

Montana Medicaid - Fee Schedule

Dental

Proposed July 1, 2016

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 2017 is **\$33.78**

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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Proc	Mod	Description	Effective	Method	Fees	PA	NEW Fee	Min Age	Max Age	Notes
DIAGNOSTIC SERVICES										
D0120		PERIODIC ORAL EVALUATION	7/1/2016	FEE SCHED	\$23.23		\$23.65	000	999	Adults 1 every 6 months unless disabled
D0140		LIMIT ORAL EVAL PROBLM FOCUS	7/1/2016	FEE SCHED	\$33.18		\$33.78	000	999	
D0145		ORAL EVALUATION, PT < 3YRS	7/1/2016	FEE SCHED	\$33.18		\$33.78	000	002	ABCD PROVIDERS ONLY
D0150		COMPREHENSVE ORAL EVALUATION	7/1/2016	FEE SCHED	\$33.18		\$33.78	000	999	Initial visit for new Members; Adults 1 every 3 years
D0210		INTRAOR COMPLETE FILM SERIES	7/1/2016	FEE SCHED	\$66.36		\$67.56	000	999	Min of 14 films; 1 film = 1 unit of service; Adults 1 every 3 years
D0220		INTRAORAL PERIAPICAL FIRST F	7/1/2016	FEE SCHED	\$16.59		\$16.89	000	999	
D0230		INTRAORAL PERIAPICAL EA ADD	7/1/2016	FEE SCHED	\$8.30		\$8.45	000	999	
D0240		INTRAORAL OCCLUSAL FILM	7/1/2016	FEE SCHED	\$19.91		\$20.27	000	999	
D0250		EXTRAORAL FIRST FILM	7/1/2016	FEE SCHED	\$33.18		\$33.78	000	999	
D0260		EXTRAORAL EA ADDITIONAL FILM	7/1/2016	FEE SCHED	\$23.23		\$23.65	000	999	
D0270		DENTAL BITEWING SINGLE FILM	7/1/2016	FEE SCHED	\$16.59		\$16.89	000	999	Adults 4 films per year
D0272		DENTAL BITEWINGS TWO FILMS	7/1/2016	FEE SCHED	\$19.91		\$20.27	000	999	Adults 4 films per year
D0273		BITEWINGS - THREE FILMS	7/1/2016	FEE SCHED	\$26.54		\$27.02	000	999	
D0274		DENTAL BITEWINGS FOUR FILMS	7/1/2016	FEE SCHED	\$33.18		\$33.78	000	999	Adults 4 films per year
D0277		VERT BITEWINGS-SEV TO EIGHT	7/1/2016	FEE SCHED	\$39.82		\$40.54	000	999	
D0330		DENTAL PANORAMIC FILM	7/1/2016	FEE SCHED	\$53.09		\$54.05	000	999	Adults 1 film every 3 years
D0340		DENTAL CEPHALOMETRIC FILM	7/1/2016	FEE SCHED	\$66.36		\$67.56	000	999	Adults 1 full mouth every 3 years
D0350		ORAL/FACIAL PHOTO IMAGES	7/1/2016	FEE SCHED	\$33.18		\$33.78	000	999	1 unit=3 pictures
D0367		CONE BEAM CT INTERP BOTH JAW	7/1/2016	FEE SCHED	\$278.71		\$283.75	000	999	
D0425		CARIES SUSCEPTIBILITY TEST	7/1/2016	FEE SCHED	\$43.47		\$44.25	000	002	ABCD PROVIDERS ONLY
D0460		PULP VITALITY TEST	7/1/2016	FEE SCHED	\$26.54		\$27.02	000	020	
D0470		DIAGNOSTIC CASTS	7/1/2016	FEE SCHED	\$41.48		\$42.23	000	020	
D0486		ACCESSION OF BRUSH BIOPSY	7/1/2016	FEE SCHED	\$69.68		\$70.94	000	999	
D0601		CARIES RISK ASSESS LOW RISK	7/1/2016	FEE SCHED	\$9.95		\$10.13	000	020	Assessment results
D0602		CARIES RISK ASSESS MOD RISK	7/1/2016	FEE SCHED	\$9.95		\$10.13	000	020	Assessment results
D0603		CARIES RISK ASSESS HIGH RISK	7/1/2016	FEE SCHED	\$9.95		\$10.13	000	020	Assessment results
PREVENTIVE SERVICES										
D1110		DENTAL PROPHYLAXIS ADULT	7/1/2016	FEE SCHED	\$49.77		\$50.67	000	999	Every 6 months unless disabled
D1120		DENTAL PROPHYLAXIS CHILD	7/1/2016	FEE SCHED	\$33.18		\$33.78	000	999	
D1206		TOPICAL FLUORIDE VARNISH	7/1/2016	FEE SCHED	\$19.91		\$20.27	000	999	
D1208		TOPICAL APP OF FLUORIDE	7/1/2016	FEE SCHED	\$16.59		\$16.89	000	999	Every 6 months unless disabled
D1310		NUTRI COUNSEL-CONTROL CARIES	7/1/2016	FEE SCHED	\$39.82		\$40.54	000	005	ABCD PROVIDERS ONLY
D1320		TOBACCO COUNSELING	7/1/2016	FEE SCHED	\$36.50		\$37.16	000	999	ALLOWABLE TWO TMIES PER YEAR (EACH 6 MONTHS)
D1330		ORAL HYGIENE INSTRUCTION	7/1/2016	FEE SCHED	\$23.23		\$23.65	000	005	ABCD PROVIDERS ONLY
D1351		DENTAL SEALANT PER TOOTH	7/1/2016	FEE SCHED	\$26.54		\$27.02	000	999	First 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	7/1/2016	FEE SCHED	\$29.86		\$30.40	000	020	

