

Montana Healthcare Programs Fee Schedule
Dental Services
January 1, 2018

Proc	Mod	Description	Effective	Method	Fees	PA	Min Age	Max age	Notes
-	-	DIAGNOSTIC SERVICES	-	-	-	-	-	-	-
D0120	-	PERIODIC ORAL EVALUATION	1/1/2018	FEE SCHED	\$22.94	-	000	999	Adults 1 every 6 months unless disabled
D0140	-	LIMIT ORAL EVAL PROBLM FOCUS	1/1/2018	FEE SCHED	\$32.77	-	000	999	-
D0145	EP	ORAL EVALUATION, PT < 3YRS	1/1/2018	FEE SCHED	\$32.77	-	000	002	ABCD PROVIDERS ONLY
D0150	-	COMPREHENSVE ORAL EVALUATION	1/1/2018	FEE SCHED	\$32.77	-	000	999	Initial visit for new Members; Adults 1 every 3 years
D0210	-	INTRAOR COMPLETE FILM SERIES	1/1/2018	FEE SCHED	\$65.54	-	000	999	Min of 14 films; 1 film = 1 unit of service; Adults 1 every 3 years
D0220	-	INTRAORAL PERIAPICAL FIRST F	1/1/2018	FEE SCHED	\$16.39	-	000	999	-
D0230	-	INTRAORAL PERIAPICAL EA ADD	1/1/2018	FEE SCHED	\$8.19	-	000	999	-
D0240	-	INTRAORAL OCCLUSAL FILM	1/1/2018	FEE SCHED	\$19.66	-	000	999	-
D0250	-	EXTRAORAL FIRST FILM	1/1/2018	FEE SCHED	\$32.77	-	000	999	-
D0270	-	DENTAL BITEWING SINGLE FILM	1/1/2018	FEE SCHED	\$16.39	-	000	999	Adults 4 films per year
D0272	-	DENTAL BITEWINGS TWO FILMS	1/1/2018	FEE SCHED	\$19.66	-	000	999	Adults 4 films per year
D0273	-	BITEWINGS - THREE FILMS	1/1/2018	FEE SCHED	\$26.22	-	000	999	-
D0274	-	DENTAL BITEWINGS FOUR FILMS	1/1/2018	FEE SCHED	\$32.77	-	000	999	Adults 4 films per year
D0277	-	VERT BITEWINGS-SEV TO EIGHT	1/1/2018	FEE SCHED	\$39.32	-	000	999	-
D0330	-	DENTAL PANORAMIC FILM	1/1/2018	FEE SCHED	\$52.43	-	000	999	Adults 1 film every 3 years
D0340	-	DENTAL CEPHALOMETRIC FILM	1/1/2018	FEE SCHED	\$65.54	-	000	999	Adults 1 full mouth every 3 years
D0350	-	ORAL/FACIAL PHOTO IMAGES	1/1/2018	FEE SCHED	\$32.77	-	000	999	1 unit=3 pictures
D0367	-	CONE BEAM CT INTERP BOTH JAW	1/1/2018	FEE SCHED	\$275.27	-	000	999	-
D0425	EP	CARIES SUSCEPTIBILITY TEST	1/1/2018	FEE SCHED	\$42.60	-	000	002	ABCD PROVIDERS ONLY
D0460	-	PULP VITALITY TEST	1/1/2018	FEE SCHED	\$26.22	-	000	020	-
D0470	-	DIAGNOSTIC CASTS	1/1/2018	FEE SCHED	\$40.96	-	000	020	-
D0486	-	ACCESSION OF BRUSH BIOPSY	1/1/2018	FEE SCHED	\$68.82	-	000	999	-
D0601	-	CARIES RISK ASSESS LOW RISK	1/1/2018	FEE SCHED	\$9.83	-	000	020	Assessment results
D0602	-	CARIES RISK ASSESS MOD RISK	1/1/2018	FEE SCHED	\$9.83	-	000	020	Assessment results
D0603	-	CARIES RISK ASSESS HIGH RISK	1/1/2018	FEE SCHED	\$9.83	-	000	020	Assessment results
-	-	PREVENTIVE SERVICES	-	-	-	-	-	-	-
D1110	-	DENTAL PROPHYLAXIS ADULT	1/1/2018	FEE SCHED	\$49.16	-	000	999	Every 6 months unless disabled
D1120	-	DENTAL PROPHYLAXIS CHILD	1/1/2018	FEE SCHED	\$32.77	-	000	999	-
D1206	-	TOPICAL FLUORIDE VARNISH	1/1/2018	FEE SCHED	\$19.66	-	000	999	-
D1208	-	TOPICAL APP OF FLUORIDE	1/1/2018	FEE SCHED	\$16.39	-	000	999	Every 6 months unless disabled
