

**Montana Medicaid - Fee Schedule
Dental
July 2010**

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: 26 = professional component TC = technical component
Description	– Procedure code short 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. Fees for drugs, radiopharmaceuticals, blood products, immune globins, vaccines, and toxoids are reviewed and updated quarterly -- effective dates that are greater than three months old indicate that there has been no fee change since that date.
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 2011 is \$32.75. Medicare: Medicare-prevailing fee. By Report (BR): Equals 46% of billed charges for CPT codes; Equals 85% of billed charges for CDT codes. Anes Value: Number of anesthesia base value units. This is added to the 15 min. time increment units and multiplied by the anesthesia conversion factor of \$27.55. RBRVS: Based on Medicare Relative Value Units (RVU's) x Montana Medicaid conversion factor x policy adjuster. Conversion factor for fiscal year 2010 is \$40.09. *If a valid, current code is not present, that code may be a non-covered service
Fees	The facility rate is paid to physicians/practitioners providing services in the following sites: hospitals, emergency rooms, ambulatory surgery centers, IHS provider based and IHS 638 free standing facilities, skilled nursing and nursing facilities, hospice, ambulance, inpatient psychiatric and partial psychiatric hospitals, psychiatric residential treatment centers, comprehensive inpatient rehab facilities, birthing centers and military treatment facilities. All other sites of service receive the office rate. Procedures not normally done in the office are shown with the same facility rate, while those done in both locations have different rates. Bundled services, which are covered but paid as part of a related service, are shown with an RBRVS method and a fee of \$0.00. Policy adjustments are applied to certain codes to increase or decrease reimbursement for the service. Vaccines covered by the Vaccines for Children (VFC) program are not reimbursable for individuals under 19. Please refer to the Medicaid Provider website for the list of VFC vaccines. NOTE: Mid-level practitioners do not get 100% of the fee shown in all cases. Please refer to your provider manual for more information.
Global Days	– Global surgery indicator. Global surgery periods are pre- and post-operative time frames assigned to surgical procedures. 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 global period is per the CPT-4 code description ZZZ: Add-on code, global period does not apply. An add-on code must be billed with its associated primary code Space: Global concept does not apply to this code
PA	– Prior Authorization Indicators Y: Prior authorization is required Space - this indicator does not apply to this code Mult - Multiple surgery guidelines do apply Bilat - Bilateral. The procedure can be done bilaterally Assist - Assistant. An assistant is allowed for this procedure Co-Surg - Co-Surgery. A co-surgeon is allowed for this procedure Team - A team of surgeons is allowed for this procedure Related - The procedure code listed is separately billable Y - indicator is applicable to this code Space - this indicator does not apply to this code Policy Adjust - M = Maternity and F = Family Planning
