

Montana Healthcare Programs Fee Schedule
Dental Services
Proposed March 1, 2018

Proc	Mod	Description	Effective	Method	Fees	PA	Min Age	Max age	Notes
-	-	DIAGNOSTIC SERVICES	-	-	-	-	-	-	-
D0120	-	PERIODIC ORAL EVALUATION	1/1/2018	FEE SCHED	\$22.94	-	000	999	Adults 1 every 6 months unless disabled
D0140	-	LIMIT ORAL EVAL PROBLM FOCUS	1/1/2018	FEE SCHED	\$32.77	-	000	999	-
D0145	-	ORAL EVALUATION, PT < 3YRS	1/1/2018	FEE SCHED	\$32.77	-	000	002	ABCD PROVIDERS ONLY
D0150	-	COMPREHENSVE ORAL EVALUATION	1/1/2018	FEE SCHED	\$32.77	-	000	999	Initial visit for new Members; Adults 1 every 3 years
D0210	-	INTRAOR COMPLETE FILM SERIES	1/1/2018	FEE SCHED	\$65.54	-	000	999	Min of 14 films; 1 film = 1 unit of service; Adults 1 every 3 years
D0220	-	INTRAORAL PERIAPICAL FIRST F	1/1/2018	FEE SCHED	\$16.39	-	000	999	-
D0230	-	INTRAORAL PERIAPICAL EA ADD	1/1/2018	FEE SCHED	\$8.19	-	000	999	-
D0240	-	INTRAORAL OCCLUSAL FILM	1/1/2018	FEE SCHED	\$19.66	-	000	999	-
D0250	-	EXTRAORAL FIRST FILM	1/1/2018	FEE SCHED	\$32.77	-	000	999	-
D0270	-	DENTAL BITEWING SINGLE FILM	1/1/2018	FEE SCHED	\$16.39	-	000	999	Adults 4 films per year
D0272	-	DENTAL BITEWINGS TWO FILMS	1/1/2018	FEE SCHED	\$19.66	-	000	999	Adults 4 films per year
D0273	-	BITEWINGS - THREE FILMS	1/1/2018	FEE SCHED	\$26.22	-	000	999	-
D0274	-	DENTAL BITEWINGS FOUR FILMS	1/1/2018	FEE SCHED	\$32.77	-	000	999	Adults 4 films per year
D0277	-	VERT BITEWINGS-SEV TO EIGHT	1/1/2018	FEE SCHED	\$39.32	-	000	999	-
D0330	-	DENTAL PANORAMIC FILM	1/1/2018	FEE SCHED	\$52.43	-	000	999	Adults 1 film every 3 years
D0340	-	DENTAL CEPHALOMETRIC FILM	3/1/2018	FEE SCHED	\$65.54	-	000	020	-
D0350	-	ORAL/FACIAL PHOTO IMAGES	3/1/2018	FEE SCHED	\$32.77	-	000	020	1 unit=3 pictures
D0367	-	CONE BEAM CT INTERP BOTH JAW	3/1/2018	FEE SCHED	\$275.27	-	000	020	-
D0425	-	CARIES SUSCEPTIBILITY TEST	1/1/2018	FEE SCHED	\$42.60	-	000	002	ABCD PROVIDERS ONLY
D0460	-	PULP VITALITY TEST	1/1/2018	FEE SCHED	\$26.22	-	000	020	-
D0470	-	DIAGNOSTIC CASTS	1/1/2018	FEE SCHED	\$40.96	-	000	020	-
D0486	-	ACCESSION OF BRUSH BIOPSY	3/1/2018	FEE SCHED	\$68.82	-	000	020	-
D0601	-	CARIES RISK ASSESS LOW RISK	1/1/2018	FEE SCHED	\$9.83	-	000	020	Assessment results
D0602	-	CARIES RISK ASSESS MOD RISK	1/1/2018	FEE SCHED	\$9.83	-	000	020	Assessment results
D0603	-	CARIES RISK ASSESS HIGH RISK	1/1/2018	FEE SCHED	\$9.83	-	000	020	Assessment results
-	-	PREVENTIVE SERVICES	-	-	-	-	-	-	-
D1110	-	DENTAL PROPHYLAXIS ADULT	1/1/2018	FEE SCHED	\$49.16	-	000	999	Every 6 months unless disabled
D1120	-	DENTAL PROPHYLAXIS CHILD	1/1/2018	FEE SCHED	\$32.77	-	000	999	-
D1206	-	TOPICAL FLUORIDE VARNISH	1/1/2018	FEE SCHED	\$19.66	-	000	999	-
D1208	-	TOPICAL APP OF FLUORIDE	1/1/2018	FEE SCHED	\$16.39	-	000	999	Every 6 months unless disabled
D1310	-	NUTRI COUNSEL-CONTROL CARIES	1/1/2018	FEE SCHED	\$39.32	-	000	005	ABCD PROVIDERS ONLY
D1320	-	TOBACCO COUNSELING	1/1/2018	FEE SCHED	\$36.05	-	000	999	ALLOWABLE TWO TMIES PER YEAR (EACH 6 MONTHS)
D1330	-	ORAL HYGIENE INSTRUCTION	1/1/2018	FEE SCHED	\$22.94	-	000	005	ABCD PROVIDERS ONLY
D1351	-	DENTAL SEALANT PER TOOTH	1/1/2018	FEE SCHED	\$26.22	-	000	999	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	1/1/2018	FEE SCHED	\$29.49	-	000	020	-