Please see first page for a complete description of information contained in the fee schedules. Reference Provider Manual.

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D1353		SEALANT REPAIR, PER TOOTH	7/1/2016	FEE SCHED	\$26.54		\$27.02	000	020	
D1510		SPACE MAINTAINER FXD UNILAT	7/1/2016	FEE SCHED	\$132.72		\$135.12	000	020	
D1515		FIXED BILAT SPACE MAINTAINER	7/1/2016	FEE SCHED	\$199.08		\$202.68	000	020	
D1550		RECEMENT SPACE MAINTAINER	7/1/2016	FEE SCHED	\$39.82		\$40.54	000	020	
D1555		REMOVE FIX SPACE MAINTAINER	7/1/2016	FEE SCHED	\$36.50		\$37.16	000	020	
TREATMENT SERVICES										
D2140		AMALGAM ONE SURFACE PERMANEN	7/1/2016	FEE SCHED	\$66.36		\$67.56	000	999	
D2150		AMALGAM TWO SURFACES PERMANE	7/1/2016	FEE SCHED	\$73.00		\$74.32	000	999	
D2160		AMALGAM THREE SURFACES PERMA	7/1/2016	FEE SCHED	\$89.59		\$91.21	000	999	
D2161		AMALGAM 4 OR > SURFACES PERM	7/1/2016	FEE SCHED	\$109.49		\$111.47	000	999	
D2330		RESIN ONE SURFACE-ANTERIOR	7/1/2016	FEE SCHED	\$66.36		\$67.56	000	999	
D2331		RESIN TWO SURFACES-ANTERIOR	7/1/2016	FEE SCHED	\$99.54		\$101.34	000	999	
D2332		RESIN THREE SURFACES-ANTERIO	7/1/2016	FEE SCHED	\$116.13		\$118.23	000	999	
D2335		RESIN 4/> SURF OR W INCIS AN	7/1/2016	FEE SCHED	\$132.72		\$135.12	000	999	
D2390		ANT RESIN-BASED CMPST CROWN	7/1/2016	FEE SCHED	\$225.62		\$229.70	000	999	
D2391		POST 1 SRFC RESINBASED CMPST	7/1/2016	FEE SCHED	\$66.36		\$67.56	000	999	
D2392		POST 2 SRFC RESINBASED CMPST	7/1/2016	FEE SCHED	\$132.72		\$135.12	000	999	
D2393		POST 3 SRFC RESINBASED CMPST	7/1/2016	FEE SCHED	\$179.17		\$182.41	000	999	
D2394		POST >=4SRFC RESINBASED CMPST	7/1/2016	FEE SCHED	\$189.13		\$192.55	000	999	
D2710		CROWN RESIN-BASED INDIRECT	7/1/2016	FEE SCHED	\$331.80		\$337.80	000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2712		CROWN 3/4 RESIN-BASED COMPOS	7/1/2016	FEE SCHED	\$481.11		\$489.81	000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2720		CROWN RESIN W/ HIGH NOBLE ME	7/1/2016	FEE SCHED	\$663.60		\$675.60	000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2721		CROWN RESIN W/ BASE METAL	7/1/2016	FEE SCHED	\$497.70		\$506.70	000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2722		CROWN RESIN W/ NOBLE METAL	7/1/2016	FEE SCHED	\$564.06		\$574.26	000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2740		CROWN PORCELAIN/CERAMIC SUBS	7/1/2016	FEE SCHED	\$663.60		\$675.60	000	020	This code for Children only all teeth
D2750		CROWN PORCELAIN W/ H NOBLE M	7/1/2016	FEE SCHED	\$729.96		\$743.16	000	020	This code for Children only all teeth
D2751		CROWN PORCELAIN FUSED BASE M	7/1/2016	FEE SCHED	\$530.88		\$540.48	000	999	This code for Children and Adults all teeth, adults 2/calendar year
D2752		CROWN PORCELAIN W/ NOBLE MET	7/1/2016	FEE SCHED	\$597.24		\$608.04	000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2780		CROWN 3/4 CAST HI NOBLE MET	7/1/2016	FEE SCHED	\$597.24		\$608.04	000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2781		CROWN 3/4 CAST BASE METAL	7/1/2016	FEE SCHED	\$431.34		\$439.14	000	999	Adults all teeth, 2/calendar year
D2782		CROWN 3/4 CAST NOBLE METAL	7/1/2016	FEE SCHED	\$497.70		\$506.70	000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2783		CROWN 3/4 PORCELAIN/CERAMIC	7/1/2016	FEE SCHED	\$630.42		\$641.82	000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2790		CROWN FULL CAST HIGH NOBLE M	7/1/2016	FEE SCHED	\$630.42		\$641.82	000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2791		CROWN FULL CAST BASE METAL	7/1/2016	FEE SCHED	\$464.52		\$472.92	000	999	Molars for Adults, 2/calendar year
D2792		CROWN FULL CAST NOBLE METAL	7/1/2016	FEE SCHED	\$530.88		\$540.48	000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2794		CROWN-TITANIUM	7/1/2016	FEE SCHED	\$517.61		\$526.97	000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2799		PROVISIONAL CROWN	7/1/2016	FEE SCHED	\$192.44		\$195.92	000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2910		RECEMENT INLAY ONLAY OR PART	7/1/2016	FEE SCHED	\$49.77		\$50.67	000	999	Members with Full Medicaid; 1 every 5 years