Relative Values for Dentists (RVD) - copyright 2006. Published by Relative Value Studies, Inc., Broomfield, Colorado CPT codes, descriptors, and other data only are copyright 1999 American Medical Association (or such other date of publication of CPT). All Rights Reserved. Applicable FARS/DFARS Apply.	

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Proc	Mod	Description	Effective	Method	Fees	PA	Min Age	Max age	Notes
D0120		PERIODIC ORAL EVALUATION	7/1/2009	FEE SCHED	\$22.93		000	999	Adults 1 every 6 months
D0140		LIMIT ORAL EVAL PROBLM FOCUS	7/1/2009	FEE SCHED	\$32.75		000	999	
D0145		ORAL EVAL PATIENT UNDER AGE 3	7/1/2009	FEE SCHED	\$32.75		000	002	ABCD Providers only
D0150		COMPREHENSIVE ORAL EVALUATION	7/1/2009	FEE SCHED	\$32.75		000	999	Initial visit for new clients; Adults 1 every 3 years
D0210		INTRAOR COMPLETE FILM SERIES	7/1/2009	FEE SCHED	\$65.50		000	999	Min of 14 films; 1 film = 1 unit of service; Adults 1 every 3 years
D0220		INTRAORAL PERIAPICAL FIRST F	7/1/2009	FEE SCHED	\$16.38		000	999	
D0230		INTRAORAL PERIAPICAL EA ADD	7/1/2009	FEE SCHED	\$8.19		000	999	
D0240		INTRAORAL OCCLUSAL FILM	7/1/2009	FEE SCHED	\$19.65		000	999	
D0250		EXTRAORAL FIRST FILM	7/1/2009	FEE SCHED	\$32.75		000	999	
D0260		EXTRAORAL EA ADDITIONAL FILM	7/1/2009	FEE SCHED	\$22.93		000	999	
D0270		DENTAL BITEWING SINGLE FILM	7/1/2009	FEE SCHED	\$16.38		000	999	Adults 4 films per year
D0272		DENTAL BITEWINGS TWO FILMS	7/1/2009	FEE SCHED	\$19.65		000	999	Adults 4 films per year
D0273		BITEWINGS - THREE FILMS	7/1/2009	FEE SCHED	\$32.75		000	999	
D0274		DENTAL BITEWINGS FOUR FILMS	7/1/2009	FEE SCHED	\$32.75		000	999	Adults 4 films per year
D0275		BITEWINGS-EACH ADDITIONAL FILM	7/1/2009	FEE SCHED	\$8.19		000	999	
D0277		VERT BITEWINGS-SEV TO EIGHT	7/1/2009	FEE SCHED	\$39.30		000	999	
D0330		DENTAL PANORAMIC FILM	7/1/2009	FEE SCHED	\$52.40		000	999	Adults 1 film every 3 years
D0340		DENTAL CEPHALOMETRIC FILM	7/1/2009	FEE SCHED	\$65.50		000	999	Adults 1 full mouth every 3 years
D0350		ORAL/FACIAL PHOTO IMAGES	7/1/2009	FEE SCHED	\$32.75		000	999	1 unit=3 pictures
D0360		CONE BEAM CT	7/1/2010	FEE SCHED	\$219.42		000	999	
D0362		CONE BEAM, TWO DIMENSIONAL	7/1/2010	FEE SCHED	\$131.00		000	999	
D0363		CONE BEAM, THREE DIMENSIONAL	7/1/2010	FEE SCHED	\$146.82		000	999	
D0425		CARIES SUSCETIBILITY TEST/ASSESS	7/1/2009	FEE SCHED	\$42.58		000	002	ABCD Providers only
D0460		PULP VITALITY TEST	7/1/2009	FEE SCHED	\$26.20		000	020	
D0470		DIAGNOSTIC CASTS	7/1/2009	FEE SCHED	\$40.94		000	020	
D0486		ACCESSION OF BRUSH BIOPSY	7/1/2009	BY REPORT	\$0.00		000	999	
D1110		DENTAL PROPHYLAXIS ADULT	7/1/2009	FEE SCHED	\$49.13		000	999	Every 6 months
D1120		DENTAL PROPHYLAXIS CHILD	7/1/2009	FEE SCHED	\$32.75		000	999	
D1203		TOPICAL FLUOR W/O PROPHY CHI	7/1/2009	FEE SCHED	\$16.38		000	999	
D1204		TOPICAL FLUOR W/O PROPHY ADU	7/1/2009	FEE SCHED	\$16.38		000	999	Every 6 months
D1206		TOPICAL FLUORIDE VARNISH	7/1/2009	FEE SCHED	\$19.65		000	020	Mod-high risk
D1310		NUTRITIONAL COUNSELING	7/1/2009	FEE SCHED	\$39.30		000	005	ABCD Providers only
D1330		ORAL HYGIENE INSTRUCTION	7/1/2009	FEE SCHED	\$22.93		000	005	ABCD Providers only
