

**Proposed Montana Medicaid - Fee Schedule**  
**Dental**  
**July 1, 2015**

<b>Definitions:</b>									
<b>Modifier</b> – 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)									
<b>Description</b> – 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.									
<b>Effective</b> – This is the first date of service for which the listed fee is applicable.									
<b>Method</b> – Source of fee determination									
<b>Fee Sched:</b> Based on Relative Value for Dentists (RVD) X Montana Medicaid Dental Conversion Factor. Conversion factor for fiscal year 2015 is <del>\$32.53</del> <b>\$33.18</b>									
<b>Medicare:</b> Medicare-prevailing fee.									
<b>Anes Value:</b> Number of anesthesia base value units									
<b>RBRVS:</b> Based on Medicare Relative Value Units (RVU's) x Montana Medicaid conversion factor x policy adjuster									
<b>Global</b> – Global surgery indicator. Global surgery periods are pre- and post-operative time frames assigned to surgical procedures.									
<b>Space:</b> Global concept does not apply to this code									
<b>000:</b> Same day as procedure									
<b>010:</b> Same day and ten days following procedure									
<b>090:</b> One day prior to and ninety days following procedure									
<b>MMM:</b> In maternity cases, the usual global period does not apply									
<b>PA</b> – Prior Authorization					<b>Pass</b> - Passport Referral				
Y: Prior authorization is required					Y: Passport referral is required				
Space: Prior authorization is not required									
					<b>Passport-</b> <i>Not all provider specialties require passport, please refer to your program manual for specifics.</i>				
<i>Relative Values for Dentists (RVD) - copyright 2006. Published by Relative Value Studies, Inc. Broomfield Colorado</i>									
<i>CPT codes, descriptors, and other data only are copyright 1999 American Medical Association (or such other date of publication of CPT)</i>									
<i>All Rights Reserved. Applicable FARS/DFARS Apply</i>									

