPORT | $0.00 | |
| E1160 | RR | WHEELCHAIR FIXED ARMS SWING-AWAY DETACH ELEVATING LEGREST | 1/1/2003 | BY REPORT | $0.00 | |
| E1161 | | 3ANUAL ADULT WC W TILTINSPAC | 1/1/2003 | BY REPORT | $0.00 | |

# Montana Medicaid - Fee Schedule
## DME
## July 1, 2006

| Proc | Modifier | Description | Effective | Method | Fee | PA |
|---|---|---|---|---|---|---|
| E1161 | RR | MANUAL ADULT WC W TILTINSPAC | 1/1/2003 | BY REPORT | $0.00 | |
| E1170 | | AMPUTEE WHEELCH FIXED FULL ARMS SWING-AWAY DET LEGRESTS | 7/1/1999 | BY REPORT | $0.00 | |
| E1170 | RR | AMPUTEE WHEELCH FIXED FULL ARMS SWING-AWAY DET LEGRESTS | 1/1/2003 | BY REPORT | $0.00 | |
| E1171 | | AMPUTEE WHEELCH FULL ARMS WITHOUT FOOTRESTS OR LEGRESTS | 7/1/1999 | BY REPORT | $0.00 | |
| E1171 | RR | AMPUTEE WHEELCH FULL ARMS WITHOUT FOOTRESTS OR LEGRESTS | 1/1/2003 | BY REPORT | $0.00 | |
| E1172 | | AMPUTEE WHEELCH DET ARMS DESK OR FULL W/OUT FOOT OR LEGRES | 7/1/1999 | BY REPORT | $0.00 | |
| E1172 | RR | AMPUTEE WHEELCH DET ARMS DESK OR FULL W/OUT FOOT OR LEGRES | 1/1/2003 | BY REPORT | $0.00 | |
| E1180 | | AMPUTEE WHEELCH DET ARMS DESK OR FULL SWING-AWAY DET FOOTR | 1/1/2003 | BY REPORT | $0.00 | |
| E1180 | RR | AMPUTEE WHEELCH DET ARMS DESK OR FULL SWING-AWAY DET FOOTR | 1/1/2003 | BY REPORT | $0.00 | |
| E1190 | | AMPUTEE WHEELCH DET ARMS DESK OR FULL SWING-AWAY DET LEGRES | 7/1/1999 | BY REPORT | $0.00 | |
| E1190 | RR | AMPUTEE WHEELCH DET ARMS DESK OR FULL SWING-AWAY DET LEGRES | 1/1/2003 | BY REPORT | $0.00 | |
| E1195 | | HEAVY DUTY WHEELCH FIXED ARMS SWING-AWAYDET ELEV LEGREST | 7/1/1999 | BY REPORT | $0.00 | |
| E1195 | RR | HEAVY DUTY WHEELCH FIXED ARMS SWING-AWAYDET ELEV LEGREST | 1/1/2003 | BY REPORT | $0.00 | |
| E1200 | | AMPUTEE WHEELCH FIXED ARMS SWING-AWAY DETACH FOOTRESTS | 7/1/1999 | BY REPORT | $0.00 | |
| E1200 | RR | AMPUTEE WHEELCH FIXED ARMS SWING-AWAY DETACH FOOTRESTS | 1/1/2003 | BY REPORT | $0.00 | |
| E1220 | | WHEELCHAIR SPECIALLY SIZED OR CONSTRUCTED | 7/1/1999 | BY REPORT | $0.00 | |
| E1220 | RR | WHEELCHAIR SPECIALLY SIZED OR CONSTRUCTED | 1/1/2003 | BY REPORT | $0.00 | |
| E1221 | | WHEELCHAIR WITH FIXED ARM FOOTRESTS | 7/1/1999 | BY REPORT | $0.00 | |
| E1221 | RR | WHEELCHAIR WITH FIXED ARM FOOTRESTS | 1/1/2003 | BY REPORT | $0.00 | |
| E1222 | | WHEELCHAIR WITH FIXED ARM ELEVATING LEGRESTS | 7/1/1999 | BY REPORT | $0.00 | |
| E1222 | RR | WHEELCHAIR WITH FIXED ARM ELEVATING LEGRESTS | 1/1/2003 | BY REPORT | $0.00 | |
| E1223 | | WHEELCHAIR WITH DETACHABLE ARMS FOOTRESTS | 7/1/1999 | BY REPORT | $0.00 | |
| E1223 | RR | WHEELCHAIR WITH DETACHABLE ARMS FOOTRESTS | 1/1/2003 | BY REPORT | $0.00 | |
| E1224 | | WHEELCHAIR WITH DETACHABLE ARMS ELEVATING LEGRESTS | 7/1/1999 | BY REPORT | $0.00 | |
| E1224 | RR | WHEELCHAIR WITH DETACHABLE ARMS ELEVATING LEGRESTS | 1/1/2003 | BY REPORT | $0.00 | |
| E1225 | | MANUAL SEMI-RECLINING BACK | 7/1/1999 | BY REPORT | $0.00 | |
| E1225 | RR | SEMI-RECLINING BACK FOR CUSTOMIZED WHEELCHAIR | 7/1/1999 | BY REPORT | $0.00 | |
| E1226 | | MANUAL FULLY RECLINING BACK | 10/1/1986 | BY REPORT | $0.00 | |
| E1227 | | SPECIAL HEIGHT ARMS FOR WHEELCHAIR | 10/1/1986 | BY REPORT | $0.00 | Y |
| E1228 | | SPECIAL BACK HEIGHT FOR WHEELCHAIR | 7/1/1999 | BY REPORT | $0.00 | Y |
| E1228 | RR | SPECIAL BACK HEIGHT FOR WHEELCHAIR | 7/1/1999 | BY REPORT | $0.00 | |
| E1229 | | PEDIATRIC WHEELCHAIR NOS | 1/1/2005 | BY REPORT | $0.00 | |
| E1230 | | POWER OPERATED VEHICLE (3- OR 4-WHEEL NONHIGHWAY) SPECIFY | 7/1/1999 | BY REPORT | $0.00 | |
| E1230 | RR | POWER OPERATED VEHICLE (3- OR 4-WHEEL NONHIGHWAY) SPECIFY | 1/1/2003 | BY REPORT | $0.00 | |
| E1231 | | RIGID PED W/C TILT-IN-SPACE | 1/1/2003 | BY REPORT | $0.00 | |
| E1231 | RR | RIGID PED W/C TILT-IN-SPACE | 1/1/2003 | BY REPORT | $0.00 | |
| E1232 | | FOLDING PED WC TILT-IN-SPACE | 1/1/2003 | BY REPORT | $0.00 | |
| E1232 | RR | FOLDING PED WC TILT-IN-SPACE | 1/1/2003 | BY REPORT | $0.00 | |
| E1233 | | RIG PED WC TLTNSPC W/O SEAT | 1/1/2003 | BY REPORT | $0.00 | |
| E1233 | RR | RIG PED WC TLTNSPC W/O SEAT | 1/1/2003 | BY REPORT | $0.00 | |
| E1234 | | FLD PED WC TLTNSPC W/O SEAT | 1/1/2003 | BY REPORT | $0.00 | |
| E1234 | RR | FLD PED WC TLTNSPC W/O SEAT | 1/1/2003 | BY REPORT | $0.00 | |
| E1235 | | RIGID PED WC ADJUSTABLE | 1/1/2003 | BY REPORT | $0.00 | |
| E1235 | RR | RIGID PED WC ADJUSTABLE | 1/1/2003 | BY REPORT | $0.00 | |

# Montana Medicaid - Fee Schedule
## DME
## July 1, 2006

| Proc | Modifier | Description | Effective | Method | Fee | PA |
|---|---|---|---|---|---|---|
| E1236 | | FOLDING PED WC ADJUSTABLE | 1/1/2003 | BY REPORT | $0.00 | |
| E1236 | RR | FOLDING PED WC ADJUSTABLE | 1/1/2003 | BY REPORT | $0.00 | |
| E1237 | | RGD PED WC ADJSTABL W/O SEAT | 1/1/2003 | BY REPORT | $0.00 | |
| E1237 | RR | RGD PED WC ADJSTABL W/O SEAT | 1/1/2003 | BY REPORT | $0.00 | |
| E1238 | | FLD PED WC ADJSTABL W/O SEAT | 1/1/2003 | BY REPORT | $0.00 | |
| E1238 | RR | FLD PED WC ADJSTABL W/O SEAT | 1/1/2003 | BY REPORT | $0.00 | |
| E1239 | | PED POWER WHEELCHAIR NOS | 1/1/2005 | BY REPORT | $0.00 | |
| E1240 | | LIGHTWT WHEELCH DET ARMS DESK/FULL SWING-AWAY DET LEGREST | 7/1/1999 | BY REPORT | $0.00 | |
| E1240 | RR | LIGHTWT WHEELCH DET ARMS DESK/FULL SWING-AWAY DET LEGREST | 1/1/2003 | BY REPORT | $0.00 | |
| E1250 | | WHEELCHAIR LIGHTWT FIXED ARM | 7/1/1999 | BY REPORT | $0.00 | |
| E1250 | RR | LIGHTWT WHEELCH FIXED ARMS SWING-AWAY DETACH FOOTRESTS | 1/1/2003 | BY REPORT | $0.00 | |
| E1260 | | LIGHTWEIGHT WHEELCHAIR DETACHABLE ARMS(DESK OR FULL LENGTH) | 7/1/1999 | BY REPORT | $0.00 | |
| E1260 | RR | LIGHTWT WHEELCH DET ARMS DESK/FULL SWING-AWAY DET FOOTREST | 1/1/2003 | BY REPORT | $0.00 | |
| E1270 | | LIGHTWT WHEELCH FIXED ARMS SWING-AWAY DET ELEV LEGRESTS | 7/1/1999 | BY REPORT | $0.00 | |
| E1270 | RR | LIGHTWT WHEELCH FIXED ARMS SWING-AWAY DET ELEV LEGRESTS | 1/1/2003 | BY REPORT | $0.00 | |
| E1280 | | HEAVY-DUTY WHEELCH DETACH ARMS DESK/FULL ELEV LEGRESTS | 7/1/1999 | BY REPORT | $0.00 | |
| E1280 | RR | HEAVY-DUTY WHEELCH DETACH ARMS DESK/FULL ELEV LEGRESTS | 1/1/2003 | BY REPORT | $0.00 | |
| E1285 | | WHEELCHAIR HEAVY DUTY FIXED | 7/1/1999 | BY REPORT | $0.00 | |
| E1285 | RR | HEAVY-DUTY WHEELCH FIXED ARMS SWING-AWAY DET FOOTRESTS | 1/1/2003 | BY REPORT | $0.00 | |
| E1290 | | HEAVY-DUTY WHEELCH DET ARMS DESK/FULL SWING-AWAY DET FOOT | 7/1/1999 | BY REPORT | $0.00 | |
| E1290 | RR | HEAVY-DUTY WHEELCH DET ARMS DESK/FULL SWING-AWAY DET FOOT | 1/1/2003 | BY REPORT | $0.00 | |
| E1295 | | HEAVY-DUTY WHEELCH FIXED ARMS ELEVATING LEGRESTS | 7/1/1999 | BY REPORT | $0.00 | |
| E1295 | RR | HEAVY-DUTY WHEELCH FIXED ARMS ELEVATING LEGRESTS | 1/1/2003 | BY REPORT | $0.00 | |
| E1296 | | SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR | 10/1/1986 | BY REPORT | $0.00 | |
| E1297 | | SPECIAL WHEELCHAIR SEAT DEPTH BY UPHOLSTERY | 10/1/1986 | BY REPORT | $0.00 | |
| E1298 | | SPECIAL WHEELCHAIR SEAT DEPTH AND/OR WIDTH BY CONSTRUCTION | 7/1/1999 | BY REPORT | $0.00 | |
| E1298 | RR | SPECIAL WHEELCHAIR SEAT DEPTH AND/OR WIDTH BY CONSTRUCTION | 7/1/1999 | BY REPORT | $0.00 | |
| E1300 | | WHIRLPOOL PORTABLE (OVERTUB TYPE) | 1/1/2004 | BY REPORT | $0.00 | |
| E1300 | RR | WHIRLPOOL PORTABLE (OVERTUB TYPE) | 1/1/2004 | BY REPORT | $0.00 | |
| E1310 | | WHIRLPOOL NON-PORTABLE (BUILT-IN TYPE) | 1/1/2006 | MEDICARE | $2,147.40 | Y |
| E1340 | | REPAIR OR NONROUTINE SVC FOR DME REQUIRING SKILL OF TECHNICI | 1/1/2004 | BY REPORT | $0.00 | |
| E1372 | | IMMERSION EXTERNAL HEATER FOR NEBULIZER | 1/1/2004 | MEDICARE | $163.03 | |
| E1372 | RR | IMMERSION EXTERNAL HEATER FOR NEBULIZER | 1/1/2004 | MEDICARE | $23.69 | |
| E1390 | RR | OXYGEN CONCENTRATOR CAPABLE OF 85% OR > O2 CONCENTRATION | 7/1/2006 | MEDICARE | $200.41 | |
| E1392 | | PORTABLE OXYGEN CONCENTRATOR | 7/1/2006 | MEDICARE | $305.70 | |
| E1392 | RR | PORTABLE OXYGEN CONCENTRATOR | 7/1/2006 | MEDICARE | $30.57 | |
| E1399 | | MISC SUPP & EQUIP. NOC (OR WHEELCHAIR REPAIRS/CROSSOVERS) | 7/1/1996 | BY REPORT | $0.00 | |
| E1399 | SF | MISC SUPP & EQUIP. NOC (OR WHEELCHAIR REPAIRS/CROSSOVERS) | 7/1/2006 | MEDICARE | $30.00 | Y |
| E1405 | RR | O2 AND H20 VAPOR ENRICHING SYS W/HEATED DELIVERY | 1/1/2006 | MEDICARE | $235.48 | |
| E1406 | RR | O2 AND H20 VAPOR ENRICHING SYS W/OUT HEATED DELIVERY | 1/1/2006 | MEDICARE | $216.51 | |
| E1500 | | CENTRIFUGE | 1/1/2002 | BY REPORT | $0.00 | |
| E1510 | | KIDNEY DIALYSATE DELIVERY SYST. KIDNEY MACHINE PUMP RECIRC | 10/1/1986 | BY REPORT | $0.00 | Y |
| E1520 | | HEPARIN INFUSION PUMP | 10/1/1986 | BY REPORT | $0.00 | Y |
| E1530 | | AIR BUBBLE DETECTOR FOR DIALYSIS | 10/1/1986 | BY REPORT | $0.00 | Y |

# Montana Medicaid - Fee Schedule
## DME
## July 1, 2006

| Proc | Modifier | Description | Effective | Method | Fee | PA |
|---|---|---|---|---|---|---|
| E1540 | | REPLACEMENT PRESSURE ALARM | 10/1/1986 | BY REPORT | $0.00 | Y |
| E1550 | | BATH CONDUCTIVITY METER FOR DIALYSIS | 10/1/1986 | BY REPORT | $0.00 | Y |
| E1560 | | REPLACE BLOOD LEAK DETECTOR | 10/1/1986 | BY REPORT | $0.00 | Y |
| E1570 | | ADJUSTABLE CHAIR FOR ESRD PATIENTS | 10/1/1986 | BY REPORT | $0.00 | Y |
| E1575 | | TRANSDUCER PROTECT/FLD BAR | 10/1/1986 | BY REPORT | $0.00 | Y |
| E1580 | | UNIPUNCTURE CONTROL SYSTEM FOR DIALYSIS | 10/1/1986 | BY REPORT | $0.00 | Y |
| E1590 | | HEMODIALYSIS MACHINE | 10/1/1986 | BY REPORT | $0.00 | Y |
| E1592 | | AUTOMATIC INTERMITTENT PERITIONEAL DIALYSIS SYSTEM | 10/1/1986 | BY REPORT | $0.00 | Y |
| E1594 | | CYCLER DIALYSIS MACHINE | 10/1/1986 | BY REPORT | $0.00 | Y |
| E1600 | | DELIVERY AND/OR INSTALLATION CHARGES FOR RENAL DIALYSIS | 10/1/1986 | BY REPORT | $0.00 | Y |
| E1610 | | REVERSE OSMOSIS H2O PURI SYS | 10/1/1986 | BY REPORT | $0.00 | Y |
| E1610 | RR | REVERSE OSMOSIS WATER PURIFICATION SYSTEM | 10/1/1986 | BY REPORT | $0.00 | Y |
| E1615 | | DEIONIZER WATER PURIFICATION SYSTEM | 10/1/1986 | BY REPORT | $0.00 | Y |
| E1620 | | REPLACEMENT BLOOD PUMP | 10/1/1986 | BY REPORT | $0.00 | Y |
| E1625 | | WATER SOFTENING SYSTEM | 10/1/1986 | BY REPORT | $0.00 | Y |
| E1630 | | RECIPROCATING PERITONEAL DIA | 10/1/1986 | BY REPORT | $0.00 | Y |
| E1632 | | WEARABLE ARTIFICAL KIDNEY | 10/1/1986 | BY REPORT | $0.00 | Y |
| E1635 | | COMPACT TRAVEL HEMODIALYZER | 10/1/1986 | BY REPORT | $0.00 | Y |
| E1636 | | SORBENT CARTRIDGES PER CASE | 10/1/1986 | BY REPORT | $0.00 | |
| E1637 | | HEMOSTATS FOR DIALYSIS EACH | 1/1/2002 | BY REPORT | $0.00 | |
| E1639 | | DIALYSIS SCALE | 1/1/2002 | BY REPORT | $0.00 | |
| E1699 | | DIALYSIS EQUIPMENT NOC | 10/1/1986 | BY REPORT | $0.00 | Y |
| E1800 | | ADJUST ELBOW EXT/FLEX DEVICE | 1/1/2004 | MEDICARE | $1,225.00 | Y |
| E1800 | RR | DYNAMIC ADJUSTABLE ELBOW EXTENSION/FLEXION DEVICE | 1/1/2004 | MEDICARE | $122.50 | |
| E1801 | | SPS ELBOW DEVICE | 1/1/2004 | MEDICARE | $1,163.40 | Y |
| E1801 | RR | SPS ELBOW DEVICE | 1/1/2004 | MEDICARE | $116.34 | |
| E1802 | | ADJST FOREARM PRO/SUP DEVICE | 1/1/2003 | MEDICARE | $3,268.00 | Y |
| E1802 | RR | ADJST FOREARM PRO/SUP DEVICE | 1/1/2003 | MEDICARE | $326.80 | |
| E1805 | | ADJUST WRIST EXT/FLEX DEVICE | 1/1/2004 | MEDICARE | $1,226.80 | Y |
| E1805 | RR | DYNAMIC ADJUSTABLE WRIST EXTENSION/FLEXION DEVICE | 1/1/2004 | MEDICARE | $122.68 | |
| E1806 | | SPS WRIST DEVICE | 1/1/2004 | MEDICARE | $954.90 | |
| E1806 | RR | SPS WRIST DEVICE | 1/1/2004 | MEDICARE | $95.49 | |
| E1810 | | ADJUST KNEE EXT/FLEX DEVICE | 1/1/2004 | MEDICARE | $1,226.80 | Y |
| E1810 | RR | DYNAMIC ADJUSTABLE KNEE EXTENSION/FLEXION DEVICE | 1/1/2004 | MEDICARE | $122.68 | |
| E1811 | | SPS KNEE DEVICE | 1/1/2004 | MEDICARE | $1,209.50 | Y |
| E1811 | RR | SPS KNEE DEVICE | 1/1/2004 | MEDICARE | $120.95 | |
| E1812 | | KNEE EXT/FLEX W ACT RES CTRL | 7/1/2006 | MEDICARE | $859.90 | |
| E1812 | RR | KNEE EXT/FLEX W ACT RES CTRL | 7/1/2006 | MEDICARE | $85.99 | |
| E1815 | | ADJUST ANKLE EXT/FLEX DEVICE | 1/1/2004 | MEDICARE | $1,226.80 | Y |
| E1815 | RR | DYNAMIC ADJUSTABLE ANKLE EXTENSION/FLEXION DEVICE | 1/1/2004 | MEDICARE | $122.68 | |
| E1816 | | SPS ANKLE DEVICE | 1/1/2004 | MEDICARE | $1,228.50 | Y |
| E1816 | RR | SPS ANKLE DEVICE | 1/1/2004 | MEDICARE | $122.85 | |
| E1818 | | SPS FOREARM DEVICE | 1/1/2004 | MEDICARE | $1,254.20 | Y |
| E1818 | RR | SPS FOREARM DEVICE | 1/1/2004 | MEDICARE | $125.42 | |

# Montana Medicaid - Fee Schedule
## DME
## July 1, 2006

| Proc | Modifier | Description | Effective | Method | Fee | PA |
|---|---|---|---|---|---|---|
| E1820 | | SOFT INTERFACE MATERIAL FOR DYNAMIC ADJ EXT/FLEXION DEVICE | 1/1/2004 | MEDICARE | $77.11 | |
| E1821 | | REPLACEMENT INTERFACE SPSD | 1/1/2004 | MEDICARE | $105.25 | |
| E1825 | | DYNAMIC ADJUSTABLE FINGER EXTENSION/FLEXION DEVICE OR = | 1/1/2004 | MEDICARE | $1,226.80 | Y |
| E1825 | RR | DYNAMIC ADJUSTABLE FINGER EXTENSION/FLEXION DEVICE | 1/1/2004 | MEDICARE | $122.68 | |
| E1830 | | ADJUST TOE EXT/FLEX DEVICE | 1/1/2004 | MEDICARE | $1,226.80 | Y |
| E1830 | RR | DYNAMIC ADJUSTABLE TOE EXTENSION/FLEXION DEVICE | 1/1/2004 | MEDICARE | $122.68 | |
| E1840 | | ADJ SHOULDER EXT/FLEX DEVICE | 1/1/2004 | MEDICARE | $3,559.00 | Y |
| E1840 | RR | ADJ SHOULDER EXT/FLEX DEVICE | 1/1/2004 | MEDICARE | $355.90 | |
| E1841 | | STATIC STR SHLDR DEV ROM ADJ | 1/1/2006 | MEDICARE | $4,530.00 | Y |
| E1841 | RR | STATIC STR SHLDR DEV ROM ADJ | 1/1/2006 | MEDICARE | $453.00 | |
| E1902 | | AAC NON-ELECTRONIC BOARD | 1/1/2002 | BY REPORT | $0.00 | Y |
| E1902 | RR | AAC NON-ELECTRONIC BOARD | 1/1/2002 | BY REPORT | $0.00 | Y |
| E2000 | | GASTRIC SUCTION PUMP HME MDL | 1/1/2004 | MEDICARE | $467.30 | |
| E2000 | RR | GASTRIC SUCTION PUMP HME MDL | 1/1/2004 | MEDICARE | $46.73 | |
| E2100 | | BLD GLUCOSE MONITOR W VOICE | 1/1/2004 | MEDICARE | $629.24 | |
| E2101 | | BLD GLUCOSE MONITOR W LANCE | 1/1/2004 | MEDICARE | $188.56 | |
| E2201 | | MAN W/CH ACC SEAT W>=20”<24” | 1/1/2004 | BY REPORT | $0.00 | |
| E2202 | | SEAT WIDTH 24-27 IN | 1/1/2004 | BY REPORT | $0.00 | |
| E2203 | | FRAME DEPTH LESS THAN 22 IN | 1/1/2004 | BY REPORT | $0.00 | |
| E2204 | | FRAME DEPTH 22 TO 25 IN | 1/1/2004 | BY REPORT | $0.00 | |
| E2205 | | MANUAL WC ACCESSORY HANDRIM | 1/1/2005 | BY REPORT | $0.00 | |
| E2206 | | COMPLETE WHEEL LOCK ASSEMBLY | 1/1/2005 | BY REPORT | $0.00 | |
| E2207 | | CRUTCH AND CANE HOLDER | 1/1/2006 | BY REPORT | $0.00 | |
| E2208 | | CYLINDER TANK CARRIER | 1/1/2006 | BY REPORT | $0.00 | |
| E2209 | | ARM TROUGH EACH | 1/1/2006 | BY REPORT | $0.00 | |
| E2210 | | WHEELCHAIR BEARINGS | 1/1/2006 | BY REPORT | $0.00 | |
| E2211 | | PNEUMATIC PROPULSION TIRE | 1/1/2006 | BY REPORT | $0.00 | |
| E2212 | | PNEUMATIC PROP TIRE TUBE | 1/1/2006 | BY REPORT | $0.00 | |
| E2213 | | PNEUMATIC PROP TIRE INSERT | 1/1/2006 | BY REPORT | $0.00 | |
| E2214 | | PNEUMATIC CASTER TIRE EACH | 1/1/2006 | BY REPORT | $0.00 | |
| E2215 | | PNEUMATIC CASTER TIRE TUBE | 1/1/2006 | BY REPORT | $0.00 | |
| E2216 | | FOAM FILLED PROPULSION TIRE | 1/1/2006 | BY REPORT | $0.00 | |
| E2217 | | FOAM FILLED CASTER TIRE EACH | 1/1/2006 | BY REPORT | $0.00 | |
| E2218 | | FOAM PROPULSION TIRE EACH | 1/1/2006 | BY REPORT | $0.00 | |
| E2219 | | FOAM CASTER TIRE ANY SIZE EA | 1/1/2006 | BY REPORT | $0.00 | |
| E2220 | | SOLID PROPULSION TIRE EACH | 1/1/2006 | BY REPORT | $0.00 | |
| E2221 | | SOLID CASTER TIRE EACH | 1/1/2006 | BY REPORT | $0.00 | |
| E2222 | | SOLID CASTER INTEGRATED WHL | 1/1/2006 | BY REPORT | $0.00 | |
| E2223 | | VALVE REPLACEMENT ONLY EACH | 1/1/2006 | BY REPORT | $0.00 | |
| E2224 | | PROPULSION WHL EXCLUDES TIRE | 1/1/2006 | BY REPORT | $0.00 | |
| E2225 | | CASTER WHEEL EXCLUDES TIRE | 1/1/2006 | BY REPORT | $0.00 | |
| E2226 | | CASTER FORK REPLACEMENT ONLY | 1/1/2006 | BY REPORT | $0.00 | |
| E2291 | | PLANAR BACK FOR PED SIZE WC | 1/1/2005 | BY REPORT | $0.00 | |
| E2292 | | PLANAR SEAT FOR PED SIZE WC | 1/1/2005 | BY REPORT | $0.00 | |