D1351		DENTAL SEALANT PER TOOTH	7/1/2009	FEE SCHED	\$26.20		000	020	
D1510		SPACE MAINTAINER FXD UNILAT	7/1/2009	FEE SCHED	\$131.00		000	020	
D1515		FIXED BILAT SPACE MAINTAINER	7/1/2009	FEE SCHED	\$196.50		000	020	
D1550		RECEMENT SPACE MAINTAINER	7/1/2009	FEE SCHED	\$39.30		000	020	
D1555		REMOVE FIX SPACE MAINTAINER	7/1/2009	FEE SCHED	\$36.03		000	020	
D2140		AMALGAM ONE SURFACE PERMANEN	7/1/2009	FEE SCHED	\$65.50		000	999	
D2150		AMALGAM TWO SURFACES PERMANE	7/1/2009	FEE SCHED	\$72.05		000	999	
D2160		AMALGAM THREE SURFACES PERMA	7/1/2009	FEE SCHED	\$88.43		000	999	
D2161		AMALGAM 4 OR > SURFACES PERM	7/1/2009	FEE SCHED	\$108.08		000	999	
D2330		RESIN ONE SURFACE-ANTERIOR	7/1/2009	FEE SCHED	\$65.50		000	999	
D2331		RESIN TWO SURFACES-ANTERIOR	7/1/2009	FEE SCHED	\$98.25		000	999	
D2332		RESIN THREE SURFACES-ANTERIO	7/1/2009	FEE SCHED	\$114.63		000	999	
D2335		RESIN 4/> SURF OR W INCIS AN	7/1/2009	FEE SCHED	\$131.00		000	999	
D2390		ANT RESIN-BASED CMPST CROWN	7/1/2009	FEE SCHED	\$222.70		000	999	
D2391		POST 1 SRFC RESINBASED CMPST	7/1/2009	FEE SCHED	\$65.50		000	999	
D2392		POST 2 SRFC RESINBASED CMPST	7/1/2009	FEE SCHED	\$131.00		000	999	
D2393		POST 3 SRFC RESINBASED CMPST	7/1/2009	FEE SCHED	\$176.85		000	999	
D2394		POST >=4SRFC RESINBASED CMPST	7/1/2009	FEE SCHED	\$186.68		000	999	
D2710		CROWN RESIN-BASED INDIRECT	7/1/2009	FEE SCHED	\$327.50		000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2712		CROWN 3/4 RESIN-BASED COMPOS	7/1/2009	FEE SCHED	\$474.88		000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2720		CROWN RESIN W/ HIGH NOBLE ME	7/1/2009	FEE SCHED	\$655.00		000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2721		CROWN RESIN W/ BASE METAL	7/1/2009	FEE SCHED	\$491.25		000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2722		CROWN RESIN W/ NOBLE METAL	7/1/2009	FEE SCHED	\$556.75		000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2740		CROWN PORCELAIN/CERAMIC SUBS	7/1/2009	FEE SCHED	\$655.00		000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2750		CROWN PORCELAIN W/ H NOBLE M	7/1/2009	FEE SCHED	\$720.50	Y	000	020	PA for posterior teeth
D2751		CROWN PORCELAIN FUSED BASE M	7/1/2009	FEE SCHED	\$524.00	Y	000	999	PA for anterior and posterior teeth for adults 18+
D2752		CROWN PORCELAIN W/ NOBLE MET	7/1/2009	FEE SCHED	\$589.50		000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years

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	PA	Min Age	Max age	Notes
D2780		CROWN 3/4 CAST HI NOBLE MET	7/1/2009	FEE SCHED	\$589.50		000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2781		CROWN 3/4 CAST BASE METAL	7/1/2009	FEE SCHED	\$425.75	Y	000	999	PA for anterior and posterior teeth for adults 18+
D2782		CROWN 3/4 CAST NOBLE METAL	7/1/2009	FEE SCHED	\$491.25		000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2783		CROWN 3/4 PORCELAIN/CERAMIC	7/1/2009	FEE SCHED	\$622.25		000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2790		CROWN FULL CAST HIGH NOBLE M	7/1/2009	FEE SCHED	\$622.25		000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2791		CROWN FULL CAST BASE METAL	7/1/2009	FEE SCHED	\$458.50	Y	000	999	PA for anterior and posterior teeth for adults 18+