**Proposed Montana Medicaid - Fee Schedule**  
**Dental**  
**July 1, 2015**

Proc	Mod	Description	Effective	Method	2014 Fees	2015	PA	Min Age	Max age	Notes
D0120		PERIODIC ORAL EVALUATION	07/01/2015	FEE SCHED	\$22.77	\$23.23		000	999	Adults 1 every 6 months unless disabled
D0140		LIMIT ORAL EVAL PROBLM FOCUS	07/01/2015	FEE SCHED	\$32.53	\$33.18		000	999	
D0145		ORAL EVALUATION, PT < 3YRS	07/01/2015	FEE SCHED	\$32.53	\$33.18		000	002	ABCD PROVIDERS ONLY
D0150		COMPREHENSVE ORAL EVALUATION	07/01/2015	FEE SCHED	\$32.53	\$33.18		000	999	Initial visit for new Members; Adults 1 every 3 years
D0210		INTRAOR COMPLETE FILM SERIES	07/01/2015	FEE SCHED	\$65.06	\$66.36		000	999	Min of 14 films; 1 film = 1 unit of service; Adults 1 every 3 years
D0220		INTRAORAL PERIAPICAL FIRST F	07/01/2015	FEE SCHED	\$16.27	\$16.59		000	999	
D0230		INTRAORAL PERIAPICAL EA ADD	07/01/2015	FEE SCHED	\$8.13	\$8.30		000	999	
D0240		INTRAORAL OCCLUSAL FILM	07/01/2015	FEE SCHED	\$19.52	\$19.91		000	999	
D0250		EXTRAORAL FIRST FILM	07/01/2015	FEE SCHED	\$32.53	\$33.18		000	999	
D0260		EXTRAORAL EA ADDITIONAL FILM	07/01/2015	FEE SCHED	\$22.77	\$23.23		000	999	
D0270		DENTAL BITEWING SINGLE FILM	07/01/2015	FEE SCHED	\$16.27	\$16.59		000	999	Adults 4 films per year
D0272		DENTAL BITEWINGS TWO FILMS	07/01/2015	FEE SCHED	\$19.52	\$19.91		000	999	Adults 4 films per year
D0273		BITEWINGS - THREE FILMS	07/01/2015	FEE SCHED	\$26.02	\$26.54		000	999	
D0274		DENTAL BITEWINGS FOUR FILMS	07/01/2015	FEE SCHED	\$32.53	\$33.18		000	999	Adults 4 films per year
D0277		VERT BITEWINGS-SEV TO EIGHT	07/01/2015	FEE SCHED	\$39.04	\$39.82		000	999	
D0330		DENTAL PANORAMIC FILM	07/01/2015	FEE SCHED	\$52.05	\$53.09		000	999	Adults 1 film every 3 years
D0340		DENTAL CEPHALOMETRIC FILM	07/01/2015	FEE SCHED	\$65.06	\$66.36		000	999	Adults 1 full mouth every 3 years
D0350		ORAL/FACIAL PHOTO IMAGES	07/01/2015	FEE SCHED	\$32.53	\$33.18		000	999	1 unit=3 pictures
D0367		CONE BEAM CT INTERP BOTH JAW	07/01/2015	FEE SCHED	\$273.25	\$278.71		000	999	
D0425		CARIES SUSCEPTIBILITY TEST	07/01/2015	FEE SCHED	\$42.29	\$43.47		000	002	ABCD PROVIDERS ONLY
D0460		PULP VITALITY TEST	07/01/2015	FEE SCHED	\$26.02	\$26.54		000	020	
D0470		DIAGNOSTIC CASTS	07/01/2015	FEE SCHED	\$40.66	\$41.48		000	020	
D0486		ACCESSION OF BRUSH BIOPSY	07/01/2015	FEE SCHED	\$68.31	\$69.68		000	999	
D0601		CARIES RISK ASSESS LOW RISK	07/01/2015	FEE SCHED	\$0.00	\$9.95		000	020	Assessment results
D0602		CARIES RISK ASSESS MOD RISK	07/01/2015	FEE SCHED	\$0.00	\$9.95		000	020	Assessment results
D0603		CARIES RISK ASSESS HIGH RISK	07/01/2015	FEE SCHED	\$0.00	\$9.95		000	020	Assessment results
D1110		DENTAL PROPHYLAXIS ADULT	07/01/2015	FEE SCHED	\$48.80	\$49.77		000	999	Every 6 months unless disabled
D1120		DENTAL PROPHYLAXIS CHILD	07/01/2015	FEE SCHED	\$32.53	\$33.18		000	999	
D1206		TOPICAL FLUORIDE VARNISH	07/01/2015	FEE SCHED	\$19.52	\$19.91		000	020	
D1208		TOPICAL APP OF FLUORIDE	07/01/2015	FEE SCHED	\$16.27	\$16.59		000	999	Every 6 months unless disabled
D1310		NUTRI COUNSEL-CONTROL CARIES	07/01/2015	FEE SCHED	\$39.04	\$39.82		000	005	ABCD PROVIDERS ONLY
D1320		TOBACCO COUNSELING	07/01/2015	FEE SCHED	\$35.78	\$36.50		000	999	ALLOWABLE TWO TMIES PER YEAR (EACH 6 MONTHS)
D1330		ORAL HYGIENE INSTRUCTION	07/01/2015	FEE SCHED	\$22.77	\$23.23		000	005	ABCD PROVIDERS ONLY
D1351		DENTAL SEALANT PER TOOTH	07/01/2015	FEE SCHED	\$26.02	\$26.54		000	020	First and second molars only (A, B, I, J, K, L, S, T, 2, 3, 14, 15, 18, 19, 30, 31)
D1352		PREV RESIN REST, PERM TOOTH	07/01/2015	FEE SCHED	\$26.02	\$29.86		000	020	
D1353		SEALANT REPAIR, PER TOOTH	07/01/2015	FEE SCHED		\$26.54				