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D2920		DENTAL RECEMENT CROWN	7/1/2016	FEE SCHED	\$49.77		\$50.67	000	999	Members with Full Medicaid; 1 every 5 years
D2921		REATTACH TOOTH FRAGMENT	7/1/2016	FEE SCHED	\$66.36		\$67.56	000	020	
D2929		PREFAB PORC/CERAM CROWN PRI	7/1/2016	FEE SCHED	\$199.08		\$202.68	000	020	
D2930		PREFAB STNLSS STEEL CRWN PRI	7/1/2016	FEE SCHED	\$132.72		\$135.12	000	999	Members with Full Medicaid; 1 every 5 years
D2931		PREFAB STNLSS STEEL CROWN PE	7/1/2016	FEE SCHED	\$199.08		\$202.68	000	999	Members with Full Medicaid; 1 every 5 years
D2932		PREFABRICATED RESIN CROWN	7/1/2016	FEE SCHED	\$159.26		\$162.14	000	999	Members with Full Medicaid; 1 every 5 years
D2933		PREFAB STAINLESS STEEL CROWN	7/1/2016	FEE SCHED	\$149.31		\$152.01	000	999	Members with Full Medicaid; 1 every 5 years
D2940		DENTAL SEDATIVE FILLING	7/1/2016	FEE SCHED	\$49.77		\$50.67	000	999	Members with Full Medicaid; 1 every 5 years
D2950		CORE BUILD-UP INCL ANY PINS	7/1/2016	FEE SCHED	\$132.72		\$135.12	000	999	Members with Full Medicaid; 1 every 5 years
D2951		TOOTH PIN RETENTION	7/1/2016	FEE SCHED	\$33.18		\$33.78	000	020	Members with Full Medicaid; 1 every 5 years
D2952		POST AND CORE CAST + CROWN	7/1/2016	FEE SCHED	\$265.44		\$270.24	000	999	Members with Full Medicaid; 1 every 5 years
D2953		EACH ADDTNL CAST POST	7/1/2016	FEE SCHED	\$215.67		\$219.57	000	999	Members with Full Medicaid; 1 every 5 years
D2954		PREFAB POST/CORE + CROWN	7/1/2016	FEE SCHED	\$165.90		\$168.90	000	999	Members with Full Medicaid; 1 every 5 years
D2957		EACH ADDTNL PREFAB POST	7/1/2016	FEE SCHED	\$116.13		\$118.23	000	999	Members with Full Medicaid; 1 every 5 years (use w/D2954)
D2960		LAMINATE LABIAL VENEER	7/1/2016	FEE SCHED	\$199.08	Y	\$202.68	000	999	Members with Full Medicaid; 1 every 5 years
D2961		LAB LABIAL VENEER RESIN	7/1/2016	FEE SCHED	\$331.80	Y	\$337.80	000	999	Members with Full Medicaid; 1 every 5 years
D2962		LAB LABIAL VENEER PORCELAIN	7/1/2016	FEE SCHED	\$477.79	Y	\$486.43	000	999	Members with Full Medicaid; 1 every 5 years
D2980		CROWN REPAIR	7/1/2016	FEE SCHED	\$136.04		\$138.84	000	999	Members with Full Medicaid; 1 every 5 years
D3110		PULP CAP DIRECT	7/1/2016	FEE SCHED	\$41.48		\$42.23	000	999	
D3120		PULP CAP INDIRECT	7/1/2016	FEE SCHED	\$33.18		\$33.78	000	999	
D3220		THERAPEUTIC PULPOTOMY	7/1/2016	FEE SCHED	\$99.54		\$101.34	000	020	
D3221		GROSS PULPAL DEBRIDEMENT	7/1/2016	FEE SCHED	\$132.72		\$135.12	000	999	
D3230		PULPAL THERAPY ANTERIOR PRIM	7/1/2016	FEE SCHED	\$109.49		\$111.47	000	020	
D3240		PULPAL THERAPY POSTERIOR PRI	7/1/2016	FEE SCHED	\$122.77		\$124.99	000	020	
D3310		ENDO THXPY, ANTERIOR TOOTH	7/1/2016	FEE SCHED	\$338.44		\$344.56	000	999	
D3320		END THXPY, BICUSPID TOOTH	7/1/2016	FEE SCHED	\$381.57		\$388.47	000	999	
D3330		END THXPY, MOLAR	7/1/2016	FEE SCHED	\$464.52		\$472.92	000	999	
D3331		NON-SURG TX ROOT CANAL OBS	7/1/2016	FEE SCHED	\$335.12		\$341.18	000	999	
D3346		RETREAT ROOT CANAL ANTERIOR	7/1/2016	FEE SCHED	\$364.98		\$371.58	000	999	
D3347		RETREAT ROOT CANAL BICUSPID	7/1/2016	FEE SCHED	\$444.61		\$452.65	000	999	
D3348		RETREAT ROOT CANAL MOLAR	7/1/2016	FEE SCHED	\$547.47		\$557.37	000	999	
D3410		APICOECT/PERIRAD SURG ANTER	7/1/2016	FEE SCHED	\$301.94		\$307.40	000	020	
D3421		ROOT SURGERY BICUSPID	7/1/2016	FEE SCHED	\$348.39		\$354.69	000	020	
D3425		ROOT SURGERY MOLAR	7/1/2016	FEE SCHED	\$388.21		\$395.23	000	020	
D3426		ROOT SURGERY EA ADD ROOT	7/1/2016	FEE SCHED	\$165.90		\$168.90	000	020	
D3430		RETROGRADE FILLING	7/1/2016	FEE SCHED	\$99.54		\$101.34	000	999	
D4210		GINGIVECTOMY/PLASTY 4 OR MOR	7/1/2016	FEE SCHED	\$315.21		\$320.91	000	020	1 quadrant = 1 unit of service
D4211		GINGIVECTOMY/PLASTY 1 TO 3	7/1/2016	FEE SCHED	\$116.13		\$118.23	000	020	