D2792		CROWN FULL CAST NOBLE METAL	7/1/2009	FEE SCHED	\$524.00		000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2794		CROWN-TITANIUM	7/1/2009	FEE SCHED	\$510.90		000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2799		PROVISIONAL CROWN	7/1/2009	FEE SCHED	\$189.95		000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2910		RECEMENT INLAY ONLAY OR PART	7/1/2009	FEE SCHED	\$49.13		000	999	Clients with Full Medicaid; 1 every 5 years
D2920		DENTAL RECEMENT CROWN	7/1/2009	FEE SCHED	\$49.13		000	999	Clients with Full Medicaid; 1 every 5 years
D2930		PREFAB STNLS STEEL CRWN PRI	7/1/2009	FEE SCHED	\$131.00		000	999	Clients with Full Medicaid; 1 every 5 years
D2931		PREFAB STNLS STEEL CROWN PE	7/1/2009	FEE SCHED	\$196.50		000	999	Clients with Full Medicaid; 1 every 5 years
D2932		PREFABRICATED RESIN CROWN	7/1/2009	FEE SCHED	\$157.20		000	999	Clients with Full Medicaid; 1 every 5 years
D2933		PREFAB STAINLESS STEEL CROWN	7/1/2009	FEE SCHED	\$147.38		000	999	Clients with Full Medicaid; 1 every 5 years
D2940		DENTAL SEDATIVE FILLING	7/1/2009	FEE SCHED	\$49.13		000	999	Clients with Full Medicaid; 1 every 5 years
D2950		CORE BUILD-UP INCL ANY PINS	7/1/2009	FEE SCHED	\$131.00		000	999	Clients with Full Medicaid; 1 every 5 years
D2951		TOOTH PIN RETENTION	7/1/2009	FEE SCHED	\$32.75		000	020	Clients with Full Medicaid; 1 every 5 years
D2952		POST AND CORE CAST + CROWN	7/1/2009	FEE SCHED	\$262.00		000	999	Clients with Full Medicaid; 1 every 5 years
D2953		EACH ADDTNL CAST POST	7/1/2009	FEE SCHED	\$212.88		000	999	Clients with Full Medicaid; 1 every 5 years
D2954		PREFAB POST/CORE + CROWN	7/1/2009	FEE SCHED	\$163.75		000	999	Clients with Full Medicaid; 1 every 5 years
D2957		EACH ADDTNL PREFAB POST	7/1/2009	FEE SCHED	\$114.63		000	999	Clients with Full Medicaid; 1 every 5 years
D2960		LAMINATE LABIAL VENEER	7/1/2009	FEE SCHED	\$196.50		000	999	Clients with Full Medicaid; 1 every 5 years
D2961		LAB LABIAL VENEER RESIN	7/1/2009	FEE SCHED	\$327.50		000	999	Clients with Full Medicaid; 1 every 5 years
D2962		LAB LABIAL VENEER PORCELAIN	7/1/2009	FEE SCHED	\$471.60		000	999	Clients with Full Medicaid; 1 every 5 years
D2970		TEMPORARY- FRACTURED TOOTH	7/1/2009	FEE SCHED	\$160.48		000	999	
D2980		CROWN REPAIR	7/1/2009	FEE SCHED	\$134.28		000	999	Clients with Full Medicaid; 1 every 5 years
D2999		DENTAL UNSPEC RESTORATIVE PR	7/1/2009	BY REPORT	\$0.00		000	999	Clients with Full Medicaid; 1 every 5 years
D3110		PULP CAP DIRECT	7/1/2009	FEE SCHED	\$40.94		000	999	
D3120		PULP CAP INDIRECT	7/1/2009	FEE SCHED	\$32.75		000	999	
D3220		THERAPEUTIC PULPOTOMY	7/1/2009	FEE SCHED	\$98.25		000	020	
D3221		GROSS PULPAL DEBRIDEMENT	7/1/2009	FEE SCHED	\$131.00		000	999	
D3230		PULPAL THERAPY ANTERIOR PRIM	7/1/2009	FEE SCHED	\$108.08		000	020	
D3240		PULPAL THERAPY POSTERIOR PRI	7/1/2009	FEE SCHED	\$121.18		000	020	
D3310		ANTERIOR	7/1/2009	FEE SCHED	\$334.05		000	999	
D3320		ROOT CANAL THERAPY 2 CANALS	7/1/2009	FEE SCHED	\$376.63		000	999	
D3330		ROOT CANAL THERAPY 3 CANALS	7/1/2009	FEE SCHED	\$458.50		000	999	
D3331		NON-SURG TX ROOT CANAL OBS	7/1/2009	FEE SCHED	\$330.78		000	999	
D3346		RETREAT ROOT CANAL ANTERIOR	7/1/2009	FEE SCHED	\$360.25		000	999	
D3347		RETREAT ROOT CANAL BICUSPID	7/1/2009	FEE SCHED	\$438.85		000	999	
D3348		RETREAT ROOT CANAL MOLAR	7/1/2009	FEE SCHED	\$540.38		000	999	