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

**Proposed Montana Medicaid - Fee Schedule**  
**Dental**  
**July 1, 2015**

Proc	Mod	Description	Effective	Method	2014 Fees	2015	PA	Min Age	Max age	Notes
D1510		SPACE MAINTAINER FXD UNILAT	07/01/2015	FEE SCHED	\$130.12	\$132.72		000	020	
D1515		FIXED BILAT SPACE MAINTAINER	07/01/2015	FEE SCHED	\$195.18	\$199.08		000	020	
D1550		RECEMENT SPACE MAINTAINER	07/01/2015	FEE SCHED	\$39.04	\$39.82		000	020	
D1555		REMOVE FIX SPACE MAINTAINER	07/01/2015	FEE SCHED	\$35.78	\$36.50		000	020	
D2140		AMALGAM ONE SURFACE PERMANEN	07/01/2015	FEE SCHED	\$65.06	\$66.36		000	999	
D2150		AMALGAM TWO SURFACES PERMANE	07/01/2015	FEE SCHED	\$71.57	\$73.00		000	999	
D2160		AMALGAM THREE SURFACES PERMA	07/01/2015	FEE SCHED	\$87.83	\$89.59		000	999	
D2161		AMALGAM 4 OR > SURFACES PERM	07/01/2015	FEE SCHED	\$107.35	\$109.49		000	999	
D2330		RESIN ONE SURFACE-ANTERIOR	07/01/2015	FEE SCHED	\$65.06	\$66.36		000	999	
D2331		RESIN TWO SURFACES-ANTERIOR	07/01/2015	FEE SCHED	\$97.59	\$99.54		000	999	
D2332		RESIN THREE SURFACES-ANTERIO	07/01/2015	FEE SCHED	\$113.86	\$116.13		000	999	
D2335		RESIN 4/> SURF OR W INCIS AN	07/01/2015	FEE SCHED	\$130.12	\$132.72		000	999	
D2390		ANT RESIN-BASED CMPST CROWN	07/01/2015	FEE SCHED	\$221.20	\$225.62		000	999	
D2391		POST 1 SRFC RESINBASED CMPST	07/01/2015	FEE SCHED	\$65.06	\$66.36		000	999	
D2392		POST 2 SRFC RESINBASED CMPST	07/01/2015	FEE SCHED	\$130.12	\$132.72		000	999	
D2393		POST 3 SRFC RESINBASED CMPST	07/01/2015	FEE SCHED	\$175.66	\$179.17		000	999	
D2394		POST >=4SRFC RESINBASE CMPST	07/01/2015	FEE SCHED	\$185.42	\$189.13		000	999	
D2710		CROWN RESIN-BASED INDIRECT	07/01/2015	FEE SCHED	\$325.30	\$331.80		000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2712		CROWN 3/4 RESIN-BASED COMPOS	07/01/2015	FEE SCHED	\$471.69	\$481.11		000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2720		CROWN RESIN W/ HIGH NOBLE ME	07/01/2015	FEE SCHED	\$650.60	\$663.60		000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2721		CROWN RESIN W/ BASE METAL	07/01/2015	FEE SCHED	\$487.95	\$497.70		000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2722		CROWN RESIN W/ NOBLE METAL	07/01/2015	FEE SCHED	\$553.01	\$564.06		000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2740		CROWN PORCELAIN/CERAMIC SUBS	07/01/2015	FEE SCHED	\$650.60	\$663.60		000	020	This code for Children only all teeth
D2750		CROWN PORCELAIN W/ H NOBLE M	07/01/2015	FEE SCHED	\$715.66	\$729.96		000	020	This code for Children only all teeth
D2751		CROWN PORCELAIN FUSED BASE M	07/01/2015	FEE SCHED	\$520.48	\$530.88		000	999	This code for Children and Adults all teeth, adults 2/calendar year
D2752		CROWN PORCELAIN W/ NOBLE MET	07/01/2015	FEE SCHED	\$585.54	\$597.24		000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2780		CROWN 3/4 CAST HI NOBLE MET	07/01/2015	FEE SCHED	\$585.54	\$597.24		000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2781		CROWN 3/4 CAST BASE METAL	07/01/2015	FEE SCHED	\$422.89	\$431.34		000	999	Adults all teeth, 2/calendar year
D2782		CROWN 3/4 CAST NOBLE METAL	07/01/2015	FEE SCHED	\$487.95	\$497.70		000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2783		CROWN 3/4 PORCELAIN/CERAMIC	07/01/2015	FEE SCHED	\$618.07	\$630.42		000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2790		CROWN FULL CAST HIGH NOBLE M	07/01/2015	FEE SCHED	\$618.07	\$630.42		000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2791		CROWN FULL CAST BASE METAL	07/01/2015	FEE SCHED	\$455.42	\$464.52		000	999	Molars for Adults, 2/calendar year
D2792		CROWN FULL CAST NOBLE METAL	07/01/2015	FEE SCHED	\$520.48	\$530.88		000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2794		CROWN-TITANIUM	07/01/2015	FEE SCHED	\$507.47	\$517.61		000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2799		PROVISIONAL CROWN	07/01/2015	FEE SCHED	\$188.67	\$192.44		000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2910		RECEMENT INLAY ONLAY OR PART	07/01/2015	FEE SCHED	\$48.80	\$49.77		000	999	Members with Full Medicaid; 1 every 5 years