# Montana Medicaid - Fee Schedule
## DME
## July 1, 2006

| Proc | Modifier | Description | Effective | Method | Fee | PA |
|---|---|---|---|---|---|---|
| E2293 | | CONTOUR BACK FOR PED SIZE WC | 1/1/2005 | BY REPORT | $0.00 | |
| E2294 | | CONTOUR SEAT FOR PED SIZE WC | 1/1/2005 | BY REPORT | $0.00 | |
| E2300 | | PWR SEAT ELEVATION SYS | 1/0/1900 | BY REPORT | $0.00 | Y |
| E2301 | | PWR STANDING | 1/1/2004 | BY REPORT | $0.00 | |
| E2310 | | ELECTRO CONNECT BTW CONTROL | 1/1/2004 | BY REPORT | $0.00 | |
| E2311 | | ELECTRO CONNECT BTW 2 SYS | 1/1/2004 | BY REPORT | $0.00 | |
| E2320 | | HAND CHIN CONTROL | 1/1/2004 | BY REPORT | $0.00 | |
| E2321 | | HAND INTERFACE JOYSTICK | 1/1/2004 | BY REPORT | $0.00 | |
| E2322 | | MULT MECH SWITCHES | 1/1/2004 | BY REPORT | $0.00 | |
| E2323 | | SPECIAL JOYSTICK HANDLE | 1/1/2004 | BY REPORT | $0.00 | |
| E2324 | | CHIN CUP INTERFACE | 1/1/2004 | BY REPORT | $0.00 | |
| E2325 | | SIP AND PUFF INTERFACE | 1/1/2004 | BY REPORT | $0.00 | |
| E2326 | | BREATH TUBE KIT | 1/1/2004 | BY REPORT | $0.00 | |
| E2327 | | HEAD CONTROL INTERFACE MECH | 1/1/2004 | BY REPORT | $0.00 | |
| E2328 | | HEAD/EXTREMITY CONTROL INTER | 1/1/2004 | BY REPORT | $0.00 | |
| E2329 | | HEAD CONTROL NONPROPORTIONAL | 1/1/2004 | BY REPORT | $0.00 | |
| E2330 | | HEAD CONTROL PROXIMITY SWITC | 1/1/2004 | BY REPORT | $0.00 | |
| E2331 | | ATTENDANT CONTROL | 1/1/2004 | BY REPORT | $0.00 | |
| E2340 | | W/C WDTH 20-23 IN SEAT FRAME | 1/1/2004 | BY REPORT | $0.00 | |
| E2341 | | W/C WDTH 24-27 IN SEAT FRAME | 1/1/2004 | BY REPORT | $0.00 | |
| E2342 | | W/C DPTH 20-21 IN SEAT FRAME | 1/1/2004 | BY REPORT | $0.00 | |
| E2343 | | W/C DPTH 22-25 IN SEAT FRAME | 1/1/2004 | BY REPORT | $0.00 | |
| E2351 | | ELECTRONIC SGD INTERFACE | 1/1/2004 | BY REPORT | $0.00 | |
| E2360 | | 22NF NONSEALED LEADACID | 1/1/2004 | BY REPORT | $0.00 | |
| E2361 | | 22NF SEALED LEADACID BATTERY | 1/1/2004 | BY REPORT | $0.00 | |
| E2362 | | GR24 NONSEALED LEADACID | 1/1/2004 | BY REPORT | $0.00 | |
| E2363 | | GR24 SEALED LEADACID BATTERY | 1/1/2004 | BY REPORT | $0.00 | |
| E2364 | | U1NONSEALED LEADACID BATTERY | 1/1/2004 | BY REPORT | $0.00 | |
| E2365 | | U1 SEALED LEADACID BATTERY | 1/1/2004 | BY REPORT | $0.00 | |
| E2366 | | BATTERY CHARGER SINGLE MODE | 1/1/2004 | BY REPORT | $0.00 | |
| E2367 | | BATTERY CHARGER DUAL MODE | 1/1/2004 | BY REPORT | $0.00 | |
| E2368 | | POWER WC MOTOR REPLACEMENT | 1/1/2005 | BY REPORT | $0.00 | |
| E2369 | | PWR WC GEAR BOX REPLACEMENT | 1/1/2005 | BY REPORT | $0.00 | |
| E2370 | | PWR WC MOTOR/GEAR BOX COMBO | 1/1/2005 | BY REPORT | $0.00 | |
| E2371 | | GR27 SEALED LEADACID BATTERY | 1/1/2006 | BY REPORT | $0.00 | |
| E2372 | | GR27 NON-SEALED LEADACID | 1/1/2006 | BY REPORT | $0.00 | |
| E2399 | | NOC INTERFACE | 1/1/2004 | BY REPORT | $0.00 | |
| E2402 | | NEG PRESS WOUND THERAPY PUMP | 1/1/2004 | MEDICARE | $17,164.60 | Y |
| E2402 | RR | NEG PRESS WOUND THERAPY PUMP | 1/1/2004 | MEDICARE | $1,716.46 | Y |
| E2500 | | SGD DIGITIZED PRE-REC <=8MIN | 1/1/2004 | MEDICARE | $391.06 | Y |
| E2500 | RR | SGD DIGITIZED PRE-REC <=8MIN | 1/1/2004 | MEDICARE | $39.11 | Y |
| E2502 | | SGD PREREC MSG >8MIN <=20MIN | 1/1/2004 | MEDICARE | $1,195.80 | Y |
| E2502 | RR | SGD PREREC MSG >8MIN <=20MIN | 1/1/2004 | MEDICARE | $119.59 | Y |
| E2504 | | SGD PREREC MSG>20MIN <=40MIN | 1/1/2004 | MEDICARE | $1,577.42 | Y |

Please see first page for a complete description
of nformation contained in the fee schedules.

# Montana Medicaid - Fee Schedule
## DME
## July 1, 2006

| Proc | Modifier | Description | Effective | Method | Fee | PA |
|---|---|---|---|---|---|---|
| E2504 | RR | SGD PREREC MSG>20MIN <=40MIN | 1/1/2004 | MEDICARE | $157.76 | Y |
| E2506 | | SGD PREREC MSG > 40 MIN | 1/1/2004 | MEDICARE | $2,312.96 | Y |
| E2506 | RR | SGD PREREC MSG > 40 MIN | 1/1/2004 | MEDICARE | $231.29 | Y |
| E2508 | | SGD SPELLING PHYS CONTACT | 1/1/2004 | MEDICARE | $3,576.61 | Y |
| E2508 | RR | SGD SPELLING PHYS CONTACT | 1/1/2004 | MEDICARE | $357.67 | Y |
| E2510 | | SGD W MULTI METHODS MSG/ACCS | 1/1/2004 | MEDICARE | $6,768.25 | Y |
| E2510 | RR | SGD W MULTI METHODS MSG/ACCS | 1/1/2006 | MEDICARE | $676.82 | Y |
| E2511 | | SGD SFTWRE PRGRM FOR PC/PDA | 1/1/2004 | BY REPORT | $0.00 | Y |
| E2512 | | SGD ACCESSORY MOUNTING SYS | 1/1/2004 | BY REPORT | $0.00 | Y |
| E2599 | | SGD ACCESSORY NOC | 1/1/2004 | BY REPORT | $0.00 | Y |
| E2601 | | GEN W/C CUSHION WDTH < 22 IN | 7/1/2006 | MEDICARE | $61.16 | |
| E2601 | RR | GEN W/C CUSHION WDTH < 22 IN | 7/1/2006 | MEDICARE | $6.13 | |
| E2602 | | GEN W/C CUSHION WDTH >=22 IN | 7/1/2006 | MEDICARE | $119.40 | |
| E2602 | RR | GEN W/C CUSHION WDTH >=22 IN | 7/1/2006 | MEDICARE | $11.94 | |
| E2603 | | SKIN PROTECT WC CUS WD <22IN | 7/1/2006 | MEDICARE | $151.59 | |
| E2603 | RR | SKIN PROTECT WC CUS WD <22IN | 7/1/2006 | MEDICARE | $15.17 | |
| E2604 | | SKIN PROTECT WC CUS WD>=22IN | 7/1/2006 | MEDICARE | $188.41 | |
| E2604 | RR | SKIN PROTECT WC CUS WD>=22IN | 7/1/2006 | MEDICARE | $18.83 | |
| E2605 | | POSITION WC CUSH WDTH <22 IN | 7/1/2006 | MEDICARE | $269.17 | |
| E2605 | RR | POSITION WC CUSH WDTH <22 IN | 7/1/2006 | MEDICARE | $26.93 | |
| E2606 | | POSITION WC CUSH WDTH>=22 IN | 7/1/2006 | MEDICARE | $419.93 | |
| E2606 | RR | POSITION WC CUSH WDTH>=22 IN | 7/1/2006 | MEDICARE | $42.01 | |
| E2607 | | SKIN PRO/POS WC CUS WD <22IN | 7/1/2006 | MEDICARE | $289.85 | |
| E2607 | RR | SKIN PRO/POS WC CUS WD <22IN | 7/1/2006 | MEDICARE | $28.99 | |
| E2608 | | SKIN PRO/POS WC CUS WD>=22IN | 7/1/2006 | MEDICARE | $348.09 | |
| E2608 | RR | SKIN PRO/POS WC CUS WD>=22IN | 7/1/2006 | MEDICARE | $34.80 | |
| E2609 | | CUSTOM FABRICATE W/C CUSHION | 1/1/2005 | BY REPORT | $0.00 | |
| E2610 | | POWERED W/C CUSHION | 1/1/2005 | BY REPORT | $0.00 | |
| E2611 | | GEN USE BACK CUSH WDTH <22IN | 1/1/2005 | BY REPORT | $0.00 | |
| E2612 | | GEN USE BACK CUSH WDTH>=22IN | 1/1/2005 | BY REPORT | $0.00 | |
| E2613 | | POSITION BACK CUSH WD <22IN | 1/1/2005 | BY REPORT | $0.00 | |
| E2614 | | POSITION BACK CUSH WD>=22IN | 1/1/2005 | BY REPORT | $0.00 | |
| E2615 | | POS BACK POST/LAT WDTH <22IN | 1/1/2005 | BY REPORT | $0.00 | |
| E2616 | | POS BACK POST/LAT WDTH>=22IN | 1/1/2005 | BY REPORT | $0.00 | |
| E2617 | | CUSTOM FAB W/C BACK CUSHION | 1/1/2005 | BY REPORT | $0.00 | |
| E2618 | | WC ACC SOLID SEAT SUPP BASE | 1/1/2005 | BY REPORT | $0.00 | |
| E2619 | | REPLACE COVER W/C SEAT CUSH | 1/1/2005 | BY REPORT | $0.00 | |
| E2620 | | WC PLANAR BACK CUSH WD <22IN | 1/1/2005 | BY REPORT | $0.00 | |
| E2621 | | WC PLANAR BACK CUSH WD>=22IN | 1/1/2005 | BY REPORT | $0.00 | |
| E8000 | | POSTERIOR GAIT TRAINER | 1/1/2005 | BY REPORT | $0.00 | |
| E8001 | | UPRIGHT GAIT TRAINER | 1/1/2005 | BY REPORT | $0.00 | |
| E8002 | | ANTERIOR GAIT TRAINER | 1/1/2005 | BY REPORT | $0.00 | |
| K0001 | | STANDARD WHEELCHAIR | 7/1/1999 | BY REPORT | $0.00 | |
| K0001 | RR | STANDARD WHEELCHAIR | 1/1/2003 | BY REPORT | $0.00 | |

# Montana Medicaid - Fee Schedule
## DME
## July 1, 2006

| Proc | Modifier | Description | Effective | Method | Fee | PA |
|---|---|---|---|---|---|---|
| K0002 | | STANDARD HEMI (LOW SEAT) WHEELCHAIR | 11/1/1993 | BY REPORT | $0.00 | |
| K0002 | RR | STANDARD HEMI (LOW SEAT) WHEELCHAIR | 1/1/2003 | BY REPORT | $0.00 | |
| K0003 | | LIGHTWEIGHT WHEELCHAIR | 7/2/1998 | BY REPORT | $0.00 | |
| K0003 | RR | LIGHTWEIGHT WHEELCHAIR | 1/1/2003 | BY REPORT | $0.00 | |
| K0004 | | HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR | 11/1/1993 | BY REPORT | $0.00 | |
| K0004 | RR | HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR | 1/1/2003 | BY REPORT | $0.00 | |
| K0005 | | ULTRALIGHTWEIGHT WHEELCHAIR | 11/1/1993 | BY REPORT | $0.00 | |
| K0005 | RR | ULTRAWEIGHT WHEELCHAIR | 1/1/2003 | BY REPORT | $0.00 | |
| K0006 | | HEAVY DUTY WHEELCHAIR | 11/1/1993 | BY REPORT | $0.00 | |
| K0006 | RR | HEAVY DUTY WHEELCHAIR | 1/1/2003 | BY REPORT | $0.00 | |
| K0007 | | EXTRA HEAVY DUTY WHEELCHAIR | 11/1/1993 | BY REPORT | $0.00 | |
| K0007 | RR | EXTRA HEAVY DUTY WHEELCHAIR | 1/1/2003 | BY REPORT | $0.00 | |
| K0009 | | OTHER MANUAL WHEELCHAIR/BASE | 11/1/1993 | BY REPORT | $0.00 | |
| K0009 | RR | OTHER MANUAL WHEELCHAIR/BASE | 1/1/2003 | BY REPORT | $0.00 | |
| K0010 | | STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR | 11/1/1993 | BY REPORT | $0.00 | |
| K0010 | RR | STANDARD-WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR | 1/1/2003 | BY REPORT | $0.00 | |
| K0011 | | STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR WITH PROG | 11/1/1993 | BY REPORT | $0.00 | |
| K0011 | RR | STANDARD WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR W/PROG | 1/1/2003 | BY REPORT | $0.00 | |
| K0012 | | LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR | 11/1/1993 | BY REPORT | $0.00 | |
| K0012 | RR | LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR | 1/1/2003 | BY REPORT | $0.00 | |
| K0014 | | OTHER MOTORIZED/POWER WHEELCHAIR BASE | 11/1/1993 | BY REPORT | $0.00 | |
| K0014 | RR | OTHER MOTORIZED/POWER WHEELCHAIR BASE | 1/1/2003 | BY REPORT | $0.00 | |
| K0015 | | DETACHABLE NON-ADJUSTABLE HEIGHT ARMREST EACH | 11/1/1993 | BY REPORT | $0.00 | |
| K0015 | RR | DETACHABLE NON-ADJUSTABLE HEIGHT ARMREST EACH | 9/1/1994 | BY REPORT | $0.00 | |
| K0017 | | DETACHABLE ADJUSTABLE HEIGHT ARMREST BASE EACH | 11/1/1993 | BY REPORT | $0.00 | |
| K0017 | RR | DETACHABLE ADJUSTABLE HEIGHT ARMREST BASE EACH | 9/1/1994 | BY REPORT | $0.00 | |
| K0018 | | DETACHABLE ADJUSTABLE HEIGHT ARMREST UPPER PORTION EACH | 11/1/1993 | BY REPORT | $0.00 | |
| K0018 | RR | DETACHABLE ADJUSTABLE HEIGHT ARMREST UPPER PORTION EACH | 9/1/1994 | BY REPORT | $0.00 | |
| K0019 | | ARM PAD EACH | 11/1/1993 | BY REPORT | $0.00 | |
| K0019 | RR | ARM PAD EACH | 9/1/1994 | BY REPORT | $0.00 | |
| K0020 | | FIXED ADJUSTABLE HEIGHT ARMREST PAIR | 11/1/1993 | BY REPORT | $0.00 | |
| K0020 | RR | FIXED ADJUSTABLE HEIGHT ARMREST PAIR | 9/1/1994 | BY REPORT | $0.00 | |
| K0023 | RR | SOLID BACK INSERT PLANAR BACK SINGLE DENSITY FOAM ATTACH | 9/1/1994 | BY REPORT | $0.00 | |
| K0024 | RR | SOLID BACK INSERT PLANAR BACK SINGLE DENSITY FORM WITH AD | 9/1/1994 | BY REPORT | $0.00 | |
| K0037 | | HIGH MOUNT FLIP-UP FOOTREST EACH | 11/1/1993 | BY REPORT | $0.00 | |
| K0037 | RR | HIGH MOUNT FLIP-UP FOOTREST EACH | 9/1/1994 | BY REPORT | $0.00 | |
| K0038 | | LEG STRAP EACH | 11/1/1993 | BY REPORT | $0.00 | |
| K0038 | RR | LEG STRAP EACH | 9/1/1994 | BY REPORT | $0.00 | |
| K0039 | | LEG STRAP H STYLE EACH | 11/1/1993 | BY REPORT | $0.00 | |
| K0039 | RR | LEG STRAP H STYLE EACH | 9/1/1994 | BY REPORT | $0.00 | |
| K0040 | | ADJUSTABLE ANGLE FOOTPLATE EACH | 11/1/1993 | BY REPORT | $0.00 | |
| K0040 | RR | ADJUSTABLE ANGLE FOOTPLATE EACH | 9/1/1994 | BY REPORT | $0.00 | |
| K0041 | | LARGE SIZE FOOTPLATE EACH | 11/1/1993 | BY REPORT | $0.00 | |
| K0041 | RR | LARGE SIZE FOOTPLATE EACH | 9/1/1994 | BY REPORT | $0.00 | |

# Montana Medicaid - Fee Schedule
## DME
## July 1, 2006

| Proc | Modifier | Description | Effective | Method | Fee | PA |
|---|---|---|---|---|---|---|
| K0042 | | STANDARD SIZE FOOTPLATE EACH | 11/1/1993 | BY REPORT | $0.00 | |
| K0042 | RR | STANDARD SIZE FOOTPLATE EACH | 9/1/1994 | BY REPORT | $0.00 | |
| K0043 | | FOOTREST LOWER EXTENSION TUBE EACH | 11/1/1993 | BY REPORT | $0.00 | |
| K0043 | RR | FOOTREST LOWER EXTENSION TUBE EACH | 9/1/1994 | BY REPORT | $0.00 | |
| K0044 | | FOOTREST UPPER HANGER BRACKET EACH | 11/1/1993 | BY REPORT | $0.00 | |
| K0044 | RR | FOOTREST UPPER HANGER BRACKET EACH | 9/1/1994 | BY REPORT | $0.00 | |
| K0045 | | FOOTREST COMPLETE ASSEMBLY | 11/1/1993 | BY REPORT | $0.00 | |
| K0045 | RR | FOOTREST COMPLETE ASSEMBLY | 9/1/1994 | BY REPORT | $0.00 | |
| K0046 | | ELEVATING LEGREST LOWER EXTENSION TUBE EACH | 11/1/1993 | BY REPORT | $0.00 | |
| K0046 | RR | ELEVATING LEGREST LOWER EXTENSION TUBE EACH | 9/1/1994 | BY REPORT | $0.00 | |
| K0047 | | ELEVATING LEGREST UPPER HANGER BRACKET EACH | 11/1/1993 | BY REPORT | $0.00 | |
| K0047 | RR | ELEVATING LEGREST UPPER HANGER BRACKET EACH | 9/1/1994 | BY REPORT | $0.00 | |
| K0050 | | RATCHET ASSEMBLY | 11/1/1993 | BY REPORT | $0.00 | |
| K0050 | RR | RATCHET ASSEMBLY | 9/1/1994 | BY REPORT | $0.00 | |
| K0051 | | CAM RELEASE ASSEMBLY FOOTREST OR LEGREST EACH | 11/1/1993 | BY REPORT | $0.00 | |
| K0051 | RR | CAM RELEASE ASSEMBLY FOOTREST OR LEGREST EACH | 9/1/1994 | BY REPORT | $0.00 | |
| K0052 | | SWINGAWAY DETACHABLE FOOTRESTS EACH | 11/1/1993 | BY REPORT | $0.00 | |
| K0052 | RR | SWINGAWAY DETACHABLE FOOTRESTS EACH | 9/1/1994 | BY REPORT | $0.00 | |
| K0053 | | ELEVATING FOOTRESTS ARTICULATING (TELESCOPING) EACH | 11/1/1993 | BY REPORT | $0.00 | |
| K0053 | RR | ELEVATING FOOTRESTS ARTICULATING (TELESCOPING) EACH | 9/1/1994 | BY REPORT | $0.00 | |
| K0056 | | SEAT HEIGHT < 17" OR <= 21" HIGH STRENGTH LTWT WHEELCHAIR | 11/1/1993 | BY REPORT | $0.00 | |
| K0056 | RR | SEAT HEIGHT < 17" OR < OR EQUAL TO 21" FOR A HIGH STRENGTH | 9/1/1994 | BY REPORT | $0.00 | |
| K0059 | RR | PLASTIC COATED HANDRIM EACH | 9/1/1994 | BY REPORT | $0.00 | |
| K0060 | RR | STEEL HANDRIM EACH | 9/1/1994 | BY REPORT | $0.00 | |
| K0061 | RR | ALUMINUM HANDRIM EACH | 9/1/1994 | BY REPORT | $0.00 | |
| K0065 | | SPOKE PROTECTORS EACH | 11/1/1993 | BY REPORT | $0.00 | |
| K0065 | RR | SPOKE PROTECTORS EACH | 9/1/1994 | BY REPORT | $0.00 | |
| K0069 | | REAR WHEEL ASSEMBLY COMPLETE WITH SOLID TIRE SPOKES OR MO | 11/1/1993 | BY REPORT | $0.00 | |
| K0069 | RR | REAR WHEEL ASSEMBLY COMPLETE WITH SOLID TIRE SPOKES OR MO | 9/1/1994 | BY REPORT | $0.00 | |
| K0070 | | REAR WHEEL ASSEMBLY COMPLETE WITH PNEUMATIC TIRE SPOKES O | 11/1/1993 | BY REPORT | $0.00 | |
| K0070 | RR | REAR WHEEL ASSEMBLY COMPLETE WITH PNEUMATIC TIRE SPOKES | 9/1/1994 | BY REPORT | $0.00 | |
| K0071 | | FRONT CASTER ASSEMBLY COMPLETE WITH PNEUMATIC TIRE EACH | 11/1/1993 | BY REPORT | $0.00 | |
| K0071 | RR | FRONT CASTER ASSEMBLY COMPLETE WITH PNEUMATIC TIRE EACH | 9/1/1994 | BY REPORT | $0.00 | |
| K0072 | | FRONT CASTER ASSEMBLY COMPLETE WITH SEMI-PNEUMATIC TIRE E | 11/1/1993 | BY REPORT | $0.00 | |
| K0072 | RR | FRONT CASTER ASSEMBLY COMPLETE WITH SEMI-PNEUMATIC TIRE | 9/1/1994 | BY REPORT | $0.00 | |
| K0073 | | CASTER PIN LOCK EACH | 11/1/1993 | BY REPORT | $0.00 | |
| K0073 | RR | CASTER PIN LOCK EACH | 9/1/1994 | BY REPORT | $0.00 | |
| K0077 | | FRONT CASTER ASSEMBLY COMPLETE WITH SOLID TIRE EACH | 11/1/1993 | BY REPORT | $0.00 | |
| K0077 | RR | FRONT CASTER ASSEMBLY COMPLETE WITH SOLID TIRE EACH | 9/1/1994 | BY REPORT | $0.00 | |
| K0081 | RR | WHEEL LOCK ASSEMBLY COMPLETE EACH | 9/1/1994 | BY REPORT | $0.00 | |
| K0090 | | REAR WHEEL TIRE FOR POWER WHEELCHAIR ANY SIZE EACH | 11/1/1993 | BY REPORT | $0.00 | |
| K0090 | RR | REAR WHEEL TIRE OR POWER WHEELCHAIR ANY SIZE EACH | 9/1/1994 | BY REPORT | $0.00 | |
| K0091 | | REAR WHEEL TIRE TUBE OTHER THAN ZERO PRESSURE FOR POWER WHEE | 11/1/1993 | BY REPORT | $0.00 | |
| K0091 | RR | REAR WHEEL TIRE TUBE OTHER THAN ZERO PRESSURE FOR POWER WHEE | 9/1/1994 | BY REPORT | $0.00 | |