D1353	-	SEALANT REPAIR, PER TOOTH	1/1/2018	FEE SCHED	\$26.22	-	000	020	-
D1510	-	SPACE MAINTAINER FXD UNILAT	1/1/2018	FEE SCHED	\$131.08	-	000	020	-
D1515	-	FIXED BILAT SPACE MAINTAINER	1/1/2018	FEE SCHED	\$196.62	-	000	020	-
D1550	-	RECEMENT SPACE MAINTAINER	1/1/2018	FEE SCHED	\$39.32	-	000	020	-
D1555	-	REMOVE FIX SPACE MAINTAINER	1/1/2018	FEE SCHED	\$36.05	-	000	020	-
-	-	TREATMENT SERVICES	-	-	-	-	-	-	-
D2140	-	AMALGAM ONE SURFACE PERMANEN	1/1/2018	FEE SCHED	\$65.54	-	000	999	-
D2150	-	AMALGAM TWO SURFACES PERMANE	1/1/2018	FEE SCHED	\$72.09	-	000	999	-
D2160	-	AMALGAM THREE SURFACES PERMA	1/1/2018	FEE SCHED	\$88.48	-	000	999	-

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D2161	-	AMALGAM 4 OR > SURFACES PERM	1/1/2018	FEE SCHED	\$108.14	-	000	999	-
D2330	-	RESIN ONE SURFACE-ANTERIOR	1/1/2018	FEE SCHED	\$65.54	-	000	999	-
D2331	-	RESIN TWO SURFACES-ANTERIOR	1/1/2018	FEE SCHED	\$98.31	-	000	999	-
D2332	-	RESIN THREE SURFACES-ANTERIO	1/1/2018	FEE SCHED	\$114.70	-	000	999	-
D2335	-	RESIN 4/> SURF OR W INCIS AN	1/1/2018	FEE SCHED	\$131.08	-	000	999	-
D2390	-	ANT RESIN-BASED CMPST CROWN	1/1/2018	FEE SCHED	\$222.84	-	000	999	-
D2391	-	POST 1 SRFC RESINBASED CMPST	1/1/2018	FEE SCHED	\$65.54	-	000	999	-
D2392	-	POST 2 SRFC RESINBASED CMPST	1/1/2018	FEE SCHED	\$131.08	-	000	999	-
D2393	-	POST 3 SRFC RESINBASED CMPST	1/1/2018	FEE SCHED	\$176.96	-	000	999	-
D2394	-	POST >=4SRFC RESINBASE CMPST	1/1/2018	FEE SCHED	\$186.79	-	000	999	-
D2710	-	CROWN RESIN-BASED INDIRECT	1/1/2018	FEE SCHED	\$327.70	-	000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2712	-	CROWN 3/4 RESIN-BASED COMPOS	1/1/2018	FEE SCHED	\$475.17	-	000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2720	-	CROWN RESIN W/ HIGH NOBLE ME	1/1/2018	FEE SCHED	\$655.40	-	000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2721	-	CROWN RESIN W/ BASE METAL	1/1/2018	FEE SCHED	\$491.55	-	000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2722	-	CROWN RESIN W/ NOBLE METAL	1/1/2018	FEE SCHED	\$557.09	-	000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2740	-	CROWN PORCELAIN/CERAMIC SUBS	1/1/2018	FEE SCHED	\$655.40	-	000	020	This code for Children only all teeth
D2750	-	CROWN PORCELAIN W/ H NOBLE M	1/1/2018	FEE SCHED	\$720.94	-	000	020	This code for Children only all teeth
D2751	-	CROWN PORCELAIN FUSED BASE M	3/1/2018	FEE SCHED	\$524.32	-	000	020	
D2752	-	CROWN PORCELAIN W/ NOBLE MET	1/1/2018	FEE SCHED	\$589.86	-	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	1/1/2018	FEE SCHED	\$589.86	-	000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2781	-	CROWN 3/4 CAST BASE METAL	3/1/2018	FEE SCHED	\$426.01	-	000	020	
D2782	-	CROWN 3/4 CAST NOBLE METAL	1/1/2018	FEE SCHED	\$491.55	-	000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2783	-	CROWN 3/4 PORCELAIN/CERAMIC	1/1/2018	FEE SCHED	\$622.63	-	000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2790	-	CROWN FULL CAST HIGH NOBLE M	1/1/2018	FEE SCHED	\$622.63	-	000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2791	-	CROWN FULL CAST BASE METAL	3/1/2018	FEE SCHED	\$458.78	-	000	020	