D3410		APICOECT/PERIRAD SURG ANTER	7/1/2009	FEE SCHED	\$298.03		000	020	
D3421		ROOT SURGERY BICUSPID	7/1/2009	FEE SCHED	\$343.88		000	020	
D3425		ROOT SURGERY MOLAR	7/1/2009	FEE SCHED	\$383.18		000	020	
D3426		ROOT SURGERY EA ADD ROOT	7/1/2009	FEE SCHED	\$163.75		000	020	
D3430		RETROGRADE FILLING	7/1/2009	FEE SCHED	\$98.25		000	999	
D4210		GINGIVECTOMY/PLASTY PER QUAD	7/1/2009	FEE SCHED	\$311.13		000	020	1 quadrant = 1 unit of service
D4211		GINGIVECTOMY/PLASTY PER TOOT	7/1/2009	FEE SCHED	\$114.63		000	020	
D4230		ANA CROWN EXP 4 OR> PER QUAD	7/1/2009	FEE SCHED	\$301.30		000	020	1 quadrant = 1 unit of service
D4231		ANA CROWN EXP 1-3 PER QUAD	7/1/2009	FEE SCHED	\$301.30		000	020	1 quadrant = 1 unit of service
D4240		GINGIVAL FLAP PROC W/ PLANIN	7/1/2009	FEE SCHED	\$356.98		000	020	
D4241		GNGVL FLAP W ROOTPLAN 1-3 TH	7/1/2009	FEE SCHED	\$288.20		000	020	
D4260		OSSEOUS SURGERY PER QUADRANT	7/1/2009	FEE SCHED	\$524.00		000	999	1 quadrant = 1 unit of service
D4261		OSSEOUS SURGL-3TEETHPERQUAD	7/1/2009	FEE SCHED	\$262.00		000	999	1 quadrant = 1 unit of service
D4270		PEDICLE SOFT TISSUE GRAFT PR	7/1/2009	FEE SCHED	\$381.49		000	999	
D4271		FREE SOFT TISSUE GRAFT PROC	7/1/2009	FEE SCHED	\$412.65		000	999	
D4320		PROVISION SPLNT INTRACORONAL	7/1/2009	FEE SCHED	\$222.70		000	999	
D4321		PROVISIONAL SPLINT EXTRACORO	7/1/2009	FEE SCHED	\$196.50		000	999	
D4341		PERIODONTAL SCALING & ROOT	7/1/2009	FEE SCHED	\$163.75		000	999	1 unit=1 quadrant 4 units per year, list quadrant in 'tooth # column' on claim form
D4342		PERIODONTAL SCALING 1-3TEETH	7/1/2009	FEE SCHED	\$88.43		000	999	1 unit=1 quadrant 4 units per year, list quadrant in 'tooth # column' on claim form

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D4355		FULL MOUTH DEBRIDEMENT	7/1/2009	FEE SCHED	\$81.88		000	999	1/yr unless developmentally disabled
D4910		PERIODONTAL MAINT PROCEDURES	7/1/2009	FEE SCHED	\$65.50		000	999	1/90days
D4920		UNSCHEDULED DRESSING CHANGE	7/1/2009	FEE SCHED	\$42.58		000	999	
D4999		UNSPECIFIED PERIODONTAL PROC	7/1/2009	BY REPORT	\$0.00		000	999	
D5110		DENTURES COMPLETE MAXILLARY	7/1/2009	FEE SCHED	\$818.75		000	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5120		DENTURES COMPLETE MANDIBLE	7/1/2009	FEE SCHED	\$818.75		000	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5130		DENTURES IMMEDIAT MAXILLARY	7/1/2009	FEE SCHED	\$900.63		000	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5140		DENTURES IMMEDIAT MANDIBLE	7/1/2009	FEE SCHED	\$900.63		000	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5211		DENTURES MAXILL PART RESIN	7/1/2009	FEE SCHED	\$556.75		000	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5212		DENTURES MAND PART RESIN	7/1/2009	FEE SCHED	\$579.68		000	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5213		DENTURES MAXILL PART METAL	7/1/2009	FEE SCHED	\$982.50		000	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5214		DENTURES MANDIBL PART METAL	7/1/2009	FEE SCHED	\$982.50		000	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5225		MAXILLARY PART DENTURE FLEX	7/1/2009	FEE SCHED	\$697.58		000	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5226		MANDIBULAR PART DENTURE FLEX	7/1/2009	FEE SCHED	\$697.58		000	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5410		DENTURES ADJUST CMLPT MAXIL	7/1/2009	FEE SCHED	\$39.30		000	999	