D1310	EP	NUTRI COUNSEL-CONTROL CARIES	1/1/2018	FEE SCHED	\$39.32	-	000	005	ABCD PROVIDERS ONLY
D1320	-	TOBACCO COUNSELING	1/1/2018	FEE SCHED	\$36.05	-	000	999	ALLOWABLE TWO TMIES PER YEAR (EACH 6 MONTHS)
D1330	EP	ORAL HYGIENE INSTRUCTION	1/1/2018	FEE SCHED	\$22.94	-	000	005	ABCD PROVIDERS ONLY
D1351	-	DENTAL SEALANT PER TOOTH	1/1/2018	FEE SCHED	\$26.22	-	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	1/1/2018	FEE SCHED	\$29.49	-	000	020	-
D1353	-	SEALANT REPAIR, PER TOOTH	1/1/2018	FEE SCHED	\$26.22	-	000	020	-
D1510	-	SPACE MAINTAINER FXD UNILAT	1/1/2018	FEE SCHED	\$131.08	-	000	020	-
D1515	-	FIXED BILAT SPACE MAINTAINER	1/1/2018	FEE SCHED	\$196.62	-	000	020	-
D1550	-	RECEMENT SPACE MAINTAINER	1/1/2018	FEE SCHED	\$39.32	-	000	020	-
D1555	-	REMOVE FIX SPACE MAINTAINER	1/1/2018	FEE SCHED	\$36.05	-	000	020	-
-	-	TREATMENT SERVICES	-	-	-	-	-	-	-
D2140	-	AMALGAM ONE SURFACE PERMANEN	1/1/2018	FEE SCHED	\$65.54	-	000	999	-
D2150	-	AMALGAM TWO SURFACES PERMANE	1/1/2018	FEE SCHED	\$72.09	-	000	999	-
D2160	-	AMALGAM THREE SURFACES PERMA	1/1/2018	FEE SCHED	\$88.48	-	000	999	-

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D2161	-	AMALGAM 4 OR > SURFACES PERM	1/1/2018	FEE SCHED	\$108.14	-	000	999	-
D2330	-	RESIN ONE SURFACE-ANTERIOR	1/1/2018	FEE SCHED	\$65.54	-	000	999	-
D2331	-	RESIN TWO SURFACES-ANTERIOR	1/1/2018	FEE SCHED	\$98.31	-	000	999	-
D2332	-	RESIN THREE SURFACES-ANTERIO	1/1/2018	FEE SCHED	\$114.70	-	000	999	-
D2335	-	RESIN 4/> SURF OR W INCIS AN	1/1/2018	FEE SCHED	\$131.08	-	000	999	-
D2390	-	ANT RESIN-BASED CMPST CROWN	1/1/2018	FEE SCHED	\$222.84	-	000	999	-
D2391	-	POST 1 SRFC RESINBASED CMPST	1/1/2018	FEE SCHED	\$65.54	-	000	999	-
D2392	-	POST 2 SRFC RESINBASED CMPST	1/1/2018	FEE SCHED	\$131.08	-	000	999	-
D2393	-	POST 3 SRFC RESINBASED CMPST	1/1/2018	FEE SCHED	\$176.96	-	000	999	-
D2394	-	POST >=4SRFC RESINBASE CMPST	1/1/2018	FEE SCHED	\$186.79	-	000	999	-
D2710	-	CROWN RESIN-BASED INDIRECT	1/1/2018	FEE SCHED	\$327.70	-	000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2712	-	CROWN 3/4 RESIN-BASED COMPOS	1/1/2018	FEE SCHED	\$475.17	-	000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2720	-	CROWN RESIN W/ HIGH NOBLE ME	1/1/2018	FEE SCHED	\$655.40	-	000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2721	-	CROWN RESIN W/ BASE METAL	1/1/2018	FEE SCHED	\$491.55	-	000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2722	-	CROWN RESIN W/ NOBLE METAL	1/1/2018	FEE SCHED	\$557.09	-	000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2740	-	CROWN PORCELAIN/CERAMIC SUBS	1/1/2018	FEE SCHED	\$655.40	-	000	020	This code for Children only all teeth
D2750	-	CROWN PORCELAIN W/ H NOBLE M	1/1/2018	FEE SCHED	\$720.94	-	000	020	This code for Children only all teeth
D2751	-	CROWN PORCELAIN FUSED BASE M	1/1/2018	FEE SCHED	\$524.32	-	000	999	This code for Children and Adults all teeth, adults 2/calendar year
