

Montana Healthcare Programs Fee Schedule

Dental Services

July 1, 2018

Proc	Mod	Description	Effective	Method	Fees	PA	Min Age	Max age	Notes
		DIAGNOSTIC SERVICES							
D0120	-	PERIODIC ORAL EVALUATION	7/1/2018	FEE SCHED	\$23.65	-	000	999	Adults 1 every 6 months unless disabled
D0140	-	LIMIT ORAL EVAL PROBLM FOCUS	7/1/2018	FEE SCHED	\$33.78	-	000	999	-
D0145	-	ORAL EVALUATION, PT < 3YRS	7/1/2018	FEE SCHED	\$33.78	-	000	002	ABCD PROVIDERS ONLY
D0150	-	COMPREHENSVE ORAL EVALUATION	7/1/2018	FEE SCHED	\$33.78	-	000	999	Initial visit for new Members; Adults 1 every 3 years
D0210	-	INTRAOR COMPLETE FILM SERIES	7/1/2018	FEE SCHED	\$67.56	-	000	999	Min of 14 films; 1 film = 1 unit of service; Adults 1 every 3 years
D0220	-	INTRAORAL PERIAPICAL FIRST F	7/1/2018	FEE SCHED	\$16.89	-	000	999	-
D0230	-	INTRAORAL PERIAPICAL EA ADD	7/1/2018	FEE SCHED	\$8.45	-	000	999	-
D0240	-	INTRAORAL OCCLUSAL FILM	7/1/2018	FEE SCHED	\$20.27	-	000	999	-
D0250	-	EXTRAORAL FIRST FILM	7/1/2018	FEE SCHED	\$33.78	-	000	999	-
D0270	-	DENTAL BITEWING SINGLE FILM	7/1/2018	FEE SCHED	\$16.89	-	000	999	Adults 4 films per year
D0272	-	DENTAL BITEWINGS TWO FILMS	7/1/2018	FEE SCHED	\$20.27	-	000	999	Adults 4 films per year
D0273	-	BITEWINGS - THREE FILMS	7/1/2018	FEE SCHED	\$27.02	-	000	999	-
D0274	-	DENTAL BITEWINGS FOUR FILMS	7/1/2018	FEE SCHED	\$33.78	-	000	999	Adults 4 films per year
D0277	-	VERT BITEWINGS-SEV TO EIGHT	7/1/2018	FEE SCHED	\$40.54	-	000	999	-
D0330	-	DENTAL PANORAMIC FILM	7/1/2018	FEE SCHED	\$54.05	-	000	999	Adults 1 film every 3 years
D0340	-	DENTAL CEPHALOMETRIC FILM	7/1/2018	FEE SCHED	\$67.56	-	000	999*	-
D0350	-	ORAL/FACIAL PHOTO IMAGES	7/1/2018	FEE SCHED	\$33.78	-	000	020	1 unit=3 pictures
D0367	-	CONE BEAM CT INTERP BOTH JAW	7/1/2018	FEE SCHED	\$283.75	-	000	999*	-
D0425	-	CARIES SUSCEPTIBILITY TEST	7/1/2018	FEE SCHED	\$43.91	-	000	002	ABCD PROVIDERS ONLY
D0460	-	PULP VITALITY TEST	7/1/2018	FEE SCHED	\$27.02	-	000	020	-
D0470	-	DIAGNOSTIC CASTS	7/1/2018	FEE SCHED	\$42.23	-	000	020	-
D0486	-	ACCESSION OF BRUSH BIOPSY	7/1/2018	FEE SCHED	\$70.94	-	000	020	-
D0601	-	CARIES RISK ASSESS LOW RISK	7/1/2018	FEE SCHED	\$10.13	-	000	020	Assessment results
D0602	-	CARIES RISK ASSESS MOD RISK	7/1/2018	FEE SCHED	\$10.13	-	000	020	Assessment results
D0603	-	CARIES RISK ASSESS HIGH RISK	7/1/2018	FEE SCHED	\$10.13	-	000	020	Assessment results
		PREVENTIVE SERVICES							
D1110	-	DENTAL PROPHYLAXIS ADULT	7/1/2018	FEE SCHED	\$50.67	-	000	999	Every 6 months unless disabled
D1120	-	DENTAL PROPHYLAXIS CHILD	7/1/2018	FEE SCHED	\$33.78	-	000	999	-
D1206	-	TOPICAL FLUORIDE VARNISH	7/1/2018	FEE SCHED	\$20.27	-	000	999	-
D1208	-	TOPICAL APP OF FLUORIDE	7/1/2018	FEE SCHED	\$16.89	-	000	999	Every 6 months unless disabled
D1310	-	NUTRI COUNSEL-CONTROL CARIES	7/1/2018	FEE SCHED	\$40.54	-	000	005	ABCD PROVIDERS ONLY
D1320	-	TOBACCO COUNSELING	7/1/2018	FEE SCHED	\$37.16	-	000	999	ALLOWABLE TWO TMIES PER YEAR (EACH 6 MONTHS)
D1330	-	ORAL HYGIENE INSTRUCTION	7/1/2018	FEE SCHED	\$23.65	-	000	005	ABCD PROVIDERS ONLY