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

**Proposed Montana Medicaid - Fee Schedule**  
**Dental**  
**July 1, 2015**

Proc	Mod	Description	Effective	Method	2014 Fees	2015	PA	Min Age	Max age	Notes
D2920		DENTAL RECEMENT CROWN	07/01/2015	FEE SCHED	\$48.80	\$49.77		000	999	Members with Full Medicaid; 1 every 5 years
D2921		REATTACH TOOTH FRAGMENT	07/01/2015	FEE SCHED	\$65.06	\$66.36		000	020	
D2929		PREFAB PORC/CERAM CROWN PRI	07/01/2015	FEE SCHED	\$195.18	\$199.08		000	020	
D2930		PREFAB STNLSS STEEL CRWN PRI	07/01/2015	FEE SCHED	\$130.12	\$132.72		000	999	Members with Full Medicaid; 1 every 5 years
D2931		PREFAB STNLSS STEEL CROWN PE	07/01/2015	FEE SCHED	\$195.18	\$199.08		000	999	Members with Full Medicaid; 1 every 5 years
D2932		PREFABRICATED RESIN CROWN	07/01/2015	FEE SCHED	\$156.14	\$159.26		000	999	Members with Full Medicaid; 1 every 5 years
D2933		PREFAB STAINLESS STEEL CROWN	07/01/2015	FEE SCHED	\$146.39	\$149.31		000	999	Members with Full Medicaid; 1 every 5 years
D2940		DENTAL SEDATIVE FILLING	07/01/2015	FEE SCHED	\$48.80	\$49.77		000	999	Members with Full Medicaid; 1 every 5 years
D2950		CORE BUILD-UP INCL ANY PINS	07/01/2015	FEE SCHED	\$130.12	\$132.72		000	999	Members with Full Medicaid; 1 every 5 years
D2951		TOOTH PIN RETENTION	07/01/2015	FEE SCHED	\$32.53	\$33.18		000	020	Members with Full Medicaid; 1 every 5 years
D2952		POST AND CORE CAST + CROWN	07/01/2015	FEE SCHED	\$260.24	\$265.44		000	999	Members with Full Medicaid; 1 every 5 years
D2953		EACH ADDTNL CAST POST	07/01/2015	FEE SCHED	\$211.45	\$215.67		000	999	Members with Full Medicaid; 1 every 5 years
D2954		PREFAB POST/CORE + CROWN	07/01/2015	FEE SCHED	\$162.65	\$165.90		000	999	Members with Full Medicaid; 1 every 5 years
D2957		EACH ADDTNL PREFAB POST	07/01/2015	FEE SCHED	\$113.86	\$116.13		000	999	Members with Full Medicaid; 1 every 5 years (use w/D2954)
D2960		LAMINATE LABIAL VENEER	07/01/2015	FEE SCHED	\$195.18	\$199.08	Y	000	999	Members with Full Medicaid; 1 every 5 years
D2961		LAB LABIAL VENEER RESIN	07/01/2015	FEE SCHED	\$325.30	\$331.80	Y	000	999	Members with Full Medicaid; 1 every 5 years
D2962		LAB LABIAL VENEER PORCELAIN	07/01/2015	FEE SCHED	\$468.43	\$477.79	Y	000	999	Members with Full Medicaid; 1 every 5 years
D2970		TEMPORARY- FRACTURED TOOTH	07/01/2015	FEE SCHED	\$159.40	\$162.58		000	999	
D2980		CROWN REPAIR	07/01/2015	FEE SCHED	\$133.37	\$136.04		000	999	Members with Full Medicaid; 1 every 5 years
D3110		PULP CAP DIRECT	07/01/2015	FEE SCHED	\$40.66	\$41.48		000	999	
D3120		PULP CAP INDIRECT	07/01/2015	FEE SCHED	\$32.53	\$33.18		000	999	
D3220		THERAPEUTIC PULPOTOMY	07/01/2015	FEE SCHED	\$97.59	\$99.54		000	020	
D3221		GROSS PULPAL DEBRIDEMENT	07/01/2015	FEE SCHED	\$130.12	\$132.72		000	999	
D3230		PULPAL THERAPY ANTERIOR PRIM	07/01/2015	FEE SCHED	\$107.35	\$109.49		000	020	
D3240		PULPAL THERAPY POSTERIOR PRI	07/01/2015	FEE SCHED	\$120.36	\$122.77		000	020	
D3310		ENDO THXPY, ANTERIOR TOOTH	07/01/2015	FEE SCHED	\$331.81	\$338.44		000	999	
D3320		END THXPY, BICUSPID TOOTH	07/01/2015	FEE SCHED	\$374.10	\$381.57		000	999	
D3330		END THXPY, MOLAR	07/01/2015	FEE SCHED	\$455.42	\$464.52		000	999	
D3331		NON-SURG TX ROOT CANAL OBS	07/01/2015	FEE SCHED	\$328.55	\$335.12		000	999	
D3346		RETREAT ROOT CANAL ANTERIOR	07/01/2015	FEE SCHED	\$357.83	\$364.98		000	999	
D3347		RETREAT ROOT CANAL BICUSPID	07/01/2015	FEE SCHED	\$435.90	\$444.61		000	999	
D3348		RETREAT ROOT CANAL MOLAR	07/01/2015	FEE SCHED	\$536.75	\$547.47		000	999	
D3410		APICOECT/PERIRAD SURG ANTER	07/01/2015	FEE SCHED	\$296.02	\$301.94		000	020	
D3421		ROOT SURGERY BICUSPID	07/01/2015	FEE SCHED	\$341.57	\$348.39		000	020	
D3425		ROOT SURGERY MOLAR	07/01/2015	FEE SCHED	\$380.60	\$388.21		000	020	
D3426		ROOT SURGERY EA ADD ROOT	07/01/2015	FEE SCHED	\$162.65	\$165.90		000	020	