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D4212		GINGIVECTOMY/PLASTY REST	7/1/2016	FEE SCHED	\$116.13		\$118.23	000	020	
D4230		ANA CROWN EXP 4 OR> PER QUAD	7/1/2016	FEE SCHED	\$305.26		\$310.78	000	020	1 quadrant = 1 unit of service
D4231		ANA CROWN EXP 1-3 PER QUAD	7/1/2016	FEE SCHED	\$268.76		\$273.62	000	020	1 quadrant = 1 unit of service
D4240		GINGIVAL FLAP PROC W/ PLANIN	7/1/2016	FEE SCHED	\$361.66		\$368.20	000	020	
D4241		GNGVL FLAP W ROOTPLAN 1-3 TH	7/1/2016	FEE SCHED	\$291.98		\$297.26	000	020	
D4260		OSSEOUS SURGERY 4 OR MORE	7/1/2016	FEE SCHED	\$530.88		\$540.48	000	999	1 quadrant = 1 unit of service
D4261		OSSEOUS SURG 1 TO 3 TEETH	7/1/2016	FEE SCHED	\$411.43		\$418.87	000	999	1 quadrant = 1 unit of service
D4270		PEDICLE SOFT TISSUE GRAFT PR	7/1/2016	FEE SCHED	\$404.80		\$412.12	000	999	
D4273		SUBEPITHELIAL TISSUE GRAFT	7/1/2016	FEE SCHED	\$547.47		\$560.75	000	020	
D4275		SOFT TISSUE ALLOGRAFT	7/1/2016	FEE SCHED	\$471.16		\$483.05	000	020	
D4277		SOFT TISSUE GRAFT FIRSTTOOTH	7/1/2016	FEE SCHED	\$995.40		\$1,013.40	000	999	
D4278		SOFT TISSUE GRAFT ADDL TOOTH	7/1/2016	FEE SCHED	\$331.80		\$337.80	000	999	
D4320		PROVISION SPLNT INTRACORONAL	7/1/2016	FEE SCHED	\$225.62		\$229.70	000	999	
D4321		PROVISIONAL SPLINT EXTRACORO	7/1/2016	FEE SCHED	\$199.08		\$202.68	000	999	
D4341		PERIODONTAL SCALING & ROOT	7/1/2016	FEE SCHED	\$165.90		\$168.90	000	999	1 unit= 1 quadrant 4 units per yr, list quadrant in 'tooth # column' on claim form
D4342		PERIODONTAL SCALING 1-3TEETH	7/1/2016	FEE SCHED	\$89.59		\$91.21	000	999	1 unit= 1 quadrant 4 units per yr, list quadrant in 'tooth # column' on claim form
D4355		FULL MOUTH DEBRIDEMENT	7/1/2016	FEE SCHED	\$82.95		\$84.45	000	999	1/yr unless developmentally disabled
D4910		PERIODONTAL MAINT PROCEDURES	7/1/2016	FEE SCHED	\$66.36		\$67.56	000	999	1/90 days unless disabled
D4920		UNSCHEDULED DRESSING CHANGE	7/1/2016	FEE SCHED	\$43.13		\$43.91	000	999	
DENTURE SERVICES										
D5110		DENTURES COMPLETE MAXILLARY	7/1/2016	FEE SCHED	\$829.50		\$844.50	000	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5120		DENTURES COMPLETE MANDIBLE	7/1/2016	FEE SCHED	\$829.50		\$844.50	000	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5130		DENTURES IMMEDIAT MAXILLARY	7/1/2016	FEE SCHED	\$912.45		\$928.95	000	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5140		DENTURES IMMEDIAT MANDIBLE	7/1/2016	FEE SCHED	\$912.45		\$928.95	000	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5211		DENTURES MAXILL PART RESIN	7/1/2016	FEE SCHED	\$564.06		\$574.26	000	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5212		DENTURES MAND PART RESIN	7/1/2016	FEE SCHED	\$587.29		\$597.91	000	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5213		DENTURES MAXILL PART METAL	7/1/2016	FEE SCHED	\$995.40		\$1,013.40	000	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5214		DENTURES MANDIBL PART METAL	7/1/2016	FEE SCHED	\$995.40		\$1,013.40	000	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5225		MAXILLARY PART DENTURE FLEX	7/1/2016	FEE SCHED	\$706.73		\$719.51	000	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5226		MANDIBULAR PART DENTURE FLEX	7/1/2016	FEE SCHED	\$706.73		\$719.51	000	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5410		DENTURES ADJUST CMPLT MAXIL	7/1/2016	FEE SCHED	\$39.82		\$40.54	000	999	First 3 adjustments after placement are included in denture price
D5411		DENTURES ADJUST CMPLT MAND	7/1/2016	FEE SCHED	\$39.82		\$40.54	000	999	First 3 adjustments after placement are included in denture price
D5421		DENTURES ADJUST PART MAXILL	7/1/2016	FEE SCHED	\$39.82		\$40.54	000	999	First 3 adjustments after placement are included in denture price
D5422		DENTURES ADJUST PART MANDBL	7/1/2016	FEE SCHED	\$39.82		\$40.54	000	999	First 3 adjustments after placement are included in denture price
D5510		DENTUR REPR BROKEN COMPL BAS	7/1/2016	FEE SCHED	\$99.54		\$101.34	000	999	
D5520		REPLACE DENTURE TEETH COMPLT	7/1/2016	FEE SCHED	\$66.36		\$67.56	000	999	
D5610		DENTURES REPAIR RESIN BASE	7/1/2016	FEE SCHED	\$99.54		\$101.34	000	999	
D5620		REP PART DENTURE CAST FRAME	7/1/2016	FEE SCHED	\$136.04		\$138.50	000	999	