D1351	-	DENTAL SEALANT PER TOOTH	7/1/2018	FEE SCHED	\$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	7/1/2018	FEE SCHED	\$30.40	-	000	020	-
D1353	-	SEALANT REPAIR, PER TOOTH	7/1/2018	FEE SCHED	\$27.02	-	000	020	-
D1354	-	INTERIM CARIES MED APP	7/1/2018	FEE SCHED	\$20.27	-	000	999	-
D1510	-	SPACE MAINTAINER FXD UNILAT	7/1/2018	FEE SCHED	\$135.12	-	000	020	-
D1515	-	FIXED BILAT SPACE MAINTAINER	7/1/2018	FEE SCHED	\$202.68	-	000	020	-
D1550	-	RECEMENT SPACE MAINTAINER	7/1/2018	FEE SCHED	\$40.54	-	000	020	-
D1555	-	REMOVE FIX SPACE MAINTAINER	7/1/2018	FEE SCHED	\$37.16	-	000	020	-
		TREATMENT SERVICES							
D2140	-	AMALGAM ONE SURFACE PERMANEN	7/1/2018	FEE SCHED	\$67.56	-	000	999	-
D2150	-	AMALGAM TWO SURFACES PERMANE	7/1/2018	FEE SCHED	\$74.32	-	000	999	-
D2160	-	AMALGAM THREE SURFACES PERMA	7/1/2018	FEE SCHED	\$91.21	-	000	999	-
D2161	-	AMALGAM 4 OR > SURFACES PERM	7/1/2018	FEE SCHED	\$111.47	-	000	999	-
D2330	-	RESIN ONE SURFACE-ANTERIOR	7/1/2018	FEE SCHED	\$67.56	-	000	999	-
D2331	-	RESIN TWO SURFACES-ANTERIOR	7/1/2018	FEE SCHED	\$101.34	-	000	999	-
D2332	-	RESIN THREE SURFACES-ANTERIO	7/1/2018	FEE SCHED	\$118.23	-	000	999	-
D2335	-	RESIN 4/> SURF OR W/ INCIS AN	7/1/2018	FEE SCHED	\$135.12	-	000	999	-
D2390	-	ANT RESIN-BASED CMPST CROWN	7/1/2018	FEE SCHED	\$229.70	-	000	999	-
D2391	-	POST 1 SRFC RESINBASED CMPST	7/1/2018	FEE SCHED	\$67.56	-	000	999	-
D2392	-	POST 2 SRFC RESINBASED CMPST	7/1/2018	FEE SCHED	\$135.12	-	000	999	-
D2393	-	POST 3 SRFC RESINBASED CMPST	7/1/2018	FEE SCHED	\$182.41	-	000	999	-
D2394	-	POST >=4SRFC RESINBASE CMPST	7/1/2018	FEE SCHED	\$192.55	-	000	999	-
D2710	-	CROWN RESIN-BASED INDIRECT	7/1/2018	FEE SCHED	\$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	7/1/2018	FEE SCHED	\$489.81	-	000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years

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D2720	-	CROWN RESIN W/ HIGH NOBLE ME	7/1/2018	FEE SCHED	\$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	7/1/2018	FEE SCHED	\$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	7/1/2018	FEE SCHED	\$574.26	-	000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2740	-	CROWN PORCELAIN/CERAMIC SUBS	7/1/2018	FEE SCHED	\$675.60	-	000	020	This code for Children only all teeth
D2750	-	CROWN PORCELAIN W/ H NOBLE M	7/1/2018	FEE SCHED	\$743.16	-	000	020	This code for Children only all teeth
D2751	-	CROWN PORCELAIN FUSED BASE M	7/1/2018	FEE SCHED	\$540.48	-	000	999*	This code for Children and Adults all teeth, adults 2/calendar year
D2752	-	CROWN PORCELAIN W/ NOBLE MET	7/1/2018	FEE SCHED	\$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	7/1/2018	FEE SCHED	\$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	7/1/2018	FEE SCHED	\$439.14	-	000	999*	Adults all teeth, 2/calendar year
D2782	-	CROWN 3/4 CAST NOBLE METAL	7/1/2018	FEE SCHED	\$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	7/1/2018	FEE SCHED	\$641.82	-	000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2790	-	CROWN Standard CAST HIGH NOBLE M	7/1/2018	FEE SCHED	\$641.82	-	000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2791	-	CROWN Standard CAST BASE METAL	7/1/2018	FEE SCHED	\$472.92	-	000	999*	Molars for Adults, 2/calendar year