D2752	-	CROWN PORCELAIN W/ NOBLE MET	1/1/2018	FEE SCHED	\$589.86	-	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	1/1/2018	FEE SCHED	\$589.86	-	000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2781	-	CROWN 3/4 CAST BASE METAL	1/1/2018	FEE SCHED	\$426.01	-	000	999	Adults all teeth, 2/calendar year
D2782	-	CROWN 3/4 CAST NOBLE METAL	1/1/2018	FEE SCHED	\$491.55	-	000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2783	-	CROWN 3/4 PORCELAIN/CERAMIC	1/1/2018	FEE SCHED	\$622.63	-	000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2790	-	CROWN FULL CAST HIGH NOBLE M	1/1/2018	FEE SCHED	\$622.63	-	000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2791	-	CROWN FULL CAST BASE METAL	1/1/2018	FEE SCHED	\$458.78	-	000	999	Molars for Adults, 2/calendar year
D2792	-	CROWN FULL CAST NOBLE METAL	1/1/2018	FEE SCHED	\$524.32	-	000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2794	-	CROWN-TITANIUM	1/1/2018	FEE SCHED	\$511.21	-	000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2799	-	PROVISIONAL CROWN	1/1/2018	FEE SCHED	\$190.07	-	000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2910	-	RECEMENT INLAY ONLAY OR PART	1/1/2018	FEE SCHED	\$49.16	-	000	999	Members with Full Medicaid; 1 every 5 years
D2920	-	DENTAL RECEMENT CROWN	1/1/2018	FEE SCHED	\$49.16	-	000	999	Members with Full Medicaid; 1 every 5 years
D2921	-	REATTACH TOOTH FRAGMENT	1/1/2018	FEE SCHED	\$65.54	-	000	020	-
D2929	-	PREFAB PORC/CERAM CROWN PRI	1/1/2018	FEE SCHED	\$196.62	-	000	020	-
D2930	-	PREFAB STNLSS STEEL CRWN PRI	1/1/2018	FEE SCHED	\$131.08	-	000	999	Members with Full Medicaid; 1 every 5 years
D2931	-	PREFAB STNLSS STEEL CROWN PE	1/1/2018	FEE SCHED	\$196.62	-	000	999	Members with Full Medicaid; 1 every 5 years
D2932	-	PREFABRICATED RESIN CROWN	1/1/2018	FEE SCHED	\$157.30	-	000	999	Members with Full Medicaid; 1 every 5 years

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D2933	-	PREFAB STAINLESS STEEL CROWN	1/1/2018	FEE SCHED	\$147.47	-	000	999	Members with Full Medicaid; 1 every 5 years
D2940	-	DENTAL SEDATIVE FILLING	1/1/2018	FEE SCHED	\$49.16	-	000	999	Members with Full Medicaid; 1 every 5 years
D2950	-	CORE BUILD-UP INCL ANY PINS	1/1/2018	FEE SCHED	\$131.08	-	000	999	Members with Full Medicaid; 1 every 5 years
D2951	-	TOOTH PIN RETENTION	1/1/2018	FEE SCHED	\$32.77	-	000	020	Members with Full Medicaid; 1 every 5 years
D2952	-	POST AND CORE CAST + CROWN	1/1/2018	FEE SCHED	\$262.16	-	000	999	Members with Full Medicaid; 1 every 5 years
D2953	-	EACH ADDTNL CAST POST	1/1/2018	FEE SCHED	\$213.01	-	000	999	Members with Full Medicaid; 1 every 5 years
D2954	-	PREFAB POST/CORE + CROWN	1/1/2018	FEE SCHED	\$163.85	-	000	999	Members with Full Medicaid; 1 every 5 years
D2957	-	EACH ADDTNL PREFAB POST	1/1/2018	FEE SCHED	\$114.70	-	000	999	Members with Full Medicaid; 1 every 5 years (use w/D2954)