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

**Proposed Montana Medicaid - Fee Schedule**  
**Dental**  
**July 1, 2015**

Proc	Mod	Description	Effective	Method	2014 Fees	2015	PA	Min Age	Max age	Notes
D3430		RETROGRADE FILLING	07/01/2015	FEE SCHED	\$97.59	\$99.54		000	999	
D4210		GINGIVECTOMY/PLASTY 4 OR MOR	07/01/2015	FEE SCHED	\$309.04	\$315.21		000	020	1 quadrant = 1 unit of service
D4211		GINGIVECTOMY/PLASTY 1 TO 3	07/01/2015	FEE SCHED	\$113.86	\$116.13		000	020	
D4212		GINGIVECTOMY/PLASTY REST	07/01/2015	FEE SCHED	\$113.86	\$116.13		000	020	
D4230		ANA CROWN EXP 4 OR> PER QUAD	07/01/2015	FEE SCHED	\$299.38	\$305.26		000	020	1 quadrant = 1 unit of service
D4231		ANA CROWN EXP 1-3 PER QUAD	07/01/2015	FEE SCHED	\$263.49	\$268.76		000	020	1 quadrant = 1 unit of service
D4240		GINGIVAL FLAP PROC W/ PLANIN	07/01/2015	FEE SCHED	\$354.58	\$361.66		000	020	
D4241		GNGVL FLAP W ROOTPLAN 1-3 TH	07/01/2015	FEE SCHED	\$354.58	\$291.98		000	020	
D4260		OSSEOUS SURGERY 4 OR MORE	07/01/2015	FEE SCHED	\$520.48	\$530.88		000	999	1 quadrant = 1 unit of service
D4261		OSSEOUS SURG 1 TO 3 TEETH	07/01/2015	FEE SCHED	\$403.37	\$411.43		000	999	1 quadrant = 1 unit of service
D4270		PEDICLE SOFT TISSUE GRAFT PR	07/01/2015	FEE SCHED	\$396.87	\$404.80		000	999	
D4273		SUBEPITHELIAL TISSUE GRAFT	07/01/2015	FEE SCHED	\$536.75	\$547.47		000	020	
D4275		SOFT TISSUE ALLOGRAFT	07/01/2015	FEE SCHED	\$461.93	\$471.16		000	020	
D4277		SOFT TISSUE GRAFT FIRSTTOOTH	07/01/2015	FEE SCHED	\$975.90	\$995.40		000	999	
D4278		SOFT TISSUE GRAFT ADDL TOOTH	07/01/2015	FEE SCHED	\$325.30	\$331.80		000	999	
D4320		PROVISION SPLNT INTRACORONAL	07/01/2015	FEE SCHED	\$221.20	\$225.62		000	999	
D4321		PROVISIONAL SPLINT EXTRACORO	07/01/2015	FEE SCHED	\$195.18	\$199.08		000	999	
D4341		PERIODONTAL SCALING & ROOT	07/01/2015	FEE SCHED	\$162.65	\$165.90		000	999	1 unit= 1 quadrant 4 units per yr, list quadrant in 'tooth # column' on claim form
D4342		PERIODONTAL SCALING 1-3TEETH	07/01/2015	FEE SCHED	\$87.83	\$89.59		000	999	1 unit= 1 quadrant 4 units per yr, list quadrant in 'tooth # column' on claim form
D4355		FULL MOUTH DEBRIDEMENT	07/01/2015	FEE SCHED	\$81.33	\$82.95		000	999	1/yr unless developmentally disabled
D4910		PERIODONTAL MAINT PROCEDURES	07/01/2015	FEE SCHED	\$65.06	\$66.36		000	999	1/90 days unless disabled
D4920		UNSCHEDULED DRESSING CHANGE	07/01/2015	FEE SCHED	\$42.29	\$43.13		000	999	
D5110		DENTURES COMPLETE MAXILLARY	07/01/2015	FEE SCHED	\$813.25	\$829.50		000	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5120		DENTURES COMPLETE MANDIBLE	07/01/2015	FEE SCHED	\$813.25	\$829.50		000	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5130		DENTURES IMMEDIAT MAXILLARY	07/01/2015	FEE SCHED	\$894.58	\$912.45		000	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5140		DENTURES IMMEDIAT MANDIBLE	07/01/2015	FEE SCHED	\$894.58	\$912.45		000	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5211		DENTURES MAXILL PART RESIN	07/01/2015	FEE SCHED	\$553.01	\$564.06		000	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5212		DENTURES MAND PART RESIN	07/01/2015	FEE SCHED	\$575.78	\$587.29		000	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5213		DENTURES MAXILL PART METAL	07/01/2015	FEE SCHED	\$975.90	\$995.40		000	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5214		DENTURES MANDIBL PART METAL	07/01/2015	FEE SCHED	\$975.90	\$995.40		000	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5225		MAXILLARY PART DENTURE FLEX	07/01/2015	FEE SCHED	\$692.89	\$706.73		000	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5226		MANDIBULAR PART DENTURE FLEX	07/01/2015	FEE SCHED	\$692.89	\$706.73		000	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5410		DENTURES ADJUST CMPLT MAXIL	07/01/2015	FEE SCHED	\$39.04	\$39.82		000	999	First 3 adjustments after placement are included in denture price
D5411		DENTURES ADJUST CMPLT MAND	07/01/2015	FEE SCHED	\$39.04	\$39.82		000	999	First 3 adjustments after placement are included in denture price
D5421		DENTURES ADJUST PART MAXILL	07/01/2015	FEE SCHED	\$39.04	\$39.82		000	999	First 3 adjustments after placement are included in denture price
D5422		DENTURES ADJUST PART MANDBL	07/01/2015	FEE SCHED	\$39.04	\$39.82		000	999	First 3 adjustments after placement are included in denture price