D2792	-	CROWN Standard CAST NOBLE METAL	7/1/2018	FEE SCHED	\$540.48	-	000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2794	-	CROWN-TITANIUM	7/1/2018	FEE SCHED	\$526.97	-	000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2799	-	PROVISIONAL CROWN	7/1/2018	FEE SCHED	\$195.92	-	000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2910	-	RECEMENT INLAY ONLY OR PART	7/1/2018	FEE SCHED	\$50.67	-	000	999*	Members with Standard Medicaid; 1 every 5 years
D2920	-	DENTAL RECEMENT CROWN	7/1/2018	FEE SCHED	\$50.67	-	000	999*	Members with Standard Medicaid; 1 every 5 years
D2921	-	REATTACH TOOTH FRAGMENT	7/1/2018	FEE SCHED	\$67.56	-	000	020	-
D2929	-	PREFAB PORC/CERAM CROWN PRI	7/1/2018	FEE SCHED	\$202.68	-	000	020	-
D2930	-	PREFAB STNLSS STEEL CRWN PRI	7/1/2018	FEE SCHED	\$135.12	-	000	999*	Members with Standard Medicaid; 1 every 5 years
D2931	-	PREFAB STNLSS STEEL CROWN PE	7/1/2018	FEE SCHED	\$202.68	-	000	999*	Members with Standard Medicaid; 1 every 5 years
D2932	-	PREFABRICATED RESIN CROWN	7/1/2018	FEE SCHED	\$162.14	-	000	999*	Members with Standard Medicaid; 1 every 5 years
D2933	-	PREFAB STAINLESS STEEL CROWN	7/1/2018	FEE SCHED	\$152.01	-	000	999*	Members with Standard Medicaid; 1 every 5 years
D2940	-	DENTAL SEDATIVE FILLING	7/1/2018	FEE SCHED	\$50.67	-	000	999*	Members with Standard Medicaid; 1 every 5 years
D2950	-	CORE BUILD-UP INCL ANY PINS	7/1/2018	FEE SCHED	\$135.12	-	000	999*	Members with Standard Medicaid; 1 every 5 years
D2951	-	TOOTH PIN RETENTION	7/1/2018	FEE SCHED	\$33.78	-	000	020	Members with Standard Medicaid; 1 every 5 years
D2952	-	POST AND CORE CAST + CROWN	7/1/2018	FEE SCHED	\$270.24	-	000	999*	Members with Standard Medicaid; 1 every 5 years
D2953	-	EACH ADDTNL CAST POST	7/1/2018	FEE SCHED	\$219.57	-	000	999*	Members with Standard Medicaid; 1 every 5 years
D2954	-	PREFAB POST/CORE + CROWN	7/1/2018	FEE SCHED	\$168.90	-	000	999*	Members with Standard Medicaid; 1 every 5 years
D2957	-	EACH ADDTNL PREFAB POST	7/1/2018	FEE SCHED	\$118.23	-	000	999*	Members with Standard Medicaid; 1 every 5 years (use w/D2954)
D2960	-	LAMINATE LABIAL VENEER	7/1/2018	FEE SCHED	\$202.68	y	000	020	Members with Standard Medicaid; 1 every 5 years
D2961	-	LAB LABIAL VENEER RESIN	7/1/2018	FEE SCHED	\$337.80	y	000	020	Members with Standard Medicaid; 1 every 5 years
D2962	-	LAB LABIAL VENEER PORCELAIN	7/1/2018	FEE SCHED	\$486.43	y	000	020	Members with Standard Medicaid; 1 every 5 years
D2980	-	CROWN REPAIR	7/1/2018	FEE SCHED	\$138.50	-	000	999*	Members with Standard Medicaid; 1 every 5 years
D3110	-	PULP CAP DIRECT	7/1/2018	FEE SCHED	\$42.23	-	000	999*	-
D3120	-	PULP CAP INDIRECT	7/1/2018	FEE SCHED	\$33.78	-	000	999*	-
D3220	-	THERAPEUTIC PULPOTOMY	7/1/2018	FEE SCHED	\$101.34	-	000	020	-
D3221	-	GROSS PULPAL DEBRIDEMENT	7/1/2018	FEE SCHED	\$135.12	-	000	999*	-
D3230	-	PULPAL THERAPY ANTERIOR PRIM	7/1/2018	FEE SCHED	\$111.47	-	000	020	-
D3240	-	PULPAL THERAPY POSTERIOR PRI	7/1/2018	FEE SCHED	\$124.99	-	000	020	-
D3310	-	ENDO THXPY, ANTERIOR TOOTH	7/1/2018	FEE SCHED	\$344.56	-	000	999	-