D5411		DENTURES ADJUST CMLPT MAND	7/1/2009	FEE SCHED	\$39.30		000	999	
D5421		DENTURES ADJUST PART MAXILL	7/1/2009	FEE SCHED	\$39.30		000	999	
D5422		DENTURES ADJUST PART MANDBL	7/1/2009	FEE SCHED	\$39.30		000	999	
D5510		DENTUR REPR BROKEN COMPL BAS	7/1/2009	FEE SCHED	\$98.25		000	999	
D5520		REPLACE DENTURE TEETH COMPLT	7/1/2009	FEE SCHED	\$65.50		000	999	
D5610		DENTURES REPAIR RESIN BASE	7/1/2009	FEE SCHED	\$98.25		000	999	
D5620		REP PART DENTURE CAST FRAME	7/1/2009	FEE SCHED	\$134.28		000	999	
D5630		REP PARTIAL DENTURE CLASP	7/1/2009	FEE SCHED	\$121.18		000	999	
D5640		REPLACE PART DENTURE TEETH	7/1/2009	FEE SCHED	\$98.25		000	999	
D5650		ADD TOOTH TO PARTIAL DENTURE	7/1/2009	FEE SCHED	\$98.25		000	999	
D5660		ADD CLASP TO PARTIAL DENTURE	7/1/2009	FEE SCHED	\$163.75		000	999	
D5710		DENTURES REBASE CMLPT MAXIL	7/1/2009	FEE SCHED	\$327.50		000	999	
D5711		DENTURES REBASE CMLPT MAND	7/1/2009	FEE SCHED	\$327.50		000	999	
D5720		DENTURES REBASE PART MAXILL	7/1/2009	FEE SCHED	\$262.00		000	999	
D5721		DENTURES REBASE PART MANDBL	7/1/2009	FEE SCHED	\$262.00		000	999	
D5730		DENTURE RELN CMLPT MAXIL CH	7/1/2009	FEE SCHED	\$196.50		000	999	
D5731		DENTURE RELN CMLPT MAND CHR	7/1/2009	FEE SCHED	\$196.50		000	999	
D5740		DENTURE RELN PART MAXIL CHR	7/1/2009	FEE SCHED	\$163.75		000	999	
D5741		DENTURE RELN PART MAND CHR	7/1/2009	FEE SCHED	\$163.75		000	999	
D5750		DENTURE RELN CMLPT MAX LAB	7/1/2009	FEE SCHED	\$262.00		000	999	
D5751		DENTURE RELN CMLPT MAND LAB	7/1/2009	FEE SCHED	\$262.00		000	999	
D5760		DENTURE RELN PART MAXIL LAB	7/1/2009	FEE SCHED	\$262.00		000	999	
D5761		DENTURE RELN PART MAND LAB	7/1/2009	FEE SCHED	\$262.00		000	999	
D5820		DENTURE INTERM PART MAXILL	7/1/2009	FEE SCHED	\$327.50		000	020	
D5821		DENTURE INTERM PART MANDBL	7/1/2009	FEE SCHED	\$327.50		000	020	
D5850		TISSUE CONDITIONING, MAXILLARY	7/1/2009	FEE SCHED	\$85.15		000	999	
D5851		TISSUE CONDITIONING, MANDIBULAR	7/1/2009	FEE SCHED	\$85.15		000	999	
D5899		REMOVABLE PROSTHODONTIC PROC	7/1/2009	BY REPORT	\$0.00		000	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D6205		PONTIC-INDIRECT RESIN BASED	7/1/2009	FEE SCHED	\$474.88		000	020	Limited to Anterior teeth (6-11 and 22-27)
D6210		PROSTHODONT HIGH NOBLE METAL	7/1/2009	FEE SCHED	\$655.00		000	020	Limited to Anterior teeth (6-11 and 22-27)
D6211		BRIDGE BASE METAL CAST	7/1/2009	FEE SCHED	\$458.50		000	020	Limited to Anterior teeth (6-11 and 22-27)
D6212		BRIDGE NOBLE METAL CAST	7/1/2009	FEE SCHED	\$524.00		000	020	Limited to Anterior teeth (6-11 and 22-27)
D6214		PONTIC TITANIUM	7/1/2009	FEE SCHED	\$507.63		000	020	Limited to Anterior teeth (6-11 and 22-27)
D6240		BRIDGE PORCELAIN HIGH NOBLE	7/1/2009	FEE SCHED	\$720.50		000	020	Limited to Anterior teeth (6-11 and 22-27)
D6241		BRIDGE PORCELAIN BASE METAL	7/1/2009	FEE SCHED	\$589.50		000	020	Limited to Anterior teeth (6-11 and 22-27)
D6242		BRIDGE PORCELAIN NOBEL METAL	7/1/2009	FEE SCHED	\$655.00		000	020	Limited to Anterior teeth (6-11 and 22-27)
D6245		BRIDGE PORCELAIN/CERAMIC	7/1/2009	FEE SCHED	\$494.53		000	020	Limited to Anterior teeth (6-11 and 22-27)
D6250		BRIDGE RESIN W/HIGH NOBLE	7/1/2009	FEE SCHED	\$655.00		000	020	Limited to Anterior teeth (6-11 and 22-27)