D2792	-	CROWN FULL CAST NOBLE METAL	1/1/2018	FEE SCHED	\$524.32	-	000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2794	-	CROWN-TITANIUM	1/1/2018	FEE SCHED	\$511.21	-	000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2799	-	PROVISIONAL CROWN	1/1/2018	FEE SCHED	\$190.07	-	000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2910	-	RECEMENT INLAY ONLAY OR PART	3/1/2018	FEE SCHED	\$49.16	-	000	020	Members with Full Medicaid; 1 every 5 years
D2920	-	DENTAL RECEMENT CROWN	3/1/2018	FEE SCHED	\$49.16	-	000	020	Members with Full Medicaid; 1 every 5 years
D2921	-	REATTACH TOOTH FRAGMENT	1/1/2018	FEE SCHED	\$65.54	-	000	020	-
D2929	-	PREFAB PORC/CERAM CROWN PRI	1/1/2018	FEE SCHED	\$196.62	-	000	020	-
D2930	-	PREFAB STNLSS STEEL CRWN PRI	3/1/2018	FEE SCHED	\$131.08	-	000	020	Members with Full Medicaid; 1 every 5 years
D2931	-	PREFAB STNLSS STEEL CROWN PE	3/1/2018	FEE SCHED	\$196.62	-	000	020	Members with Full Medicaid; 1 every 5 years
D2932	-	PREFABRICATED RESIN CROWN	3/1/2018	FEE SCHED	\$157.30	-	000	020	Members with Full Medicaid; 1 every 5 years
D2933	-	PREFAB STAINLESS STEEL CROWN	3/1/2018	FEE SCHED	\$147.47	-	000	020	Members with Full Medicaid; 1 every 5 years

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D2940	-	DENTAL SEDATIVE FILLING	3/1/2018	FEE SCHED	\$49.16	-	000	020	Members with Full Medicaid; 1 every 5 years
D2950	-	CORE BUILD-UP INCL ANY PINS	3/1/2018	FEE SCHED	\$131.08	-	000	020	Members with Full Medicaid; 1 every 5 years
D2951	-	TOOTH PIN RETENTION	1/1/2018	FEE SCHED	\$32.77	-	000	020	Members with Full Medicaid; 1 every 5 years
D2952	-	POST AND CORE CAST + CROWN	3/1/2018	FEE SCHED	\$262.16	-	000	020	Members with Full Medicaid; 1 every 5 years
D2953	-	EACH ADDTNL CAST POST	3/1/2018	FEE SCHED	\$213.01	-	000	020	Members with Full Medicaid; 1 every 5 years
D2954	-	PREFAB POST/CORE + CROWN	3/1/2018	FEE SCHED	\$163.85	-	000	020	Members with Full Medicaid; 1 every 5 years
D2957	-	EACH ADDTNL PREFAB POST	3/1/2018	FEE SCHED	\$114.70	-	000	020	Members with Full Medicaid; 1 every 5 years (use w/D2954)
D2960	-	LAMINATE LABIAL VENEER	3/1/2018	FEE SCHED	\$196.62	-	000	020	Members with Full Medicaid; 1 every 5 years
D2961	-	LAB LABIAL VENEER RESIN	3/1/2018	FEE SCHED	\$327.70	-	000	020	Members with Full Medicaid; 1 every 5 years
D2962	-	LAB LABIAL VENEER PORCELAIN	3/1/2018	FEE SCHED	\$471.89	-	000	020	Members with Full Medicaid; 1 every 5 years
D2980	-	CROWN REPAIR	3/1/2018	FEE SCHED	\$134.96	-	000	020	Members with Full Medicaid; 1 every 5 years
D3110	-	PULP CAP DIRECT	3/1/2018	FEE SCHED	\$40.96	-	000	020	-
D3120	-	PULP CAP INDIRECT	3/1/2018	FEE SCHED	\$32.77	-	000	020	-
D3220	-	THERAPEUTIC PULPOTOMY	1/1/2018	FEE SCHED	\$98.31	-	000	020	-
D3221	-	GROSS PULPAL DEBRIDEMENT	3/1/2018	FEE SCHED	\$131.08	-	000	020	-
D3230	-	PULPAL THERAPY ANTERIOR PRIM	1/1/2018	FEE SCHED	\$108.14	-	000	020	-
D3240	-	PULPAL THERAPY POSTERIOR PRI	1/1/2018	FEE SCHED	\$121.25	-	000	020	-
D3310	-	ENDO THXPY, ANTERIOR TOOTH	1/1/2018	FEE SCHED	\$334.25	-	000	999	-
D3320	-	END THXPY, BICUSPID TOOTH	3/1/2018	FEE SCHED	\$376.86	-	000	020	-
D3330	-	END THXPY, MOLAR	3/1/2018	FEE SCHED	\$458.78	-	000	020	-
D3331	-	NON-SURG TX ROOT CANAL OBS	1/1/2018	FEE SCHED	\$330.98	-	000	999	-
D3346	-	RETREAT ROOT CANAL ANTERIOR	1/1/2018	FEE SCHED	\$360.47	-	000	999	-
D3347	-	RETREAT ROOT CANAL BICUSPID	3/1/2018	FEE SCHED	\$439.12	-	000	020	-
