

**Montana Healthcare Programs Fee Schedule
Dental Services
July 1, 2023**

Proc	Mod	Description	Effective	Method	Fees	PA	Min Age	Max age	Notes
DIAGNOSTIC SERVICES									
D0120		PERIODIC ORAL EVALUATION	7/1/2023	FEE SCHED	\$25.83		000	999	Adults 1 every 6 months unless disabled
D0140		LIMIT ORAL EVAL PROBLM FOCUS	7/1/2023	FEE SCHED	\$36.90		000	999	-
D0145		ORAL EVALUATION, PT < 3YRS	7/1/2023	FEE SCHED	\$36.90		000	003	ABCD PROVIDERS ONLY
D0150		COMPREHENSVE ORAL EVALUATION	7/1/2023	FEE SCHED	\$36.90		000	999	Initial visit for new Members; Adults 1 every 3 years
D0170		RE-EVAL_EST PT_PROBLEM FOCUS	7/1/2023	FEE SCHED	\$33.21		000	999	-
D0171		RE-EVAL POST-OP VISIT	7/1/2023	FEE SCHED	\$25.83		000	999	-
D0190		SCREENING OF A PATIENT	7/1/2023	FEE SCHED	\$25.83		000	999	-
D0191		ASSESSMENT OF A PATIENT	7/1/2023	FEE SCHED	\$18.45		000	999	-
D0210		INTRAOR COMPLETE FILM SERIES	7/1/2023	FEE SCHED	\$73.80		000	999	Min of 14 films; 1 film = 1 unit of service; Adults 1 every 3 years
D0220		INTRAORAL PERIAPICAL FIRST F	7/1/2023	FEE SCHED	\$18.45		000	999	-
D0230		INTRAORAL PERIAPICAL EA ADD	7/1/2023	FEE SCHED	\$9.23		000	999	-
D0240		INTRAORAL OCCLUSAL FILM	7/1/2023	FEE SCHED	\$22.14		000	999	-
D0250		EXTRAORAL FIRST FILM	7/1/2023	FEE SCHED	\$36.90		000	999	-
D0251		EXTRAORAL POSTERIOR IMAGE	7/1/2023	FEE SCHED	\$36.90		000	999	-
D0270		DENTAL BITEWING SINGLE FILM	7/1/2023	FEE SCHED	\$18.45		000	999	Adults 4 films per year
D0272		DENTAL BITEWINGS TWO FILMS	7/1/2023	FEE SCHED	\$22.14		000	999	Adults 4 films per year
D0273		BITEWINGS - THREE FILMS	7/1/2023	FEE SCHED	\$29.52		000	999	-
D0274		DENTAL BITEWINGS FOUR FILMS	7/1/2023	FEE SCHED	\$36.90		000	999	Adults 4 films per year
D0277		VERT BITEWINGS-SEV TO EIGHT	7/1/2023	FEE SCHED	\$44.28		000	999	-
D0330		DENTAL PANORAMIC FILM	7/1/2023	FEE SCHED	\$59.04		000	999	Adults 1 film every 3 years
D0340		DENTAL CEPHALOMETRIC FILM	7/1/2023	FEE SCHED	\$73.80		000	999	Adults 1 full mouth every 3 years
D0350		ORAL/FACIAL PHOTO IMAGES	7/1/2023	FEE SCHED	\$36.90		000	020	1 unit=3 pictures
D0367		CONE BEAM CT INTERP BOTH JAW	7/1/2023	FEE SCHED	\$309.96		000	999	-
D0425		CARIES SUSCEPTIBILITY TEST	7/1/2023	FEE SCHED	\$47.97		000	002	ABCD PROVIDERS ONLY
D0460		PULP VITALITY TEST	7/1/2023	FEE SCHED	\$29.52		000	020	-
D0470		DIAGNOSTIC CASTS	7/1/2023	FEE SCHED	\$46.13		000	020	-
D0486		ACCESSION OF BRUSH BIOPSY	7/1/2023	FEE SCHED	\$77.49		000	020	-
D0601		CARIES RISK ASSESS LOW RISK	7/1/2023	FEE SCHED	\$11.07		000	020	Assessment results
D0602		CARIES RISK ASSESS MOD RISK	7/1/2023	FEE SCHED	\$11.07		000	020	Assessment results
D0603		CARIES RISK ASSESS HIGH RISK	7/1/2023	FEE SCHED	\$11.07		000	020	Assessment results
PREVENTIVE SERVICES									
D1110		DENTAL PROPHYLAXIS ADULT	7/1/2023	FEE SCHED	\$55.35		000	999	Every 6 months unless disabled
D1120		DENTAL PROPHYLAXIS CHILD	7/1/2023	FEE SCHED	\$36.90		000	017	-
D1206		TOPICAL FLUORIDE VARNISH	7/1/2023	FEE SCHED	\$22.14		000	999	-
D1208		TOPICAL APP OF FLUORIDE	7/1/2023	FEE SCHED	\$18.45		000	999	Every 6 months unless disabled
D1310		NUTRI COUNSEL-CONTROL CARIES	7/1/2023	FEE SCHED	\$44.28		000	005	ABCD PROVIDERS ONLY
D1320		TOBACCO COUNSELING	7/1/2023	FEE SCHED	\$40.59		000	999	ALLOWABLE TWO TIMES PER YEAR (EACH 6 MONTHS)
D1330		ORAL HYGIENE INSTRUCTION	7/1/2023	FEE SCHED	\$25.83		000	005	ABCD PROVIDERS ONLY
D1351		DENTAL SEALANT PER TOOTH	7/1/2023	FEE SCHED	\$29.52		000	999	st 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	7/1/2023	FEE SCHED	\$33.21		000	020	-
D1353		SEALANT REPAIR PER TOOTH	7/1/2023	FEE SCHED	\$29.52		000	999	-
D1354		INTERIM CARIES MED APP	7/1/2023	FEE SCHED	\$22.14		000	999	-
