

**Montana Medicaid - Fee Schedule  
Denturist  
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

**Pass** - Passport Referral

Y: Passport referral is required

**Passport-** *Not all provider specialties require passport, please refer to your program manual for specifics.*

*Relative Values for Dentists (RVD) - copyright 2006. Published by Relative Value Studies, Inc. Broomfield Colorado  
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All Rights Reserved. Applicable FARS/DFARS Apply*

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**Dentist  
July 1, 2015**

Proc	Mod	Description	Effective	Method	Fees	PA	Pass	Min Age	Max age	Notes
D0140		LIMIT ORAL EVAL PROBLM FOCUS	7/1/2015	FEE SCHED	\$33.18			000	999	
D0150		COMPREHENSVE ORAL EVALUATION	7/1/2015	FEE SCHED	\$33.18			000	999	Initial visit for new Members; Adults 1 every 3 years
D0330		DENTAL PANORAMIC FILM	7/1/2015	FEE SCHED	\$53.09			000	999	Adults 1 film every 3 years
D0470		DIAGNOSTIC CASTS	7/1/2015	FEE SCHED	\$41.48			000	020	
D2970		TEMPORARY- FRACTURED TOOTH	7/1/2015	FEE SCHED	\$162.58			000	999	
D5110		DENTURES COMPLETE MAXILLARY	7/1/2015	FEE SCHED	\$829.50			000	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5120		DENTURES COMPLETE MANDIBLE	7/1/2015	FEE SCHED	\$829.50			000	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5130		DENTURES IMMEDIAT MAXILLARY	7/1/2015	FEE SCHED	\$912.45			000	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5140		DENTURES IMMEDIAT MANDIBLE	7/1/2015	FEE SCHED	\$912.45			000	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5211		DENTURES MAXILL PART RESIN	7/1/2015	FEE SCHED	\$564.06			000	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5212		DENTURES MAND PART RESIN	7/1/2015	FEE SCHED	\$587.29			000	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5213		DENTURES MAXILL PART METAL	7/1/2015	FEE SCHED	\$995.40			000	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5214		DENTURES MANDIBL PART METAL	7/1/2015	FEE SCHED	\$995.40			000	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5225		MAXILLARY PART DENTURE FLEX	7/1/2015	FEE SCHED	\$706.73			000	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5226		MANDIBULAR PART DENTURE FLEX	7/1/2015	FEE SCHED	\$706.73			000	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5410		DENTURES ADJUST CMPLT MAXIL	7/1/2015	FEE SCHED	\$39.82			000	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5411		DENTURES ADJUST CMPLT MAND	7/1/2015	FEE SCHED	\$39.82			000	999	First 3 adjustments after placement are included in denture price
D5421		DENTURES ADJUST PART MAXILL	7/1/2015	FEE SCHED	\$39.82			000	999	First 3 adjustments after placement are included in denture price
D5422		DENTURES ADJUST PART MANDBL	7/1/2015	FEE SCHED	\$39.82			000	999	First 3 adjustments after placement are included in denture price
D5510		DENTUR REPR BROKEN COMPL BAS	7/1/2015	FEE SCHED	\$99.54			000	999	First 3 adjustments after placement are included in denture price
D5520		REPLACE DENTURE TEETH COMPLT	7/1/2015	FEE SCHED	\$66.36			000	999	
D5610		DENTURES REPAIR RESIN BASE	7/1/2015	FEE SCHED	\$99.54			000	999	
D5620		REP PART DENTURE CAST FRAME	7/1/2015	FEE SCHED	\$136.04			000	999	
D5630		REP PARTIAL DENTURE CLASP	7/1/2015	FEE SCHED	\$122.77			000	999	
D5640		REPLACE PART DENTURE TEETH	7/1/2015	FEE SCHED	\$99.54			000	999	
D5650		ADD TOOTH TO PARTIAL DENTURE	7/1/2015	FEE SCHED	\$99.54			000	999	
D5660		ADD CLASP TO PARTIAL DENTURE	7/1/2015	FEE SCHED	\$165.90			000	999	
D5710		DENTURES REBASE CMPLT MAXIL	7/1/2015	FEE SCHED	\$331.80			000	999	
D5711		DENTURES REBASE CMPLT MAND	7/1/2015	FEE SCHED	\$331.80			000	999	
D5720		DENTURES REBASE PART MAXILL	7/1/2015	FEE SCHED	\$265.44			000	999	
D5721		DENTURES REBASE PART MANDBL	7/1/2015	FEE SCHED	\$265.44			000	999	
D5730		DENTURE RELN CMPLT MAXIL CH	7/1/2015	FEE SCHED	\$199.08			000	999	
D5731		DENTURE RELN CMPLT MAND CHR	7/1/2015	FEE SCHED	\$199.08			000	999	
D5740		DENTURE RELN PART MAXIL CHR	7/1/2015	FEE SCHED	\$165.90			000	999	
D5741		DENTURE RELN PART MAND CHR	7/1/2015	FEE SCHED	\$165.90			000	999	
D5750		DENTURE RELN CMPLT MAX LAB	7/1/2015	FEE SCHED	\$265.44			000	999	
D5751		DENTURE RELN CMPLT MAND LAB	7/1/2015	FEE SCHED	\$265.44			000	999	
D5760		DENTURE RELN PART MAXIL LAB	7/1/2015	FEE SCHED	\$265.44			000	999	
D5761		DENTURE RELN PART MAND LAB	7/1/2015	FEE SCHED	\$265.44			000	999	
D5820		DENTURE INTERM PART MAXILL	7/1/2015	FEE SCHED	\$331.80			000	020	
D5821		DENTURE INTERM PART MANDBL	7/1/2015	FEE SCHED	\$331.80			000	020	
D5850		TISSUE CONDITIONING, MAXILLARY	7/1/2015	FEE SCHED	\$86.27			000	999	Payment of denture includes payment of any tissue conditioners
D5851		TISSUE CONDITIONING, MANDIBULAR	7/1/2015	FEE SCHED	\$86.27			000	999	Payment of denture includes payment of any tissue conditioners
D6930		DENTAL RECEMENT BRIDGE	7/1/2015	FEE SCHED	\$66.36			000	020	
D6980		BRIDGE REPAIR	7/1/2015	FEE SCHED	\$172.54			000	020	
D9410		DENTAL HOUSE CALL	7/1/2015	FEE SCHED	\$99.54			000	999	Bill 1 site per day even when seeing multiple Members
D9940		DENTAL OCCLUSAL GUARD	7/1/2015	FEE SCHED	\$331.80			000	020	