D6251		BRIDGE RESIN BASE METAL	7/1/2009	FEE SCHED	\$458.50		000	020	Limited to Anterior teeth (6-11 and 22-27)
D6252		BRIDGE RESIN W/NOBLE METAL	7/1/2009	FEE SCHED	\$589.50		000	020	Limited to Anterior teeth (6-11 and 22-27)
D6710		CROWN-INDIRECT RESIN BASED	7/1/2009	FEE SCHED	\$494.53		000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6720		RETAIN CROWN RESIN W HI NBLE	7/1/2009	FEE SCHED	\$655.00		000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6721		CROWN RESIN W/BASE METAL	7/1/2009	FEE SCHED	\$491.25		000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6722		CROWN RESIN W/NOBLE METAL	7/1/2009	FEE SCHED	\$556.75		000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6740		CROWN PORCELAIN/CERAMIC	7/1/2009	FEE SCHED	\$524.00		000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years

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Proc	Mod	Description	Effective	Method	Fees	PA	Min Age	Max age	Notes
D6750		CROWN PORCELAIN HIGH NOBLE	7/1/2009	FEE SCHED	\$786.00		000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6751		CROWN PORCELAIN BASE METAL	7/1/2009	FEE SCHED	\$524.00		000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6752		CROWN PORCELAIN NOBLE METAL	7/1/2009	FEE SCHED	\$655.00		000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6780		CROWN 3/4 HIGH NOBLE METAL	7/1/2009	FEE SCHED	\$622.25		000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6781		CROWN 3/4 CAST BASED METAL	7/1/2009	FEE SCHED	\$510.90		000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6782		CROWN 3/4 CAST NOBLE METAL	7/1/2009	FEE SCHED	\$514.18		000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6783		CROWN 3/4 PORCELAIN/CERAMIC	7/1/2009	FEE SCHED	\$517.45		000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6790		CROWN FULL HIGH NOBLE METAL	7/1/2009	FEE SCHED	\$622.25		000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6791		CROWN FULL BASE METAL CAST	7/1/2009	FEE SCHED	\$458.50		000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6792		CROWN FULL NOBLE METAL CAST	7/1/2009	FEE SCHED	\$566.75		000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6794		CROWN TITANIUM	7/1/2009	FEE SCHED	\$541.95		000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6930		DENTAL RECEMENT BRIDGE	7/1/2009	FEE SCHED	\$65.50		000	020	
D6950		PRECISION ATTACHMENT	7/1/2009	FEE SCHED	\$262.00		000	999	
D6980		BRIDGE REPAIR	7/1/2009	FEE SCHED	\$170.30		000	020	
D6999		FIXED PROSTHODONTIC PROC	7/1/2009	BY REPORT	\$0.00		000	999	
D7111		EXTRACTION CORONAL REMNANTS	7/1/2009	FEE SCHED	\$65.50		000	999	
D7140		EXTRACTION ERUPTED TOOTH/EXR	7/1/2009	FEE SCHED	\$72.05		000	999	Includes local anesthesia, suturing, and post-op care.
D7210		REM IMP TOOTH W MUCOPER FLP	7/1/2009	FEE SCHED	\$131.00		000	999	
D7220		IMPACT TOOTH REMOV SOFT TISS	7/1/2009	FEE SCHED	\$150.65		000	999	
D7230		IMPACT TOOTH REMOV PART BONY	7/1/2009	FEE SCHED	\$196.50		000	999	
D7240		IMPACT TOOTH REMOV COMP BONY	7/1/2009	FEE SCHED	\$235.80		000	999	
D7241		IMPACT TOOTH REM BONY W/COMP	7/1/2009	FEE SCHED	\$327.50		000	999	
D7250		TOOTH ROOT REMOVAL	7/1/2009	FEE SCHED	\$131.00		000	999	
D7270		TOOTH REIMPLANTATION	7/1/2009	FEE SCHED	\$235.80		000	999	