D1510		SPACE MAINTAINER FXD UNILAT	7/1/2023	FEE SCHED	\$147.60		000	020	nit= 1 quadrant 4 units per yr, list quadrant in 'tooth # column' on claim form
D1516		FIXED BILAT SPACE MAINT, MAX	7/1/2023	FEE SCHED	\$221.40		000	020	-
D1517		FIXED BILAT SPACE MAINT, MAN	7/1/2023	FEE SCHED	\$221.40		000	020	-
D1551		RECEMENT SPACE MAINT - MAX	7/1/2023	FEE SCHED	\$44.28		000	020	-
D1552		RECEMENT SPACE MAINT - MAN	7/1/2023	FEE SCHED	\$44.28		000	020	-
D1553		RECEMENT UNILAT SPACE MAINT	7/1/2023	FEE SCHED	\$44.28		000	020	-
D1556		REM FIXED UNILAT SPACE MAINT	7/1/2023	FEE SCHED	\$40.59		000	020	-

Montana Healthcare Programs Fee Schedule
Dental Services
July 1, 2023

Proc	Mod	Description	Effective	Method	Fees	PA	Min Age	Max age	Notes
D1557		REMOVE FIXED BILAT MAINT MAX	7/1/2023	FEE SCHED	\$40.59		000	020	-
D1558		REMOVE FIXED BILAT MAN	7/1/2023	FEE SCHED	\$40.59		000	020	-
D1575		DIST SPACE MAINT, FIXED UNIL	7/1/2023	FEE SCHED	\$147.60		000	020	-
TREATMENT SERVICES									
D2140		AMALGAM ONE SURFACE PERMANEN	7/1/2023	FEE SCHED	\$73.80		000	999	-
D2150		AMALGAM TWO SURFACES PERMANE	7/1/2023	FEE SCHED	\$81.18		000	999	-
D2160		AMALGAM THREE SURFACES PERMA	7/1/2023	FEE SCHED	\$99.63		000	999	-
D2161		AMALGAM 4 OR > SURFACES PERM	7/1/2023	FEE SCHED	\$121.77		000	999	-
D2330		RESIN ONE SURFACE-ANTERIOR	7/1/2023	FEE SCHED	\$73.80		000	999	-
D2331		RESIN TWO SURFACES-ANTERIOR	7/1/2023	FEE SCHED	\$110.70		000	999	-
D2332		RESIN THREE SURFACES-ANTERIO	7/1/2023	FEE SCHED	\$129.15		000	999	-
D2335		RESIN 4/> SURF OR W INCIS AN	7/1/2023	FEE SCHED	\$147.60		000	999	-
D2390		ANT RESIN-BASED CMPST CROWN	7/1/2023	FEE SCHED	\$250.92		000	999	-
D2391		POST 1 SRFC RESINBASED CMPST	7/1/2023	FEE SCHED	\$73.80		000	999	-
D2392		POST 2 SRFC RESINBASED CMPST	7/1/2023	FEE SCHED	\$147.60		000	999	-
D2393		POST 3 SRFC RESINBASED CMPST	7/1/2023	FEE SCHED	\$199.26		000	999	-
D2394		POST >=4SRFC RESINBASED CMPST	7/1/2023	FEE SCHED	\$210.33		000	999	-
D2710		CROWN RESIN-BASED INDIRECT	7/1/2023	FEE SCHED	\$369.00		000	020	erior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2712		CROWN 3/4 RESIN-BASED COMPOS	7/1/2023	FEE SCHED	\$535.05		000	020	erior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2720		CROWN RESIN W/ HIGH NOBLE ME	7/1/2023	FEE SCHED	\$738.00		000	020	erior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2721		CROWN RESIN W/ BASE METAL	7/1/2023	FEE SCHED	\$553.50		000	020	erior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2722		CROWN RESIN W/ NOBLE METAL	7/1/2023	FEE SCHED	\$627.30		000	020	erior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2740		CROWN PORCELAIN/CERAMIC SUBS	7/1/2023	FEE SCHED	\$738.00		000	999	code for children all teeth, adults all teeth except 2ndmolars (2, 15, 18, 31)
D2750		CROWN PORCELAIN W/ H NOBLE ME	7/1/2023	FEE SCHED	\$811.80		000	020	This code for Children only all teeth
D2751		CROWN PORCELAIN FUSED BASE M	7/1/2023	FEE SCHED	\$590.40		000	999	This code for Children and Adults all teeth, adults 2/calendar year
D2752		CROWN PORCELAIN W/ NOBLE MET	7/1/2023	FEE SCHED	\$664.20		000	020	erior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2780		CROWN 3/4 CAST HI NOBLE MET	7/1/2023	FEE SCHED	\$664.20		000	020	erior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2781		CROWN 3/4 CAST BASE METAL	7/1/2023	FEE SCHED	\$479.70		000	999	Adults all teeth, 2/calendar year
D2782		CROWN 3/4 CAST NOBLE METAL	7/1/2023	FEE SCHED	\$553.50		000	020	erior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2783		CROWN 3/4 PORCELAIN/CERAMIC	7/1/2023	FEE SCHED	\$701.10		000	020	erior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2790		CROWN FULL CAST HIGH NOBLE M	7/1/2023	FEE SCHED	\$701.10		000	020	erior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2791		CROWN FULL CAST BASE METAL	7/1/2023	FEE SCHED	\$516.60		000	999	Molars for Adults, 2/calendar year