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

**Proposed Montana Medicaid - Fee Schedule**  
**Dental**  
**July 1, 2015**

Proc	Mod	Description	Effective	Method	2014 Fees	2015	PA	Min Age	Max age	Notes
D5510		DENTUR REPR BROKEN COMPL BAS	07/01/2015	FEE SCHED	\$97.59	\$99.54		000	999	
D5520		REPLACE DENTURE TEETH COMPLT	07/01/2015	FEE SCHED	\$65.06	\$66.36		000	999	
D5610		DENTURES REPAIR RESIN BASE	07/01/2015	FEE SCHED	\$97.59	\$99.54		000	999	
D5620		REP PART DENTURE CAST FRAME	07/01/2015	FEE SCHED	\$133.27	\$136.04		000	999	
D5630		REP PARTIAL DENTURE CLASP	07/01/2015	FEE SCHED	\$120.36	\$122.77		000	999	
D5640		REPLACE PART DENTURE TEETH	07/01/2015	FEE SCHED	\$97.59	\$99.54		000	999	
D5650		ADD TOOTH TO PARTIAL DENTURE	07/01/2015	FEE SCHED	\$97.59	\$99.54		000	999	
D5660		ADD CLASP TO PARTIAL DENTURE	07/01/2015	FEE SCHED	\$162.65	\$165.90		000	999	
D5710		DENTURES REBASE CMLPT MAXIL	07/01/2015	FEE SCHED	\$325.30	\$331.80		000	999	
D5711		DENTURES REBASE CMLPT MAND	07/01/2015	FEE SCHED	\$325.30	\$331.80		000	999	
D5720		DENTURES REBASE PART MAXILL	07/01/2015	FEE SCHED	\$260.24	\$265.44		000	999	
D5721		DENTURES REBASE PART MANDBL	07/01/2015	FEE SCHED	\$260.24	\$265.44		000	999	
D5730		DENTURE RELN CMLPT MAXIL CH	07/01/2015	FEE SCHED	\$195.18	\$199.08		000	999	
D5731		DENTURE RELN CMLPT MAND CHR	07/01/2015	FEE SCHED	\$195.18	\$199.08		000	999	
D5740		DENTURE RELN PART MAXIL CHR	07/01/2015	FEE SCHED	\$162.65	\$165.90		000	999	
D5741		DENTURE RELN PART MAND CHR	07/01/2015	FEE SCHED	\$162.65	\$165.90		000	999	
D5750		DENTURE RELN CMLPT MAX LAB	07/01/2015	FEE SCHED	\$260.24	\$265.44		000	999	
D5751		DENTURE RELN CMLPT MAND LAB	07/01/2015	FEE SCHED	\$260.24	\$265.44		000	999	
D5760		DENTURE RELN PART MAXIL LAB	07/01/2015	FEE SCHED	\$260.24	\$265.44		000	999	
D5761		DENTURE RELN PART MAND LAB	07/01/2015	FEE SCHED	\$260.24	\$265.44		000	999	
D5820		DENTURE INTERM PART MAXILL	07/01/2015	FEE SCHED	\$325.30	\$331.80		000	020	
D5821		DENTURE INTERM PART MANDBL	07/01/2015	FEE SCHED	\$325.30	\$331.80		000	020	
D5850		TISSUE CONDITIONING, MAXILLARY	07/01/2015	FEE SCHED	\$84.58	\$86.27		000	999	Payment of denture includes payment of any tissue conditioners
D5851		TISSUE CONDITIONING, MANDIBULAR	07/01/2015	FEE SCHED	\$84.58	\$86.27		000	999	Payment of denture includes payment of any tissue conditioners
D6205		PONTIC-INDIRECT RESIN BASED	07/01/2015	FEE SCHED	\$471.69	\$481.11		000	020	Limited to Anterior teeth ( 6-11 and 22-27)
D6210		PROSTHODONT HIGH NOBLE METAL	07/01/2015	FEE SCHED	\$650.60	\$663.60		000	020	Limited to Anterior teeth ( 6-11 and 22-27)
D6211		BRIDGE BASE METAL CAST	07/01/2015	FEE SCHED	\$455.42	\$464.52		000	020	Limited to Anterior teeth ( 6-11 and 22-27)
D6212		BRIDGE NOBLE METAL CAST	07/01/2015	FEE SCHED	\$520.48	\$530.88		000	020	Limited to Anterior teeth ( 6-11 and 22-27)
D6214		PONTIC TITANIUM	07/01/2015	FEE SCHED	\$504.22	\$514.29		000	020	Limited to Anterior teeth ( 6-11 and 22-27)
D6240		BRIDGE PORCELAIN HIGH NOBLE	07/01/2015	FEE SCHED	\$715.66	\$729.96		000	020	Limited to Anterior teeth ( 6-11 and 22-27)
D6241		BRIDGE PORCELAIN BASE METAL	07/01/2015	FEE SCHED	\$585.54	\$597.24		000	020	Limited to Anterior teeth ( 6-11 and 22-27)
D6242		BRIDGE PORCELAIN NOBEL METAL	07/01/2015	FEE SCHED	\$650.60	\$663.60		000	020	Limited to Anterior teeth ( 6-11 and 22-27)
D6245		BRIDGE PORCELAIN/CERAMIC	07/01/2015	FEE SCHED	\$491.20	\$501.02		000	020	Limited to Anterior teeth ( 6-11 and 22-27)
D6250		BRIDGE RESIN W/HIGH NOBLE	07/01/2015	FEE SCHED	\$650.60	\$663.60		000	020	Limited to Anterior teeth ( 6-11 and 22-27)
D6251		BRIDGE RESIN BASE METAL	07/01/2015	FEE SCHED	\$455.42	\$464.52		000	020	Limited to Anterior teeth ( 6-11 and 22-27)
D6252		BRIDGE RESIN W/NOBLE METAL	07/01/2015	FEE SCHED	\$585.54	\$597.24		000	020	Limited to Anterior teeth ( 6-11 and 22-27)