D7280		EXPOSURE IMPACT TOOTH ORTHOD	7/1/2009	FEE SCHED	\$196.50		000	999	
D7282		MOBILIZE ERUPTED/MALPOS TOOT	7/1/2009	FEE SCHED	\$239.08		000	999	
D7310		ALVEOPLASTY W/ EXTRACTION 4+ teeth	7/1/2009	FEE SCHED	\$137.55		000	999	Per quadrant
D7311		ALVEOPLASTY W/ EXTRACTION 1-3 teeth	1/1/2010	FEE SCHED	\$173.57		000	999	Per quadrant
D7320		ALVEOPLASTY W/O EXTRACTION	7/1/2009	FEE SCHED	\$173.58		000	999	Per quadrant
D7321		ALVEOLOPLASTY NOT W/EXTRACTS	7/1/2009	FEE SCHED	\$252.18		000	999	Per quadrant
D7510		I&D ABSC INTRAORAL SOFT TISS	7/1/2009	FEE SCHED	\$88.43		000	999	
D7511		INCISION/DRAIN ABSCCESS INTRA	7/1/2009	FEE SCHED	\$144.10		000	999	
D7520		I&D ABSCCESS EXTRAORAL	7/1/2009	FEE SCHED	\$196.50		000	999	
D7521		INCISION/DRAIN ABSCCESS EXTRA	7/1/2009	FEE SCHED	\$245.63		000	999	
D7540		REMOVAL OF FB REACTION	7/1/2009	FEE SCHED	\$278.38		000	999	
D7550		REMOVAL OF SLOUGHED OFF BONE	7/1/2009	FEE SCHED	\$229.25		000	999	
D7560		MAXILLARY SINUSOTOMY	7/1/2009	FEE SCHED	\$425.75		000	999	
D7910		DENT SUTUR RECENT WND TO 5CM	7/1/2009	FEE SCHED	\$137.55		000	999	
D7911		DENTAL SUTURE WOUND TO 5 CM	7/1/2009	FEE SCHED	\$176.85		000	999	
D7912		SUTURE COMPLICATE WND > 5 CM	7/1/2009	FEE SCHED	\$262.00		000	999	
D7951		SINUS AUG W BONE/BONE SUP	7/1/2009	FEE SCHED	\$1,283.80		000	020	
D7970		EXCISION HYPERPLASTIC TISSUE	7/1/2009	FEE SCHED	\$262.00		000	020	
D7998		INTRAORAL PLACE OF FIX DEV	7/1/2009	FEE SCHED	\$953.03		000	020	
D8050		INTERCEP DENTAL TX PRIMARY	7/1/2009	BY REPORT	\$0.00	Y	000	020	
D8060		INTERCEP DENTAL TX TRANSITN	7/1/2009	BY REPORT	\$0.00	Y	000	020	
D8070		COMPRE DENTAL TX TRANSITION	7/1/2009	BY REPORT	\$0.00	Y	000	020	
D8080		COMPRE DENTAL TX ADOLESCENT	7/1/2009	BY REPORT	\$0.00	Y	000	020	
D8090		COMPRE DENTAL TX ADULT	7/1/2009	BY REPORT	\$0.00	Y	000	020	
D8220		FIXED APPLIANCE THERAPY HABT	7/1/2009	FEE SCHED	\$468.33		000	999	
D8670		PERIODIC ORTHODONTIC TX VISIT	7/1/2009	BY REPORT	\$0.00	Y	000	020	
D9110		TX DENTAL PAIN MINOR PROC	7/1/2009	FEE SCHED	\$65.50		000	999	
D9220		GENERAL ANESTHESIA	7/1/2009	FEE SCHED	\$180.13		000	999	
D9221		GENERAL ANESTHESIA EA AD 15M	7/1/2009	FEE SCHED	\$65.50		000	999	
D9230		ANALGESIA	7/1/2009	FEE SCHED	\$29.48		000	012	
D9241		INTRAVENOUS SEDATION-1ST 30 MIN	7/1/2009	FEE SCHED	\$196.50		000	999	First 30 minutes
D9242		IV SEDATION EA AD 15 M	7/1/2009	FEE SCHED	\$73.69		000	999	
D9248		SEDATION (NON-IV)	7/1/2009	FEE SCHED	\$145.74		000	999	
D9310		DENTAL CONSULTATION	7/1/2009	FEE SCHED	\$52.40		000	999	
D9410		DENTAL HOUSE CALL	7/1/2009	FEE SCHED	\$98.25		000	999	
D9420		HOSPITAL CALL	7/1/2009	FEE SCHED	\$98.25		000	999	

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**Dental
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Proc	Mod	Description	Effective	Method	Fees	PA	Min Age	Max age	Notes
D9440		OFFICE VISIT AFTER HOURS	7/1/2009	FEE SCHED	\$65.50		000	999	
D9612		THERA PAR DRUGS 2 OR > ADMIN	7/1/2009	FEE SCHED	\$81.88		000	999	
D9630		OTHER DRUGS/MEDICAMENTS	7/1/2009	FEE SCHED	\$16.38		000	999	
D9920		BEHAVIOR MANAGEMENT	7/1/2009	FEE SCHED	\$52.40		000	999	15 min = 1 unit; Limit 12 units per year; max 4 units per visit
D9940		DENTAL OCCLUSAL GUARD	7/1/2009	FEE SCHED	\$327.50		000	020	
D9999		ADJUNCTIVE PROCEDURE	7/1/2009	BY REPORT	\$0.00		000	999	