D2792		CROWN FULL CAST NOBLE METAL	7/1/2023	FEE SCHED	\$590.40		000	020	erior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2794		CROWN-TITANIUM	7/1/2023	FEE SCHED	\$575.64		000	020	erior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2799		PROVISIONAL CROWN	7/1/2023	FEE SCHED	\$214.02		000	020	erior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2910		RECEMENT INLAY ONLAY OR PART	7/1/2023	FEE SCHED	\$55.35		000	999	Members with Full Medicaid; 1 every 5 years
D2920		DENTAL RECEMENT CROWN	7/1/2023	FEE SCHED	\$55.35		000	999	Members with Full Medicaid; 1 every 5 years
D2921		REATTACH TOOTH FRAGMENT	7/1/2023	FEE SCHED	\$73.80		000	020	-
D2929		PREFAB PORC/CERAM CROWN PRI	7/1/2023	FEE SCHED	\$221.40		000	020	-
D2930		PREFAB STNLSS STEEL CRWN PRI	7/1/2023	FEE SCHED	\$147.60		000	999	Members with Full Medicaid; 1 every 5 years
D2931		PREFAB STNLSS STEEL CROWN PE	7/1/2023	FEE SCHED	\$221.40		000	999	Members with Full Medicaid; 1 every 5 years
D2932		PREFABRICATED RESIN CROWN	7/1/2023	FEE SCHED	\$177.12		000	999	Members with Full Medicaid; 1 every 5 years
D2933		PREFAB STAINLESS STEEL CROWN	7/1/2023	FEE SCHED	\$166.05		000	999	Members with Full Medicaid; 1 every 5 years
D2940		DENTAL SEDATIVE FILLING	7/1/2023	FEE SCHED	\$55.35		000	999	Members with Full Medicaid; 1 every 5 years
D2950		CORE BUILD-UP INCL ANY PINS	7/1/2023	FEE SCHED	\$147.60		000	999	Members with Full Medicaid; 1 every 5 years
D2951		TOOTH PIN RETENTION	7/1/2023	FEE SCHED	\$36.90		000	020	Members with Full Medicaid; 1 every 5 years
D2952		POST AND CORE CAST + CROWN	7/1/2023	FEE SCHED	\$295.20		000	999	Members with Full Medicaid; 1 every 5 years
D2953		EACH ADDTNL CAST POST	7/1/2023	FEE SCHED	\$239.85		000	999	Members with Full Medicaid; 1 every 5 years
D2954		PREFAB POST/CORE + CROWN	7/1/2023	FEE SCHED	\$184.50		000	999	Members with Full Medicaid; 1 every 5 years
D2957		EACH ADDTNL PREFAB POST	7/1/2023	FEE SCHED	\$129.15		000	999	Members with Full Medicaid; 1 every 5 years (use w/D2954)

Montana Healthcare Programs Fee Schedule
Dental Services
July 1, 2023

Proc	Mod	Description	Effective	Method	Fees	PA	Min Age	Max age	Notes
D2960		LAMINATE LABIAL VENEER	7/1/2023	FEE SCHED	\$221.40	Y	000	020	Members with Full Medicaid; 1 every 5 years
D2961		LAB LABIAL VENEER RESIN	7/1/2023	FEE SCHED	\$369.00	Y	000	020	Members with Full Medicaid; 1 every 5 years
D2962		LAB LABIAL VENEER PORCELAIN	7/1/2023	FEE SCHED	\$531.36	Y	000	020	Members with Full Medicaid; 1 every 5 years
D2980		CROWN REPAIR	7/1/2023	FEE SCHED	\$151.29		000	999	Members with Full Medicaid; 1 every 5 years
D3110		PULP CAP DIRECT	7/1/2023	FEE SCHED	\$46.13		000	999	-
D3120		PULP CAP INDIRECT	7/1/2023	FEE SCHED	\$36.90		000	999	-
D3220		THERAPEUTIC PULPOTOMY	7/1/2023	FEE SCHED	\$110.70		000	020	-
D3221		GROSS PULPAL DEBRIDEMENT	7/1/2023	FEE SCHED	\$147.60		000	999	-
D3222		PART PULP FOR APEXOGENESIS	7/1/2023	FEE SCHED	\$118.08		000	017	-
D3230		PULPAL THERAPY ANTERIOR PRIM	7/1/2023	FEE SCHED	\$121.77		000	020	-
D3240		PULPAL THERAPY POSTERIOR PRI	7/1/2023	FEE SCHED	\$136.53		000	020	-
D3310		ENDO THXPY, ANTERIOR TOOTH	7/1/2023	FEE SCHED	\$376.38		000	999	-
D3320		END THXPY, BICUSPID TOOTH	7/1/2023	FEE SCHED	\$424.35		000	999	-
D3330		END THXPY, MOLAR	7/1/2023	FEE SCHED	\$516.60		000	999	-
D3331		NON-SURG TX ROOT CANAL OBS	7/1/2023	FEE SCHED	\$372.69		000	999	-
D3346		RETREAT ROOT CANAL ANTERIOR	7/1/2023	FEE SCHED	\$405.90		000	999	-
