

**Montana Medicaid - Fee Schedule  
Dental Hygienist  
July 1, 2015**

**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 \$33.18

**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

*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	Min Age	Max Age	Notes
D0210		INTRAOR COMPLETE FILM SERIES	7/1/2015	FEE SCHED	\$66.36		000	999	Min of 14 films; 1 film = 1 unit of service; Adults 1 every 3 years
D0220		INTRAORAL PERIAPICAL FIRST F	7/1/2015	FEE SCHED	\$16.59		000	999	
D0230		INTRAORAL PERIAPICAL EA ADD	7/1/2015	FEE SCHED	\$8.30		000	999	
D0240		INTRAORAL OCCLUSAL FILM	7/1/2015	FEE SCHED	\$19.91		000	999	
D0270		DENTAL BITEWING SINGLE FILM	7/1/2015	FEE SCHED	\$16.59		000	999	Adults 4 films per year
D0272		DENTAL BITEWINGS TWO FILMS	7/1/2015	FEE SCHED	\$19.91		000	999	Adults 4 films per year
D0273		BITEWINGS - THREE FILMS	7/1/2015	FEE SCHED	\$26.54		000	999	
D0274		DENTAL BITEWINGS FOUR FILMS	7/1/2015	FEE SCHED	\$33.18		000	999	Adults 4 films per year
D0330		DENTAL PANORAMIC FILM	7/1/2015	FEE SCHED	\$53.09		000	999	Adults 1 film every 3 years
D1110		DENTAL PROPHYLAXIS ADULT	7/1/2015	FEE SCHED	\$49.77		000	999	Every 6 months unless disabled
D1120		DENTAL PROPHYLAXIS CHILD	7/1/2015	FEE SCHED	\$33.18		000	999	
D1206		TOPICAL FLUORIDE VARNISH	7/1/2015	FEE SCHED	\$19.91		000	020	
D1208		TOPICAL APP OF FLUORIDE	7/1/2015	FEE SCHED	\$16.59		000	999	
D1320		TOBACCO COUNSELING	7/1/2015	FEE SCHED	\$36.50		000	999	
D1351		DENTAL SEALANT PER TOOTH	7/1/2015	FEE SCHED	\$26.54		000	020	First and second molars only (A, B, I, J, K, L, S, T, 2, 3, 14, 15, 18, 19, 30, 31)
D4341		PERIODONTAL SCALING & ROOT	7/1/2015	FEE SCHED	\$165.90		000	999	1 unit= 1 quadrant 4 units per yr, list quadrant in 'tooth # column' on claim form
D4342		PERIODONTAL SCALING 1-3TEETH	7/1/2015	FEE SCHED	\$89.59		000	999	1 unit= 1 quadrant 4 units per yr, list quadrant in 'tooth # column' on claim form