# Montana Medicaid - Fee Schedule
## DME
## July 1, 2006

| Proc | Modifier | Description | Effective | Method | Fee | PA |
|---|---|---|---|---|---|---|
| K0092 | | REAR WHEEL ASSEMBLY FOR POWER WHEELCHAIR COMPLETE EACH | 11/1/1993 | BY REPORT | $0.00 | |
| K0092 | RR | REAR WHEEL ASSEMBLY FOR POWER WHEELCHAIR COMPLETE EACH | 9/1/1994 | BY REPORT | $0.00 | |
| K0093 | | REAR WHEEL ZERO PRESSURE TIRE TUBE (FLAT FREE INSERT) FOR P | 11/1/1993 | BY REPORT | $0.00 | |
| K0093 | RR | REAR WHEEL ZERO PRESSURE TIRE TUBE (FLAT FREE INSERT) FOR | 9/1/1994 | BY REPORT | $0.00 | |
| K0094 | | WHEEL TIRE FOR POWER BASE ANY SIZE EACH | 11/1/1993 | BY REPORT | $0.00 | |
| K0094 | RR | WHEEL TIRE FOR POWER BASE ANY SIZE EACH | 9/1/1994 | BY REPORT | $0.00 | |
| K0095 | | WHEEL TIRE TUBE OTHER THAN ZERO PRESSURE FOR EACH BASE ANY | 11/1/1993 | BY REPORT | $0.00 | |
| K0095 | RR | WHEEL TIRE TUBE OTHER THAN ZERO PRESSURE FOR EACH BASE ANY | 9/1/1994 | BY REPORT | $0.00 | |
| K0096 | | WHEEL ASSEMBLY FOR POWER BASE COMPLETE EACH | 11/1/1993 | BY REPORT | $0.00 | |
| K0096 | RR | WHEEL ASSEMBLY FOR POWER BASE COMPLETE EACH | 9/1/1994 | BY REPORT | $0.00 | |
| K0097 | | WHEEL ZERO PRESSURE TIRE TUBE (FLAT FREE INSERT) FOR POWER B | 11/1/1993 | BY REPORT | $0.00 | |
| K0097 | RR | WHEEL ZERO PRESSURE TIRE TUBE (FLAT FREE INSERT) FOR POWER | 9/1/1994 | BY REPORT | $0.00 | |
| K0098 | | DRIVE BELT FOR POWER WHEELCHAIR | 11/1/1993 | BY REPORT | $0.00 | |
| K0098 | RR | DRIVE BELT FOR POWER WHEELCHAIR | 9/1/1994 | BY REPORT | $0.00 | |
| K0099 | | FRONT CASTER FOR POWER WHEELCHAIR EACH | 11/1/1993 | BY REPORT | $0.00 | |
| K0099 | RR | FRONT CASTER FOR POWER WHEELCHAIR EACH | 9/1/1994 | BY REPORT | $0.00 | |
| K0105 | | IV HANGER EACH | 11/1/1993 | BY REPORT | $0.00 | |
| K0105 | RR | IV HANGER EACH | 9/1/1994 | BY REPORT | $0.00 | |
| K0108 | | WHEELCHAIR COMPONENT OR ACCESSORY NOT OTHERWISE SPECIFIED | 11/1/1993 | BY REPORT | $0.00 | |
| K0108 | RR | WHEELCHAIR COMPONENT OR ACCESSORY NOT OTHERWISE SPECIFIED | 9/1/1994 | BY REPORT | $0.00 | |
| K0195 | | ELEVATING LEG RESTS PAIR (WHEELCHAIR) | 8/15/1995 | BY REPORT | $0.00 | |
| K0195 | RR | ELEVATING LEG RESTS PAIR (WHEELCHAIR) | 8/15/1995 | BY REPORT | $0.00 | |
| K0455 | | PUMP UNINTERRUPTED INFUSION | 7/1/2006 | MEDICARE | $2,406.50 | Y |
| K0455 | RR | INFUSION PUMP FOR UNINTERRUPTED PARENTERAL MED ADMIN | 1/1/2004 | MEDICARE | $240.65 | |
| K0462 | | TEMPORARY REPLACEMENT FOR PATIENT OWNED EQUIP.BEING REPAIRED | 1/1/2004 | BY REPORT | $0.00 | |
| K0462 | RR | TEMPORARY REPLACEMENT FOR PATIENT OWNED EQUIP.BEING REPAIRED | 1/1/2004 | BY REPORT | $0.00 | |
| K0552 | | SUPPLIES FOR EXT INFUS PUMP, SYRINGE TYPE, STERILE, EACH | 1/1/2006 | MEDICARE | $2.61 | |
| K0601 | | REPL BATT SILVER OXIDE 1.5V | 1/1/2006 | MEDICARE | $1.10 | |
| K0602 | | REPL BATT SILVER OXIDE 3 V | 1/1/2006 | MEDICARE | $6.36 | |
| K0603 | | REPL BATT ALKALINE 1.5 V | 1/1/2006 | MEDICARE | $0.57 | |
| K0604 | | REPL BATT LITHIUM 3.6 V | 1/1/2006 | MEDICARE | $6.09 | |
| K0605 | | REPL BATT LITHIUM 4.5 V | 1/1/2006 | MEDICARE | $14.60 | |
| K0606 | | AED GARMENT W ELEC ANALYSIS | 7/1/2006 | MEDICARE | $22,682.00 | Y |
| K0606 | RR | AED GARMENT W ELEC ANALYSIS | 7/1/2006 | MEDICARE | $2,268.20 | Y |
| K0607 | | REPL BATT FOR AED | 1/1/2006 | MEDICARE | $194.23 | |
| K0607 | RR | REPL BATT FOR AED | 1/1/2006 | MEDICARE | $19.43 | |
| K0608 | | REPL GARMENT FOR AED | 1/1/2006 | MEDICARE | $121.21 | |
| K0608 | RR | REPL GARMENT FOR AED | 1/1/2006 | MEDICARE | $12.14 | |
| K0609 | | REPL ELECTRODE FOR AED | 1/1/2006 | MEDICARE | $806.09 | |
| K0733 | | 12-24 HOUR SEALED LEAD ACID | 7/1/2006 | MEDICARE | $30.21 | |
| K0733 | RR | 12-24 HOUR SEALED LEAD ACID | 7/1/2006 | MEDICARE | $3.04 | |
| K0734 | | ADJ SKIN PRO W/C 22 INCH | 7/1/2006 | MEDICARE | $331.47 | |
| K0734 | RR | ADJ SKIN PRO W/C CUS WD<22IN | 7/1/2006 | MEDICARE | $33.15 | |
| K0735 | | ADJ SKIN PRO WC CUS WD>=22IN | 7/1/2006 | MEDICARE | $421.78 | |

# Montana Medicaid - Fee Schedule
## DME
## July 1, 2006

| Proc | Modifier | Description | Effective | Method | Fee | PA |
|---|---|---|---|---|---|---|
| K0735 | RR | ADJ SKIN PRO WC CUS WD>=22IN | 7/1/2006 | MEDICARE | $42.19 | |
| K0736 | | ADJ SKIN PRO/POS WC CUS<22IN | 7/1/2006 | MEDICARE | $334.19 | |
| K0736 | RR | ADJ SKIN PRO/POS WC CUS<22IN | 7/1/2006 | MEDICARE | $33.42 | |
| K0737 | | ADJ SKIN PRO/POS WC CUS>=22IN | 7/1/2006 | MEDICARE | $423.06 | |
| K0737 | RR | ADJ SKIN PRO/POS WC CUS>=22IN | 7/1/2006 | MEDICARE | $42.30 | |
| L0100 | | CERVICAL CRANIOSTENOSIS HELMET MOLDED TO PATIENT MODEL | 1/1/2004 | MEDICARE | $476.67 | |
| L0110 | | CRANIAL ORTHOSIS/HELMET NONM | 1/1/2004 | MEDICARE | $108.14 | |
| L0112 | | CRANIAL CERVICAL ORTHOSIS | 1/1/2004 | MEDICARE | $1,139.12 | Y |
| L0120 | | CERVICAL FLEXIBLE NON-ADJUSTABLE (FOAM COLLAR) | 1/1/2004 | MEDICARE | $19.97 | |
| L0130 | | CERVICAL FLEXIBLE THERMOPLASTIC COLLAR MOLDED TO PATIENT | 1/1/2004 | MEDICARE | $122.81 | |
| L0140 | | CERVICAL SEMI-RIGID ADJUSTABLE (PLASTIC COLLAR) | 1/1/2004 | MEDICARE | $54.41 | |
| L0150 | | CERVICAL SEMI-RIGID ADJUSTABLE MOLDED CHIN CUP (PLASTIC CO | 1/1/2004 | MEDICARE | $81.35 | |
| L0160 | | CERVICAL SEMI-RIGID WIRE FRAME OCCIPITAL/MANDIB. SUPPORT | 1/1/2004 | MEDICARE | $117.90 | |
| L0170 | | CERVICAL COLLAR MOLDED TO PATIENT MODEL | 1/1/2004 | MEDICARE | $485.46 | |
| L0172 | | CERVICAL COLLAR SEMI-RIGID THERMOPLASTIC FOAM TWO PIECE | 1/1/2004 | MEDICARE | $99.28 | |
| L0174 | | CERVICAL COLLAR SEMI-RIGID THERMOPLASTIC FOAM TWO PIECE | 1/1/2004 | MEDICARE | $241.87 | |
| L0180 | | CERVICAL MULTIPLE POST COLLAR OCCIPITAL/MANDIB. SUPPORTS | 1/1/2004 | MEDICARE | $278.92 | |
| L0190 | | CERVICAL MULTIPLE POST COLLAR OCCIPITAL/MANDIB. SUPPORTS | 1/1/2004 | MEDICARE | $387.19 | |
| L0200 | | CERVICAL MULTIPLE POST COLLAR OCCIPITAL/MANDIB. SUPPORTS | 1/1/2004 | MEDICARE | $420.47 | |
| L0210 | | THORACIC RIB BELT | 1/1/2004 | MEDICARE | $33.33 | |
| L0220 | | THORACIC RIB BELT CUSTOM FABRICATED | 1/1/2004 | MEDICARE | $92.19 | |
| L0450 | | TLSO FLEX PREFAB THORACIC | 1/1/2003 | MEDICARE | $130.83 | |
| L0452 | | TLSO FLEX CUSTOM FAB THORACI | 1/1/2004 | BY REPORT | $0.00 | |
| L0454 | | TLSO FLEX PREFAB SACROCOC-T9 | 1/1/2004 | MEDICARE | $282.27 | |
| L0456 | | TLSO FLEX PREFAB | 1/1/2004 | MEDICARE | $809.47 | |
| L0458 | | TLSO 2MOD SYMPHIS-XIPHO PRE | 1/1/2004 | MEDICARE | $725.85 | |
| L0460 | | TLSO2MOD SYMPHYSIS-STERN PRE | 1/1/2004 | MEDICARE | $817.01 | |
| L0462 | | TLSO 3MOD SACRO-SCAP PRE | 1/1/2004 | MEDICARE | $1,016.20 | Y |
| L0464 | | TLSO 4MOD SACRO-SCAP PRE | 1/1/2004 | MEDICARE | $1,209.77 | Y |
| L0466 | | TLSO RIGID FRAME PRE SOFT AP | 1/1/2003 | MEDICARE | $293.85 | |
| L0468 | | TLSO RIGID FRAME PREFAB PELV | 1/1/2003 | MEDICARE | $345.05 | |
| L0470 | | TLSO RIGID FRAME PRE SUBCLAV | 1/1/2003 | MEDICARE | $479.92 | |
| L0472 | | TLSO RIGID FRAME HYPEREX PRE | 1/1/2003 | MEDICARE | $304.37 | |
| L0480 | | TLSO RIGID PLASTIC CUSTOM FA | 1/1/2003 | MEDICARE | $1,331.96 | Y |
| L0482 | | TLSO RIGID LINED CUSTOM FAB | 1/1/2003 | MEDICARE | $1,489.36 | Y |
| L0484 | | TLSO RIGID PLASTIC CUST FAB | 1/1/2003 | MEDICARE | $1,607.44 | Y |
| L0486 | | TLSO RIGIDLINED CUST FAB TWO | 1/1/2003 | MEDICARE | $1,628.69 | Y |
| L0488 | | TLSO RIGID LINED PRE ONE PIE | 1/1/2004 | MEDICARE | $817.01 | Y |
| L0490 | | TLSO RIGID PLASTIC PRE ONE | 1/1/2004 | MEDICARE | $230.20 | |
| L0491 | | TLSO 2 PIECE RIGID SHELL | 7/1/2006 | MEDICARE | $625.06 | |
| L0492 | | TLSO 3 PIECE RIGID SHELL | 7/1/2006 | MEDICARE | $393.91 | |
| L0621 | | SIO FLEX PELVISACRAL PREFAB | 7/1/2006 | MEDICARE | $85.88 | |
| L0622 | | SIO FLEX PELVISACRAL CUSTOM | 7/1/2006 | MEDICARE | $194.47 | |
| L0623 | | SIO PANEL PREFAB | 1/1/2006 | BY REPORT | $0.00 | |

# Montana Medicaid - Fee Schedule
## DME
## July 1, 2006

| Proc | Modifier | Description | Effective | Method | Fee | PA |
|---|---|---|---|---|---|---|
| L0624 | | SIO PANEL CUSTOM | 1/1/2006 | BY REPORT | $0.00 | |
| L0625 | | LO FLEXIBL L1-BELOW L5 PRE | 7/1/2006 | MEDICARE | $44.93 | |
| L0626 | | LO SAG STAYS/PANELS PRE-FAB | 7/1/2006 | MEDICARE | $63.56 | |
| L0627 | | LO SAGITT RIGID PANEL PREFAB | 7/1/2006 | MEDICARE | $335.21 | |
| L0628 | | LO FLEX W/O RIGID STAYS PRE | 7/1/2006 | MEDICARE | $68.41 | |
| L0629 | | LSO FLEX W/RIGID STAYS CUST | 1/1/2006 | BY REPORT | $0.00 | |
| L0630 | | LSO POST RIGID PANEL PRE | 7/1/2006 | MEDICARE | $132.06 | |
| L0631 | | LSO SAG-CORO RIGID FRAME PRE | 7/1/2006 | MEDICARE | $837.17 | |
| L0632 | | LSO SAG RIGID FRAME CUST | 1/1/2006 | BY REPORT | $0.00 | |
| L0633 | | LSO FLEXION CONTROL PREFAB | 7/1/2006 | MEDICARE | $233.84 | |
| L0634 | | LSO FLEXION CONTROL CUSTOM | 1/1/2006 | BY REPORT | $0.00 | |
| L0635 | | LSO SAGIT RIGID PANEL PREFAB | 7/1/2006 | MEDICARE | $720.54 | |
| L0636 | | LSO SAGITTAL RIGID PANEL CUS | 7/1/2006 | MEDICARE | $1,253.86 | Y |
| L0637 | | LSO SAG-CORONAL PANEL PREFAB | 7/1/2006 | MEDICARE | $844.13 | |
| L0638 | | LSO SAG-CORONAL PANEL CUSTOM | 7/1/2006 | MEDICARE | $1,073.46 | Y |
| L0639 | | LSO S/C SHELL/PANEL PREFAB | 7/1/2006 | MEDICARE | $844.13 | |
| L0640 | | LSO S/C SHELL/PANEL CUSTOM | 7/1/2006 | MEDICARE | $851.64 | |
| L0700 | | CTLSO ANT.-POST.-LAT. CONTROL MOLDED TO PATIENT MODEL | 1/1/2004 | MEDICARE | $1,539.55 | Y |
| L0710 | | CTLSO ANT.-POST.-LAT. CTRL. MOLDED TO PT. MODEL W/INTERFACE | 1/1/2004 | MEDICARE | $1,796.53 | Y |
| L0810 | | HALO PROCEDURE CERVICAL HALO INCORPORATED INTO JACKET VEST | 1/1/2004 | MEDICARE | $2,028.51 | Y |
| L0820 | | HALO PROCEDURE CERV. HALO INCORP. INTO PLASTER BODY JACKET | 1/1/2004 | MEDICARE | $1,754.93 | Y |
| L0830 | | HALO PROCEDURE CERV. HALO INCORP. INTO MILWAUKEE ORTHOSIS | 1/1/2004 | MEDICARE | $2,360.48 | Y |
| L0859 | | MRI COMPATIBLE SYSTEM | 1/1/2006 | MEDICARE | $1,222.71 | Y |
| L0861 | | HALO REPL LINER/INTERFACE | 1/1/2004 | MEDICARE | $175.43 | |
| L0960 | | TORSO SUPPORT POSTSURGICAL SUPPORT PADS FOR SUPPORT | 1/1/2004 | MEDICARE | $52.00 | |
| L0970 | | TLSO CORSET FRONT | 1/1/2004 | MEDICARE | $114.71 | |
| L0972 | | LSO CORSET FRONT | 1/1/2004 | MEDICARE | $83.33 | |
| L0974 | | TLSO FULL CORSET | 1/1/2004 | MEDICARE | $134.77 | |
| L0976 | | LSO FULL CORSET | 1/1/2004 | MEDICARE | $152.71 | |
| L0978 | | AXILLARY CRUTCH EXTENSION | 1/1/2004 | MEDICARE | $144.90 | |
| L0980 | | PERONEAL STRAPS PAIR | 1/1/2004 | MEDICARE | $13.14 | |
| L0982 | | STOCKING SUPPORTER GRIPS SET OF FOUR (4) | 1/1/2004 | MEDICARE | $12.25 | |
| L0984 | | PROTECTIVE BODY SOCK EACH | 1/1/2004 | MEDICARE | $50.16 | |
| L0999 | | ADDITION TO SPINAL ORTHOSIS NOT OTHERWISE SPECIFIED | 1/1/1998 | BY REPORT | $0.00 | |
| L1000 | | CTLSO (MILWAUKEE) INCLUS. OF INITIAL ORTHOSIS INCL. MODEL | 1/1/2004 | MEDICARE | $1,780.89 | Y |
| L1005 | | TENSION BASED SCOLIOSIS ORTH | 1/1/2004 | MEDICARE | $2,604.96 | Y |
| L1010 | | ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS AXILLA SLING | 1/1/2004 | MEDICARE | $50.52 | |
| L1020 | | ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS KYPHOSIS PAD | 1/1/2004 | MEDICARE | $65.06 | |
| L1025 | | ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS KYPH. PAD FLOATING | 1/1/2004 | MEDICARE | $93.87 | |
| L1030 | | ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS LUMBAR BOLSTER PAD | 1/1/2004 | MEDICARE | $47.89 | |
| L1040 | | ADD'N TO CTLSO OR SCOLIOSIS ORTHO. LUMBAR OR LUMBAR RIB PAD | 1/1/2004 | MEDICARE | $58.73 | |
| L1050 | | ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS STERNAL PAD | 1/1/2004 | MEDICARE | $62.67 | |
| L1060 | | ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS THORACIC PAD | 1/1/2004 | MEDICARE | $71.99 | |
| L1070 | | ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS TRAPEZIUS SLING | 1/1/2004 | MEDICARE | $67.73 | |

# Montana Medicaid - Fee Schedule
## DME
## July 1, 2006

| Proc | Modifier | Description | Effective | Method | Fee | PA |
|---|---|---|---|---|---|---|
| L1080 | | ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS OUTRIGGER | 1/1/2004 | MEDICARE | $53.54 | |
| L1085 | | ADD'N TO CTLSO OR SCOLIOSIS ORTHO. OUTRIGGER BILAT. W/EXTE | 1/1/2004 | MEDICARE | $115.87 | |
| L1090 | | ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS LUMBAR SLING | 1/1/2004 | MEDICARE | $74.51 | |
| L1100 | | ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS RING FLANGE | 1/1/2004 | MEDICARE | $119.71 | |
| L1110 | | ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS RING FLANGE MOLDED | 1/1/2004 | MEDICARE | $192.25 | |
| L1120 | | ADD'N TO CTLSO SCOLIOSIS ORTHO. COVER FOR UPRIGHT EACH | 1/1/2006 | MEDICARE | $32.32 | |
| L1200 | | TLSO INCLUSIVE OF FURNISHING INITIAL ORTHOSIS ONLY | 1/1/2004 | MEDICARE | $1,414.39 | Y |
| L1210 | | ADDITION TO TLSO (LOW PROFILE) LATERAL THORACIC EXTENSION | 1/1/2004 | MEDICARE | $262.62 | |
| L1220 | | ADDITION TO TLSO (LOW PROFILE) ANTERIOR THORACIC EXTENSION | 1/1/2004 | MEDICARE | $173.88 | |
| L1230 | | ADDITION TO TLSO (LOW PROFILE) MILWAUKEE TYPE SUPERSTRUC. | 1/1/2004 | MEDICARE | $568.77 | |
| L1240 | | ADDITION TO TLSO (LOW PROFILE) LUMBAR DEROTATION PAD | 1/1/2004 | MEDICARE | $58.45 | |
| L1250 | | ADDITION TO TLSO (LOW PROFILE) ANTERIOR ASIS PAD | 1/1/2004 | MEDICARE | $54.38 | |
| L1260 | | ADDITION TO TLSO (LOW PROFILE) ANT. THOR. DEROTATION PAD | 1/1/2004 | MEDICARE | $56.95 | |
| L1270 | | ADDITION TO TLSO (LOW PROFILE) ABDOMINAL PAD | 1/1/2004 | MEDICARE | $58.32 | |
| L1280 | | ADDITION TO TLSO (LOW PROFILE) RIB GUSSET (ELASTIC) EACH | 1/1/2004 | MEDICARE | $64.94 | |
| L1290 | | ADDITION TO TLSO (LOW PROFILE) LATERAL TROCHANTERIC PAD | 1/1/2004 | MEDICARE | $59.17 | |
| L1300 | | OTHER SCOLIOSIS PROCEDURE BODY JACKET MOLDED TO PATIENT | 1/1/2004 | MEDICARE | $1,562.65 | Y |
| L1310 | | OTHER SCOLIOSIS PROCEDURE POSTOPERATIVE BODY JACKET | 1/1/2004 | MEDICARE | $1,654.74 | Y |
| L1499 | | SPINAL ORTHOSIS NOT OTHERWISE SPECIFIED | 7/1/1991 | BY REPORT | $0.00 | |
| L1500 | | THKAO MOBILITY FRAME (NEWINGTON PARAPODIUM TYPES) | 1/1/2004 | MEDICARE | $1,566.65 | Y |
| L1510 | | THKAO STANDING FRAME | 7/1/2006 | MEDICARE | $1,161.69 | Y |
| L1520 | | THKAO SWIVEL WALKER | 7/1/2006 | MEDICARE | $1,752.35 | Y |
| L1600 | | HO ABDUCTION CONTROL OF HIP JOINTS FLEX. FREJKA TYPE W/COV | 1/1/2004 | MEDICARE | $99.21 | |
| L1610 | | HO ABDUCTION CONTROL OF HIP JOINTS FLEX.(FREJKA COVER ONLY) | 1/1/2004 | MEDICARE | $33.05 | |
| L1620 | | HO ABDUCTION CONTROL OF HIP JOINTS FLEX. (PAVLIK HARNESS) | 1/1/2004 | MEDICARE | $100.86 | |
| L1630 | | HO ABDUCTION CONTROL OF HIP JOINTS SEMI-FLEX. (VON ROSEN) | 1/1/2004 | MEDICARE | $127.56 | |
| L1640 | | HO ABDUCTION CONTROL OF HIP JOINTS STATIC PELVIC | 1/1/2004 | MEDICARE | $426.17 | |
| L1650 | | HO ABDUCTION CONTROL OF HIP JOINTS STATIC ADJUSTABLE | 1/1/2004 | MEDICARE | $196.38 | |
| L1652 | | HO BI THIGHCUFFS W SPRDR BAR | 1/1/2003 | MEDICARE | $290.13 | |
| L1660 | | HO ABDUCTION CONTROL OF HIP JOINTS STATIC PLASTIC | 1/1/2004 | MEDICARE | $128.82 | |
| L1670 | | HO ABDUCTION CONTROL OF HIP JOINTS DYNAMIC ATTACHED TO | 10/1/1986 | BY REPORT | $0.00 | |
| L1680 | | HO ABDUCTION CONTROL OF HIP JOINTS DYNAMIC PELVIC | 1/1/2004 | MEDICARE | $917.18 | |
| L1685 | | HO ABDUC. CTRL. OF HIP JOINT POSTOP HIP ABDUC. CUSTOM FAB | 1/1/2004 | MEDICARE | $895.39 | |
| L1686 | | HO ABDUCTION CONTROL OF HIP JOINT POSTOP HIP ABDUC. TYPE | 1/1/2004 | MEDICARE | $773.92 | |
| L1690 | | COMBO BILAT/L-S/HIP/FEMUR ORTHOSIS ADDUC/INT ROTATION CTRL | 1/1/2004 | MEDICARE | $1,573.83 | Y |
| L1700 | | LEGG PERTHES ORTHOSIS (TORONTO TYPE) CUSTOM-FABRICATED | 1/1/2004 | MEDICARE | $1,149.54 | Y |
| L1710 | | LEGG PERTHES ORTHOSIS (NEWINGTON TYPE) CUSTOM-FABRICATED | 1/1/2004 | MEDICARE | $1,345.66 | Y |
| L1720 | | LEGG PERTHES ORTHOSIS TRILATERAL (TACHDIJAN TYPE) CUSTOM | 1/1/2004 | MEDICARE | $991.92 | |
| L1730 | | LEGG PERTHES ORTHOSIS (SCOTTISH RITE TYPE) CUSTOM FABRICA | 1/1/2004 | MEDICARE | $853.39 | |
| L1755 | | LEGG PERTHES ORTHOSIS (PATTEN BOTTOM TYPE) CUSTOM-FABRICA | 1/1/2004 | MEDICARE | $1,191.80 | Y |
| L1800 | | KNEE ORTHOSIS (KO) ELASTIC WITH STAYS PREFAB W/ FITTING | 1/1/2004 | MEDICARE | $50.07 | |
| L1810 | | KO ELASTIC WITH JOINTS PREFABRICATED INCL FITTING/ADJUST | 1/1/2004 | MEDICARE | $76.00 | |
| L1815 | | KO ELASTIC OR OTHER ELASTIC TYPE MAT. W/CONDYLAR PAD(S) | 1/1/2004 | MEDICARE | $72.92 | |
| L1820 | | KO ELAS W/ CONDYLE PADS & JO | 1/1/2004 | MEDICARE | $106.74 | |

