

**Montana Medicaid - Fee Schedule
Denturist
July 1, 2008**

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:

EP = EPSDT service (Early Periodic Screening Diagnosis and Treatment)

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

Effective – This is the first date of service for which the listed fee is applicable.

Method – Source of fee determination

Fee Sched: Medicaid fee; not determined using RBRVS payment schedule

Medicare: Medicare-prevailing fee.

By Report (BR): Equals a percentage of billed charges; percentage depends on provider type and service/supply

Anes Value: Number of anesthesia base value units

RBRVS: Based on Medicare Relative Value Units (RVU's) x Montana Medicaid conversion factor x policy adjuster

Global – Global surgery indicator. Global surgery periods are pre- and post-operative time frames assigned to surgical procedures.

Space: Global concept does not apply to this code

000: Same day as procedure

010: Same day and ten days following procedure

090: One day prior to and ninety days following procedure

MMM: In maternity cases, the usual global period does not apply

PA – Prior Authorization

Y: Prior authorization is required

Space: Prior authorization is not required

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Proc	Mod	Description	Effective	Method	Fees
D0140		LIMIT ORAL EVAL PROBLM FOCUS	7/1/2008	FEE SCHED	\$31.27
D0150		COMPREHENSVE ORAL EVALUATION	7/1/2008	FEE SCHED	\$31.27
D0330		DENTAL PANORAMIC FILM	7/1/2008	FEE SCHED	\$50.03
D0470		DIAGNOSTIC CASTS	7/1/2008	FEE SCHED	\$39.09
D2970		TEMPORARY- FRACTURED TOOTH	1/1/2008	BY REPORT	\$0.00
D5110		DENTURES COMPLETE MAXILLARY	7/1/2008	FEE SCHED	\$781.75
D5120		DENTURES COMPLETE MANDIBLE	7/1/2008	FEE SCHED	\$781.75
D5130		DENTURES IMMEDIAT MAXILLARY	7/1/2008	FEE SCHED	\$859.93
D5140		DENTURES IMMEDIAT MANDIBLE	7/1/2008	FEE SCHED	\$859.93
D5211		DENTURES MAXILL PART RESIN	7/1/2008	FEE SCHED	\$531.59
D5212		DENTURES MAND PART RESIN	7/1/2008	FEE SCHED	\$553.48
D5213		DENTURES MAXILL PART METAL	7/1/2008	FEE SCHED	\$938.10
D5214		DENTURES MANDIBL PART METAL	7/1/2008	FEE SCHED	\$938.10
D5225		MAXILLARY PART DENTURE FLEX	7/1/2008	FEE SCHED	\$686.69
D5226		MANDIBULAR PART DENTURE FLEX	7/1/2008	FEE SCHED	\$687.94
D5410		DENTURES ADJUST CMLPT MAXIL	7/1/2008	FEE SCHED	\$37.52
D5411		DENTURES ADJUST CMLPT MAND	7/1/2008	FEE SCHED	\$37.52
D5421		DENTURES ADJUST PART MAXILL	7/1/2008	FEE SCHED	\$37.52
D5422		DENTURES ADJUST PART MANDBL	7/1/2008	FEE SCHED	\$37.52
D5510		DENTUR REPR BROKEN COMPL BAS	7/1/2008	FEE SCHED	\$93.81
D5520		REPLACE DENTURE TEETH CMLPT	7/1/2008	FEE SCHED	\$62.54
D5610		DENTURES REPAIR RESIN BASE	7/1/2008	FEE SCHED	\$93.81
D5620		REP PART DENTURE CAST FRAME	7/1/2008	FEE SCHED	\$128.21
D5630		REP PARTIAL DENTURE CLASP	7/1/2008	FEE SCHED	\$115.70
D5640		REPLACE PART DENTURE TEETH	7/1/2008	FEE SCHED	\$93.81
D5650		ADD TOOTH TO PARTIAL DENTURE	7/1/2008	FEE SCHED	\$93.81
D5660		ADD CLASP TO PARTIAL DENTURE	7/1/2008	FEE SCHED	\$156.35
D5710		DENTURES REBASE CMLPT MAXIL	7/1/2008	FEE SCHED	\$312.70
D5711		DENTURES REBASE CMLPT MAND	7/1/2008	FEE SCHED	\$312.70
D5720		DENTURES REBASE PART MAXILL	7/1/2008	FEE SCHED	\$187.62
D5721		DENTURES REBASE PART MANDBL	7/1/2008	FEE SCHED	\$250.16
D5730		DENTURE RELN CMLPT MAXIL CH	7/1/2008	FEE SCHED	\$187.62
D5731		DENTURE RELN CMLPT MAND CHR	7/1/2008	FEE SCHED	\$187.62
D5740		DENTURE RELN PART MAXIL CHR	7/1/2008	FEE SCHED	\$156.35
D5741		DENTURE RELN PART MAND CHR	7/1/2008	FEE SCHED	\$156.35
D5750		DENTURE RELN CMLPT MAX LAB	7/1/2008	FEE SCHED	\$250.16
D5751		DENTURE RELN CMLPT MAND LAB	7/1/2008	FEE SCHED	\$250.16
D5760		DENTURE RELN PART MAXIL LAB	7/1/2008	FEE SCHED	\$250.16
D5761		DENTURE RELN PART MAND LAB	7/1/2008	FEE SCHED	\$250.16
D5820		DENTURE INTERM PART MAXILL	7/1/2008	FEE SCHED	\$312.70
D5821		DENTURE INTERM PART MANDBL	7/1/2008	FEE SCHED	\$312.70
D5850		TISSUE CONDITIONING, MAXILLARY	7/1/2008	FEE SCHED	\$81.30

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

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Proc	Mod	Description	Effective	Method	Fees
D5851		TISSUE CONDITIONING, MANDIBULAR	7/1/2008	FEE SCHED	\$81.30
D5899		REMOVABLE PROSTHODONTIC PROC	1/1/1998	BY REPORT	\$0.00
D6930		DENTAL RECEMENT BRIDGE	7/1/2008	FEE SCHED	\$62.54
D6980		BRIDGE REPAIR	7/1/2008	FEE SCHED	\$162.60
D9410		DENTAL HOUSE CALL	7/1/2008	FEE SCHED	\$93.81
D9940		DENTAL OCCLUSAL GUARD	7/1/2008	FEE SCHED	\$312.70