D2960	-	LAMINATE LABIAL VENEER	1/1/2018	FEE SCHED	\$196.62	-	000	999	Members with Full Medicaid; 1 every 5 years
D2961	-	LAB LABIAL VENEER RESIN	1/1/2018	FEE SCHED	\$327.70	-	000	999	Members with Full Medicaid; 1 every 5 years
D2962	-	LAB LABIAL VENEER PORCELAIN	1/1/2018	FEE SCHED	\$471.89	-	000	999	Members with Full Medicaid; 1 every 5 years
D2980	-	CROWN REPAIR	1/1/2018	FEE SCHED	\$134.96	-	000	999	Members with Full Medicaid; 1 every 5 years
D3110	-	PULP CAP DIRECT	1/1/2018	FEE SCHED	\$40.96	-	000	999	-
D3120	-	PULP CAP INDIRECT	1/1/2018	FEE SCHED	\$32.77	-	000	999	-
D3220	-	THERAPEUTIC PULPOTOMY	1/1/2018	FEE SCHED	\$98.31	-	000	020	-
D3221	-	GROSS PULPAL DEBRIDEMENT	1/1/2018	FEE SCHED	\$131.08	-	000	999	-
D3230	-	PULPAL THERAPY ANTERIOR PRIM	1/1/2018	FEE SCHED	\$108.14	-	000	020	-
D3240	-	PULPAL THERAPY POSTERIOR PRI	1/1/2018	FEE SCHED	\$121.25	-	000	020	-
D3310	-	ENDO THXPY, ANTERIOR TOOTH	1/1/2018	FEE SCHED	\$334.25	-	000	999	-
D3320	-	END THXPY, BICUSPID TOOTH	1/1/2018	FEE SCHED	\$376.86	-	000	999	-
D3330	-	END THXPY, MOLAR	1/1/2018	FEE SCHED	\$458.78	-	000	999	-
D3331	-	NON-SURG TX ROOT CANAL OBS	1/1/2018	FEE SCHED	\$330.98	-	000	999	-
D3346	-	RETREAT ROOT CANAL ANTERIOR	1/1/2018	FEE SCHED	\$360.47	-	000	999	-
D3347	-	RETREAT ROOT CANAL BICUSPID	1/1/2018	FEE SCHED	\$439.12	-	000	999	-
D3348	-	RETREAT ROOT CANAL MOLAR	1/1/2018	FEE SCHED	\$540.71	-	000	999	-
D3410	-	APICOECT/PERIRAD SURG ANTER	1/1/2018	FEE SCHED	\$298.21	-	000	020	-
D3421	-	ROOT SURGERY BICUSPID	1/1/2018	FEE SCHED	\$344.09	-	000	020	-
D3425	-	ROOT SURGERY MOLAR	1/1/2018	FEE SCHED	\$383.41	-	000	020	-
D3426	-	ROOT SURGERY EA ADD ROOT	1/1/2018	FEE SCHED	\$163.85	-	000	020	-
D3430	-	RETROGRADE FILLING	1/1/2018	FEE SCHED	\$98.31	-	000	999	-
D4210	-	GINGIVECTOMY/PLASTY 4 OR MOR	1/1/2018	FEE SCHED	\$311.32	-	000	020	1 quadrant = 1 unit of service
D4211	-	GINGIVECTOMY/PLASTY 1 TO 3	1/1/2018	FEE SCHED	\$114.70	-	000	020	-
D4212	-	GINGIVECTOMY/PLASTY REST	1/1/2018	FEE SCHED	\$114.70	-	000	020	-
D4230	-	ANA CROWN EXP 4 OR> PER QUAD	1/1/2018	FEE SCHED	\$301.48	-	000	020	1 quadrant = 1 unit of service
D4231	-	ANA CROWN EXP 1-3 PER QUAD	1/1/2018	FEE SCHED	\$265.44	-	000	020	1 quadrant = 1 unit of service
D4240	-	GINGIVAL FLAP PROC W/ PLANIN	1/1/2018	FEE SCHED	\$357.19	-	000	020	-
D4241	-	GNGVL FLAP W ROOTPLAN 1-3 TH	1/1/2018	FEE SCHED	\$288.38	-	000	020	-
D4260	-	OSSEOUS SURGERY 4 OR MORE	1/1/2018	FEE SCHED	\$524.32	-	000	999	1 quadrant = 1 unit of service
D4261	-	OSSEOUS SURG 1 TO 3 TEETH	1/1/2018	FEE SCHED	\$406.35	-	000	999	1 quadrant = 1 unit of service
D4270	-	PEDICLE SOFT TISSUE GRAFT PR	1/1/2018	FEE SCHED	\$399.79	-	000	999	-
D4273	-	SUBEPITHELIAL TISSUE GRAFT	1/1/2018	FEE SCHED	\$540.71	-	000	020	-
D4275	-	SOFT TISSUE ALLOGRAFT	1/1/2018	FEE SCHED	\$465.33	-	000	020	-