# Montana Medicaid - Fee Schedule
## DME
## July 1, 2006

| Proc | Modifier | Description | Effective | Method | Fee | PA |
|---|---|---|---|---|---|---|
| L1825 | | KO ELASTIC KNEE CAP PREFABRICATED INCL FIT AND ADJUST | 1/1/2004 | MEDICARE | $41.39 | |
| L1830 | | KO IMMOBILIZER CANVAS LONGITUDINAL PREFAB INCL FITTING | 1/1/2004 | MEDICARE | $69.54 | |
| L1832 | | KO ADJ JNT POS RIGID SUPPORT | 1/1/2004 | MEDICARE | $457.65 | |
| L1834 | | KO WITHOUT KNEE JOINT RIGID CUSTOM FABRICATED | 1/1/2004 | MEDICARE | $617.25 | |
| L1836 | | RIGID KO WO JOINTS | 1/1/2003 | MEDICARE | $108.61 | |
| L1840 | | KO DEROTATION MED.-LAT. AC LIGAMENT CUSTOM FABRICATED | 1/1/2004 | MEDICARE | $692.14 | |
| L1843 | | KO SINGLE UPRIGHT CUSTOM FIT | 1/1/2004 | MEDICARE | $730.28 | |
| L1844 | | KO W/ADJ JT ROT CNTRL MOLDED | 1/1/2004 | MEDICARE | $1,351.18 | Y |
| L1845 | | KO W/ ADJ FLEX/EXT ROTAT CUS | 1/1/2004 | MEDICARE | $635.45 | |
| L1846 | | KO W ADJ FLEX/EXT ROTAT MOLD | 1/1/2004 | MEDICARE | $799.20 | |
| L1847 | | KNEE ORTHOSIS DOUBLE UPRIGHT W/ADJ JOINT INFL. AIR CHAMBER | 1/1/2004 | MEDICARE | $468.12 | |
| L1850 | | KO SWEDISH TYPE PREFABRICATED INCL FITTING AND ADJUSTMNT | 1/1/2004 | MEDICARE | $246.75 | |
| L1855 | | KO MOLDED PLASTIC THIGH AND CALF SECTIONS CUSTOM-FAB | 1/1/2004 | MEDICARE | $827.19 | |
| L1858 | | KO MOLDED PLASTIC POLYCENTRIC KNEE JTS. PNEUMATIC KNEE PAD | 1/1/2004 | MEDICARE | $996.41 | |
| L1860 | | KO MODIF. OF SUPRACONDYLAR PROSTHETIC SOCKET CUSTOM FABR | 1/1/2004 | MEDICARE | $807.75 | |
| L1870 | | KO DBL.UPRIGHT THIGH & CALF LACERS CUSTOM FABRICATED | 1/1/2004 | MEDICARE | $787.77 | |
| L1880 | | KO DBL. UPRIGHT NON-MOLDED THIGH&CALF CUFFS/LACERS W/KNEE JT | 1/1/2004 | MEDICARE | $538.49 | |
| L1900 | | AFO SPRING WIRE DORSIFLEXION ASSIST CALF BAND CUSTOM FAB | 1/1/2004 | MEDICARE | $221.45 | |
| L1901 | | PREFAB ANKLE ORTHOSIS | 1/1/2003 | MEDICARE | $14.38 | |
| L1902 | | AFO ANKLE GAUNTLET PREFABRICATED INCL FIT AND ADJUST | 1/1/2004 | MEDICARE | $60.09 | |
| L1904 | | AFO MOLDED ANKLE GAUNTLET CUSTOM FABRICATED | 1/1/2004 | MEDICARE | $353.98 | |
| L1906 | | AFO MULTILIGAMENTUS ANKLE SUPPORT PREFAB INCL FIT & ADJU | 1/1/2004 | MEDICARE | $120.70 | |
| L1907 | | AFO SUPRAMALLEOLAR CUSTOM | 1/1/2006 | MEDICARE | $457.95 | |
| L1910 | | AFO POSTERIOR SINGLE BAR CLASP ATTACHMENT TO SHOE COUNTER | 1/1/2004 | MEDICARE | $203.52 | |
| L1920 | | AFO SINGLE UPRIGHT WITH STATIC OR ADJUSTABLE STOP CUSTOM | 1/1/2004 | MEDICARE | $330.98 | |
| L1930 | | AFO PLASTIC | 1/1/2004 | MEDICARE | $194.36 | |
| L1932 | | AFO RIG ANT TIB PREFAB TCF/= | 7/1/2006 | MEDICARE | $726.25 | |
| L1940 | | AFO MOLDED TO PATIENT MODEL PLASTIC CUSTOM FABRICATED | 1/1/2004 | MEDICARE | $372.27 | |
| L1945 | | AFO PLASTIC RIGID ANTERIOR TIBIAL SEC CUSTOM FABRICATED | 1/1/2004 | MEDICARE | $716.99 | |
| L1950 | | AFO SPIRAL MOLDED TO PT PLAS | 1/1/2004 | MEDICARE | $606.62 | |
| L1951 | | AFO SPIRAL PREFABRICATED | 1/1/2004 | MEDICARE | $683.52 | |
| L1960 | | AFO POSTERIOR SOLID ANKLE PLASTIC CUSTOM FABRICATED | 1/1/2004 | MEDICARE | $417.24 | |
| L1970 | | AFO PLASTIC WITH ANKLE JOINT CUSTOM FABRICATED | 1/1/2004 | MEDICARE | $562.72 | |
| L1980 | | AFO SNGL. UPRIGHT FREE PLANTAR DORSIFLEX. (SNGL BAR "BK") | 1/1/2004 | MEDICARE | $297.89 | |
| L1990 | | AFO DBL. UPRIGHT FREE PLANTAR DORSIFLEX. (DBL. BAR "BK") | 1/1/2004 | MEDICARE | $335.54 | |
| L2000 | | KAFO SINGLE UPRIGHT FREE KNEE/ANKLE SOLID CUSTOM FAB | 1/1/2004 | MEDICARE | $791.06 | |
| L2005 | | KAFO SNG/DBL MECHANICAL ACT | 7/1/2006 | MEDICARE | $3,341.75 | Y |
| L2010 | | KAFO SINGLE UPRIGHT FREE ANKLE SOLID W/OUT KNEE JOINT | 1/1/2004 | MEDICARE | $814.36 | |
| L2020 | | KAFO DOUBLE UPRIGHT FREE KNEE/ANKLE SOLID CUSTOM FAB | 1/1/2004 | MEDICARE | $878.96 | |
| L2030 | | KAFO DOUBLE UPRIGHT FREE ANKLE SOLID W/OUT KNEE JOINT | 1/1/2004 | MEDICARE | $762.57 | |
| L2034 | | KAFO PLA SIN UP W/WO K/A CUS | 7/1/2006 | MEDICARE | $1,693.90 | Y |
| L2035 | | KAFO PLASTIC PEDIATRIC SIZE | 1/1/2004 | MEDICARE | $140.99 | |
| L2036 | | KAFO PLAS DOUB FREE KNEE MOL | 1/1/2004 | MEDICARE | $1,533.06 | Y |
| L2037 | | KAFO PLAS SING FREE KNEE MOL | 1/1/2004 | MEDICARE | $1,253.79 | Y |

# Montana Medicaid - Fee Schedule
## DME
## July 1, 2006

| Proc | Modifier | Description | Effective | Method | Fee | PA |
|---|---|---|---|---|---|---|
| L2038 | | KAFO W/O JOINT MULTI-AXIS AN | 1/1/2004 | MEDICARE | $1,076.24 | Y |
| L2040 | | HKAFO TORSION CTRL. BILAT. ROTATION STRAPS PELVIC BAND/BELT | 1/1/2004 | MEDICARE | $173.67 | |
| L2050 | | HKAFO TORSION CTRL. BILAT. TORSION CABLES HIP JT. PELVIC | 1/1/2004 | MEDICARE | $396.76 | |
| L2060 | | HKAFO TORSION CTRL. BILAT. TORSION CABLES BALL BEAR HIP JT. | 1/1/2004 | MEDICARE | $445.52 | |
| L2070 | | HKAFO TORSION CTRL. UNILAT. ROTATION STRAPS PELVIC BAND/BELT | 1/1/2004 | MEDICARE | $101.23 | |
| L2080 | | HKAFO TORSION CTRL. UNILAT. TORSION CABLES HIP JT. PELVIC | 1/1/2004 | MEDICARE | $270.75 | |
| L2090 | | HKAFO TORSION CTRL. UNILAT. TORSION CABLES BALL BEAR HIP JT | 1/1/2004 | MEDICARE | $366.95 | |
| L2106 | | AFO FX ORTHO. TIBIAL FX CAST ORTHOSIS THERMOPLAS CUSTOM | 1/1/2004 | MEDICARE | $511.81 | |
| L2108 | | AFO FX ORTHOSIS TIBIAL FX CAST ORTHOSIS CUSTOM FABRICATED | 1/1/2004 | MEDICARE | $915.89 | |
| L2112 | | AFO FX ORTHOSIS TIBIAL FX ORTHOSIS SOFT PREFABRICATED | 1/1/2004 | MEDICARE | $351.20 | |
| L2114 | | AFO FX ORTHOSIS TIBIAL FX ORTHOSIS SEMI-RIGID PREFAB | 1/1/2004 | MEDICARE | $440.51 | |
| L2116 | | AFO FX ORTHOSIS TIBIAL FX ORTHOSIS RIGID PREFABRICATED | 1/1/2004 | MEDICARE | $535.89 | |
| L2126 | | KAFO FX ORTHO. FEMORAL FX CAST ORTHO. THERMOPLASTIC CUSTOM | 1/1/2004 | MEDICARE | $1,012.22 | Y |
| L2128 | | KAFO FX ORTHO. FEMORAL FX CAST ORTHOSIS CUSTOM FABRICATED | 1/1/2004 | MEDICARE | $1,290.77 | Y |
| L2132 | | KAFO FX ORTHOSIS FEMORAL FX CAST ORTHOSIS SOFT PREFABRIC | 1/1/2004 | MEDICARE | $785.16 | |
| L2134 | | KAFO FX ORTHOSIS FEMORAL FX CAST ORTHOSIS SEMI-RIGID | 1/1/2004 | MEDICARE | $728.05 | |
| L2136 | | KAFO FX ORTHOSIS FEMORAL FX CAST ORTHOSIS RIGID PREFABRI | 1/1/2004 | MEDICARE | $1,000.59 | Y |
| L2180 | | ADD'N TO LOWER EXTREMITY FX ORTHOSIS PLASTIC SHOE INSERT | 1/1/2004 | MEDICARE | $114.79 | |
| L2182 | | ADD'N TO LOWER EXTREMITY FX ORTHOSIS DROP LOCK KNEE JOINT | 1/1/2004 | MEDICARE | $73.46 | |
| L2184 | | ADD'N TO LOWER EXTREMITY FX ORTHOSIS LMTD MOTION KNEE JOINT | 1/1/2004 | MEDICARE | $102.16 | |
| L2186 | | ADD'N TO LOWER EXTREMITY FX ORTHOSIS ADJUS. MOTION KNEE JT. | 1/1/2004 | MEDICARE | $135.70 | |
| L2188 | | ADD'N TO LOWER EXTREMITY FX ORTHOSIS QUADRILATERAL BRIM | 1/1/2004 | MEDICARE | $225.44 | |
| L2190 | | ADD'N TO LOWER EXTREMITY FX ORTHOSIS WAIST BELT | 1/1/2004 | MEDICARE | $68.07 | |
| L2192 | | ADD'N TO LOWER EXTREM. FX ORTHO. HIP JT./PELVIC BAND/THIGH | 1/1/2004 | MEDICARE | $268.40 | |
| L2200 | | ADD'N TO LOWER EXTREMITY LIMITED ANKLE MOTION EACH JOINT | 1/1/2004 | MEDICARE | $47.72 | |
| L2210 | | ADD'N TO LOWER EXTREMITY DORSIFLEXION ASSIST EACH JOINT | 1/1/2004 | MEDICARE | $67.47 | |
| L2220 | | ADD'N TO LOWER EXTREMITY DORSIFLEX/PLANTAR FLEX EACH JOINT | 1/1/2004 | MEDICARE | $79.87 | |
| L2230 | | ADD'N TO LOWER EXTREM. SPLIT FLAT CALIPER STIRRUPS/PLATE AT | 1/1/2004 | MEDICARE | $63.01 | |
| L2232 | | ROCKER BOTTOM CONTACT AFO | 1/1/2005 | BY REPORT | $0.00 | |
| L2240 | | ADD'N TO LOWER EXTREMITY ROUND CALIPER AND PLATE ATTACHMENT | 1/1/2004 | MEDICARE | $62.95 | |
| L2250 | | ADD'N TO LOWER EXTREMITY FOOT PLATE MOLDED STIRRUP ATTACH | 1/1/2004 | MEDICARE | $316.65 | |
| L2260 | | ADD'N TO LOWER EXTREMITY REINFORCED SOLID STIRRUP | 1/1/2004 | MEDICARE | $172.56 | |
| L2265 | | ADD'N TO LOWER EXTREMITY LONG TONGUE STIRRUP | 1/1/2004 | MEDICARE | $88.65 | |
| L2270 | | ADD'N TO LOWER EXTREMITY "T" STRAP PADDED/LINED OR MALLEOL | 1/1/2004 | MEDICARE | $44.39 | |
| L2275 | | ADD'N TO LOWER EXTREMITY VARUS/VALGUS CORREC. PLASTIC MODIF | 1/1/2004 | MEDICARE | $112.14 | |
| L2280 | | ADD'N TO LOWER EXTREMITY MOLDED INNER BOOT | 1/1/2004 | MEDICARE | $340.86 | |
| L2300 | | ADD'N TO LOWER EXTREMITY ABDUC. BAR JOINTED ADJUSTABLE | 1/1/2004 | MEDICARE | $202.67 | |
| L2310 | | ADD'N TO LOWER EXTREMITY ABDUCTION BAR STRAIGHT | 1/1/2004 | MEDICARE | $100.50 | |
| L2320 | | NON-MOLDED LACER | 1/1/2004 | MEDICARE | $197.65 | |
| L2330 | | LACER MOLDED TO PATIENT MODE | 1/1/2004 | MEDICARE | $325.79 | |
| L2335 | | ADD'N TO LOWER EXTREMITY ANTERIOR SWING BAND | 1/1/2004 | MEDICARE | $179.44 | |
| L2340 | | ADD'N TO LOWER EXTREMITY PRETIBIAL SHELL MOLDED TO PT. MOD | 1/1/2004 | MEDICARE | $336.43 | |
| L2350 | | ADD'N TO LOWER EXTREMITY PROSTHETIC TYPE (BK) SOCKET MOLDED | 1/1/2004 | MEDICARE | $783.42 | |
| L2360 | | ADD'N TO LOWER EXTREMITY EXTENDED STEEL SHANK | 1/1/2004 | MEDICARE | $43.28 | |

# Montana Medicaid - Fee Schedule
## DME
## July 1, 2006

| Proc | Modifier | Description | Effective | Method | Fee | PA |
|---|---|---|---|---|---|---|
| L2370 | | ADD'N TO LOWER EXTREMITY PATTEN BOTTOM | 1/1/2004 | MEDICARE | $193.24 | |
| L2375 | | ADD'N TO LOWER EXTREM. TORSION CTRL. ANKLE JT.& HALF SOLID | 1/1/2004 | MEDICARE | $85.05 | |
| L2380 | | ADD'N TO LOWER EXTREM. TORSION CTRL. STRAIGHT KNEE JT. EA JT | 1/1/2004 | MEDICARE | $123.56 | |
| L2385 | | ADD'N TO LOWER EXTREM. STRAIGHT KNEE JT. HEAVY DUTY EA JT. | 1/1/2004 | MEDICARE | $134.43 | |
| L2387 | | ADD LE POLY KNEE CUSTOM KAFO | 7/1/2006 | MEDICARE | $124.58 | |
| L2390 | | ADD'N TO LOWER EXTREMITY OFFSET KNEE JOINT EACH JOINT | 1/1/2004 | MEDICARE | $109.86 | |
| L2395 | | ADD'N TO LOWER EXTREMITY OFFSET KNEE JT. HEAVY DUTY EA JT. | 1/1/2004 | MEDICARE | $139.94 | |
| L2397 | | ADD'N TO LOWER EXTREMITY ORTHOSIS SUSPENSION SLEEVE | 1/1/2004 | MEDICARE | $96.95 | |
| L2405 | | KNEE JOINT DROP LOCK EA JNT | 1/1/2004 | MEDICARE | $70.95 | |
| L2410 | | ADDITIONS TO LOWER EXTREMITY KNEE STRAIGHT KNEE JOINT CAM | 2/12/1990 | BY REPORT | $0.00 | |
| L2415 | | KNEE JOINT CAM LOCK EACH JOI | 1/1/2004 | MEDICARE | $98.89 | |
| L2425 | | ADD'N TO KNEE JT. DISC OR DIAL LOCK FOR ADJ. KNEE FLEX EA JT | 1/1/2004 | MEDICARE | $116.67 | |
| L2430 | | ADD'N TO KNEE JOINT RATCHET LOCK FOR KNEE EXTENSION EA. JT. | 1/1/2004 | MEDICARE | $116.67 | |
| L2492 | | ADD'N TO KNEE JOINT LIFT LOOP FOR DROP LOCK RING | 1/1/2004 | MEDICARE | $96.12 | |
| L2500 | | ADD'N TO LOWER EXTREM. THIGH/WEIGHT BEARING GLUT/ISCH RING | 1/1/2004 | MEDICARE | $237.47 | |
| L2510 | | ADD'N TO LOWER EXTREM. THIGH/WT. BEARING QUADRILAT BRIM MOLD | 1/1/2004 | MEDICARE | $546.79 | |
| L2520 | | ADD'N TO LOWER EXTREM. THIGH/WT. BEARING QUADRILAT BRIM CUST | 1/1/2004 | MEDICARE | $371.14 | |
| L2525 | | ADD'N TO LOWER EXTREM. THIGH/WT. BEAR ISCHIAL/NAR. BRIM MOLD | 1/1/2004 | MEDICARE | $1,031.72 | Y |
| L2526 | | ADD'N TO LOWER EXTREM. THIGH/WT. BEAR ISCHIAL/NAR. BRIM CUST | 1/1/2004 | MEDICARE | $667.85 | |
| L2530 | | ADD'N TO LOWER EXTREM. THIGH/WT. BEARING LACER NONMOLDED | 1/1/2004 | MEDICARE | $235.82 | |
| L2540 | | ADD'N TO LOWER EXTREM. THIGH/WT. BEARING LACER MOLDED | 1/1/2004 | MEDICARE | $361.23 | |
| L2550 | | ADD'N TO LOWER EXTREM. THIGH/WT. BEARING HIGH ROLL CUFF | 1/1/2004 | MEDICARE | $288.26 | |
| L2570 | | ADD'N TO LOWER EXTREM. PELVIC CONTROL HIP JT 2 POSITION EA. | 1/1/2004 | MEDICARE | $358.55 | |
| L2580 | | ADD'N TO LOWER EXTREMITY PELVIC CONTROL PELVIC SLING | 1/1/2004 | MEDICARE | $456.95 | |
| L2600 | | ADD'N TO LOWER EXTREM. PELVIC CONTROL HIP JT FREE EACH | 1/1/2004 | MEDICARE | $167.87 | |
| L2610 | | ADD'N TO LOWER EXTREM. PELVIC CONTROL HIP JT LOCK EACH | 1/1/2004 | MEDICARE | $191.37 | |
| L2620 | | ADD'N TO LOWER EXTREM. PELVIC CONTROL HIP JT HEAVY-DUTY EA. | 1/1/2004 | MEDICARE | $201.27 | |
| L2622 | | ADD'N TO LOWER EXTREM. PELVIC CONTROL HIP JT ADJUS FLEX EA. | 1/1/2004 | MEDICARE | $230.84 | |
| L2624 | | ADD'N TO LOWER EXTREM. PELVIC CTRL. HIP JT ADJUS F/E/A EA. | 1/1/2004 | MEDICARE | $249.27 | |
| L2627 | | ADD'N TO LOWER EXTREM. PELVIC CONTROL PLASTIC MOLDED | 1/1/2004 | MEDICARE | $1,720.59 | Y |
| L2628 | | ADD'N TO LOWER EXTREM. PELVIC CONTROL METAL FRAME | 1/1/2004 | MEDICARE | $1,681.54 | Y |
| L2630 | | ADD'N TO LOWER EXTREM. PELVIC CONTROL BAND AND BELT UNILAT | 1/1/2004 | MEDICARE | $248.53 | |
| L2640 | | ADD'N TO LOWER EXTREM. PELVIC CONTROL BAND AND BELT BILAT. | 1/1/2004 | MEDICARE | $252.97 | |
| L2650 | | ADD'N TO LOWER EXTREM. PELV.&THORACIC CTRL. GLUTEAL PAD EA. | 1/1/2004 | MEDICARE | $90.34 | |
| L2660 | | ADD'N TO LOWER EXTREM. THORACIC CONTROL THORACIC BAND | 1/1/2004 | MEDICARE | $187.06 | |
| L2670 | | ADD'N TO LOWER EXTREM. THORACIC CONTROL PARASPINAL UPRIGHTS | 1/1/2004 | MEDICARE | $171.21 | |
| L2680 | | ADD'N TO LOWER EXTREM. THORACIC CTRL. LATERAL SUPPORT UPRIG | 1/1/2004 | MEDICARE | $157.06 | |
| L2750 | | ADD'N TO LOWER EXTREM. ORTHO. PLATING CHROME/NICKEL PER BAR | 1/1/2004 | MEDICARE | $62.92 | |
| L2755 | | CARBON GRAPHITE LAMINATION | 1/1/2004 | MEDICARE | $106.33 | |
| L2760 | | ADD'N TO LOWER EXTREM. ORTHO. EXTENSION PER EXTEN. PER BAR | 1/1/2004 | MEDICARE | $60.98 | |
| L2768 | | ORTHO SIDEBAR DISCONNECT | 1/1/2004 | MEDICARE | $106.04 | |
| L2770 | | ADD'N TO LOWER EXTREM. ORTHO. ANY MATERIAL PER BAR OR JOINT | 1/1/2004 | MEDICARE | $61.97 | |
| L2780 | | ADD'N TO LOWER EXTREM. ORTHO. NONCORROSIVE FINISH PER BAR | 1/1/2004 | MEDICARE | $50.94 | |
| L2785 | | ADD'N TO LOWER EXTREM. ORTHOSIS DROP LOCK RETAINER EACH | 1/1/2004 | MEDICARE | $23.86 | |