Montana Medicaid - Fee Schedule

Dental

Proposed July 1, 2016

Proc	Mod	Description	Effective	Method	Fees	PA	NEW Fee	Min Age	Max Age	Notes
D5630		REP PARTIAL DENTURE CLASP	7/1/2016	FEE SCHED	\$122.77		\$124.99	000	999	
D5640		REPLACE PART DENTURE TEETH	7/1/2016	FEE SCHED	\$99.54		\$101.34	000	999	
D5650		ADD TOOTH TO PARTIAL DENTURE	7/1/2016	FEE SCHED	\$99.54		\$101.34	000	999	
D5660		ADD CLASP TO PARTIAL DENTURE	7/1/2016	FEE SCHED	\$165.90		\$168.90	000	999	
D5710		DENTURES REBASE CMPLT MAXIL	7/1/2016	FEE SCHED	\$331.80		\$337.80	000	999	
D5711		DENTURES REBASE CMPLT MAND	7/1/2016	FEE SCHED	\$331.80		\$337.80	000	999	
D5720		DENTURES REBASE PART MAXILL	7/1/2016	FEE SCHED	\$265.44		\$270.24	000	999	
D5721		DENTURES REBASE PART MANDBL	7/1/2016	FEE SCHED	\$265.44		\$270.24	000	999	
D5730		DENTURE RELN CMPLT MAXIL CH	7/1/2016	FEE SCHED	\$199.08		\$202.68	000	999	
D5731		DENTURE RELN CMPLT MAND CHR	7/1/2016	FEE SCHED	\$199.08		\$202.68	000	999	
D5740		DENTURE RELN PART MAXIL CHR	7/1/2016	FEE SCHED	\$165.90		\$168.90	000	999	
D5741		DENTURE RELN PART MAND CHR	7/1/2016	FEE SCHED	\$165.90		\$168.90	000	999	
D5750		DENTURE RELN CMPLT MAX LAB	7/1/2016	FEE SCHED	\$265.44		\$270.24	000	999	
D5751		DENTURE RELN CMPLT MAND LAB	7/1/2016	FEE SCHED	\$265.44		\$270.24	000	999	
D5760		DENTURE RELN PART MAXIL LAB	7/1/2016	FEE SCHED	\$265.44		\$270.24	000	999	
D5761		DENTURE RELN PART MAND LAB	7/1/2016	FEE SCHED	\$265.44		\$270.24	000	999	
D5820		DENTURE INTERM PART MAXILL	7/1/2016	FEE SCHED	\$331.80		\$337.80	000	020	
D5821		DENTURE INTERM PART MANDBL	7/1/2016	FEE SCHED	\$331.80		\$337.80	000	020	
D5850		TISSUE CONDITIONING, MAXILLARY	7/1/2016	FEE SCHED	\$86.27		\$87.83	000	999	Payment of denture includes payment of any tissue conditioners
D5851		TISSUE CONDITIONING, MANDIBULAR	7/1/2016	FEE SCHED	\$86.27		\$87.83	000	999	Payment of denture includes payment of any tissue conditioners
TREATMENT SERVICES										
D6205		PONTIC-INDIRECT RESIN BASED	7/1/2016	FEE SCHED	\$481.11		\$489.81	000	020	Limited to Anterior teeth (6-11 and 22-27)