D4277	-	SOFT TISSUE GRAFT FIRSTTOOTH	1/1/2018	FEE SCHED	\$983.10	-	000	999	-
D4278	-	SOFT TISSUE GRAFT ADDL TOOTH	1/1/2018	FEE SCHED	\$327.70	-	000	999	-
D4320	-	PROVISION SPLNT INTRACORONAL	1/1/2018	FEE SCHED	\$222.84	-	000	999	-
D4321	-	PROVISIONAL SPLINT EXTRACORO	1/1/2018	FEE SCHED	\$196.62	-	000	999	-

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D4341	-	PERIODONTAL SCALING & ROOT	1/1/2018	FEE SCHED	\$163.85	-	000	999	1 unit= 1 quadrant 4 units per yr, list quadrant in 'tooth # column' on claim form
D4342	-	PERIODONTAL SCALING 1-3TEETH	1/1/2018	FEE SCHED	\$88.48	-	000	999	1 unit= 1 quadrant 4 units per yr, list quadrant in 'tooth # column' on claim form
D4355	-	FULL MOUTH DEBRIDEMENT	1/1/2018	FEE SCHED	\$81.93	-	000	999	1/yr unless developmentally disabled
D4910	-	PERIODONTAL MAINT PROCEDURES	1/1/2018	FEE SCHED	\$65.54	-	000	999	1/90 days unless disabled
D4920	-	UNSCHEDULED DRESSING CHANGE	1/1/2018	FEE SCHED	\$42.60	-	000	999	-
-	-	DENTURE SERVICES	-	-	-	-	-	-	-
D5110	-	DENTURES COMPLETE MAXILLARY	1/1/2018	FEE SCHED	\$819.25	-	000	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5120	-	DENTURES COMPLETE MANDIBLE	1/1/2018	FEE SCHED	\$819.25	-	000	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5130	-	DENTURES IMMEDIAT MAXILLARY	1/1/2018	FEE SCHED	\$901.18	-	000	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5140	-	DENTURES IMMEDIAT MANDIBLE	1/1/2018	FEE SCHED	\$901.18	-	000	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5211	-	DENTURES MAXILL PART RESIN	1/1/2018	FEE SCHED	\$557.09	-	000	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5212	-	DENTURES MAND PART RESIN	1/1/2018	FEE SCHED	\$580.03	-	000	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5213	-	DENTURES MAXILL PART METAL	1/1/2018	FEE SCHED	\$983.10	-	000	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5214	-	DENTURES MANDIBL PART METAL	1/1/2018	FEE SCHED	\$983.10	-	000	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5225	-	MAXILLARY PART DENTURE FLEX	1/1/2018	FEE SCHED	\$698.00	-	000	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5226	-	MANDIBULAR PART DENTURE FLEX	1/1/2018	FEE SCHED	\$698.00	-	000	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5410	-	DENTURES ADJUST CMLPT MAXIL	1/1/2018	FEE SCHED	\$39.32	-	000	999	First 3 adjustments after placement are included in denture price
D5411	-	DENTURES ADJUST CMLPT MAND	1/1/2018	FEE SCHED	\$39.32	-	000	999	First 3 adjustments after placement are included in denture price
D5421	-	DENTURES ADJUST PART MAXILL	1/1/2018	FEE SCHED	\$39.32	-	000	999	First 3 adjustments after placement are included in denture price
D5422	-	DENTURES ADJUST PART MANDBL	1/1/2018	FEE SCHED	\$39.32	-	000	999	First 3 adjustments after placement are included in denture price