D3347		RETREAT ROOT CANAL BICUSPID	7/1/2023	FEE SCHED	\$494.46		000	999	-
D3348		RETREAT ROOT CANAL MOLAR	7/1/2023	FEE SCHED	\$608.85		000	999	-
D3410		APICOECT/PERIRAD SURG ANTER	7/1/2023	FEE SCHED	\$335.79		000	020	-
D3421		ROOT SURGERY BICUSPID	7/1/2023	FEE SCHED	\$387.45		000	020	-
D3425		ROOT SURGERY MOLAR	7/1/2023	FEE SCHED	\$431.73		000	020	-
D3426		ROOT SURGERY EA ADD ROOT	7/1/2023	FEE SCHED	\$184.50		000	020	-
D3430		RETROGRADE FILLING	7/1/2023	FEE SCHED	\$110.70		000	999	-
D4210		GINGIVECTOMY/PLASTY 4 OR MOR	7/1/2023	FEE SCHED	\$350.55		000	020	nit= 1 quadrant 4 units per yr, list quadrant in 'tooth # column' on claim form
D4211		GINGIVECTOMY/PLASTY 1 TO 3	7/1/2023	FEE SCHED	\$129.15		000	020	1 quadrant 4 units per yr, list quadrant in 'tooth # column' on claim form
D4212		GINGIVECTOMY/PLASTY REST	7/1/2023	FEE SCHED	\$129.15		000	020	-
D4230		ANA CROWN EXP 4 OR> PER QUAD	7/1/2023	FEE SCHED	\$339.48		000	020	1 quadrant 4 units per yr, list quadrant in 'tooth # column' on claim form
D4231		ANA CROWN EXP 1-3 PER QUAD	7/1/2023	FEE SCHED	\$298.89		000	020	1 quadrant 4 units per yr, list quadrant in 'tooth # column' on claim form
D4240		GINGIVAL FLAP PROC W/ PLANIN	7/1/2023	FEE SCHED	\$402.21		000	020	-
D4241		GNGVL FLAP W ROOTPLAN 1-3 TH	7/1/2023	FEE SCHED	\$324.72		000	020	nit= 1 quadrant 4 units per yr, list quadrant in 'tooth # column' on claim form
D4260		OSSEOUS SURGERY 4 OR MORE	7/1/2023	FEE SCHED	\$590.40		000	999	1 quadrant 4 units per yr, list quadrant in 'tooth # column' on claim form
D4261		OSSEOUS SURG 1 TO 3 TEETH	7/1/2023	FEE SCHED	\$457.56		000	999	1 quadrant 4 units per yr, list quadrant in 'tooth # column' on claim form
D4270		PEDICLE SOFT TISSUE GRAFT PR	7/1/2023	FEE SCHED	\$450.18		000	999	-
D4273		SUBEPITHELIAL TISSUE GRAFT	7/1/2023	FEE SCHED	\$608.85		000	020	-
D4275		SOFT TISSUE ALLOGRAFT	7/1/2023	FEE SCHED	\$523.98		000	020	-
D4277		SOFT TISSUE GRAFT FIRSTTOOTH	7/1/2023	FEE SCHED	\$1,107.00		000	999	-
D4278		SOFT TISSUE GRAFT ADDL TOOTH	7/1/2023	FEE SCHED	\$369.00		000	999	-
D4322		SPLINT INTRA-CORONAL; NATURAL OR PROSTHETIC	7/1/2023	FEE SCHED	\$240.79		000	999	-
D4323		SPLINT EXTRA-CORONAL; NATURAL OR PROSTHETIC	7/1/2023	FEE SCHED	\$212.46		000	999	-
D4341		PERIODONTAL SCALING & ROOT	7/1/2023	FEE SCHED	\$184.50		000	999	nit= 1 quadrant 4 units per yr, list quadrant in 'tooth # column' on claim form
D4342		PERIODONTAL SCALING 1-3TEETH	7/1/2023	FEE SCHED	\$99.63		000	999	nit= 1 quadrant 4 units per yr, list quadrant in 'tooth # column' on claim form
D4355		FULL MOUTH DEBRIDEMENT	7/1/2023	FEE SCHED	\$92.25		000	999	1/yr unless developmentally disabled
D4910		PERIODONTAL MAINT PROCEDURES	7/1/2023	FEE SCHED	\$73.80		000	999	1/90 days unless disabled
D4920		UNSCHEDULED DRESSING CHANGE	7/1/2023	FEE SCHED	\$47.97		000	999	-
D5110		DENTURES COMPLETE MAXILLARY	7/1/2023	FEE SCHED	\$922.50		000	999	'artials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5120		DENTURES COMPLETE MANDIBLE	7/1/2023	FEE SCHED	\$922.50		000	999	'artials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5130		DENTURES IMMEDIAT MAXILLARY	7/1/2023	FEE SCHED	\$1,014.75		000	999	'artials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5140		DENTURES IMMEDIAT MANDIBLE	7/1/2023	FEE SCHED	\$1,014.75		000	999	'artials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5211		DENTURES MAXILL PART RESIN	7/1/2023	FEE SCHED	\$627.30		000	999	'artials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5212		DENTURES MAND PART RESIN	7/1/2023	FEE SCHED	\$653.13		000	999	'artials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.