# Montana Medicaid - Fee Schedule
## DME
## July 1, 2006

| Proc | Modifier | Description | Effective | Method | Fee | PA |
|---|---|---|---|---|---|---|
| L2795 | | ADD'N TO LOWER EXTREM. ORTHOSIS KNEE CONTROL FULL KNEECAP | 1/1/2004 | MEDICARE | $63.96 | |
| L2800 | | KNEE CAP MEDIAL OR LATERAL P | 1/1/2004 | MEDICARE | $88.06 | |
| L2810 | | ADD'N TO LOWER EXTREM. ORTHOSIS KNEE CONTROL CONDYLAR PAD | 1/1/2004 | MEDICARE | $58.79 | |
| L2820 | | ADD'N TO LOWER EXTREM. ORTHO. SOFT INTER. MOLDED BELOW KNEE | 1/1/2004 | MEDICARE | $87.16 | |
| L2830 | | ADD'N TO LOWER EXTREM. ORTHO. SOFT INTER. MOLDED ABOVE KNEE | 1/1/2004 | MEDICARE | $94.30 | |
| L2840 | | ADD'N TO LOWER EXTREM. ORTHO. TIBIAL LENGTH SOCK FX OR = EA | 1/1/2004 | MEDICARE | $32.89 | |
| L2850 | | ADD'N TO LOWER EXTREM. ORTHO. FEM. LENGTH SOCK FX OR = EACH | 1/1/2004 | MEDICARE | $59.85 | |
| L2860 | | ADD'N TO LOWER EXTREM. JT./KNEE/ANKLE TORSION MECHANISM EACH | 1/1/1995 | BY REPORT | $0.00 | |
| L2999 | | LOWER EXTREMITY ORTHOSES NOT OTHERWISE SPECIFIED | 7/1/1991 | BY REPORT | $0.00 | |
| L3000 | | FOOT INSERT REMOVABLE MOLDED TO PT. MODEL "UCB" TYPE EACH | 7/1/2006 | MEDICARE | $255.65 | |
| L3001 | | FOOT INSERT REMOVABLE MOLDED TO PT. MODEL SPENCO EACH | 7/1/2006 | MEDICARE | $107.65 | |
| L3002 | | FOOT INSERT REMOVABLE MOLDED TO PT. MODEL PLASTAZOTE EAC | 7/1/2006 | MEDICARE | $131.45 | |
| L3003 | | FOOT INSERT REMOVABLE MOLDED TO PT. MODEL SILICONE GEL EA | 7/1/2006 | MEDICARE | $141.81 | |
| L3010 | | FOOT INSERT REMOVABLE MOLDED TO PT. MODEL ARCH SUPPORT EA | 7/1/2006 | MEDICARE | $141.81 | |
| L3020 | | FOOT INSERT REMOVABLE MOLDED TO PT. MODEL MT SUPPORT EAC | 7/1/2006 | MEDICARE | $161.46 | |
| L3030 | | FOOT INSERT REMOVABLE FORMED TO PATIENT FOOT EACH | 7/1/2006 | MEDICARE | $62.10 | |
| L3040 | | FOOT ARCH SUPPORT REMOVABLE PREMOLDED LONGITUDINAL EACH | 7/1/2006 | MEDICARE | $38.31 | |
| L3050 | | FOOT ARCH SUPPORT REMOVABLE PREMOLDED METATARSAL EACH | 7/1/2006 | MEDICARE | $38.31 | |
| L3060 | | FOOT ARCH SUPPORT REMOVABLE PREMOLDED LONGITUD./METARS. EA | 7/1/2006 | MEDICARE | $60.04 | |
| L3070 | | FOOT ARCH SUPPORT NONREMOVABLE ATTACHED TO SHOE LONGI. EAC | 7/1/2006 | MEDICARE | $25.87 | |
| L3080 | | FOOT ARCH SUPPORT NONREMOVABLE ATTACHED TO SHOE MT EACH | 7/1/2006 | MEDICARE | $25.87 | |
| L3090 | | FOOT ARCH SUPPORT NONREMOV. ATTACHED TO SHOE LONG/MT EAC | 7/1/2006 | MEDICARE | $33.13 | |
| L3100 | | HALLUS-VALGUS NIGHT DYNAMIC SPLINT | 7/1/2006 | MEDICARE | $35.19 | |
| L3140 | | FOOT ABDUCTION ROTATION BAR INCLUDING SHOES | 7/1/2006 | MEDICARE | $72.46 | |
| L3150 | | FOOT ABDUCTION ROTATION BAR WITHOUT SHOES | 7/1/2006 | MEDICARE | $66.23 | |
| L3160 | | FOOT ADJUSTABLE SHOE-STYLED POSITIONING DEVICE | 1/1/1995 | BY REPORT | $0.00 | |
| L3170 | | FOOT PLASTIC HEEL STABILIZER | 7/1/2006 | MEDICARE | $41.42 | |
| L3201 | | ORTHOPEDIC SHOE OXFORD WITH SUPINATOR OR PRONATOR INFANT | 1/1/2004 | BY REPORT | $0.00 | |
| L3202 | | ORTHOPEDIC SHOE OXFORD WITH SUPINATOR OR PRONATOR CHILD | 1/1/2004 | BY REPORT | $0.00 | |
| L3203 | | ORTHOPEDIC SHOE OXFORD WITH SUPINATOR OR PRONATOR JUNIOR | 1/1/2004 | BY REPORT | $0.00 | |
| L3204 | | ORTHOPEDIC SHOE HIGHTOP WITH SUPINATOR OR PRONATOR INFANT | 1/1/2004 | BY REPORT | $0.00 | |
| L3206 | | ORTHOPEDIC SHOE HIGHTOP WITH SUPINATOR OR PRONATOR CHILD | 1/1/2004 | BY REPORT | $0.00 | |
| L3207 | | ORTHOPEDIC SHOE HIGHTOP WITH SUPINATOR OR PRONATOR JUNIOR | 7/1/1991 | BY REPORT | $0.00 | |
| L3208 | | SURGICAL BOOT EACH INFANT | 7/1/1991 | BY REPORT | $0.00 | |
| L3209 | | SURGICAL BOOT EACH CHILD | 7/1/1991 | BY REPORT | $0.00 | |
| L3211 | | SURGICAL BOOT EACH JUNIOR | 7/1/1991 | BY REPORT | $0.00 | |
| L3212 | | BENESCH BOOT PAIR INFANT | 7/1/1991 | BY REPORT | $0.00 | |
| L3213 | | BENESCH BOOT PAIR CHILD | 7/1/1991 | BY REPORT | $0.00 | |
| L3214 | | BENESCH BOOT PAIR JUNIOR | 7/1/1991 | BY REPORT | $0.00 | |
| L3215 | | ORTHOPEDIC FTWEAR LADIES OXF | 1/1/2004 | BY REPORT | $0.00 | |
| L3216 | | ORTHOPED LADIES SHOES DPTH I | 1/1/2004 | BY REPORT | $0.00 | |
| L3217 | | LADIES SHOES HIGHTOP DEPTH I | 1/1/2004 | BY REPORT | $0.00 | |
| L3224 | | ORTH FOOTWEAR WOMAN'S OXFORD SHOE AS INTEGRAL PART OF BRACE | 1/1/2004 | MEDICARE | $46.03 | |
| L3225 | | ORTH FOOTWEAR MAN'S OXFORD SHOE AS INTEGRAL PART OF BRACE | 1/1/2004 | MEDICARE | $61.42 | |

# Montana Medicaid - Fee Schedule
## DME
## July 1, 2006

| Proc | Modifier | Description | Effective | Method | Fee | PA |
|---|---|---|---|---|---|---|
| L3230 | | CUSTOM SHOES DEPTH INLAY | 1/1/2004 | BY REPORT | $0.00 | |
| L3250 | | ORTHOPEDIC FOOTWEAR CUSTOM MOLDED SHOE EACH | 7/1/1997 | BY REPORT | $0.00 | |
| L3253 | | FOOT MOLDED SHOE PLASTAZOTE(OR SIMILAR) CUSTOM FITTED EACH | 1/1/1992 | BY REPORT | $0.00 | |
| L3257 | | ORTHOPEDIC FOOTWEAR ADDITIONAL CHARGE FOR SPLIT SIZE | 4/1/1988 | BY REPORT | $0.00 | |
| L3260 | | AMBULATORY SURGICAL BOOT EAC | 7/1/1991 | BY REPORT | $0.00 | |
| L3265 | | PLASTAZOTE SANDAL EACH | 1/1/1992 | BY REPORT | $0.00 | |
| L3300 | | LIFT ELEVATION HEEL TAPERED TO METATARSALS PER INCH | 7/1/2006 | MEDICARE | $42.44 | |
| L3310 | | LIFT ELEVATION HEEL AND SOLE NEOPRENE PER INCH | 7/1/2006 | MEDICARE | $66.23 | |
| L3320 | | LIFT ELEVATION HEEL AND SOLE CORK PER INCH | 7/1/1991 | BY REPORT | $0.00 | |
| L3330 | | LIFT ELEVATION METAL EXTENSION (SKATE) | 7/1/2006 | MEDICARE | $460.60 | |
| L3332 | | LIFT ELEVATION INSIDE SHOE TAPERED UP TO ONE-HALF INCH | 7/1/2006 | MEDICARE | $60.04 | |
| L3334 | | LIFT ELEVATION HEEL PER INCH | 7/1/2006 | MEDICARE | $31.06 | |
| L3340 | | HEEL WEDGE SACH | 7/1/2006 | MEDICARE | $69.36 | |
| L3350 | | HEEL WEDGE | 7/1/2006 | MEDICARE | $18.60 | |
| L3360 | | SOLE WEDGE OUTSIDE SOLE | 7/1/2006 | MEDICARE | $28.97 | |
| L3370 | | SOLE WEDGE BETWEEN SOLE | 7/1/2006 | MEDICARE | $40.37 | |
| L3380 | | CLUBFOOT WEDGE | 7/1/2006 | MEDICARE | $40.37 | |
| L3390 | | OUTFLARE WEDGE | 7/1/2006 | MEDICARE | $40.37 | |
| L3400 | | METATARSAL BAR WEDGE ROCKER | 7/1/2006 | MEDICARE | $33.13 | |
| L3410 | | METATARSAL BAR WEDGE BETWEEN SOLE | 7/1/2006 | MEDICARE | $75.56 | |
| L3420 | | FULL SOLE AND HEEL WEDGE BETWEEN SOLE | 7/1/2006 | MEDICARE | $44.52 | |
| L3430 | | HEEL COUNTER PLASTIC REINFORCED | 7/1/2006 | MEDICARE | $130.44 | |
| L3440 | | HEEL COUNTER LEATHER REINFORCED | 7/1/2006 | MEDICARE | $62.10 | |
| L3450 | | HEEL SACH CUSHION TYPE | 7/1/2006 | MEDICARE | $85.90 | |
| L3455 | | HEEL NEW LEATHER STANDARD | 7/1/2006 | MEDICARE | $33.13 | |
| L3460 | | HEEL NEW RUBBER STANDARD | 7/1/2006 | MEDICARE | $27.96 | |
| L3465 | | HEEL THOMAS WITH WEDGE | 7/1/2006 | MEDICARE | $47.63 | |
| L3470 | | HEEL THOMAS EXTENDED TO BALL | 7/1/2006 | MEDICARE | $50.73 | |
| L3480 | | HEEL PAD AND DEPRESSION FOR SPUR | 7/1/2006 | MEDICARE | $50.73 | |
| L3485 | | HEEL PAD REMOVABLE FOR SPUR | 7/1/1991 | BY REPORT | $0.00 | |
| L3500 | | ORTHOPEDIC SHOE ADDITION INSOLE LEATHER | 7/1/2006 | MEDICARE | $23.80 | |
| L3510 | | ORTHOPEDIC SHOE ADDITION INSOLE RUBBER | 7/1/2006 | MEDICARE | $23.80 | |
| L3520 | | ORTHOPEDIC SHOE ADDITION INSOLE FELT COVERED WITH LEATHER | 7/1/2006 | MEDICARE | $25.87 | |
| L3530 | | ORTHOPEDIC SHOE ADDITION SOLE HALF | 7/1/2006 | MEDICARE | $25.87 | |
| L3540 | | ORTHOPEDIC SHOE ADDITION SOLE FULL | 7/1/2006 | MEDICARE | $41.42 | |
| L3550 | | ORTHOPEDIC SHOE ADDITION TOE TAP STANDARD | 7/1/2006 | MEDICARE | $7.26 | |
| L3560 | | ORTHOPEDIC SHOE ADDITION TOE TAP HORSESHOE | 7/1/2006 | MEDICARE | $18.60 | |
| L3570 | | ORTHOPEDIC SHOE ADDITION SPECIAL EXTENSION TO INSTEP | 7/1/2006 | MEDICARE | $69.36 | |
| L3580 | | ORTHOPEDIC SHOE ADDITION CONVERT INSTEP TO VELCRO CLOSURE | 7/1/2006 | MEDICARE | $52.77 | |
| L3590 | | ORTHOPEDIC SHOE ADDITION CONVERT FIRM TO SOFT SHOE COUNTER | 7/1/2006 | MEDICARE | $43.49 | |
| L3595 | | ORTHOPEDIC SHOE ADDITION MARCH BAR | 7/1/2006 | MEDICARE | $34.14 | |
| L3600 | | TRANSFER ORTHOSIS TO ANOTHER SHOE CALIPER PLATE EXISTING | 7/1/2006 | MEDICARE | $62.10 | |
| L3610 | | TRANSFER ORTHOSIS TO ANOTHER SHOE CALIPER PLATE NEW | 7/1/2006 | MEDICARE | $81.77 | |
| L3620 | | TRANSFER ORTHOSIS TO ANOTHER SHOE SOLID STIRRUP EXISTING | 7/1/2006 | MEDICARE | $62.10 | |

# Montana Medicaid - Fee Schedule
## DME
## July 1, 2006

| Proc | Modifier | Description | Effective | Method | Fee | PA |
|---|---|---|---|---|---|---|
| L3630 | | TRANSFER ORTHOSIS TO ANOTHER SHOE SOLIC STIRRUP NEW | 7/1/2006 | MEDICARE | $81.77 | |
| L3640 | | TRANS. ORTHO. TO ANOTHER SHOE DENNIS BROWNE SPLINT BOTH SH | 7/1/2006 | MEDICARE | $35.19 | |
| L3649 | | ORTHOPEDIC SHOE MODIFICATION ADDITION OR TRANSFER NOS | 7/1/1991 | BY REPORT | $0.00 | |
| L3650 | | SO FIGURE EIGHT DESIGN ABDUCTION RESTRAINER PREFABRICATE | 1/1/2004 | MEDICARE | $43.68 | |
| L3651 | | PREFAB SHOULDER ORTHOSIS | 1/1/2003 | MEDICARE | $48.78 | |
| L3652 | | PREFAB DBL SHOULDER ORTHOSIS | 1/1/2003 | MEDICARE | $146.99 | |
| L3660 | | SO FIGURE OF 8 DESIGN ABDUCTION RESTRAINER CANVAS & WEBBING | 1/1/2004 | MEDICARE | $98.81 | |
| L3670 | | SO ACROMIO/CLAVICULAR (CANVAS AND WEBBING TYPE) PREFAB | 1/1/2004 | MEDICARE | $83.30 | |
| L3671 | | SO CAP DESIGN W/O JNTS CF | 7/1/2006 | MEDICARE | $667.41 | |
| L3672 | | SO AIRPLANE W/O JNTS CF | 7/1/2006 | MEDICARE | $829.97 | |
| L3673 | | SO AIRPLANE W/JOINT CF | 7/1/2006 | MEDICARE | $904.59 | |
| L3675 | | SO VEST TYPE ABDUCTION RESTRAINER CANVAS WEBBING TYPE | 1/1/2004 | MEDICARE | $129.98 | |
| L3677 | | SO HARD PLASTIC STABILIZER | 1/1/2002 | BY REPORT | $0.00 | |
| L3700 | | EO ELASTIC WITH STAYS PREFABRICATED INCL FIT AND ADJUST | 1/1/2004 | MEDICARE | $51.42 | |
| L3701 | | PREFAB ELBOW ORTHOSIS | 1/1/2003 | MEDICARE | $15.09 | |
| L3702 | | EO W/O JOINTS CF | 7/1/2006 | MEDICARE | $213.88 | |
| L3710 | | EO ELASTIC WITH METAL JOINTS PREFABRICATED | 1/1/2004 | MEDICARE | $91.06 | |
| L3720 | | EO DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS FREE MOTION CUSTM | 1/1/2004 | MEDICARE | $481.80 | |
| L3730 | | EO DBL. UPRIGHT W/ FOREARM/ARM CUFFS EXT./FLEX ASSIST | 1/1/2004 | MEDICARE | $664.02 | |
| L3740 | | EO DBL. UPRIGHT W/ FOREARM/ARM CUFFS ADJUSTABLE POS. LOCK | 1/1/2004 | MEDICARE | $787.25 | |
| L3760 | | ELBOW ORTHOSIS ADJUSTABLE POSITIONLOCKING JOINT PREFABRI | 1/1/2004 | MEDICARE | $370.42 | |
| L3762 | | RIGID EO WO JOINTS | 1/1/2003 | MEDICARE | $79.64 | |
| L3763 | | EWHO RIGID W/O JNTS CF | 7/1/2006 | MEDICARE | $949.77 | |
| L3764 | | EWHO W/JOINT(S) CF | 7/1/2006 | MEDICARE | $1,005.73 | Y |
| L3765 | | EWHFO RIGID W/O JNTS CF | 7/1/2006 | MEDICARE | $949.77 | |
| L3766 | | EWHFO W/JOINT(S) CF | 7/1/2006 | MEDICARE | $1,005.73 | Y |
| L3800 | | WHFO SHORT OPPONENS NO ATTACHMENT CUSTOM FABRICATED | 1/1/2004 | MEDICARE | $196.39 | |
| L3805 | | WHFO LONG OPPONENS NO ATTACHMENT CUSTOM FABRICATED | 1/1/2004 | MEDICARE | $278.39 | |
| L3807 | | WHFO WITHOUT JOINT(S) PREFABRICATED INCL FIT AND ADJUST | 1/1/2004 | MEDICARE | $185.19 | |
| L3810 | | WHFO ADD'N TO SHORT & LONG OPPONENS THUMB ABDUC. ("C") BAR | 1/1/2004 | MEDICARE | $63.65 | |
| L3815 | | WHFO ADD'N TO SHORT & LONG OPPONENS 2ND M.P. ABDUC. ASSIST | 1/1/2004 | MEDICARE | $59.09 | |
| L3820 | | WHFO ADD'N TO SHORT & LONG OPPON. IP EXT.ASSIST W/ MP STOP | 1/1/2004 | MEDICARE | $101.49 | |
| L3825 | | WHFO ADD'N TO SHORT & LONG OPPONENS M.P. EXTENSION STOP | 1/1/2004 | MEDICARE | $63.65 | |
| L3830 | | WHFO ADD'N TO SHORT & LONG OPPONENS M.P. EXTENSION ASSIST | 1/1/2004 | MEDICARE | $76.33 | |
| L3835 | | WHFO ADD'N TO SHORT & LONG OPPONENS M.P. SPRING EXT. ASSIS | 1/1/2004 | MEDICARE | $75.73 | |
| L3840 | | WHFO ADD'N TO SHORT & LONG OPPONENS SPRING SWIVEL THUMB | 1/1/2004 | MEDICARE | $57.12 | |
| L3845 | | WHFO ADD'N TO SHORT & LONG OPPON. THUMB IP EXT ASSIST W/MP | 1/1/2004 | MEDICARE | $79.03 | |
| L3850 | | WHO ADD'N TO SHORT & LONG OPPON. ACTION WRIST W/ DORSIFLEX | 1/1/2004 | MEDICARE | $98.47 | |
| L3855 | | WHFO ADD'N TO SHORT & LONG OPPON. ADJ. M.P. FLEXION CTRL. | 1/1/2004 | MEDICARE | $108.45 | |
| L3860 | | WHFO ADD'N TO SHORT & LONG OPPON. ADJ. M.P. FLEX CTRL & I.P. | 1/1/2004 | MEDICARE | $139.17 | |
| L3890 | | ADD'N TO UPPER EXTREM. JT./WRIST/ELBOW TORSION MECHANISM EAC | 1/1/1995 | BY REPORT | $0.00 | |
| L3900 | | WHFO DYNAMIC FLEXOR HINGE WRIST OR FINGER DRIVEN CUSTOM | 1/1/2004 | MEDICARE | $953.14 | |
| L3901 | | WHFO DYNAMIC FLEXOR HINGE CABLE DRIVEN CUSTOM FABRICATED | 1/1/2004 | MEDICARE | $1,516.68 | Y |
| L3902 | | WHFO EXT POWER COMPRESS GAS | 7/1/1991 | BY REPORT | $0.00 | |

# Montana Medicaid - Fee Schedule
## DME
## July 1, 2006

| Proc | Modifier | Description | Effective | Method | Fee | PA |
|---|---|---|---|---|---|---|
| L3904 | | WHFO EXTERNAL POWERED ELECTRIC CUSTOM FABRICATED | 1/1/2004 | MEDICARE | $2,876.16 | Y |
| L3905 | | WHO W/NONTORSION JNT(S) CF | 7/1/2006 | MEDICARE | $734.55 | |
| L3906 | | WHO W/O JOINTS CF | 1/1/2004 | MEDICARE | $301.25 | |
| L3907 | | WHFO WRIST GAUNTLET WITH THUMB SPICA CUSTOM FABRICATED | 1/1/2004 | MEDICARE | $374.18 | |
| L3908 | | WHO WRIST EXTENSION CONTROL COCK-UP NON MOLDED PREFABRIC | 1/1/2004 | MEDICARE | $44.14 | |
| L3909 | | PREFAB WRIST ORTHOSIS | 1/1/2003 | MEDICARE | $10.48 | |
| L3910 | | WHFO SWANSON DESIGN PREFABRICATED INCL FIT AND ADJUST | 1/1/2004 | MEDICARE | $326.31 | |
| L3911 | | PREFAB HAND FINGER ORTHOSIS | 7/1/2006 | MEDICARE | $18.36 | |
| L3912 | | HFO FLEXION GLOVE WITH ELASTIC FINGER CONTROL PREFABRICATE | 1/1/2004 | MEDICARE | $69.86 | |
| L3913 | | HFO W/O JOINTS CF | 7/1/2006 | MEDICARE | $200.61 | |
| L3914 | | WHO WRIST EXTENSION COCK-UP PREFABRICATED INCL FIT & ADJS | 1/1/2004 | MEDICARE | $63.14 | |
| L3916 | | WHFO WRIST EXTENSION COCK-UP WITH OUTRIGGER PREFABRICATED | 1/1/2004 | MEDICARE | $93.55 | |
| L3917 | | PREFAB METACARPL FX ORTHOSIS | 1/1/2004 | MEDICARE | $78.23 | |
| L3918 | | HFO KNUCKLE BENDER PREFABRICATED INCL FITTING & ADJUSTMNT | 1/1/2004 | MEDICARE | $57.73 | |
| L3919 | | HO W/O JOINTS CF | 7/1/2006 | MEDICARE | $200.61 | |
| L3920 | | HFO KNUCKLE BENDER WITH OUTRIGGER PREFABRICATED | 1/1/2004 | MEDICARE | $72.14 | |
| L3921 | | HFO W/JOINT(S) CF | 7/1/2006 | MEDICARE | $237.90 | |
| L3922 | | HFO KNUCKLE BENDER TWO SEGMENT TO FLEX JOINTS PREFABRICAT | 1/1/2004 | MEDICARE | $72.03 | |
| L3923 | | HFO W/O JOINTS PF | 1/1/2004 | MEDICARE | $28.82 | |
| L3924 | | WHFO OPPENHEIMER PREFABRICATED INCLUDES FIT AND ADJUST | 1/1/2004 | MEDICARE | $78.54 | |
| L3926 | | WHFO THOMAS SUSPENSION PREFABRICATED INCL FIT AND ADJUST | 1/1/2004 | MEDICARE | $68.38 | |
| L3928 | | HFO FINGER EXTENSION WITH CLOCK SPRING PREFABRICATED | 1/1/2004 | MEDICARE | $42.87 | |
| L3930 | | WHFO FINGER EXTENSION WITH WRIST SUPPORT PREFABRICATED | 1/1/2004 | MEDICARE | $45.32 | |
| L3932 | | FO SAFETY PIN SPRING WIRE PREFABRICATED INCL FIT & ADJUS | 1/1/2004 | MEDICARE | $34.62 | |
| L3933 | | FO W/O JOINTS CF | 7/1/2006 | MEDICARE | $158.05 | |
| L3934 | | FO SAFETY PIN MODIFIED PREFABRICATED INCL FIT & ADJUST | 1/1/2004 | MEDICARE | $35.49 | |
| L3935 | | FO NONTORSION JOINT CF | 7/1/2006 | MEDICARE | $163.66 | |
| L3936 | | WHFO PALMER PREFABRICATED INCLUDES FITTING AND ADJUSTMENT | 1/1/2004 | MEDICARE | $65.61 | |
| L3938 | | WHFO DORSAL WRIST PREFABRICATED INCLUDES FIT AND ADJUST | 1/1/2004 | MEDICARE | $68.71 | |
| L3940 | | WHFO DORSAL WRIST WITH OUTRIGGER ATTACHMENT PREFABRICATED | 1/1/2004 | MEDICARE | $79.19 | |
| L3942 | | HFO REVERSE KNUCKLE BENDER PREFABRICATED INCL FIT & ADJST | 1/1/2004 | MEDICARE | $58.72 | |
| L3944 | | HFO REVERSE KNUCKLE BENDER WITH OUTRIGGER PREFABRICATED | 1/1/2004 | MEDICARE | $72.34 | |
| L3946 | | HFO COMPOSITE ELASTIC PREFABRICATED INCL FIT AND ADJUST | 1/1/2004 | MEDICARE | $65.28 | |
| L3948 | | FO FINGER KNUCKLE BENDER PREFABRICATED INCL FIT & ADJUST | 1/1/2004 | MEDICARE | $40.59 | |
| L3950 | | WHFO COMBO OPPENHEIMER W/ KNUCKLE BENDER AND 2 ATTACHMENTS | 1/1/2004 | MEDICARE | $110.46 | |
| L3952 | | WHFO COMBO OPPENHEIMER W/ REVERSE KNUCKLE AND 2 ATTACHMENT | 1/1/2004 | MEDICARE | $122.60 | |
| L3954 | | HFO SPREADING HAND PREFABRICATED INCL FITTING & ADJUSTMNT | 1/1/2004 | MEDICARE | $81.35 | |
| L3956 | | ADD'N JOINT TO UPPER EXTREM. ORTHOSIS ANY MATERIAL; PER JT. | 1/1/2004 | BY REPORT | $0.00 | |
| L3960 | | SEWHO ABDUCTION POSITIONING AIRPLANE DESIGN PREFABRICATED | 1/1/2004 | MEDICARE | $541.35 | |
| L3961 | | SEWHO CAP DESIGN W/O JNTS CF | 7/1/2006 | MEDICARE | $1,244.48 | Y |
| L3962 | | SEWHO ABDUCTION POSITIONING ERBS PALSEY DESIGN PREFABRIC | 1/1/2004 | MEDICARE | $528.51 | |
| L3964 | | SEO MOBILE ARM SUPPORT ATTACHED TO WC BALANCED ADJUSTABLE | 1/1/2004 | MEDICARE | $607.22 | |
| L3965 | | SEO MOBILE ARM SUPPORT ATTACHED TO WC BALANCED RANCHO TYP | 1/1/2004 | MEDICARE | $991.11 | |
| L3966 | | SEO MOBILE ARM SUPPORT ATTACHED TO WC BALANCED RECLINING | 1/1/2004 | MEDICARE | $676.28 | |