D5511	-	DENTUR REPR BROKEN COMPL BAS MAND	1/1/2018	FEE SCHED	\$98.31	-	000	999	-
D5512	-	DENTUR REPR BROKEN COMPL BAS MAX	1/1/2018	FEE SCHED	\$98.31	-	000	999	-
D5520	-	REPLACE DENTURE TEETH COMPLT	1/1/2018	FEE SCHED	\$65.54	-	000	999	-
D5611	-	REPAIR RESIN PART DENT BASE, MAND	1/1/2018	FEE SCHED	\$98.31	-	000	999	-
D5612	-	REPAIR RESIN PART DENT BASE, MAX	1/1/2018	FEE SCHED	\$98.31	-	000	999	-
D5621	-	REP PART DENTURE CAST FRAME, MAND	1/1/2018	FEE SCHED	\$134.36	-	000	999	-
D5622	-	REP PART DENTURE CAST FRAME, MAX	1/1/2018	FEE SCHED	\$134.36	-	000	999	-
D5630	-	REP PARTIAL DENTURE CLASP	1/1/2018	FEE SCHED	\$121.25	-	000	999	-
D5640	-	REPLACE PART DENTURE TEETH	1/1/2018	FEE SCHED	\$98.31	-	000	999	-
D5650	-	ADD TOOTH TO PARTIAL DENTURE	1/1/2018	FEE SCHED	\$98.31	-	000	999	-
D5660	-	ADD CLASP TO PARTIAL DENTURE	1/1/2018	FEE SCHED	\$163.85	-	000	999	-
D5710	-	DENTURES REBASE CMLPT MAXIL	1/1/2018	FEE SCHED	\$327.70	-	000	999	-
D5711	-	DENTURES REBASE CMLPT MAND	1/1/2018	FEE SCHED	\$327.70	-	000	999	-

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D5721	-	DENTURES REBASE PART MANDBL	1/1/2018	FEE SCHED	\$262.16	-	000	999	-
D5730	-	DENTURE RELN CMLPT MAXIL CH	1/1/2018	FEE SCHED	\$196.62	-	000	999	-
D5731	-	DENTURE RELN CMLPT MAND CHR	1/1/2018	FEE SCHED	\$196.62	-	000	999	-
D5740	-	DENTURE RELN PART MAXIL CHR	1/1/2018	FEE SCHED	\$163.85	-	000	999	-
D5741	-	DENTURE RELN PART MAND CHR	1/1/2018	FEE SCHED	\$163.85	-	000	999	-
D5750	-	DENTURE RELN CMLPT MAX LAB	1/1/2018	FEE SCHED	\$262.16	-	000	999	-
D5751	-	DENTURE RELN CMLPT MAND LAB	1/1/2018	FEE SCHED	\$262.16	-	000	999	-
D5760	-	DENTURE RELN PART MAXIL LAB	1/1/2018	FEE SCHED	\$262.16	-	000	999	-
D5761	-	DENTURE RELN PART MAND LAB	1/1/2018	FEE SCHED	\$262.16	-	000	999	-
D5820	-	DENTURE INTERM PART MAXILL	1/1/2018	FEE SCHED	\$327.70	-	000	020	-
D5821	-	DENTURE INTERM PART MANDBL	1/1/2018	FEE SCHED	\$327.70	-	000	020	-
D5850	-	TISSUE CONDITIONING, MAXILLARY	1/1/2018	FEE SCHED	\$85.20	-	000	999	Payment of denture includes payment of any tissue conditioners
D5851	-	TISSUE CONDITIONING, MANDIBULAR	1/1/2018	FEE SCHED	\$85.20	-	000	999	Payment of denture includes payment of any tissue conditioners
-	-	TREATMENT SERVICES	-	-	-	-	-	-	-
D6205	-	PONTIC-INDIRECT RESIN BASED	1/1/2018	FEE SCHED	\$475.17	-	000	020	Limited to Anterior teeth (6-11 and 22-27)
D6210	-	PROSTHODONT HIGH NOBLE METAL	1/1/2018	FEE SCHED	\$655.40	-	000	020	Limited to Anterior teeth (6-11 and 22-27)
D6211	-	BRIDGE BASE METAL CAST	1/1/2018	FEE SCHED	\$458.78	-	000	020	Limited to Anterior teeth (6-11 and 22-27)
D6212	-	BRIDGE NOBLE METAL CAST	1/1/2018	FEE SCHED	\$524.32	-	000	020	Limited to Anterior teeth (6-11 and 22-27)
D6214	-	PONTIC TITANIUM	1/1/2018	FEE SCHED	\$507.94	-	000	020	Limited to Anterior teeth (6-11 and 22-27)
D6240	-	BRIDGE PORCELAIN HIGH NOBLE	1/1/2018	FEE SCHED	\$720.94	-	000	020	Limited to Anterior teeth (6-11 and 22-27)