D3320	-	END THXPY, BICUSPID TOOTH	7/1/2018	FEE SCHED	\$388.47	-	000	999*	-
D3330	-	END THXPY, MOLAR	7/1/2018	FEE SCHED	\$472.92	-	000	999*	-
D3331	-	NON-SURG TX ROOT CANAL OBS	7/1/2018	FEE SCHED	\$341.18	-	000	999	-
D3346	-	RETREAT ROOT CANAL ANTERIOR	7/1/2018	FEE SCHED	\$371.58	-	000	999	-
D3347	-	RETREAT ROOT CANAL BICUSPID	7/1/2018	FEE SCHED	\$452.65	-	000	999*	-
D3348	-	RETREAT ROOT CANAL MOLAR	7/1/2018	FEE SCHED	\$557.37	-	000	999*	-
D3410	-	APICOECT/PERIRAD SURG ANTER	7/1/2018	FEE SCHED	\$307.40	-	000	020	-
D3421	-	ROOT SURGERY BICUSPID	7/1/2018	FEE SCHED	\$354.69	-	000	020	-
D3425	-	ROOT SURGERY MOLAR	7/1/2018	FEE SCHED	\$395.23	-	000	020	-
D3426	-	ROOT SURGERY EA ADD ROOT	7/1/2018	FEE SCHED	\$168.90	-	000	020	-
D3430	-	RETROGRADE FILLING	7/1/2018	FEE SCHED	\$101.34	-	000	999*	-
D4210	-	GINGIVECTOMY/PLASTY 4 OR MOR	7/1/2018	FEE SCHED	\$320.91	-	000	020	1 quadrant = 1 unit of service
D4211	-	GINGIVECTOMY/PLASTY 1 TO 3	7/1/2018	FEE SCHED	\$118.23	-	000	020	-
D4212	-	GINGIVECTOMY/PLASTY REST	7/1/2018	FEE SCHED	\$118.23	-	000	020	-
D4230	-	ANA CROWN EXP 4 OR- PER QUAD	7/1/2018	FEE SCHED	\$310.78	-	000	020	1 quadrant = 1 unit of service
D4231	-	ANA CROWN EXP 1-3 PER QUAD	7/1/2018	FEE SCHED	\$273.62	-	000	020	1 quadrant = 1 unit of service

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D4240	-	GINGIVAL FLAP PROC W/ PLANIN	7/1/2018	FEE SCHED	\$368.20	-	000	020	-
D4241	-	GNGVL FLAP W ROOTPLAN 1-3 TH	7/1/2018	FEE SCHED	\$297.26	-	000	020	-
D4260	-	OSSEOUS SURGERY 4 OR MORE	7/1/2018	FEE SCHED	\$540.48	-	000	999*	1 quadrant = 1 unit of service
D4261	-	OSSEOUS SURG 1 TO 3 TEETH	7/1/2018	FEE SCHED	\$418.87	-	000	999*	1 quadrant = 1 unit of service
D4270	-	PEDICLE SOFT TISSUE GRAFT PR	7/1/2018	FEE SCHED	\$412.12	-	000	999*	-
D4273	-	SUBEPITHELIAL TISSUE GRAFT	7/1/2018	FEE SCHED	\$557.37	-	000	020	-
D4275	-	SOFT TISSUE ALLOGRAFT	7/1/2018	FEE SCHED	\$479.68	-	000	020	-
D4277	-	SOFT TISSUE GRAFT FIRSTTOOTH	7/1/2018	FEE SCHED	\$1,013.40	-	000	999*	-
D4278	-	SOFT TISSUE GRAFT ADDL TOOTH	7/1/2018	FEE SCHED	\$337.80	-	000	999*	-
D4320	-	PROVISION SPLNT INTRACORONAL	7/1/2018	FEE SCHED	\$229.70	-	000	999*	-
D4321	-	PROVISIONAL SPLINT EXTRACORO	7/1/2018	FEE SCHED	\$202.68	-	000	999*	-
D4341	-	PERIODONTAL SCALING & ROOT	7/1/2018	FEE SCHED	\$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	7/1/2018	FEE SCHED	\$91.21	-	000	999	1 unit= 1 quadrant 4 units per yr, list quadrant in 'tooth # column' on claim form
D4355	-	Standard MOUTH DEBRIDEMENT	7/1/2018	FEE SCHED	\$84.45	-	000	999	1/yr unless developmentally disabled
D4910	-	PERIODONTAL MAINT PROCEDURES	7/1/2018	FEE SCHED	\$67.56	-	000	999	1/90 days unless disabled
D4920	-	UNSCHEDULED DRESSING CHANGE	7/1/2018	FEE SCHED	\$43.91	-	000	999*	-
-	-	DENTURE SERVICES	7/1/2018	-	-	-	-	-	-
D5110	-	DENTURES COMPLETE MAXILLARY	7/1/2018	FEE SCHED	\$844.50	-	000	999*	Partials: 1 every 5 years if lost; Standard: 1 every 10 years if lost; Call to verify.
D5120	-	DENTURES COMPLETE MANDIBLE	7/1/2018	FEE SCHED	\$844.50	-	000	999*	Partials: 1 every 5 years if lost; Standard: 1 every 10 years if lost; Call to verify.
