

**Montana Medicaid - Fee Schedule
Denturist
July 1, 2016**

Definitions:

Modifier – When a modifier is present, this indicates system may have different reimbursement or code edits for that procedure code/modifier combination.

For example:

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: Based on Relative Value for Dentists (RVD) X Montana Medicaid Dental Conversion Factor. Conversion factor for fiscal year 2016 is \$33.78

Medicare: Medicare-prevailing fee.

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

Pass - Passport Referral

Y: Passport referral is required

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

*Relative Values for Dentists (RVD) - copyright 2006. Published by Relative Value Studies, Inc. Broomfield Colorado
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Proc	Mod	Description	Effective	Method	Fees	PA	Pass	Min Age	Max age	Notes
D0140		LIMIT ORAL EVAL PROBLM FOCUS	7/1/2016	FEE SCHED	\$33.78			000	999	
D0150		COMPREHENSVE ORAL EVALUATION	7/1/2016	FEE SCHED	\$33.78			000	999	Initial visit for new Members; Adults 1 every 3 years
D0330		DENTAL PANORAMIC FILM	7/1/2016	FEE SCHED	\$54.05			000	999	Adults 1 film every 3 years
D0470		DIAGNOSTIC CASTS	7/1/2016	FEE SCHED	\$42.23			000	020	
D5110		DENTURES COMPLETE MAXILLARY	7/1/2016	FEE SCHED	\$844.50			000	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5120		DENTURES COMPLETE MANDIBLE	7/1/2016	FEE SCHED	\$844.50			000	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5130		DENTURES IMMEDIAT MAXILLARY	7/1/2016	FEE SCHED	\$928.95			000	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5140		DENTURES IMMEDIAT MANDIBLE	7/1/2016	FEE SCHED	\$928.95			000	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5211		DENTURES MAXILL PART RESIN	7/1/2016	FEE SCHED	\$574.26			000	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5212		DENTURES MAND PART RESIN	7/1/2016	FEE SCHED	\$597.91			000	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5213		DENTURES MAXILL PART METAL	7/1/2016	FEE SCHED	\$1,013.40			000	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5214		DENTURES MANDIBL PART METAL	7/1/2016	FEE SCHED	\$1,013.40			000	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5225		MAXILLARY PART DENTURE FLEX	7/1/2016	FEE SCHED	\$719.51			000	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5226		MANDIBULAR PART DENTURE FLEX	7/1/2016	FEE SCHED	\$719.51			000	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5410		DENTURES ADJUST CMPLT MAXIL	7/1/2016	FEE SCHED	\$40.54			000	999	First 3 adjustments after placement are included in denture price
D5411		DENTURES ADJUST CMPLT MAND	7/1/2016	FEE SCHED	\$40.54			000	999	First 3 adjustments after placement are included in denture price
D5421		DENTURES ADJUST PART MAXILL	7/1/2016	FEE SCHED	\$40.54			000	999	First 3 adjustments after placement are included in denture price
D5422		DENTURES ADJUST PART MANDBL	7/1/2016	FEE SCHED	\$40.54			000	999	First 3 adjustments after placement are included in denture price
D5510		DENTUR REPR BROKEN COMPL BAS	7/1/2016	FEE SCHED	\$101.34			000	999	
D5520		REPLACE DENTURE TEETH COMPLT	7/1/2016	FEE SCHED	\$67.56			000	999	
D5610		DENTURES REPAIR RESIN BASE	7/1/2016	FEE SCHED	\$101.34			000	999	
D5620		REP PART DENTURE CAST FRAME	7/1/2016	FEE SCHED	\$138.50			000	999	
D5630		REP PARTIAL DENTURE CLASP	7/1/2016	FEE SCHED	\$124.99			000	999	
D5640		REPLACE PART DENTURE TEETH	7/1/2016	FEE SCHED	\$101.34			000	999	
D5650		ADD TOOTH TO PARTIAL DENTURE	7/1/2016	FEE SCHED	\$101.34			000	999	
D5660		ADD CLASP TO PARTIAL DENTURE	7/1/2016	FEE SCHED	\$168.90			000	999	
D5710		DENTURES REBASE CMPLT MAXIL	7/1/2016	FEE SCHED	\$337.80			000	999	
D5711		DENTURES REBASE CMPLT MAND	7/1/2016	FEE SCHED	\$337.80			000	999	
D5720		DENTURES REBASE PART MAXILL	7/1/2016	FEE SCHED	\$270.24			000	999	
D5721		DENTURES REBASE PART MANDBL	7/1/2016	FEE SCHED	\$270.24			000	999	
D5730		DENTURE RELN CMPLT MAXIL CH	7/1/2016	FEE SCHED	\$202.68			000	999	
D5731		DENTURE RELN CMPLT MAND CHR	7/1/2016	FEE SCHED	\$202.68			000	999	
D5740		DENTURE RELN PART MAXIL CHR	7/1/2016	FEE SCHED	\$168.90			000	999	
D5741		DENTURE RELN PART MAND CHR	7/1/2016	FEE SCHED	\$168.90			000	999	
D5750		DENTURE RELN CMPLT MAX LAB	7/1/2016	FEE SCHED	\$270.24			000	999	
D5751		DENTURE RELN CMPLT MAND LAB	7/1/2016	FEE SCHED	\$270.24			000	999	
D5760		DENTURE RELN PART MAXIL LAB	7/1/2016	FEE SCHED	\$270.24			000	999	
D5761		DENTURE RELN PART MAND LAB	7/1/2016	FEE SCHED	\$270.24			000	999	
D5820		DENTURE INTERM PART MAXILL	7/1/2016	FEE SCHED	\$337.80			000	020	
D5821		DENTURE INTERM PART MANDBL	7/1/2016	FEE SCHED	\$337.80			000	020	
D5850		TISSUE CONDITIONING, MAXILLARY	7/1/2016	FEE SCHED	\$87.83			000	999	Payment of denture includes payment of any tissue conditioners

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D5851		TISSUE CONDITIONING, MANDIBULAR	7/1/2016	FEE SCHED	\$87.83			000	999	Payment of denture includes payment of any tissue conditioners
D6930		DENTAL RECEMENT BRIDGE	7/1/2016	FEE SCHED	\$67.56			000	020	
D6980		BRIDGE REPAIR	7/1/2016	FEE SCHED	\$175.66			000	020	Bill 1 site per day even when seeing multiple Members
D9410		DENTAL HOUSE CALL	7/1/2016	FEE SCHED	\$101.34			000	999	
D9940		DENTAL OCCLUSAL GUARD	7/1/2016	FEE SCHED	\$337.80			000	020	

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