D3348	-	RETREAT ROOT CANAL MOLAR	3/1/2018	FEE SCHED	\$540.71	-	000	020	-
D3410	-	APICOECT/PERIRAD SURG ANTER	1/1/2018	FEE SCHED	\$298.21	-	000	020	-
D3421	-	ROOT SURGERY BICUSPID	1/1/2018	FEE SCHED	\$344.09	-	000	020	-
D3425	-	ROOT SURGERY MOLAR	1/1/2018	FEE SCHED	\$383.41	-	000	020	-
D3426	-	ROOT SURGERY EA ADD ROOT	1/1/2018	FEE SCHED	\$163.85	-	000	020	-
D3430	-	RETROGRADE FILLING	3/1/2018	FEE SCHED	\$98.31	-	000	020	-
D4210	-	GINGIVECTOMY/PLASTY 4 OR MOR	1/1/2018	FEE SCHED	\$311.32	-	000	020	1 quadrant = 1 unit of service
D4211	-	GINGIVECTOMY/PLASTY 1 TO 3	1/1/2018	FEE SCHED	\$114.70	-	000	020	-
D4212	-	GINGIVECTOMY/PLASTY REST	1/1/2018	FEE SCHED	\$114.70	-	000	020	-
D4230	-	ANA CROWN EXP 4 OR> PER QUAD	1/1/2018	FEE SCHED	\$301.48	-	000	020	1 quadrant = 1 unit of service
D4231	-	ANA CROWN EXP 1-3 PER QUAD	1/1/2018	FEE SCHED	\$265.44	-	000	020	1 quadrant = 1 unit of service
D4240	-	GINGIVAL FLAP PROC W/ PLANIN	1/1/2018	FEE SCHED	\$357.19	-	000	020	-
D4241	-	GNGVL FLAP W ROOTPLAN 1-3 TH	1/1/2018	FEE SCHED	\$288.38	-	000	020	-
D4260	-	OSSEOUS SURGERY 4 OR MORE	3/1/2018	FEE SCHED	\$524.32	-	000	020	1 quadrant = 1 unit of service
D4261	-	OSSEOUS SURG 1 TO 3 TEETH	3/1/2018	FEE SCHED	\$406.35	-	000	020	1 quadrant = 1 unit of service
D4270	-	PEDICLE SOFT TISSUE GRAFT PR	3/1/2018	FEE SCHED	\$399.79	-	000	020	-
D4273	-	SUBEPITHELIAL TISSUE GRAFT	1/1/2018	FEE SCHED	\$540.71	-	000	020	-
D4275	-	SOFT TISSUE ALLOGRAFT	1/1/2018	FEE SCHED	\$465.33	-	000	020	-
D4277	-	SOFT TISSUE GRAFT FIRSTTOOTH	3/1/2018	FEE SCHED	\$983.10	-	000	020	-
D4278	-	SOFT TISSUE GRAFT ADDL TOOTH	3/1/2018	FEE SCHED	\$327.70	-	000	020	-
D4320	-	PROVISION SPLNT INTRACORONAL	3/1/2018	FEE SCHED	\$222.84	-	000	020	-
D4321	-	PROVISIONAL SPLINT EXTRACORO	3/1/2018	FEE SCHED	\$196.62	-	000	020	-
D4341	-	PERIODONTAL SCALING & ROOT	1/1/2018	FEE SCHED	\$163.85	-	000	999	1 unit= 1 quadrant 4 units per yr, list quadrant in 'tooth # column' on claim form

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D4342	-	PERIODONTAL SCALING 1-3TEETH	1/1/2018	FEE SCHED	\$88.48	-	000	999	1 unit= 1 quadrant 4 units per yr, list quadrant in 'tooth # column' on claim form
D4355	-	FULL MOUTH DEBRIDEMENT	1/1/2018	FEE SCHED	\$81.93	-	000	999	1/yr unless developmentally disabled
D4910	-	PERIODONTAL MAINT PROCEDURES	1/1/2018	FEE SCHED	\$65.54	-	000	999	1/90 days unless disabled
D4920	-	UNSCHEDULED DRESSING CHANGE	3/1/2018	FEE SCHED	\$42.60	-	000	020	-
-	-	DENTURE SERVICES	-	-	-	-	-	-	-
D5110	-	DENTURES COMPLETE MAXILLARY	3/1/2018	FEE SCHED	\$819.25	-	000	020	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5120	-	DENTURES COMPLETE MANDIBLE	3/1/2018	FEE SCHED	\$819.25	-	000	020	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5130	-	DENTURES IMMEDIAT MAXILLARY	3/1/2018	FEE SCHED	\$901.18	-	000	020	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5140	-	DENTURES IMMEDIAT MANDIBLE	3/1/2018	FEE SCHED	\$901.18	-	000	020	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5211	-	DENTURES MAXILL PART RESIN	3/1/2018	FEE SCHED	\$557.09	-	000	020	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5212	-	DENTURES MAND PART RESIN	3/1/2018	FEE SCHED	\$580.03	-	000	020	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5213	-	DENTURES MAXILL PART METAL	3/1/2018	FEE