Montana Healthcare Programs Fee Schedule
Dental Services
July 1, 2023

Proc	Mod	Description	Effective	Method	Fees	PA	Min Age	Max age	Notes
D5213		DENTURES MAXILL PART METAL	7/1/2023	FEE SCHED	\$1,107.00		000	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5214		DENTURES MANDIBL PART METAL	7/1/2023	FEE SCHED	\$1,107.00		000	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5225		MAXILLARY PART DENTURE FLEX	7/1/2023	FEE SCHED	\$785.97		000	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5226		MANDIBULAR PART DENTURE FLEX	7/1/2023	FEE SCHED	\$785.97		000	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5410		DENTURES ADJUST CMPLT MAXIL	7/1/2023	FEE SCHED	\$44.28		000	999	First 3 adjustments after placement are included in denture price
D5411		DENTURES ADJUST CMPLT MAND	7/1/2023	FEE SCHED	\$44.28		000	999	First 3 adjustments after placement are included in denture price
D5421		DENTURES ADJUST PART MAXILL	7/1/2023	FEE SCHED	\$44.28		000	999	First 3 adjustments after placement are included in denture price
D5422		DENTURES ADJUST PART MANDBL	7/1/2023	FEE SCHED	\$44.28		000	999	First 3 adjustments after placement are included in denture price
D5511		REP BROKE COMP DENT BASE MAN	7/1/2023	FEE SCHED	\$110.70		000	999	-
D5512		REP BROKE COMP DENT BASE MAX	7/1/2023	FEE SCHED	\$110.70		000	999	-
D5520		REPLACE DENTURE TEETH COMPLT	7/1/2023	FEE SCHED	\$73.80		000	999	-
D5611		REP RESIN PART DENT BASE MAN	7/1/2023	FEE SCHED	\$110.70		000	999	-
D5612		REP RESIN PART DENT BASE MAX	7/1/2023	FEE SCHED	\$110.70		000	999	-
D5621		REP CAST PART FRAME MAN	7/1/2023	FEE SCHED	\$151.29		000	999	-
D5622		REP CAST PART FRAME MAX	7/1/2023	FEE SCHED	\$151.29		000	999	-
D5630		REP PARTIAL DENTURE CLASP	7/1/2023	FEE SCHED	\$136.53		000	999	-
D5640		REPLACE PART DENTURE TEETH	7/1/2023	FEE SCHED	\$110.70		000	999	-
D5650		ADD TOOTH TO PARTIAL DENTURE	7/1/2023	FEE SCHED	\$110.70		000	999	-
D5660		ADD CLASP TO PARTIAL DENTURE	7/1/2023	FEE SCHED	\$184.50		000	999	-
D5710		DENTURES REBASE CMPLT MAXIL	7/1/2023	FEE SCHED	\$369.00		000	999	-
D5711		DENTURES REBASE CMPLT MAND	7/1/2023	FEE SCHED	\$369.00		000	999	-
D5720		DENTURES REBASE PART MAXILL	7/1/2023	FEE SCHED	\$295.20		000	999	-
D5721		DENTURES REBASE PART MANDBL	7/1/2023	FEE SCHED	\$295.20		000	999	-
D5730		DENTURE RELN CMPLT MAXIL CH	7/1/2023	FEE SCHED	\$221.40		000	999	-
D5731		DENTURE RELN CMPLT MAND CHR	7/1/2023	FEE SCHED	\$221.40		000	999	-
D5740		DENTURE RELN PART MAXIL CHR	7/1/2023	FEE SCHED	\$184.50		000	999	-
D5741		DENTURE RELN PART MAND CHR	7/1/2023	FEE SCHED	\$184.50		000	999	-
D5750		DENTURE RELN CMPLT MAX LAB	7/1/2023	FEE SCHED	\$295.20		000	999	-
D5751		DENTURE RELN CMPLT MAND LAB	7/1/2023	FEE SCHED	\$295.20		000	999	-
D5760		DENTURE RELN PART MAXIL LAB	7/1/2023	FEE SCHED	\$295.20		000	999	-
D5761		DENTURE RELN PART MAND LAB	7/1/2023	FEE SCHED	\$295.20		000	999	-
D5820		DENTURE INTERM PART MAXILL	7/1/2023	FEE SCHED	\$369.00		000	999	-
D5821		DENTURE INTERM PART MANDBL	7/1/2023	FEE SCHED	\$369.00		000	999	-
D5850		TISSUE CONDITIONING, MAXILLARY	7/1/2023	FEE SCHED	\$95.94		000	999	Payment of denture includes payment of any tissue conditioners
D5851		TISSUE CONDITIONING, MANDIBULAR	7/1/2023	FEE SCHED	\$95.94		000	999	Payment of denture includes payment of any tissue conditioners Only covered for patients undergoing radiation and chemo for head/neck cancers
D5986		FLUORIDE APPLICATOR	7/1/2023	FEE SCHED	\$110.70		000	999	
D6205		PONTIC-INDIRECT RESIN BASED	7/1/2023	FEE SCHED	\$535.05		000	020	Limited to Anterior teeth (6-11 and 22-27)