D5130	-	DENTURES IMMEDIAT MAXILLARY	7/1/2018	FEE SCHED	\$928.95	-	000	999*	Partials: 1 every 5 years if lost; Standard: 1 every 10 years if lost; Call to verify.
D5140	-	DENTURES IMMEDIAT MANDIBLE	7/1/2018	FEE SCHED	\$928.95	-	000	999*	Partials: 1 every 5 years if lost; Standard: 1 every 10 years if lost; Call to verify.
D5211	-	DENTURES MAXILL PART RESIN	7/1/2018	FEE SCHED	\$574.26	-	000	999*	Partials: 1 every 5 years if lost; Standard: 1 every 10 years if lost; Call to verify.
D5212	-	DENTURES MAND PART RESIN	7/1/2018	FEE SCHED	\$597.91	-	000	999*	Partials: 1 every 5 years if lost; Standard: 1 every 10 years if lost; Call to verify.
D5213	-	DENTURES MAXILL PART METAL	7/1/2018	FEE SCHED	\$1,013.40	-	000	999*	Partials: 1 every 5 years if lost; Standard: 1 every 10 years if lost; Call to verify.
D5214	-	DENTURES MANDIBL PART METAL	7/1/2018	FEE SCHED	\$1,013.40	-	000	999*	Partials: 1 every 5 years if lost; Standard: 1 every 10 years if lost; Call to verify.
D5225	-	MAXILLARY PART DENTURE FLEX	7/1/2018	FEE SCHED	\$719.51	-	000	999*	Partials: 1 every 5 years if lost; Standard: 1 every 10 years if lost; Call to verify.
D5226	-	MANDIBULAR PART DENTURE FLEX	7/1/2018	FEE SCHED	\$719.51	-	000	999*	Partials: 1 every 5 years if lost; Standard: 1 every 10 years if lost; Call to verify.
D5410	-	DENTURES ADJUST CMPLT MAXIL	7/1/2018	FEE SCHED	\$40.54	-	000	999*	First 3 adjustments after placement are included in denture price
D5411	-	DENTURES ADJUST CMPLT MAND	7/1/2018	FEE SCHED	\$40.54	-	000	999*	First 3 adjustments after placement are included in denture price
D5421	-	DENTURES ADJUST PART MAXILL	7/1/2018	FEE SCHED	\$40.54	-	000	999*	First 3 adjustments after placement are included in denture price
D5422	-	DENTURES ADJUST PART MANDBL	7/1/2018	FEE SCHED	\$40.54	-	000	999*	First 3 adjustments after placement are included in denture price
D5511	-	DENTUR REPR BROKEN COMPL BAS MAND	7/1/2018	FEE SCHED	\$101.34	-	000	999*	-
D5512	-	DENTUR REPR BROKEN COMPL BAS MAX	7/1/2018	FEE SCHED	\$101.34	-	000	999*	-
D5520	-	REPLACE DENTURE TEETH COMPLT	7/1/2018	FEE SCHED	\$67.56	-	000	999*	-
D5611	-	REPAIR RESIN PART DENT BASE, MAND	7/1/2018	FEE SCHED	\$101.34	-	000	999*	-
D5612	-	REPAIR RESIN PART DENT BASE, MAX	7/1/2018	FEE SCHED	\$101.34	-	000	999*	-
D5621	-	REP PART DENTURE CAST FRAME, MAND	7/1/2018	FEE SCHED	\$138.50	-	000	999*	-
D5622	-	REP PART DENTURE CAST FRAME, MAX	7/1/2018	FEE SCHED	\$138.50	-	000	999*	-
D5630	-	REP PARTIAL DENTURE CLASP	7/1/2018	FEE SCHED	\$124.99	-	000	999*	-
D5640	-	REPLACE PART DENTURE TEETH	7/1/2018	FEE SCHED	\$101.34	-	000	999*	-
D5650	-	ADD TOOTH TO PARTIAL DENTURE	7/1/2018	FEE SCHED	\$101.34	-	000	999*	-
D5660	-	ADD CLASP TO PARTIAL DENTURE	7/1/2018	FEE SCHED	\$168.90	-	000	999*	-
D5710	-	DENTURES REBASE CMPLT MAXIL	7/1/2018	FEE SCHED	\$337.80	-	000	999*	-
D5711	-	DENTURES REBASE CMPLT MAND	7/1/2018	FEE SCHED	\$337.80	-	000	999*	-
D5720	-	DENTURES REBASE PART MAXILL	7/1/2018	FEE SCHED	\$270.24	-	000	999*	-
D5721	-	DENTURES REBASE PART MANDBL	7/1/2018	FEE SCHED	\$270.24	-	000	999*	-
D5730	-	DENTURE RELN CMPLT MAXIL CH	7/1/2018	FEE SCHED	\$202.68	-	000	999*	-
D5731	-	DENTURE RELN CMPLT MAND CHR	7/1/2018	FEE SCHED	\$202.68	-	000	999*	-