# Montana Medicaid - Fee Schedule
## DME
## July 1, 2006

| Proc | Modifier | Description | Effective | Method | Fee | PA |
|---|---|---|---|---|---|---|
| L3967 | | SEWHO AIRPLANE W/O JNTS CF | 7/1/2006 | MEDICARE | $1,469.31 | Y |
| L3968 | | SEO MOBILE ARM SUPPORT ATTACHED TO WC BALANCED FRICTION | 1/1/2004 | MEDICARE | $845.74 | |
| L3969 | | SEO MOBILE ARM SUPPORT MONOSUSPENSION/OVERHEAD SUPPORT | 1/1/2004 | MEDICARE | $660.74 | |
| L3970 | | SEO ADD'N TO MOBILE ARM SUPPORT ELEVATING PROXIMAL ARM | 1/1/2004 | MEDICARE | $224.66 | |
| L3971 | | SEWHO CAP DESIGN W/JNT(S) CF | 7/1/2006 | MEDICARE | $1,394.68 | Y |
| L3972 | | SEO ADD'N TO MOBILE ARM SUPPORT OFFSET OR LAT. ROCKER ARM | 1/1/2004 | MEDICARE | $142.86 | |
| L3973 | | SEWHO AIRPLANE W/JNT(S) CF | 7/1/2006 | MEDICARE | $1,469.31 | Y |
| L3974 | | SEO ADD'N TO MOBILE ARM SUPPORT SUPINATOR | 1/1/2004 | MEDICARE | $121.17 | |
| L3975 | | SEWHFO CAP DESIGN W/O JNT CF | 7/1/2006 | MEDICARE | $1,244.48 | Y |
| L3976 | | SEWHFO AIRPLANE W/O JNTS CF | 7/1/2006 | MEDICARE | $1,244.48 | Y |
| L3977 | | SEWHFO CAP DESGN W/JNT(S) CF | 7/1/2006 | MEDICARE | $1,394.68 | Y |
| L3978 | | SEWHFO AIRPLANE W/JNT(S) CF | 7/1/2006 | MEDICARE | $1,469.31 | Y |
| L3980 | | UPPER EXTREMITY FX ORTHOSIS HUMERAL PREFABRICATED | 1/1/2004 | MEDICARE | $227.72 | |
| L3982 | | UPPER EXTREMITY FX ORTHOSIS RADIUS/ULNAR PREFABRICATED | 1/1/2004 | MEDICARE | $281.56 | |
| L3984 | | UPPER EXTREMITY FX ORTHOSIS WRIST PREFABRICATED | 1/1/2004 | MEDICARE | $291.33 | |
| L3985 | | UPPER EXTREMITY FX ORTHOSIS FOREARM HAND WITH WRIST HINGE | 1/1/2004 | MEDICARE | $430.53 | |
| L3986 | | UPPER EXTREMITY FX ORTHOSIS COMBO HUMERAL/RADIUS/ULNAR WRIST | 1/1/2004 | MEDICARE | $412.88 | |
| L3995 | | ADD'N TO UPPER EXTREM. ORTHOSIS SOCK FX OR EQUAL EACH | 1/1/2004 | MEDICARE | $24.09 | |
| L3999 | | UPPER LIMB ORTHOSIS NOT OTHERWISE SPECIFIED | 7/1/1991 | BY REPORT | $0.00 | |
| L4000 | | REPL GIRDLE MILWAUKEE ORTH | 1/1/2004 | MEDICARE | $1,088.52 | Y |
| L4002 | | REPLACE STRAP ANY ORTHOSIS | 1/1/2005 | BY REPORT | $0.00 | |
| L4010 | | REPLACE TRILATERAL SOCKET BRIM | 1/1/2004 | MEDICARE | $547.63 | |
| L4020 | | REPLACE QUADRILATERAL SOCKET BRIM MOLDED TO PATIENT MODEL | 1/1/2004 | MEDICARE | $648.37 | |
| L4030 | | REPLACE QUADRILATERAL SOCKET BRIM CUSTOM FITTED | 1/1/2004 | MEDICARE | $380.05 | |
| L4040 | | REPLACE MOLDED THIGH LACER | 1/1/2004 | MEDICARE | $320.76 | |
| L4045 | | REPLACE NON-MOLDED THIGH LAC | 1/1/2004 | MEDICARE | $297.21 | |
| L4050 | | REPLACE MOLDED CALF LACER | 1/1/2004 | MEDICARE | $310.77 | |
| L4055 | | REPLACE NON-MOLDED CALF LACE | 1/1/2004 | MEDICARE | $201.23 | |
| L4060 | | REPLACE HIGH ROLL CUFF | 1/1/2004 | MEDICARE | $318.97 | |
| L4070 | | REPLACE PROXIMAL AND DISTAL UPRIGHT FOR KAFO | 1/1/2004 | MEDICARE | $211.85 | |
| L4080 | | REPLACE METAL BANDS KAFO PROXIMAL THIGH | 1/1/2004 | MEDICARE | $76.14 | |
| L4090 | | REPLACE METAL BANDS KAFO-AFO CALF OR DISTAL THIGH | 1/1/2004 | MEDICARE | $67.98 | |
| L4100 | | REPLACE LEATHER CUFF KAFO PROXIMAL THIGH | 1/1/2004 | MEDICARE | $78.51 | |
| L4110 | | REPLACE LEATHER CUFF KAFO-AFO CALF OR DISTAL THIGH | 1/1/2004 | MEDICARE | $64.68 | |
| L4130 | | REPLACE PRETIBIAL SHELL | 1/1/2004 | MEDICARE | $429.20 | |
| L4205 | | REPAIR OF ORTHOTIC DEVICE LABOR COMPONENT PER 15 MINUTES | 8/1/1997 | BY REPORT | $0.00 | |
| L4210 | | REPAIR OF ORTHOTIC DEVICE REPAIR OR REPLACE MINOR PARTS | 1/1/2004 | BY REPORT | $0.00 | |
| L4350 | | ANKLE CONTROL ORTHOSI PREFAB | 1/1/2004 | MEDICARE | $67.29 | |
| L4360 | | PNEUMATI WALKING BOOT PREFAB | 1/1/2004 | MEDICARE | $224.92 | |
| L4370 | | PNEUMATIC FULL LEG SPLINT | 1/1/2004 | MEDICARE | $155.89 | |
| L4380 | | PNEUMATIC KNEE SPLINT | 1/1/2004 | MEDICARE | $80.85 | |
| L4386 | | NON-PNEUM WALK BOOT PREFAB | 1/1/2003 | MEDICARE | $129.03 | |
| L4392 | | REPLACEMENT SOFT INTERFACE MATERIAL STATIC AFO | 1/1/2004 | MEDICARE | $18.80 | |
| L4394 | | REPLACE SOFT INTERFACE MATERIAL FOOT DROP SPLINT | 1/1/2004 | MEDICARE | $13.73 | |

# Montana Medicaid - Fee Schedule
## DME
## July 1, 2006

| Proc | Modifier | Description | Effective | Method | Fee | PA |
|---|---|---|---|---|---|---|
| L4396 | | STATIC AFO | 1/1/2004 | MEDICARE | $134.12 | |
| L4398 | | FOOT DROP SPLINT RECUMBENT POSITIONING DEVICE PREFABRICATE | 1/1/2004 | MEDICARE | $61.75 | |
| L5000 | | PARTIAL FOOT SHOE INSERT WITH LONGITUDINAL ARCH TOE FILLER | 1/1/2004 | MEDICARE | $405.20 | |
| L5010 | | PARTIAL FOOT MOLDED SOCKET ANKLE HEIGHT WITH TOE FILLER | 1/1/2004 | MEDICARE | $1,071.10 | Y |
| L5020 | | PARTIAL FOOT MOLDED SOCKET TIBIAL TUBERCLE HT. W/ TOE FILL | 1/1/2004 | MEDICARE | $1,879.29 | Y |
| L5050 | | ANKLE SYMES MOLDED SOCKET SACH FOOT | 1/1/2004 | MEDICARE | $1,996.60 | Y |
| L5060 | | ANKLE SYMES METAL FRAME MOLDED LEATHER SOCKET | 1/1/2004 | MEDICARE | $2,706.20 | Y |
| L5100 | | BELOW KNEE MOLDED SOCKET SHIN SACH FOOT | 1/1/2004 | MEDICARE | $1,863.90 | Y |
| L5105 | | BELOW KNEE PLASTIC SOCKET JOINTS & THIGH LACER SACH FOOT | 1/1/2004 | MEDICARE | $3,056.24 | Y |
| L5150 | | KNEE DISARTIC. MOLDED SOCKET SACH FOOT | 1/1/2004 | MEDICARE | $3,119.35 | Y |
| L5160 | | KNEE DISARTIC. MOLDED SOCKET BENT KNEE CONFIGURATION SACH | 1/1/2004 | MEDICARE | $3,435.23 | Y |
| L5200 | | ABOVE KNEE MOLDED SOCK. SNGL. AXIS CONSTANT FRICTION SACH | 1/1/2004 | MEDICARE | $2,649.28 | Y |
| L5210 | | ABOVE KNEE SHORT PROS. NO KNEE JT. W/FOOT BLOCKS EACH | 1/1/2004 | MEDICARE | $2,097.58 | Y |
| L5220 | | ABOVE KNEE SHORT PROS. NO KNEE JT. W/ARTIC. ANKLE/FOOT EACH | 1/1/2004 | MEDICARE | $2,416.93 | Y |
| L5230 | | ABOVE KNEE FOR PROX. FEMRAL FOCAL DEF CONSTANT FRIC. SACH | 1/1/2004 | MEDICARE | $4,067.77 | Y |
| L5250 | | HIP DISARTICULATION CANADIAN TYPE; MOLDED SOCKET SNGL. AXIS | 1/1/2004 | MEDICARE | $5,226.73 | Y |
| L5270 | | HIP DISARTICULATION TILT TABLE TYPE; MOLDED SOCK. SNGL AXIS | 1/1/2004 | MEDICARE | $4,767.76 | Y |
| L5280 | | HEMIPELVECTOMY CANADIAN TYPE; | 1/1/2004 | MEDICARE | $5,415.77 | Y |
| L5301 | | BK MOLD SOCKET SACH FT ENDO | 1/1/2004 | MEDICARE | $1,856.52 | Y |
| L5311 | | KNEE DISART SACH FT ENDO | 1/1/2004 | MEDICARE | $2,924.83 | Y |
| L5321 | | AK OPEN END SACH | 1/1/2004 | MEDICARE | $2,635.83 | Y |
| L5331 | | HIP DISART CANADIAN SACH FT | 1/1/2004 | MEDICARE | $4,492.88 | Y |
| L5341 | | HEMIPELVECTOMY CANADIAN SACH | 1/1/2004 | MEDICARE | $4,864.85 | Y |
| L5400 | | IMMED. POSTSURG. OR EARLY FIT DRESSING APPLIC. BELOW KNEE | 1/1/2004 | MEDICARE | $984.22 | |
| L5410 | | IMMED. POSTSURG. OR EARLY FIT DRESSING APPLIC. BK EA. ADD'L | 1/1/2004 | MEDICARE | $335.08 | |
| L5420 | | IMMED. POSTSURG. OR EARLY FIT DRESSING APPLIC. "AK" OR KNEE | 1/1/2004 | MEDICARE | $1,370.96 | Y |
| L5430 | | IMMED. POSTSURG. OR EARLY FIT DRESSING APPLIC. AK EA. ADD'L | 1/1/2004 | MEDICARE | $403.56 | |
| L5450 | | IMMED. POSTSURG. OR EARLY FIT DRESSING APPLIC. NONWEIGHT BK | 1/1/2004 | MEDICARE | $392.92 | |
| L5460 | | IMMED. POSTSURG. OR EARLY FIT DRESSING APPLIC. NONWEIGHT AK | 1/1/2004 | MEDICARE | $460.20 | |
| L5500 | | INITIAL BELOW KNEE "PTB" TYPE SOCKET | 1/1/2004 | MEDICARE | $1,356.84 | Y |
| L5505 | | INITIAL ABOVE KNEE - KNEE DISARTIC. ISCHIAL LEVEL SOCKET | 1/1/2004 | MEDICARE | $1,579.40 | Y |
| L5510 | | PREP. BELOW KNEE "PTB" TYPE SOCKET PLASTER SOCKET MOLDED | 1/1/2004 | MEDICARE | $1,351.90 | Y |
| L5520 | | PREPARATORY BELOW KNEE "PTB" TYPE SOCKET DIRECT FORMED | 1/1/2004 | MEDICARE | $1,153.27 | Y |
| L5530 | | PREP. BELOW KNEE "PTB" TYPE SOCKET THERMOPLASTIC MOLDED | 1/1/2004 | MEDICARE | $1,517.73 | Y |
| L5535 | | PREP. BELOW KNEE "PTB" TYPE SOCKET PREFABRICATED ADJUSTABL | 1/1/2004 | MEDICARE | $1,359.98 | Y |
| L5540 | | PREP. BELOW KNEE "PTB" TYPE SOCKET LAMINATED SOCK. MOLDED | 1/1/2004 | MEDICARE | $1,629.06 | Y |
| L5560 | | PREP. ABOVE KNEE - PLASTER SOCKET MOLDED TO MODEL | 1/1/2004 | MEDICARE | $1,904.51 | Y |
| L5570 | | PREP. ABOVE KNEE - THERMOPLASTIC OR EQUAL DIRECT FORMED | 1/1/2004 | MEDICARE | $2,061.03 | Y |
| L5580 | | PREP. ABOVE KNEE - THERMOPLASTIC OR EQUAL MOLDED TO MODEL | 1/1/2004 | MEDICARE | $2,315.01 | Y |
| L5585 | | PREP. ABOVE KNEE - PREFABRICATED ADJUSTABLE OPEN END SOCKET | 1/1/2004 | MEDICARE | $2,321.09 | Y |
| L5590 | | PREP. ABOVE KNEE - LAMINATED SOCKET MOLDED TO MODEL | 1/1/2004 | MEDICARE | $2,462.14 | Y |
| L5595 | | PREP. HIP DISARTIC. - HEMIPELVECTOMY THERMOPLASTIC MOLDED | 1/1/2004 | MEDICARE | $3,229.13 | Y |
| L5600 | | PREP. HIP DISARTIC. - HEMIPELVECTOMY LAMINATED SOCK. MOLDED | 1/1/2006 | MEDICARE | $3,565.92 | Y |
| L5610 | | ADD'N TO LOWER EXTREMITY ENDOSKEL ABOVE KNEE HYDRACADENCE | 1/1/2004 | MEDICARE | $2,150.23 | Y |

# Montana Medicaid - Fee Schedule
## DME
## July 1, 2006

| Proc | Modifier | Description | Effective | Method | Fee | PA |
|---|---|---|---|---|---|---|
| L5611 | | ADD'N TO LOWER EXTREM. ENDOSKEL. AK 4-BAR W/FRICTION CTRL. | 1/1/2004 | MEDICARE | $1,722.82 | Y |
| L5612 | | ADDITIONS TO LOWER EXTREMITY ABOVE KNEE POLYCADENCE | 2/12/1990 | BY REPORT | $0.00 | |
| L5613 | | ADD'N TO LOWER EXTREM. ENDOSKEL. AK 4-BAR W/HYDRAUL. CTRL. | 1/1/2004 | MEDICARE | $2,463.90 | Y |
| L5614 | | ADD'N TO LOWER EXTREM. ENDOSKEL. AK 4-BAR W/PNEUMATIC CTRL | 1/1/2004 | MEDICARE | $1,376.08 | Y |
| L5616 | | ADD'N TO LOWER EXTREM. ENDOSKEL. AK UNIVERS. FRICTION CTRL | 1/1/2004 | MEDICARE | $1,430.19 | Y |
| L5617 | | ADD'N TO LOWER EXTREM. QUICK CHANGE SELF-ALIGN AK OR BK EA | 1/1/2004 | MEDICARE | $454.84 | |
| L5618 | | ADDITION TO LOWER EXTREMITY TEST SOCKET SYMES | 1/1/2004 | MEDICARE | $225.54 | |
| L5620 | | ADDITION TO LOWER EXTREMITY TEST SOCKET BELOW KNEE | 1/1/2004 | MEDICARE | $222.96 | |
| L5622 | | ADD'N TO LOWER EXTREMITY TEST SOCKET KNEE DISARTICULATION | 1/1/2004 | MEDICARE | $290.73 | |
| L5624 | | ADDITION TO LOWER EXTREMITY TEST SOCKET ABOVE KNEE | 1/1/2004 | MEDICARE | $292.46 | |
| L5626 | | ADD'N TO LOWER EXTREMITY TEST SOCKET HIP DISARTICULATION | 1/1/2004 | MEDICARE | $382.37 | |
| L5628 | | ADDITION TO LOWER EXTREMITY TEST SOCKET HEMIPELVECTOMY | 1/1/2004 | MEDICARE | $387.21 | |
| L5629 | | ADDITION TO LOWER EXTREMITY BELOW KNEE ACRYLIC SOCKET | 1/1/2004 | MEDICARE | $254.87 | |
| L5630 | | ADD'N TO LOWER EXTREMITY SYMES TYPE EXPANDABLE WALL SOCKET | 1/1/2004 | MEDICARE | $393.05 | |
| L5631 | | ADD'N TO LOWER EXTREMITY AK OR KNEE DISARTIC. ACRYLIC SOCK | 1/1/2004 | MEDICARE | $352.37 | |
| L5632 | | ADD'N TO LOWER EXTREM. SYMES TYPE "PTB" BRIM DESIGN SOCKET | 1/1/2004 | MEDICARE | $218.92 | |
| L5634 | | ADD'N TO LOWER EXTREM. SYMES TYPE POSTERIOR OPENINGSOCKET | 1/1/2004 | MEDICARE | $325.26 | |
| L5636 | | ADD'N TO LOWER EXTREMITY SYMES TYPE MEDIAL OPENING SOCKET | 1/1/2004 | MEDICARE | $272.46 | |
| L5637 | | ADDITION TO LOWER EXTREMITY BELOW KNEE TOTAL CONTACT | 1/1/2004 | MEDICARE | $231.68 | |
| L5638 | | ADDITION TO LOWER EXTREMITY BELOW KNEE LEATHER SOCKET | 1/1/2004 | MEDICARE | $520.39 | |
| L5639 | | ADDITION TO LOWER EXTREMITY BELOW KNEE WOOD SOCKET | 1/1/2004 | MEDICARE | $1,198.87 | Y |
| L5640 | | ADD'N TO LOWER EXTREMITY KNEE DISARTIC. LEATHER SOCKET | 1/1/2004 | MEDICARE | $683.74 | |
| L5642 | | ADDITION TO LOWER EXTREMITY ABOVE KNEE LEATHER SOCKET | 1/1/2004 | MEDICARE | $662.50 | |
| L5643 | | ADD'N TO LOWER EXTREM. HIP DISARTIC. FLEX. INNER/EXT FRAME | 1/1/2004 | MEDICARE | $1,664.29 | Y |
| L5644 | | ADDITION TO LOWER EXTREMITY ABOVE KNEE WOOD SOCKET | 1/1/2004 | MEDICARE | $631.57 | |
| L5645 | | ADD'N TO LOWER EXTREM. BELOW KNEE FLEX. INNER / EXT. FRAME | 1/1/2004 | MEDICARE | $853.18 | |
| L5646 | | BELOW KNEE CUSHION SOCKET | 1/1/2004 | MEDICARE | $569.14 | |
| L5647 | | ADDITION TO LOWER EXTREMITY BELOW KNEE SUCTION SOCKET | 1/1/2004 | MEDICARE | $778.90 | |
| L5648 | | ABOVE KNEE CUSHION SOCKET | 1/1/2004 | MEDICARE | $703.99 | |
| L5649 | | ADD'N TO LOWER EXTREM. ISCHIAL CONTAINMENT/NARROW M-L SOCK | 1/1/2004 | MEDICARE | $1,700.16 | Y |
| L5650 | | ADD'N TO LOWER EXTREM. TOTAL CONTACT AK OR KNEE DISARTIC. | 1/1/2004 | MEDICARE | $522.01 | |
| L5651 | | ADD'N TO LOWER EXTREM. ABOVE KNEE FLEX. INNER /EXT. FRAME | 1/1/2004 | MEDICARE | $1,284.13 | Y |
| L5652 | | ADD'N TO LOWER EXTREM. SUCTION SUSPENSION AK OR KNEE DISAR | 1/1/2004 | MEDICARE | $466.19 | |
| L5653 | | ADD'N TO LOWER EXTREMITY KNEE DISARTICULATION EXP. WALL | 1/1/2004 | MEDICARE | $622.32 | |
| L5654 | | ADD'N TO LOWER EXTREM. SOCKET INSERT SYMES | 1/1/2004 | MEDICARE | $267.39 | |
| L5655 | | ADD'N TO LOWER EXTREMITY SOCKET INSERT BELOW KNEE | 1/1/2004 | MEDICARE | $212.72 | |
| L5656 | | ADD'N TO LOWER EXTREM. SOCKET INSERT KNEE DISARTICULION | 1/1/2004 | MEDICARE | $306.99 | |
| L5658 | | ADD'N TO LOWER EXTREM. SOCKET INSERT ABOVE KNEE | 1/1/2004 | MEDICARE | $334.24 | |
| L5661 | | ADD'N TO LOWER EXTREM. SOCKET INSERT MULTIDUROMETER SYMES | 1/1/2004 | MEDICARE | $488.03 | |
| L5665 | | ADD'N TO LOWER EXTREM. SOCKET INSERT MULTIDUROMETER BK | 1/1/2004 | MEDICARE | $410.63 | |
| L5666 | | ADDITION TO LOWER EXTREMITY BELOW KNEE CUFF SUSPENSION | 1/1/2004 | MEDICARE | $56.14 | |
| L5668 | | ADD'N TO LOWER EXTREMITY BELOW KNEE MOLDED DISTAL CUSHION | 1/1/2004 | MEDICARE | $80.98 | |
| L5670 | | ADD'N TO LOWER EXTREM. BELOW KNEE MOLDED SUPRACONDYLAR SUS | 1/1/2004 | MEDICARE | $290.15 | |
| L5671 | | BK/AK LOCKING MECHANISM | 1/1/2004 | MEDICARE | $531.87 | |

# Montana Medicaid - Fee Schedule
## DME
## July 1, 2006

| Proc | Modifier | Description | Effective | Method | Fee | PA |
|---|---|---|---|---|---|---|
| L5672 | | ADD'N TO LOWER EXTREM. BELOW KNEE REMOV. MEDIAL BRIM SUSPE | 1/1/2004 | MEDICARE | $318.85 | |
| L5673 | | SOCKET INSERT W LOCK MECH | 1/1/2004 | MEDICARE | $607.63 | |
| L5676 | | ADD'N TO LOWER EXTREM. BELOW KNEE KNEE JTS. SINGLE AXIS PR | 7/1/2006 | MEDICARE | $359.41 | |
| L5677 | | ADD'N TO LOWER EXTREM. BELOW KNEE KNEE JTS. POLYCENTRIC PR | 1/1/2004 | MEDICARE | $395.42 | |
| L5678 | | ADD'N TO LOWER EXTREM. BELOW KNEE JOINT COVERS PAIR | 1/1/2004 | MEDICARE | $41.45 | |
| L5679 | | SOCKET INSERT W/O LOCK MECH | 1/1/2004 | MEDICARE | $506.34 | |
| L5680 | | ADD'N TO LOWER EXTREM. BELOW KNEE THIGH LACER NONMOLDED | 1/1/2004 | MEDICARE | $298.01 | |
| L5681 | | INTL CUSTM CONG/LATYP INSERT | 1/1/2004 | MEDICARE | $1,074.81 | Y |
| L5682 | | ADD'N TO LOWER EXTREM. BK THIGH LACER GLUTEAL/ISCHIAL MOLD | 1/1/2004 | MEDICARE | $501.55 | |
| L5683 | | INITIAL CUSTOM SOCKET INSERT | 1/1/2004 | MEDICARE | $1,074.81 | Y |
| L5684 | | ADD'N TO LOWER EXTREM. BELOW KNEE FORK STRAP | 1/1/2004 | MEDICARE | $39.35 | |
| L5685 | | BELOW KNEE SUS/SEAL SLEEVE | 7/1/2006 | MEDICARE | $104.46 | |
| L5686 | | ADD'N TO LOWER EXTREM. BELOW KNEE BACK CHECK (EXT. CTRL.) | 1/1/2004 | MEDICARE | $48.40 | |
| L5688 | | ADD'N TO LOWER EXTREM. BELOW KNEE WAIST BELT WEBBING | 1/1/2004 | MEDICARE | $48.99 | |
| L5690 | | ADD'N TO LOWER EXTREM. BELOW KNEE WAIST BELT PADDED/LINED | 1/1/2004 | MEDICARE | $78.47 | |
| L5692 | | ADD'N TO LOWER EXTREM. ABOVE KNEE PELVIC CONTROL BELT LIGHT | 1/1/2004 | MEDICARE | $110.27 | |
| L5694 | | ADD'N TO LOWER EXREM. ABOVE KNEE PELVIC CTRL. PADDED/LINED | 1/1/2004 | MEDICARE | $162.20 | |
| L5695 | | ADD'N TO LOWER EXTREM. AK PELVIC CTRL. SLEEVESUSP. EACH | 1/1/2004 | MEDICARE | $159.00 | |
| L5696 | | ADD'N TO LOWER EXTREM. AK OR KNEE DISARTIC. PELVIC JOINT | 1/1/2004 | MEDICARE | $148.38 | |
| L5697 | | ADD'N TO LOWER EXTREM. AK OR KNEE DISARTIC. PELVIC BAND | 1/1/2004 | MEDICARE | $70.14 | |
| L5698 | | ADD'N TO LOWER EXTREM. AK OR KNEE DISARTIC. SILESIAN BNDG. | 1/1/2004 | MEDICARE | $83.65 | |
| L5699 | | ALL LOWER EXTREMITY PROSTHESES SHOULDER HARNESS | 1/1/2004 | MEDICARE | $149.53 | |
| L5700 | | REPLACEMENT SOCKET BELOW KNEE MOLDED TO PATIENT MODEL | 1/1/2004 | MEDICARE | $2,275.69 | Y |
| L5701 | | REPLACEMENT SOCKET AK/KNEE DISARTIC. INCL ATTACHMENT MOLDED | 1/1/2004 | MEDICARE | $3,037.37 | Y |
| L5702 | | REPLACEMENT SOCKET HIP DISARTIC. INC. HIP JOINT MOLDED | 1/1/2004 | MEDICARE | $4,186.39 | Y |
| L5703 | | SYMES ANKLE W/O (SACH) FOOT | 7/1/2006 | MEDICARE | $1,814.50 | Y |
| L5704 | | CUSTOM SHAPE COVER BK | 1/1/2004 | MEDICARE | $474.89 | |
| L5705 | | REPLACEMENT CUSTOM SHAPED PROTECTIVE COVER ABOVE KNEE | 1/1/2004 | MEDICARE | $806.34 | |
| L5706 | | CUSTOM SHAPE CVR KNEE DISART | 1/1/2004 | MEDICARE | $795.61 | |
| L5707 | | REPLACEMENT CUSTOM SHAPED PROTECTIVE COVER HIP DISARTIC. | 1/1/2004 | MEDICARE | $1,097.71 | Y |
| L5710 | | ADD'N EXOSKELETAL KNEE-SHIN SYSTEM SNGL. AXIS MANUAL LOCK | 1/1/2004 | MEDICARE | $340.35 | |
| L5711 | | ADD'N EXOSKELETAL KNEE-SHIN SYS. SNGL. AXIS MANUAL LOCK U/L | 1/1/2004 | MEDICARE | $418.76 | |
| L5712 | | ADD'N EXOSKELETAL KNEE-SHIN SYS. SNGL. AXIS FRICTION SWING | 1/1/2004 | MEDICARE | $345.57 | |
| L5714 | | ADD'N EXOSKELETAL KNEE-SHIN SYS. SNGL. AXIS VARIAB FRICTI | 1/1/2004 | MEDICARE | $407.04 | |
| L5716 | | ADD'N EXOSKELETAL KNEE-SHIN SYS. POLYCENTRIC MECHAN. LOCK | 1/1/2004 | MEDICARE | $779.34 | |
| L5718 | | ADD'N EXOSKELETAL KNEE-SHIN SYS. POLYCENTRIC FRICT. SWING | 1/1/2004 | MEDICARE | $974.09 | |
| L5722 | | ADD'N EXOSKELETAL KNEE-SHIN SYS. SNGL. AXIS PNEUMATIC SWI | 1/1/2004 | MEDICARE | $805.52 | |
| L5724 | | ADD'N EXOSKELETAL KNEE-SHIN SYS. SNGL. AXIS FLUID SWING | 1/1/2004 | MEDICARE | $1,265.21 | Y |
| L5726 | | ADD'N EXOSKEL. KNEE-SHIN SYS. SNGL. AXIS EXT. JTS. FLUID | 1/1/2004 | MEDICARE | $1,395.08 | Y |
| L5728 | | ADD'N EXOSKELETAL KNEE-SHIN SYS. SNGL. AXIS FLUID SWING | 1/1/2004 | MEDICARE | $2,297.07 | Y |
| L5780 | | ADD'N EXOSKELETAL KNEE-SHIN SYS. SNGL. AXIS PNEUMAT./HYDR | 1/1/2004 | MEDICARE | $921.72 | |
| L5781 | | LOWER LIMB PROS VACUUM PUMP | 1/1/2003 | MEDICARE | $3,262.85 | Y |
| L5782 | | HD LOW LIMB PROS VACUUM PUMP | 7/1/2006 | MEDICARE | $3,439.78 | Y |
| L5785 | | ADD'N EXOSKELETAL SYSTEM BELOW KNEE ULTRA-LIGHT MATERIAL | 1/1/2004 | MEDICARE | $416.66 | |