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

**Proposed Montana Medicaid - Fee Schedule**  
**Dental**  
**July 1, 2015**

Proc	Mod	Description	Effective	Method	2014 Fees	2015	PA	Min Age	Max age	Notes
D6710		CROWN-INDIRECT RESIN BASED	07/01/2015	FEE SCHED	\$491.20	\$501.02		000	020	Limited to Anterior teeth ( 6-11 and 22-27); 1 every 5 years
D6720		RETAIN CROWN RESIN W HI NBLE	07/01/2015	FEE SCHED	\$650.60	\$663.60		000	020	Limited to Anterior teeth ( 6-11 and 22-27); 1 every 5 years
D6721		CROWN RESIN W/BASE METAL	07/01/2015	FEE SCHED	\$487.95	\$497.70		000	020	Limited to Anterior teeth ( 6-11 and 22-27); 1 every 5 years
D6722		CROWN RESIN W/NOBLE METAL	07/01/2015	FEE SCHED	\$553.01	\$564.06		000	020	Limited to Anterior teeth ( 6-11 and 22-27); 1 every 5 years
D6740		CROWN PORCELAIN/CERAMIC	07/01/2015	FEE SCHED	\$520.48	\$530.88		000	020	Limited to Anterior teeth ( 6-11 and 22-27); 1 every 5 years
D6750		CROWN PORCELAIN HIGH NOBLE	07/01/2015	FEE SCHED	\$780.72	\$796.32		000	020	Limited to Anterior teeth ( 6-11 and 22-27); 1 every 5 years
D6751		CROWN PORCELAIN BASE METAL	07/01/2015	FEE SCHED	\$520.48	\$530.88		000	020	Limited to Anterior teeth ( 6-11 and 22-27); 1 every 5 years
D6752		CROWN PORCELAIN NOBLE METAL	07/01/2015	FEE SCHED	\$650.60	\$663.60		000	020	Limited to Anterior teeth ( 6-11 and 22-27); 1 every 5 years
D6780		CROWN 3/4 HIGH NOBLE METAL	07/01/2015	FEE SCHED	\$618.07	\$630.42		000	020	Limited to Anterior teeth ( 6-11 and 22-27); 1 every 5 years
D6781		CROWN 3/4 CAST BASED METAL	07/01/2015	FEE SCHED	\$507.47	\$517.61		000	020	Limited to Anterior teeth ( 6-11 and 22-27); 1 every 5 years
D6782		CROWN 3/4 CAST NOBLE METAL	07/01/2015	FEE SCHED	\$510.72	\$520.93		000	020	Limited to Anterior teeth ( 6-11 and 22-27); 1 every 5 years
D6783		CROWN 3/4 PORCELAIN/CERAMIC	07/01/2015	FEE SCHED	\$513.97	\$524.24		000	020	Limited to Anterior teeth ( 6-11 and 22-27); 1 every 5 years
D6790		CROWN FULL HIGH NOBLE METAL	07/01/2015	FEE SCHED	\$618.07	\$630.42		000	020	Limited to Anterior teeth ( 6-11 and 22-27); 1 every 5 years
D6791		CROWN FULL BASE METAL CAST	07/01/2015	FEE SCHED	\$455.42	\$464.52		000	020	Limited to Anterior teeth ( 6-11 and 22-27); 1 every 5 years