SCHED	\$983.10	-	000	020	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5214	-	DENTURES MANDIBL PART METAL	3/1/2018	FEE SCHED	\$983.10	-	000	020	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5225	-	MAXILLARY PART DENTURE FLEX	3/1/2018	FEE SCHED	\$698.00	-	000	020	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5226	-	MANDIBULAR PART DENTURE FLEX	3/1/2018	FEE SCHED	\$698.00	-	000	020	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5410	-	DENTURES ADJUST CMLPT MAXIL	3/1/2018	FEE SCHED	\$39.32	-	000	020	First 3 adjustments after placement are included in denture price
D5411	-	DENTURES ADJUST CMLPT MAND	3/1/2018	FEE SCHED	\$39.32	-	000	020	First 3 adjustments after placement are included in denture price
D5421	-	DENTURES ADJUST PART MAXILL	3/1/2018	FEE SCHED	\$39.32	-	000	020	First 3 adjustments after placement are included in denture price
D5422	-	DENTURES ADJUST PART MANDBL	3/1/2018	FEE SCHED	\$39.32	-	000	020	First 3 adjustments after placement are included in denture price
D5520	-	REPLACE DENTURE TEETH COMPLT	3/1/2018	FEE SCHED	\$65.54	-	000	020	-
D5630	-	REP PARTIAL DENTURE CLASP	3/1/2018	FEE SCHED	\$121.25	-	000	020	-
D5640	-	REPLACE PART DENTURE TEETH	3/1/2018	FEE SCHED	\$98.31	-	000	020	-
D5650	-	ADD TOOTH TO PARTIAL DENTURE	3/1/2018	FEE SCHED	\$98.31	-	000	020	-
D5660	-	ADD CLASP TO PARTIAL DENTURE	3/1/2018	FEE SCHED	\$163.85	-	000	020	-
D5710	-	DENTURES REBASE CMLPT MAXIL	3/1/2018	FEE SCHED	\$327.70	-	000	020	-
D5711	-	DENTURES REBASE CMLPT MAND	3/1/2018	FEE SCHED	\$327.70	-	000	020	-
D5720	-	DENTURES REBASE PART MAXILL	3/1/2018	FEE SCHED	\$262.16	-	000	020	-
D5721	-	DENTURES REBASE PART MANDBL	3/1/2018	FEE SCHED	\$262.16	-	000	020	-
D5730	-	DENTURE RELN CMLPT MAXIL CH	3/1/2018	FEE SCHED	\$196.62	-	000	020	-
D5731	-	DENTURE RELN CMLPT MAND CHR	3/1/2018	FEE SCHED	\$196.62	-	000	020	-
D5740	-	DENTURE RELN PART MAXIL CHR	3/1/2018	FEE SCHED	\$163.85	-	000	020	-
D5741	-	DENTURE RELN PART MAND CHR	3/1/2018	FEE SCHED	\$163.85	-	000	020	-
D5750	-	DENTURE RELN CMLPT MAX LAB	3/1/2018	FEE SCHED	\$262.16	-	000	020	-
D5751	-	DENTURE RELN CMLPT MAND LAB	3/1/2018	FEE SCHED	\$262.16	-	000	020	-

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D5760	-	DENTURE RELN PART MAXIL LAB	3/1/2018	FEE SCHED	\$262.16	-	000	020	-
D5761	-	DENTURE RELN PART MAND LAB	3/1/2018	FEE SCHED	\$262.16	-	000	020	-
D5820	-	DENTURE INTERM PART MAXILL	3/1/2018	FEE SCHED	\$327.70	-	000	020	-
D5821	-	DENTURE INTERM PART MANDBL	3/1/2018	FEE SCHED	\$327.70	-	000	020	-
D5850	-	TISSUE CONDITIONING, MAXILLARY	3/1/2018	FEE SCHED	\$85.20	-	000	020	Payment of denture includes payment of any tissue conditioners
D5851	-	TISSUE CONDITIONING, MANDIBULAR	3/1/2018	FEE SCHED	\$85.20	-	000	020	Payment of denture includes payment of any tissue conditioners
-	-	TREATMENT SERVICES	-	-	-	-	-	-	-
D6205	-	PONTIC-INDIRECT RESIN BASED	1/1/2018	FEE SCHED	\$475.17	-	000	020	Limited to Anterior teeth (6-11 and 22-27)
D6210	-	PROSTHODONT HIGH NOBLE METAL	1/1/2018	FEE SCHED	\$655.40	-	000	020	Limited to Anterior teeth (6-11 and 22-27)
D6211	-	BRIDGE BASE METAL CAST	1/1/2018	FEE SCHED	\$458.78	-	000	020	Limited to Anterior teeth (6-11 and 22-27)
D6212	-	BRIDGE NOBLE METAL CAST	1/1/2018	FEE SCHED	\$524.32	-	000	020	Limited to Anterior teeth (6-11 and 22-27)