D6210		PROSTHODONT HIGH NOBLE METAL	7/1/2023	FEE SCHED	\$738.00		000	020	Limited to Anterior teeth (6-11 and 22-27)
D6211		BRIDGE BASE METAL CAST	7/1/2023	FEE SCHED	\$516.60		000	020	Limited to Anterior teeth (6-11 and 22-27)
D6212		BRIDGE NOBLE METAL CAST	7/1/2023	FEE SCHED	\$590.40		000	020	Limited to Anterior teeth (6-11 and 22-27)
D6214		PONTIC TITANIUM	7/1/2023	FEE SCHED	\$571.95		000	020	Limited to Anterior teeth (6-11 and 22-27)
D6240		BRIDGE PORCELAIN HIGH NOBLE	7/1/2023	FEE SCHED	\$811.80		000	020	Limited to Anterior teeth (6-11 and 22-27)
D6241		BRIDGE PORCELAIN BASE METAL	7/1/2023	FEE SCHED	\$664.20		000	020	Limited to Anterior teeth (6-11 and 22-27)
D6242		BRIDGE PORCELAIN NOBEL METAL	7/1/2023	FEE SCHED	\$738.00		000	020	Limited to Anterior teeth (6-11 and 22-27)
D6245		BRIDGE PORCELAIN/CERAMIC	7/1/2023	FEE SCHED	\$557.19		000	020	Limited to Anterior teeth (6-11 and 22-27)
D6250		BRIDGE RESIN W/HIGH NOBLE	7/1/2023	FEE SCHED	\$738.00		000	020	Limited to Anterior teeth (6-11 and 22-27)
D6251		BRIDGE RESIN BASE METAL	7/1/2023	FEE SCHED	\$516.60		000	020	Limited to Anterior teeth (6-11 and 22-27)
D6252		BRIDGE RESIN W/NOBLE METAL	7/1/2023	FEE SCHED	\$664.20		000	020	Limited to Anterior teeth (6-11 and 22-27)
D6710		CROWN-INDIRECT RESIN BASED	7/1/2023	FEE SCHED	\$557.19		000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years

**Montana Healthcare Programs Fee Schedule
Dental Services
July 1, 2023**

Proc	Mod	Description	Effective	Method	Fees	PA	Min Age	Max age	Notes
D6720		RETAIN CROWN RESIN W HI NBLE	7/1/2023	FEE SCHED	\$738.00		000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6721		CROWN RESIN W/BASE METAL	7/1/2023	FEE SCHED	\$553.50		000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6722		CROWN RESIN W/NOBLE METAL	7/1/2023	FEE SCHED	\$627.30		000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6740		CROWN PORCELAIN/CERAMIC	7/1/2023	FEE SCHED	\$590.40		000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6750		CROWN PORCELAIN HIGH NOBLE	7/1/2023	FEE SCHED	\$885.60		000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6751		CROWN PORCELAIN BASE METAL	7/1/2023	FEE SCHED	\$590.40		000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6752		CROWN PORCELAIN NOBLE METAL	7/1/2023	FEE SCHED	\$738.00		000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6780		CROWN 3/4 HIGH NOBLE METAL	7/1/2023	FEE SCHED	\$701.10		000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6781		CROWN 3/4 CAST BASED METAL	7/1/2023	FEE SCHED	\$575.64		000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6782		CROWN 3/4 CAST NOBLE METAL	7/1/2023	FEE SCHED	\$579.33		000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6783		CROWN 3/4 PORCELAIN/CERAMIC	7/1/2023	FEE SCHED	\$583.02		000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6790		CROWN FULL HIGH NOBLE METAL	7/1/2023	FEE SCHED	\$701.10		000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6791		CROWN FULL BASE METAL CAST	7/1/2023	FEE SCHED	\$516.60		000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6792		CROWN FULL NOBLE METAL CAST	7/1/2023	FEE SCHED	\$627.30		000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6794		CROWN TITANIUM	7/1/2023	FEE SCHED	\$509.22		000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6930		DENTAL RECEMENT BRIDGE	7/1/2023	FEE SCHED	\$73.80		000	020	-
D6950		PRECISION ATTACHMENT	7/1/2023	FEE SCHED	\$295.20		000	999	-
D6980		BRIDGE REPAIR	7/1/2023	FEE SCHED	\$191.88		000	020	-
D7111		EXTRACTION CORONAL REMNANTS	7/1/2023	FEE SCHED	\$73.80		000	999	-
D7140		EXTRACTION ERUPTED TOOTH/EXR	7/1/2023	FEE SCHED	\$81.18		000	999	Includes local anesthesia, suturing, and post-op care.