D6792		CROWN FULL NOBLE METAL CAST	07/01/2015	FEE SCHED	\$553.01	\$564.06		000	020	Limited to Anterior teeth ( 6-11 and 22-27); 1 every 5 years
D6794		CROWN TITANIUM	07/01/2015	FEE SCHED	\$448.91	\$457.88		000	020	Limited to Anterior teeth ( 6-11 and 22-27); 1 every 5 years
D6930		DENTAL RECEMENT BRIDGE	07/01/2015	FEE SCHED	\$65.06	\$66.36		000	020	
D6950		PRECISION ATTACHMENT	07/01/2015	FEE SCHED	\$260.24	\$265.44		000	999	
D6980		BRIDGE REPAIR	07/01/2015	FEE SCHED	\$169.16	\$172.54		000	020	
D7111		EXTRACTION CORONAL REMNANTS	07/01/2015	FEE SCHED	\$65.06	\$66.36		000	999	
D7140		EXTRACTION ERUPTED TOOTH/EXR	07/01/2015	FEE SCHED	\$71.57	\$73.00		000	999	Includes local anesthesia, suturing, and post-op care.
D7210		REM IMP TOOTH W MUCOPER FLP	07/01/2015	FEE SCHED	\$130.12	\$132.72		000	999	
D7220		IMPACT TOOTH REMOV SOFT TISS	07/01/2015	FEE SCHED	\$149.64	\$152.63		000	999	
D7230		IMPACT TOOTH REMOV PART BONY	07/01/2015	FEE SCHED	\$195.18	\$199.08		000	999	
D7240		IMPACT TOOTH REMOV COMP BONY	07/01/2015	FEE SCHED	\$234.22	\$238.90		000	999	
D7241		IMPACT TOOTH REM BONY W/COMP	07/01/2015	FEE SCHED	\$325.30	\$331.80		000	999	
D7250		TOOTH ROOT REMOVAL	07/01/2015	FEE SCHED	\$130.12	\$132.72		000	999	
D7270		TOOTH REIMPLANTATION	07/01/2015	FEE SCHED	\$234.22	\$238.90		000	999	
D7280		EXPOSURE IMPACT TOOTH ORTHOD	07/01/2015	FEE SCHED	\$195.18	\$199.08		000	999	
D7282		MOBILIZE ERUPTED/MALPOS TOOT	07/01/2015	FEE SCHED	\$237.47	\$242.21		000	999	
D7310		ALVEOPLASTY W/ EXTRACTION	07/01/2015	FEE SCHED	\$136.63	\$139.36		000	999	Per quadrant
D7311		ALVEOLOPLASTY W/EXTRACT 1-3	07/01/2015	FEE SCHED	\$172.41	\$175.85		000	999	Per quadrant
D7320		ALVEOPLASTY W/O EXTRACTION	07/01/2015	FEE SCHED	\$172.41	\$175.85		000	999	Per quadrant
D7321		ALVEOLOPLASTY NOT W/EXTRACTS	07/01/2015	FEE SCHED	\$250.48	\$255.49		000	999	Per quadrant
D7510		I&D ABSC INTRAORAL SOFT TISS	07/01/2015	FEE SCHED	\$87.83	\$89.59		000	999	
D7511		INCISION/DRAIN ABSCESS INTRA	07/01/2015	FEE SCHED	\$143.13	\$145.99		000	999	

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