D6214	-	PONTIC TITANIUM	1/1/2018	FEE SCHED	\$507.94	-	000	020	Limited to Anterior teeth (6-11 and 22-27)
D6240	-	BRIDGE PORCELAIN HIGH NOBLE	1/1/2018	FEE SCHED	\$720.94	-	000	020	Limited to Anterior teeth (6-11 and 22-27)
D6241	-	BRIDGE PORCELAIN BASE METAL	1/1/2018	FEE SCHED	\$589.86	-	000	020	Limited to Anterior teeth (6-11 and 22-27)
D6242	-	BRIDGE PORCELAIN NOBEL METAL	1/1/2018	FEE SCHED	\$655.40	-	000	020	Limited to Anterior teeth (6-11 and 22-27)
D6245	-	BRIDGE PORCELAIN/CERAMIC	1/1/2018	FEE SCHED	\$494.83	-	000	020	Limited to Anterior teeth (6-11 and 22-27)
D6250	-	BRIDGE RESIN W/HIGH NOBLE	1/1/2018	FEE SCHED	\$655.40	-	000	020	Limited to Anterior teeth (6-11 and 22-27)
D6251	-	BRIDGE RESIN BASE METAL	1/1/2018	FEE SCHED	\$458.78	-	000	020	Limited to Anterior teeth (6-11 and 22-27)
D6252	-	BRIDGE RESIN W/NOBLE METAL	1/1/2018	FEE SCHED	\$589.86	-	000	020	Limited to Anterior teeth (6-11 and 22-27)
D6710	-	CROWN-INDIRECT RESIN BASED	1/1/2018	FEE SCHED	\$494.83	-	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6720	-	RETAIN CROWN RESIN W HI NBLE	1/1/2018	FEE SCHED	\$655.40	-	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6721	-	CROWN RESIN W/BASE METAL	1/1/2018	FEE SCHED	\$491.55	-	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6722	-	CROWN RESIN W/NOBLE METAL	1/1/2018	FEE SCHED	\$557.09	-	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6740	-	CROWN PORCELAIN/CERAMIC	1/1/2018	FEE SCHED	\$524.32	-	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6750	-	CROWN PORCELAIN HIGH NOBLE	1/1/2018	FEE SCHED	\$786.48	-	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6751	-	CROWN PORCELAIN BASE METAL	1/1/2018	FEE SCHED	\$524.32	-	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6752	-	CROWN PORCELAIN NOBLE METAL	1/1/2018	FEE SCHED	\$655.40	-	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6780	-	CROWN 3/4 HIGH NOBLE METAL	1/1/2018	FEE SCHED	\$622.63	-	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6781	-	CROWN 3/4 CAST BASED METAL	1/1/2018	FEE SCHED	\$511.21	-	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6782	-	CROWN 3/4 CAST NOBLE METAL	1/1/2018	FEE SCHED	\$514.49	-	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6783	-	CROWN 3/4 PORCELAIN/CERAMIC	1/1/2018	FEE SCHED	\$517.77	-	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6790	-	CROWN FULL HIGH NOBLE METAL	1/1/2018	FEE SCHED	\$622.63	-	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6791	-	CROWN FULL BASE METAL CAST	1/1/2018	FEE SCHED	\$458.78	-	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6792	-	CROWN FULL NOBLE METAL CAST	1/1/2018	FEE SCHED	\$557.09	-	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6794	-	CROWN TITANIUM	1/1/2018	FEE SCHED	\$452.23	-	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6930	-	DENTAL RECEMENT BRIDGE	1/1/2018	FEE SCHED	\$65.54	-	000	020	-
D6950	-	PRECISION ATTACHMENT	3/1/2018	FEE SCHED	\$262.16	-	000	020	-
D6980	-	BRIDGE REPAIR	1/1/2018	FEE SCHED	\$170.40	-	000	020	-
D7111	-	EXTRACTION CORONAL REMNANTS	3/1/2018	FEE SCHED	\$65.54	-	000	020	-
D7140	-	EXTRACTION ERUPTED TOOTH/EXR	1/1/2018	FEE SCHED	\$72.09	-	000	999	Includes local anesthesia, suturing, and post-op care.