D5740	-	DENTURE RELN PART MAXIL CHR	7/1/2018	FEE SCHED	\$168.90	-	000	999*	-
D5741	-	DENTURE RELN PART MAND CHR	7/1/2018	FEE SCHED	\$168.90	-	000	999*	-
D5750	-	DENTURE RELN CMPLT MAX LAB	7/1/2018	FEE SCHED	\$270.24	-	000	999*	-
D5751	-	DENTURE RELN CMPLT MAND LAB	7/1/2018	FEE SCHED	\$270.24	-	000	999*	-
D5760	-	DENTURE RELN PART MAXIL LAB	7/1/2018	FEE SCHED	\$270.24	-	000	999*	-
D5761	-	DENTURE RELN PART MAND LAB	7/1/2018	FEE SCHED	\$270.24	-	000	999*	-
D5820	-	DENTURE INTERM PART MAXILL	7/1/2018	FEE SCHED	\$337.80	-	000	999*	-
D5821	-	DENTURE INTERM PART MANDBL	7/1/2018	FEE SCHED	\$337.80	-	000	999*	-
D5850	-	TISSUE CONDITIONING, MAXILLARY	7/1/2018	FEE SCHED	\$87.83	-	000	999*	Payment of denture includes payment of any tissue conditioners
D5851	-	TISSUE CONDITIONING, MANDIBULAR	7/1/2018	FEE SCHED	\$87.83	-	000	999*	Payment of denture includes payment of any tissue conditioners

Montana Healthcare Programs Fee Schedule

Dental Services

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Proc	Mod	Description	Effective	Method	Fees	PA	Min Age	Max age	Notes
		TREATMENT SERVICES							
D6205	-	PONTIC-INDIRECT RESIN BASED	7/1/2018	FEE SCHED	\$489.81	-	000	020	Limited to Anterior teeth (6-11 and 22-27)
D6210	-	PROSTHODONT HIGH NOBLE METAL	7/1/2018	FEE SCHED	\$675.60	-	000	020	Limited to Anterior teeth (6-11 and 22-27)
D6211	-	BRIDGE BASE METAL CAST	7/1/2018	FEE SCHED	\$472.92	-	000	020	Limited to Anterior teeth (6-11 and 22-27)
D6212	-	BRIDGE NOBLE METAL CAST	7/1/2018	FEE SCHED	\$540.48	-	000	020	Limited to Anterior teeth (6-11 and 22-27)
D6214	-	PONTIC TITANIUM	7/1/2018	FEE SCHED	\$523.59	-	000	020	Limited to Anterior teeth (6-11 and 22-27)
D6240	-	BRIDGE PORCELAIN HIGH NOBLE	7/1/2018	FEE SCHED	\$743.16	-	000	020	Limited to Anterior teeth (6-11 and 22-27)
D6241	-	BRIDGE PORCELAIN BASE METAL	7/1/2018	FEE SCHED	\$608.04	-	000	020	Limited to Anterior teeth (6-11 and 22-27)
D6242	-	BRIDGE PORCELAIN NOBEL METAL	7/1/2018	FEE SCHED	\$675.60	-	000	020	Limited to Anterior teeth (6-11 and 22-27)
D6245	-	BRIDGE PORCELAIN/CERAMIC	7/1/2018	FEE SCHED	\$510.08	-	000	020	Limited to Anterior teeth (6-11 and 22-27)
D6250	-	BRIDGE RESIN W/HIGH NOBLE	7/1/2018	FEE SCHED	\$675.60	-	000	020	Limited to Anterior teeth (6-11 and 22-27)
D6251	-	BRIDGE RESIN BASE METAL	7/1/2018	FEE SCHED	\$472.92	-	000	020	Limited to Anterior teeth (6-11 and 22-27)
D6252	-	BRIDGE RESIN W/NOBLE METAL	7/1/2018	FEE SCHED	\$608.04	-	000	020	Limited to Anterior teeth (6-11 and 22-27)
D6710	-	CROWN-INDIRECT RESIN BASED	7/1/2018	FEE SCHED	\$510.08	-	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6720	-	RETAIN CROWN RESIN W HI NBLE	7/1/2018	FEE SCHED	\$675.60	-	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6721	-	CROWN RESIN W/BASE METAL	7/1/2018	FEE SCHED	\$506.70	-	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6722	-	CROWN RESIN W/NOBLE METAL	7/1/2018	FEE SCHED	\$574.26	-	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6740	-	CROWN PORCELAIN/CERAMIC	7/1/2018	FEE SCHED	\$540.48	-	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6750	-	CROWN PORCELAIN HIGH NOBLE	7/1/2018	FEE SCHED	\$810.72	-	