D7210		REM IMP TOOTH W MUCOPER FLP	7/1/2023	FEE SCHED	\$147.60		000	999	-
D7220		IMPACT TOOTH REMOV SOFT TISS	7/1/2023	FEE SCHED	\$169.74		000	999	-
D7230		IMPACT TOOTH REMOV PART BONY	7/1/2023	FEE SCHED	\$221.40		000	999	-
D7240		IMPACT TOOTH REMOV COMP BONY	7/1/2023	FEE SCHED	\$265.68		000	999	-
D7241		IMPACT TOOTH REM BONY W/COMP	7/1/2023	FEE SCHED	\$369.00		000	999	-
D7250		TOOTH ROOT REMOVAL	7/1/2023	FEE SCHED	\$147.60		000	999	-
D7270		TOOTH REIMPLANTATION	7/1/2023	FEE SCHED	\$265.68		000	999	-
D7280		EXPOSURE IMPACT TOOTH ORTHOD	7/1/2023	FEE SCHED	\$221.40		000	999	-
D7282		MOBILIZE ERUPTED/MALPOS TOOT	7/1/2023	FEE SCHED	\$269.37		000	999	-
D7283		PLAGE DEVICE IMPACTED TOOTH	7/1/2023	FEE SCHED	\$280.44		000	020	-
D7310		ALVEOPLASTY W/ EXTRACTION	7/1/2023	FEE SCHED	\$154.98		000	999	list quadrant in 'tooth # column' on claim form
D7311		ALVEOLOPLASTY W/EXTRACT 1-3	7/1/2023	FEE SCHED	\$195.57		000	999	list quadrant in 'tooth # column' on claim form
D7320		ALVEOPLASTY W/O EXTRACTION	7/1/2023	FEE SCHED	\$195.57		000	999	list quadrant in 'tooth # column' on claim form
D7321		ALVEOLOPLASTY NOT W/EXTRACTS	7/1/2023	FEE SCHED	\$284.13		000	999	list quadrant in 'tooth # column' on claim form
D7510		I&D ABSO INTRAORAL SOFT TISS	7/1/2023	FEE SCHED	\$99.63		000	999	-
D7511		INCISION/DRAIN ABSCESS INTRA	7/1/2023	FEE SCHED	\$162.36		000	999	-
D7520		I&D ABSCESS EXTRAORAL	7/1/2023	FEE SCHED	\$221.40		000	999	-
D7521		INCISION/DRAIN ABSCESS EXTRA	7/1/2023	FEE SCHED	\$276.75		000	999	-
D7540		REMOVAL OF FB REACTION	7/1/2023	FEE SCHED	\$313.65		000	999	-
D7550		REMOVAL OF SLOUGHED OFF BONE	7/1/2023	FEE SCHED	\$258.30		000	999	-
D7560		MAXILLARY SINUSOTOMY	7/1/2023	FEE SCHED	\$479.70		000	999	-
D7910		DENT SUTUR RECENT WND TO 5CM	7/1/2023	FEE SCHED	\$154.98		000	999	-
D7911		DENTAL SUTURE WOUND TO 5 CM	7/1/2023	FEE SCHED	\$199.26		000	999	-
D7912		SUTURE COMPLICATE WND > 5 CM	7/1/2023	FEE SCHED	\$295.20		000	999	-
D7951		SINUS AUG W BONE/BONE SUP	7/1/2023	FEE SCHED	\$1,446.48		000	020	-
D7961		BUCCAL/LABIAL FRENECTOMY	7/1/2023	FEE SCHED	\$221.40		000	999	-
D7962		LINGUAL FRENECTOMY	7/1/2023	FEE SCHED	\$258.30		000	999	-
D7970		EXCISION HYPERPLASTIC TISSUE	7/1/2023	FEE SCHED	\$295.20		000	020	-
D7998		INTRAORAL PLAGE OF FIX DEV	7/1/2023	FEE SCHED	\$1,073.79		000	020	-
D8010		LIMITED ORTHO TX PRIMARY	7/1/2023	FEE SCHED	\$811.80	Y	000	020	-

**Montana Healthcare Programs Fee Schedule
Dental Services
July 1, 2023**

Proc	Mod	Description	Effective	Method	Fees	PA	Min Age	Max age	Notes
D8020		LIMITED ORTHO TX TRANSITION	7/1/2023	FEE SCHED	\$959.40	Y	000	020	-
D8030		LIMITED ORTHO TX ADOLESCENT	7/1/2023	FEE SCHED	\$1,291.50	Y	000	020	-
