

**Montana Medicaid – Fee Schedule  
Denturist  
July 1, 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:

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 2011 is \$32.75.

**Medicare:** Medicare-prevailing fee.

**By Report (BR):** Equals 85% of billed charges for CDT codes.

**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

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Proc	Mod	Description	Effective	Method	Fees	PA	Min Age	Max age	Notes
D0140		LIMIT ORAL EVAL PROBLM FOCUS	7/1/2009	FEE SCHED	\$32.75		000	999	
D0150		COMPREHENSVE ORAL EVALUATION	7/1/2009	FEE SCHED	\$32.75		000	999	Initial visit for new clients; Adults 1 every 3 years
D0330		DENTAL PANORAMIC FILM	7/1/2009	FEE SCHED	\$52.40		000	999	Adults 1 film every 3 years
D0470		DIAGNOSTIC CASTS	7/1/2009	FEE SCHED	\$40.94		000	020	
D2970		TEMPORARY- FRACTURED TOOTH	7/1/2009	FEE SCHED	\$160.48		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 CMPLT MAXIL	7/1/2009	FEE SCHED	\$39.30		000	999	
D5411		DENTURES ADJUST CMPLT 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 CMPLT MAXIL	7/1/2009	FEE SCHED	\$327.50		000	999	
D5711		DENTURES REBASE CMPLT 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 CMPLT MAXIL CH	7/1/2009	FEE SCHED	\$196.50		000	999	
D5731		DENTURE RELN CMPLT 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 CMPLT MAX LAB	7/1/2009	FEE SCHED	\$262.00		000	999	
D5751		DENTURE RELN CMPLT 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	1/1/1998	BY REPORT	\$0.00		000	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D6930		DENTAL RECEMENT BRIDGE	7/1/2009	FEE SCHED	\$65.50		000	020	
D6980		BRIDGE REPAIR	7/1/2009	FEE SCHED	\$170.30		000	020	
D9410		DENTAL HOUSE CALL	7/1/2009	FEE SCHED	\$98.25		000	999	
D9940		DENTAL OCCLUSAL GUARD	7/1/2009	FEE SCHED	\$327.50		000	020	