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6751	-	CROWN PORCELAIN BASE METAL	7/1/2018	FEE SCHED	\$540.48	-	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6752	-	CROWN PORCELAIN NOBLE METAL	7/1/2018	FEE SCHED	\$675.60	-	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6780	-	CROWN 3/4 HIGH NOBLE METAL	7/1/2018	FEE SCHED	\$641.82	-	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6781	-	CROWN 3/4 CAST BASED METAL	7/1/2018	FEE SCHED	\$526.97	-	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6782	-	CROWN 3/4 CAST NOBLE METAL	7/1/2018	FEE SCHED	\$530.35	-	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6783	-	CROWN 3/4 PORCELAIN/CERAMIC	7/1/2018	FEE SCHED	\$533.72	-	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6790	-	CROWN Standard HIGH NOBLE METAL	7/1/2018	FEE SCHED	\$641.82	-	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6791	-	CROWN Standard BASE METAL CAST	7/1/2018	FEE SCHED	\$472.92	-	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6792	-	CROWN Standard NOBLE METAL CAST	7/1/2018	FEE SCHED	\$574.26	-	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6794	-	CROWN TITANIUM	7/1/2018	FEE SCHED	\$466.16	-	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6930	-	DENTAL RECEMENT BRIDGE	7/1/2018	FEE SCHED	\$67.56	-	000	020	-
D6950	-	PRECISION ATTACHMENT	7/1/2018	FEE SCHED	\$270.24	-	000	999*	-
D6980	-	BRIDGE REPAIR	7/1/2018	FEE SCHED	\$175.66	-	000	020	-
D7111	-	EXTRACTION CORONAL REMNANTS	7/1/2018	FEE SCHED	\$67.56	-	000	999*	-
D7140	-	EXTRACTION ERUPTED TOOTH/EXR	7/1/2018	FEE SCHED	\$74.32	-	000	999	Includes local anesthesia, suturing, and post-op care.
D7210	-	REM IMP TOOTH W MUCOPER FLP	7/1/2018	FEE SCHED	\$135.12	-	000	999	-
D7220	-	IMPACT TOOTH REMOV SOFT TISS	7/1/2018	FEE SCHED	\$155.39	-	000	999	-
D7230	-	IMPACT TOOTH REMOV PART BONY	7/1/2018	FEE SCHED	\$202.68	-	000	999	-
D7240	-	IMPACT TOOTH REMOV COMP BONY	7/1/2018	FEE SCHED	\$243.22	-	000	999	-
D7241	-	IMPACT TOOTH REM BONY W/COMP	7/1/2018	FEE SCHED	\$337.80	-	000	999	-
D7250	-	TOOTH ROOT REMOVAL	7/1/2018	FEE SCHED	\$135.12	-	000	999	-
D7270	-	TOOTH REIMPLANTATION	-	FEE SCHED	\$243.22	-	000	999	-
D7280	-	EXPOSURE IMPACT TOOTH ORTHOD	7/1/2018	FEE SCHED	\$202.68	-	000	999*	-
D7282	-	MOBILIZE ERUPTED/MALPOS TOOT	7/1/2018	FEE SCHED	\$246.59	-	000	999*	-
D7283	-	PLACE DEVICE IMPACTED TOOTH	7/1/2018	FEE SCHED	\$256.73	-	000	020	-
D7310	-	ALVEOLOPLASTY W/ EXTRACTION	7/1/2018	FEE SCHED	\$141.88	-	000	999*	Per quadrant
D7311	-	ALVEOLOPLASTY W/EXTRACT 1-3	7/1/2018	FEE SCHED	\$179.03	-	000	999*	Per quadrant
D7320	-	ALVEOLOPLASTY W/O EXTRACTION	7/1/2018	FEE SCHED	\$179.03	-	000	999*	Per quadrant
D7321	-	ALVEOLOPLASTY NOT W/EXTRACTS	7/1/2018	FEE SCHED	\$260.11	-	000	999*	Per quadrant
D7510	-	I&D ABSG INTRAORAL SOFT TISS	7/1/2018	FEE SCHED	\$91.21	-	000	999	-
D7511	-	INCISION/DRAIN ABSCESS INTRA	7/1/2018	FEE SCHED	\$148.63	-	000	999*	-
D7520	-	I&D ABSCESS EXTRAORAL	7/1/2018	FEE SCHED	\$202.68	-	000	999*	-
D7521	-	INCISION/DRAIN ABSCESS EXTRA	7/1/2018	FEE SCHED	\$253.35	-	000	999*	-
D7540	-	REMOVAL OF FB REACTION	7/1/2018	FEE SCHED	\$287.13	-	000	999*	-
D7550	-	REMOVAL OF SLOUGHED OFF BONE	7/1/2018	FEE SCHED	\$236.46	-	000	999*	-