D6210		PROSTHODONT HIGH NOBLE METAL	7/1/2016	FEE SCHED	\$663.60		\$675.60	000	020	Limited to Anterior teeth (6-11 and 22-27)
D6211		BRIDGE BASE METAL CAST	7/1/2016	FEE SCHED	\$464.52		\$472.92	000	020	Limited to Anterior teeth (6-11 and 22-27)
D6212		BRIDGE NOBLE METAL CAST	7/1/2016	FEE SCHED	\$530.88		\$540.48	000	020	Limited to Anterior teeth (6-11 and 22-27)
D6214		PONTIC TITANIUM	7/1/2016	FEE SCHED	\$514.29		\$523.59	000	020	Limited to Anterior teeth (6-11 and 22-27)
D6240		BRIDGE PORCELAIN HIGH NOBLE	7/1/2016	FEE SCHED	\$729.96		\$743.16	000	020	Limited to Anterior teeth (6-11 and 22-27)
D6241		BRIDGE PORCELAIN BASE METAL	7/1/2016	FEE SCHED	\$597.24		\$608.04	000	020	Limited to Anterior teeth (6-11 and 22-27)
D6242		BRIDGE PORCELAIN NOBEL METAL	7/1/2016	FEE SCHED	\$663.60		\$675.60	000	020	Limited to Anterior teeth (6-11 and 22-27)
D6245		BRIDGE PORCELAIN/CERAMIC	7/1/2016	FEE SCHED	\$501.02		\$510.08	000	020	Limited to Anterior teeth (6-11 and 22-27)
D6250		BRIDGE RESIN W/HIGH NOBLE	7/1/2016	FEE SCHED	\$663.60		\$675.60	000	020	Limited to Anterior teeth (6-11 and 22-27)
D6251		BRIDGE RESIN BASE METAL	7/1/2016	FEE SCHED	\$464.52		\$472.92	000	020	Limited to Anterior teeth (6-11 and 22-27)
D6252		BRIDGE RESIN W/NOBLE METAL	7/1/2016	FEE SCHED	\$597.24		\$608.04	000	020	Limited to Anterior teeth (6-11 and 22-27)
D6710		CROWN-INDIRECT RESIN BASED	7/1/2016	FEE SCHED	\$501.02		\$510.08	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6720		RETAIN CROWN RESIN W HI NBLE	7/1/2016	FEE SCHED	\$663.60		\$675.60	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6721		CROWN RESIN W/BASE METAL	7/1/2016	FEE SCHED	\$497.70		\$506.70	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6722		CROWN RESIN W/NOBLE METAL	7/1/2016	FEE SCHED	\$564.06		\$574.26	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6740		CROWN PORCELAIN/CERAMIC	7/1/2016	FEE SCHED	\$530.88		\$540.48	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years