# Montana Medicaid - Fee Schedule
## DME
## July 1, 2006

| Proc | Modifier | Description | Effective | Method | Fee | PA |
|---|---|---|---|---|---|---|
| L5790 | | ADD'N EXOSKELETAL SYSTEM ABOVE KNEE ULTRA-LIGHT MATERIAL | 1/1/2004 | MEDICARE | $576.63 | |
| L5795 | | ADD'N EXOSKELETAL SYSTEM HIP DISARTIC. ULTRA-LIGHT MATERI | 1/1/2004 | MEDICARE | $861.07 | |
| L5810 | | ADD'N ENDOSKELETAL KNEE-SHIN SYSTEM SNGL. AXIS MANUAL LOCK | 1/1/2004 | MEDICARE | $433.49 | |
| L5811 | | ADD'N ENDOSKELETAL KNEE-SHIN SYS. SNGL. AXIS MANUAL LOCK U/L | 1/1/2004 | MEDICARE | $757.59 | |
| L5812 | | ADD'N ENDOSKELETAL KNEE-SHIN SYS. SNGL. AXIS FRICTION SWING | 1/1/2004 | MEDICARE | $557.68 | |
| L5814 | | ADD'N ENDOSKELETAL KNEE-SHIN SYS. POLYCENTRIC HYDRAULIC | 1/1/2004 | MEDICARE | $3,028.56 | Y |
| L5816 | | ADD'N ENDOSKELETAL KNEE-SHIN SYS. POLYCENTRIC MECHAN. LOCK | 1/1/2004 | MEDICARE | $909.37 | |
| L5818 | | ADD'N ENDOSKELETAL KNEE-SHIN SYS. POLYCENTRIC FRICT. SWING | 1/1/2004 | MEDICARE | $1,026.87 | Y |
| L5822 | | ADD'N ENDOSKELETAL KNEE-SHIN SYS. SNGL. AXIS PNEUMATIC SWI | 1/1/2004 | MEDICARE | $1,510.47 | Y |
| L5824 | | ADD'N ENDOSKELETAL KNEE-SHIN SYS. SNGL. AXIS FLUID SWING | 1/1/2004 | MEDICARE | $1,639.82 | Y |
| L5826 | | ADD'N ENDOSKEL. KNEE-SHIN SYS. SNGL. AXIS HYDRAULIC HIGH | 1/1/2004 | MEDICARE | $2,546.65 | Y |
| L5828 | | ADD'N ENDOSKELETAL KNEE-SHIN SYS. SNGL. AXIS FLUID SWING | 1/1/2004 | MEDICARE | $2,546.67 | Y |
| L5830 | | ADD'N ENDOSKELETAL KNEE-SHIN SYS. SNGL. AXIS PNEUMATIC SWI | 1/1/2004 | MEDICARE | $1,521.76 | Y |
| L5840 | | ADD'N ENDOSKELETAL KNEE-SHIN SYS. 4-BAR OR MULTIAXIAL PNEU | 1/1/2004 | MEDICARE | $3,129.72 | Y |
| L5845 | | ADD'N ENDOSKELETAL KNEE-SHIN SYS. STANCE FLEXION ADJUSTABL | 1/1/2004 | MEDICARE | $1,461.62 | Y |
| L5848 | | KNEE-SHIN SYS HYDRAUL STANCE | 1/1/2003 | MEDICARE | $876.88 | |
| L5850 | | ADD'N ENDOSKELETAL SYSTEM AK OR HIP DISARTIC. EXT. ASSIST | 1/1/2004 | MEDICARE | $136.79 | |
| L5855 | | ADD'N ENDOSKELETAL SYS. HIP DISARTIC. MECHAN. HIP EXT. ASSI | 1/1/2004 | MEDICARE | $328.34 | |
| L5856 | | ELEC KNEE-SHIN SWING/STANCE | 7/1/2006 | MEDICARE | $19,562.29 | Y |
| L5857 | | ELEC KNEE-SHIN SWING ONLY | 7/1/2006 | MEDICARE | $6,932.55 | Y |
| L5858 | | STANCE PHASE ONLY | 7/1/2006 | MEDICARE | $15,155.69 | Y |
| L5910 | | ADDITION ENDOSKELETAL SYSTEM BELOW KNEE ALIGNABLE SYSTEM | 1/1/2004 | MEDICARE | $387.27 | |
| L5920 | | ADD'N ENDOSKELETAL SYSTEM AK OR HIP DISARTIC. ALIGNABLE | 1/1/2004 | MEDICARE | $563.46 | |
| L5925 | | ADD'N ENDOSKELETAL SYSTEM ABOVE KNEE OR HIP DISARTIC. MAN. | 1/1/2004 | MEDICARE | $359.29 | |
| L5930 | | ADD'N ENDOSKELETAL SYSTEM HIGH ACTIVITY KNEE CONTROL FRAME | 1/1/2004 | MEDICARE | $2,736.23 | Y |
| L5940 | | ADD'N ENDOSKELETAL SYSTEM BELOW KNEE ULTRA-LIGHT MATERIAL | 1/1/2004 | MEDICARE | $536.37 | |
| L5950 | | ADD'N ENDOSKELETAL SYSTEM ABOVE KNEE ULTRA-LIGHT MATERIAL | 1/1/2004 | MEDICARE | $648.28 | |
| L5960 | | ADD'N ENDOSKELETAL SYSTEM HIP DISARTIC. ULTRA-LIGHT MATERI | 1/1/2004 | MEDICARE | $773.13 | |
| L5962 | | ADD'N ENDOSKELETAL SYSTEM BK FLEX. PROTEC OUTER SURF COVER | 1/1/2004 | MEDICARE | $600.53 | |
| L5964 | | ADD'N ENDOSKELETAL SYSTEM AK FLEX. PROTEC OUTER SURF COVER | 1/1/2004 | MEDICARE | $848.66 | |
| L5966 | | ADD'N ENDOSKELETAL SYSTEM HIP DISAR. PRTEC OUTER SURF COV | 1/1/2004 | MEDICARE | $1,079.19 | Y |
| L5968 | | ADD'N TO LOWER LIMB PROSTHESIS MULTIAXIAL ANKLE W/SWING | 1/1/2004 | MEDICARE | $2,963.35 | Y |
| L5970 | | ALL LOWER EXTREM. PROS. FOOT EXTERNAL KEEL SACH FOOT | 1/1/2004 | MEDICARE | $182.09 | |
| L5971 | | SACH FOOT REPLACEMENT | 7/1/2006 | MEDICARE | $182.09 | |
| L5972 | | ALL LOWER EXTREM. PROS. FLEXIBLE KEEL FOOT | 1/1/2004 | MEDICARE | $353.08 | |
| L5974 | | ALL LOWER EXTREM. PROS. FOOT SINGLE AXIS ANKLE/FOOT | 1/1/2004 | MEDICARE | $189.49 | |
| L5975 | | ALL LOWER EXTREM. PROS. COMBO SNGL. AXIS ANKLE/FLEX KEEL FT | 1/1/2004 | MEDICARE | $378.06 | |
| L5976 | | ALL LOWER EXTREM. PROS. ENERGY STORING FOOT | 1/1/2004 | MEDICARE | $484.92 | |
| L5978 | | ALL LOWER EXTREM. PROS. FOOT MULTIAXIAL ANKLE/FOOT | 1/1/2004 | MEDICARE | $234.04 | |
| L5979 | | ALL LOWER EXTREM. PROS. MULTIAXIAL ANKLE/DYNAMIC RESPFOOT | 1/1/2004 | MEDICARE | $2,215.06 | Y |
| L5980 | | ALL LOWER EXTREM. PROS. FLEX FOOT SYSTEM | 1/1/2004 | MEDICARE | $3,964.62 | Y |
| L5981 | | ALL LOWER EXTREM. PROS. FLEX-WALK SYSTEM OR EQUAL | 1/1/2004 | MEDICARE | $2,590.78 | Y |
| L5982 | | ALL LOWER EXTREM. PROS. AXIAL ROTATION UNIT | 1/1/2004 | MEDICARE | $618.17 | |
| L5984 | | ENDOSKELETAL AXIAL ROTATION | 1/1/2004 | MEDICARE | $483.74 | |

# Montana Medicaid - Fee Schedule
## DME
## July 1, 2006

| Proc | Modifier | Description | Effective | Method | Fee | PA |
|---|---|---|---|---|---|---|
| L5985 | | ALL LOWER EXTREM. PROS. DYNAMIC PROSTHETIC PYLON | 1/1/2004 | MEDICARE | $229.55 | |
| L5986 | | ALL LOWER EXTREM. PROS. MULTIAXIAL ROTATION UNIT | 1/1/2004 | MEDICARE | $677.59 | |
| L5987 | | ALL LOWER EXTREM. PROS. SHANK FOOT SYSTEM W/VERT. LOAD PYLON | 1/1/2004 | MEDICARE | $5,866.29 | Y |
| L5988 | | ADD'N TO LOWER LIMB PROSTHESIS VERTICAL SHOCK REDUCING PYLO | 1/1/2004 | MEDICARE | $1,629.03 | Y |
| L5990 | | USER ADJUSTABLE HEEL HEIGHT | 1/1/2004 | MEDICARE | $1,479.43 | Y |
| L5995 | | LOWER EXT PROS HEAVYDUTY FEA | 1/1/2003 | BY REPORT | $0.00 | |
| L5999 | | LOWER EXTREMITY PROSTHESIS NOT OTHERWISE SPECIFIED | 7/1/1991 | BY REPORT | $0.00 | |
| L6000 | | PARTIAL HAND ROBIN-AIDS THUMB REMAINING (OR EQUAL) | 1/1/2004 | MEDICARE | $1,065.57 | Y |
| L6010 | | PARTIAL HAND ROBIN-AIDS LITTLE &/OR RING FINGER REMAINING | 1/1/2004 | MEDICARE | $1,262.47 | Y |
| L6020 | | PARTIAL HAND ROBIN-AIDS NO FINGER REMAINING (OR EQUAL) | 1/1/2004 | MEDICARE | $1,123.90 | Y |
| L6025 | | PART HAND DISART MYOELECTRIC | 1/1/2003 | MEDICARE | $6,525.70 | Y |
| L6050 | | WRIST DISARTIC. MOLDED SOCK. FLEX. ELBOW HINGES TRICEPS PA | 1/1/2004 | MEDICARE | $1,639.44 | Y |
| L6055 | | WRIST DISARTIC. MOLDED SOCK. W/ EXPANDABLE INTERFACE | 1/1/2004 | MEDICARE | $2,269.76 | Y |
| L6100 | | BELOW ELBOW MOLDED SOCKET FLEX. ELBOW HINGE TRICEPS PAD | 1/1/2004 | MEDICARE | $1,622.72 | Y |
| L6110 | | BELOW ELBOW MOLDED SOCKET (MUENSTER OR NW SUSPENSION TYPE) | 1/1/2004 | MEDICARE | $1,674.72 | Y |
| L6120 | | BELOW ELBOW MOLDED DOUBLE WALL SPLIT SOCKET STEP-UP HINGES | 1/1/2004 | MEDICARE | $2,102.67 | Y |
| L6130 | | BELOW ELBOW MOLDED DBL. WALL SPLIT SOCK. STUMP ACTIV. HINGE | 1/1/2004 | MEDICARE | $2,268.54 | Y |
| L6200 | | ELBOW DISARTIC. MOLDED SOCK. OUTSIDE LOCKING HINGE FOREARM | 1/1/2004 | MEDICARE | $2,445.40 | Y |
| L6205 | | ELBOW DISARTIC. MOLDED SOCK. EXP. INTFACE LOCKING FOREARM | 1/1/2004 | MEDICARE | $2,995.04 | Y |
| L6250 | | ABOVE ELBOW MOLDED DBL. WALL SOCK. INT.LOCK ELBOW FOREARM | 1/1/2004 | MEDICARE | $2,177.27 | Y |
| L6300 | | SHOULDER DISARTIC. MOLDED SOCK. SHLDR BULKHEAD HUMERAL | 1/1/2004 | MEDICARE | $3,192.55 | Y |
| L6310 | | SHOULDER DISARTIC. PASSIVE RESTORATION(COMPLETE PROSTHESIS) | 1/1/2004 | MEDICARE | $2,433.65 | Y |
| L6320 | | SHOULDER DISARTIC. PASSIVE RESTORATION (SHOULDER CAP ONLY) | 1/1/2004 | MEDICARE | $1,461.09 | Y |
| L6350 | | INTERSCAP. THORACIC MOLDED SOCKET SHOULDER BULKHEADHUMER | 1/1/2004 | MEDICARE | $3,668.26 | Y |
| L6360 | | INTERSCAP. THORACIC PASSIVE RESTORATION(COMPLETE PROSTHESIS) | 1/1/2004 | MEDICARE | $2,554.41 | Y |
| L6370 | | INTERSCAP. THORACIC PASSIVE RESTORATION (SHOULDER CAP ONLY) | 1/1/2004 | MEDICARE | $1,628.86 | Y |
| L6380 | | IMMED. POSTSURG. OR EARLY FIT DRESSING APPLIC. WRIST OR BE | 1/1/2004 | MEDICARE | $933.85 | |
| L6382 | | IMMED. POSTSURG. OR EARLY FIT DRESSING APPLIC. ELBOW OR AE | 1/1/2004 | MEDICARE | $1,269.27 | Y |
| L6384 | | IMMED. POSTSURG. OR EARLY FIT DRESSING APPLIC. SHLDR. OR I/T | 1/1/2004 | MEDICARE | $1,760.10 | Y |
| L6386 | | IMMED. POSTSURG. OR EARLY FIT EA ADD'L CAST CHANGE/REALIGNM | 1/1/2004 | MEDICARE | $322.06 | |
| L6388 | | IMMED. POSTSURG. OR EARLY FIT APPLIC. RIGID DRESSING ONLY | 1/1/2004 | MEDICARE | $405.46 | |
| L6400 | | BELOW ELBOW MOLDED SOCK. ENDOSKEL SYS. INC. TISSUE SHAPING | 1/1/2004 | MEDICARE | $2,481.18 | Y |
| L6450 | | ELBOW DISARTIC MOLDED SOCK. ENDOSKEL INC. SOFT TISSUE SHAP | 1/1/2004 | MEDICARE | $3,296.72 | Y |
| L6500 | | ABOVE ELBOW MOLDED SOCK. ENDOSKEL SYS. INC. TISSUE SHAPING | 1/1/2004 | MEDICARE | $3,241.94 | Y |
| L6550 | | SHLDR. DISARTIC MOLDED SOCK. ENDOSKEL INC. SOFT TISSUE SHAP | 1/1/2004 | MEDICARE | $4,055.02 | Y |
| L6570 | | INTERSCAPULAR THORACIC MOLDED SOCKET ENDOSKELETAL SYSTEM | 1/1/2004 | MEDICARE | $4,219.19 | Y |
| L6580 | | PREPARATORY WRIST DISARTICULATION OR BELOW ELBOW SINGLE WA | 1/1/2006 | MEDICARE | $1,508.58 | Y |
| L6582 | | PREPARATORY WRIST DISARTICULATION OR BELOW ELBOW SINGLE WA | 1/1/2004 | MEDICARE | $1,471.67 | Y |
| L6584 | | PREPARATORY ELBOW DISARTICULATION OR ABOVE ELBOW SINGLE WA | 1/1/2006 | MEDICARE | $1,641.47 | Y |
| L6586 | | PREPARATORY ELBOW DISARTICULATION OR ABOVE ELBOW SINGLE WA | 1/1/2004 | MEDICARE | $1,707.87 | Y |
| L6588 | | PREPARATORY SHOULDER DISARTICULATION OR INTERSCAPULAR THORA | 1/1/2004 | MEDICARE | $2,266.78 | Y |
| L6590 | | PREPARATORY SHOULDER DISARTICULATION OR INTERSCAPULAR THORA | 1/1/2004 | MEDICARE | $2,273.45 | Y |
| L6600 | | UPPER EXTREMITY ADDITIONS POLYCENTRIC HINGE PAIR | 1/1/2004 | MEDICARE | $150.43 | |
| L6605 | | UPPER EXTREMITY ADDITIONS SINGLE PIVOT HINGE PAIR | 1/1/2004 | MEDICARE | $148.53 | |

# Montana Medicaid - Fee Schedule
## DME
## July 1, 2006

| Proc | Modifier | Description | Effective | Method | Fee | PA |
|---|---|---|---|---|---|---|
| L6610 | | UPPER EXTREMITY ADDITIONS FLEXIBLE METAL HINGE PAIR | 1/1/2004 | MEDICARE | $135.93 | |
| L6615 | | UPPER EXTREMITY ADDITIONS DISCONNECT LOCKING WRIST UNIT | 1/1/2004 | MEDICARE | $156.57 | |
| L6616 | | UPPER EXTREMITY ADDITION ADDITIONAL DISCONNECT INSERT FOR L | 1/1/2004 | MEDICARE | $52.02 | |
| L6620 | | FLEXION/EXTENSION WRIST UNIT | 1/1/2004 | MEDICARE | $272.84 | |
| L6621 | | FLEX/EXT WRIST W/WO FRICTION | 7/1/2006 | MEDICARE | $1,865.24 | Y |
| L6623 | | UPPER EXTREMITY ADDITION SPRING ASSISTED ROTATIONAL WRIST | 1/1/2004 | MEDICARE | $514.43 | |
| L6625 | | UPPER EXTREMITY ADDITIONS ROTATION WRIST UNIT WITH CABLE | 1/1/2004 | MEDICARE | $426.53 | |
| L6628 | | UPPER EXTREMITY ADDITION QUICK DISCONNECT HOOK ADAPTER OT | 1/1/2004 | MEDICARE | $512.24 | |
| L6629 | | UPPER EXTREMITY ADDITION QUICK DISCONNECT LAMINATION COLLA | 1/1/2004 | MEDICARE | $147.01 | |
| L6630 | | UPPER EXTREMITY ADDITIONS STAINLESS STEEL ANY WRIST | 1/1/2004 | MEDICARE | $172.84 | |
| L6632 | | UPPER EXTREMITY ADDITION LATEX SUSPENSION SLEEVE EACH | 1/1/2004 | MEDICARE | $69.47 | |
| L6635 | | UPPER EXTREMITY ADDITIONS LIFT ASSIST FOR ELBOW | 1/1/2004 | MEDICARE | $166.13 | |
| L6637 | | UPPER EXTREMITY ADDITION NUDGE CONTROL ELBOW LOCK | 1/1/2004 | MEDICARE | $294.47 | |
| L6638 | | ELEC LOCK ON MANUAL PW ELBOW | 1/1/2003 | MEDICARE | $2,039.28 | Y |
| L6640 | | UPPER EXTREMITY ADDITIONS SHOULDER ABDUCTION JOINT PAIR | 1/1/2004 | MEDICARE | $235.23 | |
| L6641 | | UPPER EXTREMITY ADDITION EXCURSION AMPLIFIER PULLEY TYPE | 1/1/2004 | MEDICARE | $129.47 | |
| L6642 | | UPPER EXTREMITY ADDITION EXCURSION AMPLIFIER LEVER TYPE | 1/1/2004 | MEDICARE | $174.38 | |
| L6645 | | UPPER EXTREMITY ADDITIONS SHOULDER FLEXION-ABDUCTION | 1/1/2004 | MEDICARE | $256.01 | |
| L6646 | | MULTIPO LOCKING SHOULDER JNT | 1/1/2003 | MEDICARE | $2,571.99 | Y |
| L6647 | | SHOULDER LOCK ACTUATOR | 1/1/2003 | MEDICARE | $423.47 | |
| L6648 | | EXT PWRD SHLDER LOCK/UNLOCK | 1/1/2003 | MEDICARE | $2,652.65 | Y |
| L6650 | | UPPER EXTREMITY ADDITIONS SHOULDER UNIVERSAL JOINT EACH | 1/1/2004 | MEDICARE | $271.46 | |
| L6655 | | UPPER EXTREMITY ADDITIONS STANDARD CONTROL CABLE EXTRA | 1/1/2004 | MEDICARE | $60.24 | |
| L6660 | | UPPER EXTREMITY ADDITIONS HEAVY DUTY CONTROL CABLE | 1/1/2004 | MEDICARE | $75.40 | |
| L6665 | | UPPER EXTREMITY ADDITIONS TEFLON OR EQUAL CABLE LINING | 1/1/2004 | MEDICARE | $36.94 | |
| L6670 | | UPPER EXTREMITY ADDITIONS HOOK TO HAND CABLE ADAPTER | 1/1/2004 | MEDICARE | $38.46 | |
| L6672 | | UPPER EXTREMITY ADDITIONS HARNESS CHEST OR | 1/1/2004 | MEDICARE | $162.18 | |
| L6675 | | HARNESS FIGURE OF 8 SING CON | 1/1/2004 | MEDICARE | $96.31 | |
| L6676 | | HARNESS FIGURE OF 8 DUAL CON | 1/1/2004 | MEDICARE | $113.54 | |
| L6677 | | UE TRIPLE CONTROL HARNESS | 7/1/2006 | MEDICARE | $241.90 | |
| L6680 | | UPPER EXTREMITY ADDITIONS TEST SOCKET WRIST DISARTICULAT- | 1/1/2004 | MEDICARE | $197.07 | |
| L6682 | | UPPER EXTREMITY ADDITIONS TEST SOCKET ELBOW DISARTICULAT- | 1/1/2004 | MEDICARE | $214.81 | |
| L6684 | | UPPER EXTREMITY ADDITIONS TEST SOCKET SHOULDER DIS- | 1/1/2004 | MEDICARE | $305.36 | |
| L6686 | | UPPER EXTREMITY ADDITION SUCTION SOCKET | 1/1/2004 | MEDICARE | $473.45 | |
| L6687 | | UPPER EXTREMITY FRAME TYPE SOCKET BELOW ELBOW | 1/1/2004 | MEDICARE | $616.78 | |
| L6688 | | UPPER EXTREMITY FRAME TYPE SOCKET ABOVE ELBOW | 1/1/2004 | MEDICARE | $424.84 | |
| L6689 | | UPPER EXTREMITY ADDITION FRAME TYPE SOCKET SHOULDER DISAR | 1/1/2004 | MEDICARE | $720.49 | |
| L6690 | | UPPER EXTREMITY ADDITION FRAME TYPE SOCKET INTERSCAPULAR- | 1/1/2004 | MEDICARE | $551.44 | |
| L6691 | | UPPER EXTREMITY ADDITION REMOVABLE INSERT EACH | 1/1/2004 | MEDICARE | $276.83 | |
| L6692 | | UPPER EXTREMITY ADDITION SILICONE GEL INSERT OR EQUAL EACH | 1/1/2004 | MEDICARE | $561.14 | |
| L6693 | | UPPER EXTREM ADD'N EXT LOCKING ELBOW/FOREARM COUNTERBALANCE | 1/1/2004 | MEDICARE | $2,315.12 | Y |
| L6694 | | ELBOW SOCKET INS USE W/LOCK | 7/1/2006 | MEDICARE | $607.63 | |
| L6695 | | ELBOW SOCKET INS USE W/O LCK | 7/1/2006 | MEDICARE | $506.34 | |
| L6696 | | CUS ELBO SKT IN FOR CON/ATYP | 7/1/2006 | MEDICARE | $1,074.81 | Y |