D7210	-	REM IMP TOOTH W MUCOPER FLP	1/1/2018	FEE SCHED	\$131.08	-	000	999	-
D7220	-	IMPACT TOOTH REMOV SOFT TISS	1/1/2018	FEE SCHED	\$150.74	-	000	999	-
D7230	-	IMPACT TOOTH REMOV PART BONY	1/1/2018	FEE SCHED	\$196.62	-	000	999	-
D7240	-	IMPACT TOOTH REMOV COMP BONY	1/1/2018	FEE SCHED	\$235.94	-	000	999	-
D7241	-	IMPACT TOOTH REM BONY W/COMP	1/1/2018	FEE SCHED	\$327.70	-	000	999	-

Please see **cover sheet** for a complete description of information contained in the fee schedules.

Montana Healthcare Programs Fee Schedule
Dental Services
Proposed March 1, 2018

Proc	Mod	Description	Effective	Method	Fees	PA	Min Age	Max age	Notes
D7250	-	TOOTH ROOT REMOVAL	1/1/2018	FEE SCHED	\$131.08	-	000	999	-
D7270	-	TOOTH REIMPLANTATION	1/1/2018	FEE SCHED	\$235.94	-	000	999	-
D7280	-	EXPOSURE IMPACT TOOTH ORTHOD	3/1/2018	FEE SCHED	\$196.62	-	000	020	-
D7282	-	MOBILIZE ERUPTED/MALPOS TOOT	3/1/2018	FEE SCHED	\$239.22	-	000	020	-
D7283	-	PLACE DEVICE IMPACTED TOOTH	1/18/2018	FEE SCHED	\$249.08	-	000	020	-
D7310	-	ALVEOPLASTY W/ EXTRACTION	3/1/2018	FEE SCHED	\$137.63	-	000	020	Per quadrant
D7311	-	ALVEOLOPLASTY W/EXTRACT 1-3	3/1/2018	FEE SCHED	\$173.68	-	000	020	Per quadrant
D7320	-	ALVEOPLASTY W/O EXTRACTION	3/1/2018	FEE SCHED	\$173.68	-	000	020	Per quadrant
D7321	-	ALVEOLOPLASTY NOT W/EXTRACTS	3/1/2018	FEE SCHED	\$252.33	-	000	020	Per quadrant
D7510	-	I&D ABSC INTRAORAL SOFT TISS	1/1/2018	FEE SCHED	\$88.48	-	000	999	-
D7511	-	INCISION/DRAIN ABSCESS INTRA	3/1/2018	FEE SCHED	\$144.19	-	000	020	-
D7520	-	I&D ABSCESS EXTRAORAL	3/1/2018	FEE SCHED	\$196.62	-	000	020	-
D7521	-	INCISION/DRAIN ABSCESS EXTRA	3/1/2018	FEE SCHED	\$245.78	-	000	020	-
D7540	-	REMOVAL OF FB REACTION	3/1/2018	FEE SCHED	\$278.55	-	000	020	-
D7550	-	REMOVAL OF SLOUGHED OFF BONE	3/1/2018	FEE SCHED	\$229.39	-	000	020	-
D7560	-	MAXILLARY SINUSOTOMY	3/1/2018	FEE SCHED	\$426.01	-	000	020	-
D7910	-	DENT SUTUR RECENT WND TO 5CM	1/1/2018	FEE SCHED	\$137.63	-	000	999	-
D7911	-	DENTAL SUTURE WOUND TO 5 CM	3/1/2018	FEE SCHED	\$176.96	-	000	020	-
D7912	-	SUTURE COMPLICATE WND > 5 CM	3/1/2018	FEE SCHED	\$262.16	-	000	020	-
D7951	-	SINUS AUG W BONE/BONE SUP	1/1/2018	FEE SCHED	\$1,284.58	-	000	020	-
D7970	-	EXCISION HYPERPLASTIC TISSUE	1/1/2018	FEE SCHED	\$262.16	-	000	020	-
D7998	-	INTRAORAL PLACE OF FIX DEV	1/1/2018	FEE SCHED	\$953.61	-	000	020	-
D8050	-	INTERCEP DENTAL TX PRIMARY	1/1/2018	FEE SCHED	\$1,081.41	Y	000	020	-