D7560	-	MAXILLARY SINUSOTOMY	7/1/2018	FEE SCHED	\$439.14	-	000	999*	-
D7910	-	DENT SUTUR RECENT WND TO 5CM	7/1/2018	FEE SCHED	\$141.88	-	000	999*	-
D7911	-	DENTAL SUTURE WOUND TO 5 CM	7/1/2018	FEE SCHED	\$182.41	-	000	999*	-
D7912	-	SUTURE COMPLICATE WND > 5 CM	7/1/2018	FEE SCHED	\$270.24	-	000	999*	-

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Dental Services

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Proc	Mod	Description	Effective	Method	Fees	PA	Min Age	Max age	Notes
D7951	-	SINUS AUG W BONE/BONE SUP	7/1/2018	FEE SCHED	\$1,324.18	-	000	020	-
D7970	-	EXCISION HYPERPLASTIC TISSUE	7/1/2018	FEE SCHED	\$270.24	-	000	020	-
D7998	-	INTRAORAL PLACE OF FIX DEV	7/1/2018	FEE SCHED	\$983.00	-	000	020	-
D8050	-	INTERCEP DENTAL TX PRIMARY	7/1/2018	FEE SCHED	\$1,114.74	Y	000	020	-
D8060	-	INTERCEP DENTAL TX TRANSITN	7/1/2018	FEE SCHED	\$1,249.86	Y	000	020	-
D8070	-	COMPRE DENTAL TX TRANSITION	7/1/2018	FEE SCHED	\$3,682.02	Y	000	020	-
D8080	-	COMPRE DENTAL TX ADOLESCENT	7/1/2018	FEE SCHED	\$3,073.98	Y	000	020	-
D8090	-	COMPRE DENTAL TX ADULT	7/1/2018	FEE SCHED	\$3,209.10	Y	000	020	-
D8220	-	FIXED APPLIANCE THERAPY HABT	7/1/2018	FEE SCHED	\$483.05	-	000	999*	-
D8670	-	PERIODIC ORTHODONTIC TX VISIT	7/1/2018	FEE SCHED	\$91.21	Y	000	020	1/27 days
D8680	-	ORTHODONTIC RETENTION	7/1/2018	FEE SCHED	\$283.75	Y	000	020	-
D8692	-	REPLACEMENT LOST / BROKEN RETAINER	7/1/2018	FEE SCHED	\$172.28	Y	000	020	-
D8694	-	REPAIR OF FIXED RETAINER	7/1/2018	FEE SCHED	\$168.90	Y	000	020	-
D9110	-	TX DENTAL PAIN MINOR PROC	7/1/2018	FEE SCHED	\$67.56	-	000	999	-
D9222	-	GENERAL ANESTHESIA FIRST 15M UNIT	7/1/2018	FEE SCHED	\$87.83	-	000	999	each 15 minutes = 1 unit, max 14 units/claim. NOT SUBJECT TO \$ CAP
D9223	-	GENERAL ANESTHESIA 15M UNIT	7/1/2018	FEE SCHED	\$87.83	-	000	999	each 15 minutes = 1 unit, max 14 units/claim. NOT SUBJECT TO \$ CAP
D9230	-	ANALGESIA	7/1/2018	FEE SCHED	\$30.40	-	000	012	-
D9239	-	IV CONSCIOUS SEDATION FIRST 15M	7/1/2018	FEE SCHED	\$81.07	-	000	999	15 minutes =1 unit, max 10 units per claim. NOT SUBJECT TO \$ CAP
D9243	-	IV CONSCIOUS SEDATION	7/1/2018	FEE SCHED	\$81.07	-	000	999	15 minutes =1 unit, max 10 units per claim. NOT SUBJECT TO \$ CAP
D9248	-	SEDATION (NON-IV)	7/1/2018	FEE SCHED	\$150.32	-	000	999	NOT SUBJECT TO \$ CAP
D9310	-	DENTAL CONSULTATION	7/1/2018	FEE SCHED	\$54.05	-	000	999	-
D9410	-	DENTAL HOUSE CALL	7/1/2018	FEE SCHED	\$101.34	-	000	999	Bill 1 site per day even when seeing multiple Members
D9420	-	HOSPITAL CALL	7/1/2018	FEE SCHED	\$101.34	-	000	999	Code billed 3 X's/day even when seeing multiple Members
D9440	-	OFFICE VISIT AFTER HOURS	7/1/2018	FEE SCHED	\$67.56	-	000	999	-
D9612	-	THERA PAR DRUGS 2 OR > ADMIN	7/1/2018	FEE SCHED	\$84.45	-	000	999*	-
D9630	-	OTHER DRUGS/MEDICAMENTS	7/1/2018	FEE SCHED	\$16.89	-	000	999*	-
D9920	-	BEHAVIOR MANAGEMENT	7/1/2018	FEE SCHED	\$54.05	-	000	999*	15 min = 1 unit; Limit 12 units per year; max 4 units per visit
D9940	-	DENTAL OCCLUSAL GUARD	7/1/2018	FEE SCHED	\$337.80	-	000	020	-
D9999	-	MOBILE UNIT GA - PA ONLY	7/1/2018	FEE SCHED	\$432.21	Y	000	999	PA
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-	-	-	-	-	-	-	-	-	-