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Montana Medicaid - Fee Schedule
Dental
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Proc	Mod	Description	Effective	Method	Fees	PA	NEW Fee	Min Age	Max Age	Notes
D6750		CROWN PORCELAIN HIGH NOBLE	7/1/2016	FEE SCHED	\$796.32		\$810.72	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6751		CROWN PORCELAIN BASE METAL	7/1/2016	FEE SCHED	\$530.88		\$540.48	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6752		CROWN PORCELAIN NOBLE METAL	7/1/2016	FEE SCHED	\$663.60		\$675.60	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6780		CROWN 3/4 HIGH NOBLE METAL	7/1/2016	FEE SCHED	\$630.42		\$641.82	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6781		CROWN 3/4 CAST BASED METAL	7/1/2016	FEE SCHED	\$517.61		\$526.97	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6782		CROWN 3/4 CAST NOBLE METAL	7/1/2016	FEE SCHED	\$520.93		\$530.35	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6783		CROWN 3/4 PORCELAIN/CERAMIC	7/1/2016	FEE SCHED	\$524.24		\$533.72	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6790		CROWN FULL HIGH NOBLE METAL	7/1/2016	FEE SCHED	\$630.42		\$641.82	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6791		CROWN FULL BASE METAL CAST	7/1/2016	FEE SCHED	\$464.52		\$472.92	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6792		CROWN FULL NOBLE METAL CAST	7/1/2016	FEE SCHED	\$564.06		\$574.26	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6794		CROWN TITANIUM	7/1/2016	FEE SCHED	\$457.88		\$466.16	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6930		DENTAL RECEMENT BRIDGE	7/1/2016	FEE SCHED	\$66.36		\$67.56	000	020	
D6950		PRECISION ATTACHMENT	7/1/2016	FEE SCHED	\$265.44		\$270.24	000	999	
D6980		BRIDGE REPAIR	7/1/2016	FEE SCHED	\$172.54		\$175.66	000	020	
D7111		EXTRACTION CORONAL REMNANTS	7/1/2016	FEE SCHED	\$66.36		\$67.56	000	999	
D7140		EXTRACTION ERUPTED TOOTH/EXR	7/1/2016	FEE SCHED	\$73.00		\$74.32	000	999	Includes local anesthesia, suturing, and post-op care.
D7210		REM IMP TOOTH W MUCOPER FLP	7/1/2016	FEE SCHED	\$132.72		\$135.12	000	999	
D7220		IMPACT TOOTH REMOV SOFT TISS	7/1/2016	FEE SCHED	\$152.63		\$155.39	000	999	
D7230		IMPACT TOOTH REMOV PART BONY	7/1/2016	FEE SCHED	\$199.08		\$202.68	000	999	
D7240		IMPACT TOOTH REMOV COMP BONY	7/1/2016	FEE SCHED	\$238.90		\$243.22	000	999	
D7241		IMPACT TOOTH REM BONY W/COMP	7/1/2016	FEE SCHED	\$331.80		\$337.80	000	999	
D7250		TOOTH ROOT REMOVAL	7/1/2016	FEE SCHED	\$132.72		\$135.12	000	999	
D7270		TOOTH REIMPLANTATION	7/1/2016	FEE SCHED	\$238.90		\$243.22	000	999	
D7280		EXPOSURE IMPACT TOOTH ORTHOD	7/1/2016	FEE SCHED	\$199.08		\$202.68	000	999	
D7282		MOBILIZE ERUPTED/MALPOS TOOT	7/1/2016	FEE SCHED	\$242.21		\$246.59	000	999	
D7283		PLACE DEVICE IMPACTED TOOTH	7/1/2016	FEE SCHED	\$0.00		\$256.73	000	020	
D7310		ALVEOPLASTY W/ EXTRACTION	7/1/2016	FEE SCHED	\$139.36		\$141.88	000	999	Per quadrant
D7311		ALVEOLOPLASTY W/EXTRACT 1-3	7/1/2016	FEE SCHED	\$175.85		\$179.03	000	999	Per quadrant
D7320		ALVEOPLASTY W/O EXTRACTION	7/1/2016	FEE SCHED	\$175.85		\$179.03	000	999	Per quadrant
D7321		ALVEOLOPLASTY NOT W/EXTRACTS	7/1/2016	FEE SCHED	\$255.49		\$260.11	000	999	Per quadrant
D7510		I&D ABSC INTRAORAL SOFT TISS	7/1/2016	FEE SCHED	\$89.59		\$91.21	000	999	
D7511		INCISION/DRAIN ABSCESS INTRA	7/1/2016	FEE SCHED	\$145.99		\$148.63	000	999	
D7520		I&D ABSCESS EXTRAORAL	7/1/2016	FEE SCHED	\$199.08		\$202.68	000	999	
D7521		INCISION/DRAIN ABSCESS EXTRA	7/1/2016	FEE SCHED	\$248.85		\$253.35	000	999	
D7540		REMOVAL OF FB REACTION	7/1/2016	FEE SCHED	\$282.03		\$287.13	000	999	
D7550		REMOVAL OF SLOUGHED OFF BONE	7/1/2016	FEE SCHED	\$232.26		\$236.46	000	999	
D7560		MAXILLARY SINUSOTOMY	7/1/2016	FEE SCHED	\$431.34		\$439.14	000	999	
D7910		DENT SUTUR RECENT WND TO 5CM	7/1/2016	FEE SCHED	\$139.36		\$141.88	000	999	