D8060	-	INTERCEP DENTAL TX TRANSITN	1/1/2018	FEE SCHED	\$1,212.49	Y	000	020	-
D8070	-	COMPRE DENTAL TX TRANSITION	1/1/2018	FEE SCHED	\$2,982.07	Y	000	020	-
D8080	-	COMPRE DENTAL TX ADOLESCENT	1/1/2018	FEE SCHED	\$2,982.07	Y	000	020	-
D8090	-	COMPRE DENTAL TX ADULT	1/1/2018	FEE SCHED	\$3,113.15	Y	000	020	-
D8220	-	FIXED APPLIANCE THERAPY HABT	3/1/2018	FEE SCHED	\$468.61	-	000	020	-
D8670	-	PERIODIC ORTHODONTIC TX VISIT	1/1/2018	FEE SCHED	\$88.48	Y	000	020	1/27 days
D8680	-	ORTHODONTIC RETENTION	1/1/2018	FEE SCHED	\$275.27	Y	000	020	-
D9110	-	TX DENTAL PAIN MINOR PROC	1/1/2018	FEE SCHED	\$65.54	-	000	999	-
D9222	-	GENERAL ANESTHESIA FIRST 15M UNIT	1/1/2018	FEE SCHED	\$85.20	-	000	999	each 15 minutes = 1 unit, max 14 units/claim. NOT SUBJECT TO \$ CAP
D9223	-	GENERAL ANESTHESIA 15M UNIT	1/1/2018	FEE SCHED	\$85.20	-	000	999	each 15 minutes = 1 unit, max 14 units/claim. NOT SUBJECT TO \$ CAP
D9230	-	ANALGESIA	1/1/2018	FEE SCHED	\$29.49	-	000	012	-
D9239	-	IV CONSCIOUS SEDATION FIRST 15M	1/1/2018	FEE SCHED	\$78.65	-	000	999	15 minutes =1 unit, max 10 units per claim. NOT SUBJECT TO \$ CAP
D9243	-	IV CONSCIOUS SEDATION	1/1/2018	FEE SCHED	\$78.65	-	000	999	15 minutes =1 unit, max 10 units per claim. NOT SUBJECT TO \$ CAP
D9248	-	SEDATION (NON-IV)	1/1/2018	FEE SCHED	\$145.83	-	000	999	NOT SUBJECT TO \$ CAP
D9310	-	DENTAL CONSULTATION	1/1/2018	FEE SCHED	\$52.43	-	000	999	-
D9410	-	DENTAL HOUSE CALL	1/1/2018	FEE SCHED	\$98.31	-	000	999	Bill 1 site per day even when seeing multiple Members
D9420	-	HOSPITAL CALL	1/1/2018	FEE SCHED	\$98.31	-	000	999	Code billed 3 X's/day even when seeing multiple Members
D9440	-	OFFICE VISIT AFTER HOURS	1/1/2018	FEE SCHED	\$65.54	-	000	999	-
D9612	-	THERA PAR DRUGS 2 OR > ADMIN	3/1/2018	FEE SCHED	\$81.93	-	000	020	-
D9630	-	OTHER DRUGS/MEDICAMENTS	3/1/2018	FEE SCHED	\$16.39	-	000	020	-
D9920	-	BEHAVIOR MANAGEMENT	3/1/2018	FEE SCHED	\$52.43	-	000	020	15 min = 1 unit; Limit 12 units per year; max 4 units per visit

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Montana Healthcare Programs Fee Schedule
Dental Services
Proposed March 1, 2018

Proc	Mod	Description	Effective	Method	Fees	PA	Min Age	Max age	Notes
D9940	-	DENTAL OCCLUSAL GUARD	1/1/2018	FEE SCHED	\$327.70	-	000	020	-
D9999	-	MOBILE UNIT GA - PA ONLY	1/1/2018	FEE SCHED	\$419.29	Y	000	999	PA
-	-	-	-	-	-	-	-	-	-
-	-	NO longer payable codes; D2999, D4999, D5899, D6999 and D7999 effective 7/1/2014.	-	-	-	-	-	-	-