# Montana Medicaid - Fee Schedule
## DME
## July 1, 2006

| Proc | Modifier | Description | Effective | Method | Fee | PA |
|---|---|---|---|---|---|---|
| L6697 | | CUS ELBO SKT IN NOT CON/ATYP | 7/1/2006 | MEDICARE | $1,074.81 | Y |
| L6698 | | BELOW/ABOVE ELBOW LOCK MECH | 7/1/2006 | MEDICARE | $531.87 | |
| L6700 | | TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #3 | 1/1/2004 | MEDICARE | $554.68 | |
| L6705 | | TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #5 | 1/1/2004 | MEDICARE | $291.43 | |
| L6710 | | TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #5X | 1/1/2004 | MEDICARE | $350.50 | |
| L6715 | | TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #5XA | 1/1/2004 | MEDICARE | $366.58 | |
| L6720 | | TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #6 | 1/1/2004 | MEDICARE | $912.22 | |
| L6725 | | TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #7 | 1/1/2004 | MEDICARE | $427.46 | |
| L6730 | | TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #7LO | 1/1/2004 | MEDICARE | $574.33 | |
| L6735 | | TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #8 | 1/1/2004 | MEDICARE | $311.37 | |
| L6740 | | TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #8X | 1/1/2004 | MEDICARE | $415.40 | |
| L6745 | | TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #88X | 1/1/2004 | MEDICARE | $380.08 | |
| L6750 | | TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #10P | 1/1/2004 | MEDICARE | $366.32 | |
| L6755 | | TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #10X | 1/1/2004 | MEDICARE | $354.01 | |
| L6765 | | TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #12P | 1/1/2004 | MEDICARE | $345.15 | |
| L6770 | | TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #99X | 1/1/2004 | MEDICARE | $357.91 | |
| L6775 | | TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #555 | 1/1/2004 | MEDICARE | $402.07 | |
| L6780 | | TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #SS555 | 1/1/2004 | MEDICARE | $417.92 | |
| L6790 | | TERMINAL DEVICES HOOKS-ACCU HOOK OR EQUAL | 1/1/2004 | MEDICARE | $374.91 | |
| L6795 | | TERMINAL DEVICES HOOKS-2 LOAD OR EQUAL | 1/1/2004 | MEDICARE | $1,019.66 | Y |
| L6800 | | TERMINAL DEVICES HOOKS-APRL VC OR EQUAL | 1/1/2004 | MEDICARE | $1,001.53 | Y |
| L6805 | | TERMINAL DEVICE MODIFIER WRIST FLEXION UNIT | 1/1/2004 | MEDICARE | $285.58 | |
| L6806 | | TERMINAL DEVICE HOOK TRS GRIP VC | 1/1/2004 | MEDICARE | $1,318.88 | Y |
| L6807 | | TERMINAL DEVICE HOOK TRS ADEPT CHILD VC | 1/1/2004 | MEDICARE | $1,056.79 | Y |
| L6808 | | TERMINAL DEVICE HOOK TRS ADEPT INFANT VC | 1/1/2004 | MEDICARE | $1,007.25 | Y |
| L6809 | | TERMINAL DEVICE HOOK TRS SUPER SPORT PASSIVE | 1/1/2004 | MEDICARE | $390.46 | |
| L6810 | | TERMINAL DEVICE PINCHER TOOL OTTO BOCK OR EQUAL | 1/1/2004 | MEDICARE | $176.56 | |
| L6825 | | TERMINAL DEVICES HANDS DORRANCE VO | 1/1/2004 | MEDICARE | $933.55 | |
| L6830 | | TERMINAL DEVICES HANDS APRL VC | 1/1/2004 | MEDICARE | $1,448.02 | Y |
| L6835 | | TERMINAL DEVICES HANDS SIERRA VO | 1/1/2004 | MEDICARE | $1,247.64 | Y |
| L6840 | | TERMINAL DEVICES HANDS BECKER IMPERIAL | 1/1/2004 | MEDICARE | $824.00 | |
| L6845 | | TERMINAL DEVICES HANDS BECKER LOCK GRIP | 1/1/2004 | MEDICARE | $686.67 | |
| L6850 | | TERMINAL DEVICES HANDS BECKER PLYLITE | 1/1/2004 | MEDICARE | $625.02 | |
| L6855 | | TERMINAL DEVICES HANDS ROBIN-AIDS VO | 1/1/2004 | MEDICARE | $837.37 | |
| L6860 | | TERMINAL DEVICES HANDS ROBIN-AIDS VO SOFT | 1/1/2004 | MEDICARE | $710.68 | |
| L6865 | | TERMINAL DEVICES HANDS PASSIVE HAND | 1/1/2004 | MEDICARE | $297.02 | |
| L6867 | | TERMINAL DEVICE HAND DETROIT INFANT HAND (MECHANICAL) | 1/1/2004 | MEDICARE | $770.47 | |
| L6868 | | TERMINAL DEVICE HAND PASSIVE INFANT HAND ( STEEPER HOSME | 1/1/2004 | MEDICARE | $192.27 | |
| L6869 | | TERMINAL DEVICE HAND PASSIVE INFANT HAND HOSMER OR EQUAL | 4/1/1988 | BY REPORT | $0.00 | |
| L6870 | | TERMINAL DEVICES HANDS CHILD MITT | 1/1/2004 | MEDICARE | $231.91 | |
| L6872 | | TERMINAL DEVICE HAND NYU CHILD HAND | 1/1/2004 | MEDICARE | $935.77 | |
| L6873 | | TERMINAL DEVICE HAND MECHANICAL INFANT HAND STEEPER OR | 1/1/2004 | MEDICARE | $375.16 | |
| L6875 | | TERMINAL DEVICES HANDS BOCK VC | 1/1/2004 | MEDICARE | $623.33 | |
| L6880 | | TERMINAL DEVICES HANDS BOCK VO | 1/1/2004 | MEDICARE | $470.38 | |

# Montana Medicaid - Fee Schedule
## DME
## July 1, 2006

| Proc | Modifier | Description | Effective | Method | Fee | PA |
|---|---|---|---|---|---|---|
| L6881 | | AUTOGRASP FEATURE UL TERM DV | 1/1/2004 | MEDICARE | $3,333.83 | Y |
| L6882 | | MICROPROCESSOR CONTROL UPLMB | 1/1/2004 | MEDICARE | $2,528.91 | Y |
| L6883 | | REPLC SOCKT BELOW E/W DISA | 7/1/2006 | MEDICARE | $1,374.47 | Y |
| L6884 | | REPLC SOCKT ABOVE ELBOW DISA | 7/1/2006 | MEDICARE | $1,790.40 | Y |
| L6885 | | REPLC SOCKT SHLDR DIS/INTERC | 7/1/2006 | MEDICARE | $2,554.41 | Y |
| L6890 | | PREFAB GLOVE FOR TERM DEVICE | 1/1/2004 | MEDICARE | $145.74 | |
| L6895 | | CUSTOM GLOVE FOR TERM DEVICE | 1/1/2004 | MEDICARE | $457.71 | |
| L6900 | | HAND RESTORATION (CASTS SHADING AND MEASUREMENTS INCLUDED) | 1/1/2004 | MEDICARE | $1,211.34 | Y |
| L6905 | | HAND RESTORATION (CASTS SHADING AND MEASUREMENTS INCLUDED) | 1/1/2004 | MEDICARE | $1,177.46 | Y |
| L6910 | | HAND RESTORATION (CASTS SHADING AND MEASUREMENTS INCLUDED) | 1/1/2004 | MEDICARE | $1,147.08 | Y |
| L6915 | | HAND RESTORATION (SHADING AND MEASUREMENTS INCLUDED) | 1/1/2004 | MEDICARE | $502.05 | |
| L6920 | | WRIST DISARTIC. SWITCH CONTROL OF TERMINAL DEVICE | 1/1/2004 | MEDICARE | $6,505.91 | Y |
| L6925 | | WRIST DISARTIC. MYOELECTRONIC CONTROL OF TERMINAL DEVICE | 1/1/2004 | MEDICARE | $7,016.86 | Y |
| L6930 | | BELOW ELBOW SWITCH CONTROL OF TERMINAL DEVICE | 1/1/2004 | MEDICARE | $6,835.73 | Y |
| L6935 | | BELOW ELBOW MYOELECTRONIC CONTROL OF TERMINAL DEVICE | 1/1/2004 | MEDICARE | $7,338.99 | Y |
| L6940 | | ELBOW DISARTIC. SWITCH CONTROL OF TERMINAL DEVICE | 1/1/2004 | MEDICARE | $9,381.67 | Y |
| L6945 | | ELBOW DISARTIC. MYOELECTRONIC CONTROL OF TERMINAL DEVICE | 1/1/2004 | MEDICARE | $10,914.48 | Y |
| L6950 | | ABOVE ELBOW SWITCH CONTROL OF TERMINAL DEVICE | 1/1/2004 | MEDICARE | $10,663.59 | Y |
| L6955 | | ABOVE ELBOW MYOELECTRONIC CONTROL OF TERMINAL DEVICE | 1/1/2004 | MEDICARE | $12,771.10 | Y |
| L6960 | | SHLDR DISARTIC. SWITCH CONTROL OF TERMINAL DEVICE | 1/1/2004 | MEDICARE | $12,880.62 | Y |
| L6965 | | SHLDR DISARTIC. MYOELECTRONIC CONTROL OF TERMINAL DEVICE | 1/1/2004 | MEDICARE | $13,955.45 | Y |
| L6970 | | INTERSCAP-THOR. SWITCH CONTROL OF TERMINAL DEVICE | 1/1/2004 | MEDICARE | $14,127.73 | Y |
| L6975 | | INTERSCAP-THOR. MYOELECTRONIC CONTROL OF TERMINAL DEVICE | 1/1/2004 | MEDICARE | $15,136.45 | Y |
| L7010 | | ELECTRONIC HAND OTTO BOCK STEEPER OR EQUAL SWITCH CONTROL | 1/1/2004 | MEDICARE | $2,929.07 | Y |
| L7015 | | ELECTRONIC HAND SYSTEM TEKNIK VARIETY VILLAGE OR EQUAL SW | 1/1/2004 | MEDICARE | $4,710.78 | Y |
| L7020 | | ELECTRONIC HAND GREIFER OTTO BOCK OR EQUAL SWITCH CONTROLL | 1/1/2004 | MEDICARE | $2,800.47 | Y |
| L7025 | | ELECTRONIC HAND OTTO BOCK OR EQUAL MYOELECTRONICALLY CONTR | 1/1/2004 | MEDICARE | $2,753.99 | Y |
| L7030 | | ELECTRONIC HAND SYSTEM TEKNIK VARIETY VILLAGE OR EQUAL MY | 1/1/2004 | MEDICARE | $4,615.59 | Y |
| L7035 | | ELECTRONIC GREIFER OTTO BOCK OR EQUAL MYOELECTRONICALLY CO | 1/1/2004 | MEDICARE | $2,894.50 | Y |
| L7040 | | PREHENSILE ACTUATOR HOSMER OR EQUAL SWITCH CONTROLLED | 1/1/2004 | MEDICARE | $2,260.89 | Y |
| L7045 | | ELECTRONIC HOOK CHILD MICHIGAN OR EQUAL SWITCH CONTROLLED | 1/1/2004 | MEDICARE | $1,296.25 | Y |
| L7170 | | ELECTRONIC ELBOW HOSMER OR EQUAL SWITCH CONTROLLED | 1/1/2004 | MEDICARE | $4,933.87 | Y |
| L7180 | | ELECTRONIC ELBOW SEQUENTIAL | 1/1/2004 | MEDICARE | $28,633.80 | Y |
| L7181 | | ELECTRONIC ELBO SIMULTANEOUS | 7/1/2006 | MEDICARE | $32,674.36 | Y |
| L7185 | | ELECTRONIC ELBOW VARIETY VILLAGE OR EQUAL SWITCH CONTROL | 1/1/2004 | MEDICARE | $5,118.81 | Y |
| L7186 | | ELECTRONIC ELBOW CHILD VARIETY VILLAGE OR EQUAL SWITCH CO | 1/1/2004 | MEDICARE | $9,277.36 | Y |
| L7190 | | ELECTRONIC ELBOW VARIETY VILLAGE OR EQUAL MYOELECTRONIC | 1/1/2004 | MEDICARE | $6,476.32 | Y |
| L7191 | | ELECTRONIC ELBOW CHILD VARIETY VILLAGE OR EQUAL MYOELECTR | 1/1/2004 | MEDICARE | $9,505.36 | Y |
| L7260 | | ELECTRONIC WRIST ROTATOR OTTO BOCK OR EQUAL | 1/1/2004 | MEDICARE | $1,840.51 | Y |
| L7261 | | ELECTRONIC WRIST ROTATOR FOR UTAH ARM | 1/1/2004 | MEDICARE | $3,486.77 | Y |
| L7266 | | SERVO CONTROL STEEPER OR EQUAL | 1/1/2004 | MEDICARE | $794.01 | |
| L7272 | | ANALOGUE CONTROL UNB OR EQUAL | 1/1/2004 | MEDICARE | $1,783.10 | Y |
| L7274 | | PROPORTIONAL CONTROL 12 VOLT UTAH OR EQUAL | 1/1/2004 | MEDICARE | $5,321.21 | Y |
| L7360 | | SIX VOLT BATTERY OTTO BOCK OR EQUAL EACH | 1/1/2004 | MEDICARE | $182.37 | |

# Montana Medicaid - Fee Schedule
## DME
## July 1, 2006

| Proc | Modifier | Description | Effective | Method | Fee | PA |
|---|---|---|---|---|---|---|
| L7362 | | BATTERY CHARGER SIX VOLT OTTO BOCK OR EQUAL | 1/1/2004 | MEDICARE | $267.90 | |
| L7364 | | TWELVE VOLT BATTERY UTAH OR EQUAL EACH | 1/1/2004 | MEDICARE | $319.57 | |
| L7366 | | BATTERY CHARGER TWELVE VOLT UTAH OR EQUAL | 1/1/2004 | MEDICARE | $430.47 | |
| L7367 | | REPLACEMNT LITHIUM IONBATTER | 1/1/2003 | MEDICARE | $317.49 | |
| L7368 | | 3ITHIUM ION BATTERY CHARGER | 1/1/2003 | MEDICARE | $411.57 | |
| L7400 | | ADD UE PROST BE/WD ULTLITE | 7/1/2006 | MEDICARE | $249.94 | |
| L7401 | | ADD UE PROST A/E ULTLITE MAT | 7/1/2006 | MEDICARE | $279.79 | |
| L7402 | | ADD UE PROST S/D ULTLITE MAT | 7/1/2006 | MEDICARE | $302.18 | |
| L7403 | | ADD UE PROST B/E ACRYLIC | 7/1/2006 | MEDICARE | $300.31 | |
| L7404 | | ADD UE PROST A/E ACRYLIC | 7/1/2006 | MEDICARE | $453.26 | |
| L7405 | | ADD UE PROST S/D ACRYLIC | 7/1/2006 | MEDICARE | $592.77 | |
| L7499 | | UPPER EXTREMITY PROSTHESIS NOT OTHERWISE SPECIFIED | 10/1/1986 | BY REPORT | $0.00 | |
| L7500 | | REPAIR OF PROSTHETIC DEVICE HOURLY RATE | 10/1/1986 | BY REPORT | $0.00 | |
| L7510 | | PROSTHETIC DEVICE REPAIR REP | 10/1/1986 | BY REPORT | $0.00 | |
| L7520 | | REPAIR PROSTHETIC DEVICE LABOR COMPONENT PER 15 MINUTES | 1/1/1997 | BY REPORT | $0.00 | |
| L7600 | | PROSTHETIC DONNING SLEEVE | 1/1/2006 | BY REPORT | $0.00 | |
| L8000 | | BREAST PROSTHESIS MASTECTOMY BRA | 1/1/2004 | MEDICARE | $30.15 | |
| L8001 | | BREAST PROSTHESIS BRA & FORM | 1/1/2004 | MEDICARE | $102.28 | |
| L8002 | | BRST PRSTH BRA & BILAT FORM | 1/1/2004 | MEDICARE | $134.54 | |
| L8010 | | MASTECTOMY SLEEVE | 7/1/1991 | BY REPORT | $0.00 | |
| L8015 | | EXT BREAST PROSTHESIS GARMENT W/MASTECTOMY FORM POST-MASTEC | 1/1/2004 | MEDICARE | $48.88 | |
| L8020 | | BREAST PROSTHESIS MASTECTOMY FORM | 1/1/2004 | MEDICARE | $160.88 | |
| L8030 | | BREAST PROSTHESIS SILICONE OR EQUAL | 1/1/2004 | MEDICARE | $285.49 | |
| L8035 | | CUSTOM BREAST PROSTH. POST MASTECTOMY MOLDED TO PT. MODEL | 1/1/2004 | MEDICARE | $2,987.57 | Y |
| L8039 | | BREAST PROSTHESIS NOT OTHERWISE SPECIFIED | 1/1/1998 | BY REPORT | $0.00 | |
| L8040 | | NASAL PROSTHESIS PROVIDED BY A NON PHYSICIAN | 1/1/2006 | MEDICARE | $1,883.59 | Y |
| L8041 | | MIDFACIAL PROSTHESIS PROVIDED BY A NON PHYSICIAN | 1/1/2006 | MEDICARE | $2,270.44 | Y |
| L8042 | | ORBITAL PROSTHESIS PROVIDED BY A NON PHYSICIAN | 1/1/2006 | MEDICARE | $2,551.06 | Y |
| L8043 | | UPPER FACIAL PROSTHESIS PROVIDED BY A NON PHYSICIAN | 1/1/2006 | MEDICARE | $2,857.19 | Y |
| L8044 | | HEMI-FACIAL PROSTHESIS PROVIDED BY A NON PHYSICIAN | 1/1/2006 | MEDICARE | $3,163.31 | Y |
| L8045 | | AURICULAR PROSTHESIS PROVIDED BY A NON PHYSICIAN | 1/1/2006 | MEDICARE | $1,980.69 | Y |
| L8046 | | PARTIAL FACIAL PROSTHESIS PROVIDED BY A NON PHYSICIAN | 1/1/2006 | MEDICARE | $2,040.85 | Y |
| L8047 | | NASAL SEPTAL PROSTHESIS PROVIDED BY A NON PHYSICIAN | 1/1/2006 | MEDICARE | $1,045.93 | Y |
| L8048 | | UNSPECIFIED MAXILLOFACIAL PROSTHESIS BY A NON PHYSICIAN | 1/1/2001 | BY REPORT | $0.00 | |
| L8049 | | REPAIR OR MODIFICATION OF MAXILLOFACIAL PROSTHESIS LABOR | 1/1/2004 | BY REPORT | $0.00 | |
| L8300 | | TRUSSES SINGLE WITH STANDARD PAD | 1/1/2004 | MEDICARE | $77.19 | |
| L8310 | | TRUSSES DOUBLE WITH STANDARD PADS | 1/1/2004 | MEDICARE | $124.49 | |
| L8320 | | TRUSSES ADDITION TO STANDARD PADS WATER PAD | 1/1/2004 | MEDICARE | $42.87 | |
| L8330 | | TRUSSES ADDITION TO STANDARD PADS SCROTAL PAD | 1/1/2004 | MEDICARE | $39.59 | |
| L8400 | | PROSTHETIC SHEATH BELOW KNEE EACH | 1/1/2004 | MEDICARE | $12.62 | |
| L8410 | | PROSTHETIC SHEATH ABOVE KNEE EACH | 1/1/2004 | MEDICARE | $17.56 | |
| L8415 | | PROSTHETIC SHEATH UPPER LIMB EACH | 1/1/2004 | MEDICARE | $18.98 | |
| L8417 | | PROS SHEATH/SOCK GEL CUSHION BELOW OR ABOVE KNEE EACH | 1/1/2004 | MEDICARE | $61.32 | |
| L8420 | | PROSTHETIC SOCK MULTIPLE PLY BELOW KNEE EACH | 1/1/2004 | MEDICARE | $15.60 | |

# Montana Medicaid - Fee Schedule
## DME
## July 1, 2006

| Proc | Modifier | Description | Effective | Method | Fee | PA |
|---|---|---|---|---|---|---|
| L8430 | | PROSTHETIC SOCK MULTIPLE PLY ABOVE KNEE EACH | 1/1/2004 | MEDICARE | $19.69 | |
| L8435 | | PROSTHETIC SOCK MULTIPLE PLY UPPER LIMB EACH | 1/1/2004 | MEDICARE | $16.86 | |
| L8440 | | PROSTHETIC SHRINKER BELOW KNEE EACH | 1/1/2004 | MEDICARE | $33.54 | |
| L8460 | | PROSTHETIC SHRINKER ABOVE KNEE EACH | 1/1/2004 | MEDICARE | $53.45 | |
| L8465 | | PROSTHETIC SHRINKER UPPER LIMB EACH | 1/1/2004 | MEDICARE | $39.12 | |
| L8470 | | PROSTHETIC SOCK SINGLE PLY FITTING BELOW KNEE EACH | 1/1/2004 | MEDICARE | $7.14 | |
| L8480 | | PROSTHETIC SOCK SINGLE PLY FITTING ABOVE KNEE EACH | 1/1/2004 | MEDICARE | $9.84 | |
| L8485 | | PROSTHETIC SOCK SINGLE PLY FITTING UPPER LIMB EACH | 1/1/2004 | MEDICARE | $10.68 | |
| L8499 | | UNLISTED PROCEDURE FOR MISCELLANEOUS PROSTHETIC | 10/1/1986 | BY REPORT | $0.00 | |
| L8500 | | ARTIFICIAL LARYNX ANY TYPE | 1/1/2004 | MEDICARE | $529.27 | |
| L8501 | | TRACHEOSTOMY SPEAKING VALVE | 1/1/2004 | MEDICARE | $96.88 | |
| L8505 | | ARTIFICIAL LARYNX ACCESSORY | 1/1/2002 | BY REPORT | $0.00 | |
| L8507 | | TRACH-ESOPH VOICE PROS PT IN | 1/1/2004 | MEDICARE | $34.15 | Y |
| L8509 | | TRACH-ESOPH VOICE PROS MD IN | 1/1/2004 | MEDICARE | $89.04 | |
| L8510 | | VOICE AMPLIFIER | 1/1/2004 | MEDICARE | $206.06 | Y |
| L8515 | | GEL CAP APP DEVICE FOR TRACH | 7/1/2006 | MEDICARE | $51.48 | |
| L8621 | | REPL ZINC AIR BATTERY | 7/1/2006 | MEDICARE | $0.52 | |
| L8622 | | REPL ALKALINE BATTERY | 7/1/2006 | MEDICARE | $0.27 | |
| L8623 | | LITH ION BATT CID,NON-EARLVL | 7/1/2006 | MEDICARE | $52.86 | |
| L8624 | | LITH ION BATT CID, EAR LEVEL | 7/1/2006 | MEDICARE | $131.75 | |
| L8689 | | EXTERNAL RECHARGING SYSTEM | 7/1/2006 | MEDICARE | $33.98 | |
| L9900 | SF | ORTHO/PROSTHETIC SUPP ACCESS &/OR SRVC COMPONT OF ANTHR CODE | 7/1/2006 | MEDICARE | $30.00 | Y |
| V2623 | | PLASTIC EYE PROSTH CUSTOM | 1/1/2004 | MEDICARE | $761.71 | |
| V2624 | | POLISHING ARTIFICAL EYE | 1/1/2004 | MEDICARE | $62.10 | |
| V2625 | | ENLARGEMNT OF EYE PROSTHESIS | 1/1/2004 | MEDICARE | $391.40 | |
| V2626 | | REDUCTION OF EYE PROSTHESIS | 1/1/2004 | MEDICARE | $160.00 | |
| V2627 | | SCLERAL COVER SHELL | 1/1/2004 | MEDICARE | $1,342.78 | Y |
| V2628 | | FABRICATION & FITTING | 1/1/2004 | MEDICARE | $325.33 | |
| V5266 | | BATTERY FOR HEARING DEVICE | 1/1/2004 | BY REPORT | $0.00 | |
| V5336 | | REPAIR/MODIFICATION OF AUGMENTATIVE COMMUNICATIVE SYSTEM | 1/1/2004 | BY REPORT | $0.00 | Y |