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Montana Medicaid - Fee Schedule
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Proc	Mod	Description	Effective	Method	Fees	PA	NEW Fee	Min Age	Max Age	Notes
D7911		DENTAL SUTURE WOUND TO 5 CM	7/1/2016	FEE SCHED	\$179.17		\$182.41	000	999	
D7912		SUTURE COMPLICATE WND > 5 CM	7/1/2016	FEE SCHED	\$265.44		\$270.24	000	999	
D7951		SINUS AUG W BONE/BONE SUP	7/1/2016	FEE SCHED	\$1,300.66		\$1,324.18	000	020	
D7970		EXCISION HYPERPLASTIC TISSUE	7/1/2016	FEE SCHED	\$265.44		\$270.24	000	020	
D7998		INTRAORAL PLACE OF FIX DEV	7/1/2016	FEE SCHED	\$965.54		\$983.00	000	020	
D8050		INTERCEP DENTAL TX PRIMARY	7/1/2016	FEE SCHED	\$1,094.94	Y	\$1,115.08	000	020	
D8060		INTERCEP DENTAL TX TRANSITN	7/1/2016	FEE SCHED	\$1,227.66	Y	\$1,250.20	000	020	
D8070		COMPRE DENTAL TX TRANSITION	7/1/2016	FEE SCHED	\$3,019.38	Y	\$3,073.98	000	020	
D8080		COMPRE DENTAL TX ADOLESCENT	7/1/2016	FEE SCHED	\$3,019.38	Y	\$3,073.98	000	020	
D8090		COMPRE DENTAL TX ADULT	7/1/2016	FEE SCHED	\$3,152.10	Y	\$3,209.10	000	020	
D8220		FIXED APPLIANCE THERAPY HABT	7/1/2016	FEE SCHED	\$474.47		\$483.05	000	999	
D8670		PERIODIC ORTHODONTIC TX VISIT	7/1/2016	FEE SCHED	\$89.59	Y	\$91.21	000	020	1/27 days
D8680		ORTHODONTIC RETENTION	7/1/2016	FEE SCHED	\$278.71	Y	\$283.75	000	020	
D9110		TX DENTAL PAIN MINOR PROC	7/1/2016	FEE SCHED	\$66.36		\$67.56	000	999	
D9223		GENERAL ANESTHESIA 15M UNIT	7/1/2016	FEE SCHED	\$76.31		\$87.83	000	999	each 15 minutes = 1 unit, max 14 units/claim. NOT SUBJECT TO \$ CAP
D9230		ANALGESIA	7/1/2016	FEE SCHED	\$30.19		\$30.74	000	012	
D9243		IV CONSCIOUS SEDATION	7/1/2016	FEE SCHED	\$86.27		\$81.07	000	999	15 minutes =1 unit, max 10 units per claim. NOT SUBJECT TO \$ CAP
D9248		SEDATION (NON-IV)	7/1/2016	FEE SCHED	\$147.65		\$150.32	000	999	NOT SUBJECT TO \$ CAP
D9310		DENTAL CONSULTATION	7/1/2016	FEE SCHED	\$53.09		\$54.05	000	999	
D9410		DENTAL HOUSE CALL	7/1/2016	FEE SCHED	\$99.54		\$101.34	000	999	Bill 1 site per day even when seeing multiple Members
D9420		HOSPITAL CALL	7/1/2016	FEE SCHED	\$99.54		\$101.34	000	999	Code billed 3 X's/day even when seeing multiple Members
D9440		OFFICE VISIT AFTER HOURS	7/1/2016	FEE SCHED	\$66.36		\$67.56	000	999	
D9612		THERA PAR DRUGS 2 OR > ADMIN	7/1/2016	FEE SCHED	\$82.95		\$84.45	000	999	
D9630		OTHER DRUGS/MEDICAMENTS	7/1/2016	FEE SCHED	\$16.59		\$16.89	000	999	
D9920		BEHAVIOR MANAGEMENT	7/1/2016	FEE SCHED	\$53.09		\$54.05	000	999	15 min = 1 unit; Limit 12 units per year; max 4 units per visit
D9940		DENTAL OCCLUSAL GUARD	7/1/2016	FEE SCHED	\$331.80		\$337.80	000	020	
D9999		MOBILE UNIT GA - PA ONLY	7/1/2016	FEE SCHED	\$424.48	Y	\$432.21	000	999	PA

NOTE: NO longer payable codes; D2999, D4999, D5899, D6999 and D7999 effective 7/1/2014.