D8040		LIMITED ORTHO TX ADULT	7/1/2023	FEE SCHED	\$1,254.60	Y	000	020	-
D8070		COMPRE DENTAL TX TRANSITION	7/1/2023	FEE SCHED	\$4,022.10	Y	000	020	-
D8080		COMPRE DENTAL TX ADOLESCENT	7/1/2023	FEE SCHED	\$3,357.90	Y	000	020	-
D8090		COMPRE DENTAL TX ADULT	7/1/2023	FEE SCHED	\$3,505.50	Y	000	020	-
D8220		FIXED APPLIANCE THERAPY HABT	7/1/2023	FEE SCHED	\$527.67		000	999	-
D8670		PERIODIC ORTHODONTIC TX VISIT	7/1/2023	FEE SCHED	\$99.63	Y	000	020	1/27 days
D8680		ORTHODONTIC RETENTION	7/1/2023	FEE SCHED	\$309.96	Y	000	020	-
D8701		REPAIR FIXED RETAINER MAX	7/1/2023	FEE SCHED	\$184.50		000	020	-
D8702		REPAIR OF FIXED RETAINER MAN	7/1/2023	FEE SCHED	\$184.50		000	020	-
D8703		REPLACE BROKEN RETAINER MAX	7/1/2023	FEE SCHED	\$188.19		000	020	-
D8704		REPLACE BROKEN RETAINER MAN	7/1/2023	FEE SCHED	\$188.19		000	020	-
D9110		TX DENTAL PAIN MINOR PROC	7/1/2023	FEE SCHED	\$73.80		000	999	-
D9222		DEEP ANEST, 1ST 15 MIN	7/1/2023	FEE SCHED	\$95.94		000	999	each 15 minutes = 1 unit, max 14 units/claim. NOT SUBJECT TO \$ CAP
D9223		GENERAL ANESTHESIA EACH 15M	7/1/2023	FEE SCHED	\$95.94		000	999	each 15 minutes = 1 unit, max 14 units/claim. NOT SUBJECT TO \$ CAP
D9230		ANALGESIA	7/1/2023	FEE SCHED	\$33.21		000	017	-
D9239		IV MOD SEDATION, 1ST 15 MIN	7/1/2023	FEE SCHED	\$88.56		000	999	15 minutes =1 unit, max 10 units per claim. NOT SUBJECT TO \$ CAP
D9243		IV SEDATION EACH 15M	7/1/2023	FEE SCHED	\$88.56		000	999	15 minutes =1 unit, max 10 units per claim. NOT SUBJECT TO \$ CAP
D9248		SEDATION (NON-IV)	7/1/2023	FEE SCHED	\$164.21		000	999	NOT SUBJECT TO \$ CAP
D9310		DENTAL CONSULTATION	7/1/2023	FEE SCHED	\$59.04		000	999	-
D9410		DENTAL HOUSE CALL	7/1/2023	FEE SCHED	\$110.70		000	999	Bill 1 site per day even when seeing multiple Members
D9420		HOSPITAL CALL	7/1/2023	FEE SCHED	\$110.70		000	999	Code billed 3 X's/day even when seeing multiple Members
D9440		OFFICE VISIT AFTER HOURS	7/1/2023	FEE SCHED	\$73.80		000	999	-
D9612		THERA PAR DRUGS 2 OR > ADMIN	7/1/2023	FEE SCHED	\$92.25		000	999	-
D9630		OTHER DRUGS/MEDICAMENTS	7/1/2023	FEE SCHED	\$18.45		000	999	-
D9920		BEHAVIOR MANAGEMENT	7/1/2023	FEE SCHED	\$59.04		000	999	15 min = 1 unit; Limit 12 units per year; max 4 units per visit
D9944		OCC GUARD, HARD, FULL ARCH	7/1/2023	FEE SCHED	\$317.34		000	020	-
D9945		OCC GUARD, SOFT, FULL ARCH	7/1/2023	FEE SCHED	\$261.99		000	020	-
D9946		OCC GUARD, HARD, PART ARCH	7/1/2023	FEE SCHED	\$239.85		000	020	-
D9992		CASE MGMT, CARE COORDINATION	7/1/2022	FEE SCHED	\$35.48		000	999	-
D9995		TELEDENTISTRY REAL-TIME	7/1/2022	FEE SCHED	\$26.92		000	999	-
D9996		TELEDENTISTRY DENT REVIEW	7/1/2022	FEE SCHED	\$26.92		000	999	-
D9999		ADJUNCTIVE PROCEDURE	7/1/2022	FEE SCHED	\$453.05		000	999	Mobile anesthesia only