D6241	-	BRIDGE PORCELAIN BASE METAL	1/1/2018	FEE SCHED	\$589.86	-	000	020	Limited to Anterior teeth (6-11 and 22-27)
D6242	-	BRIDGE PORCELAIN NOBEL METAL	1/1/2018	FEE SCHED	\$655.40	-	000	020	Limited to Anterior teeth (6-11 and 22-27)
D6245	-	BRIDGE PORCELAIN/CERAMIC	1/1/2018	FEE SCHED	\$494.83	-	000	020	Limited to Anterior teeth (6-11 and 22-27)
D6250	-	BRIDGE RESIN W/HIGH NOBLE	1/1/2018	FEE SCHED	\$655.40	-	000	020	Limited to Anterior teeth (6-11 and 22-27)
D6251	-	BRIDGE RESIN BASE METAL	1/1/2018	FEE SCHED	\$458.78	-	000	020	Limited to Anterior teeth (6-11 and 22-27)
D6252	-	BRIDGE RESIN W/NOBLE METAL	1/1/2018	FEE SCHED	\$589.86	-	000	020	Limited to Anterior teeth (6-11 and 22-27)
D6710	-	CROWN-INDIRECT RESIN BASED	1/1/2018	FEE SCHED	\$494.83	-	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6720	-	RETAIN CROWN RESIN W HI NBLE	1/1/2018	FEE SCHED	\$655.40	-	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6721	-	CROWN RESIN W/BASE METAL	1/1/2018	FEE SCHED	\$491.55	-	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6722	-	CROWN RESIN W/NOBLE METAL	1/1/2018	FEE SCHED	\$557.09	-	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6740	-	CROWN PORCELAIN/CERAMIC	1/1/2018	FEE SCHED	\$524.32	-	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6750	-	CROWN PORCELAIN HIGH NOBLE	1/1/2018	FEE SCHED	\$786.48	-	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6751	-	CROWN PORCELAIN BASE METAL	1/1/2018	FEE SCHED	\$524.32	-	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6752	-	CROWN PORCELAIN NOBLE METAL	1/1/2018	FEE SCHED	\$655.40	-	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6780	-	CROWN 3/4 HIGH NOBLE METAL	1/1/2018	FEE SCHED	\$622.63	-	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6781	-	CROWN 3/4 CAST BASED METAL	1/1/2018	FEE SCHED	\$511.21	-	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6782	-	CROWN 3/4 CAST NOBLE METAL	1/1/2018	FEE SCHED	\$514.49	-	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6783	-	CROWN 3/4 PORCELAIN/CERAMIC	1/1/2018	FEE SCHED	\$517.77	-	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6790	-	CROWN FULL HIGH NOBLE METAL	1/1/2018	FEE SCHED	\$622.63	-	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6791	-	CROWN FULL BASE METAL CAST	1/1/2018	FEE SCHED	\$458.78	-	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6792	-	CROWN FULL NOBLE METAL CAST	1/1/2018	FEE SCHED	\$557.09	-	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6794	-	CROWN TITANIUM	1/1/2018	FEE SCHED	\$452.23	-	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6930	-	DENTAL RECEMENT BRIDGE	1/1/2018	FEE SCHED	\$65.54	-	000	020	-
D6950	-	PRECISION ATTACHMENT	1/1/2018	FEE SCHED	\$262.16	-	000	999	-

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**Montana Healthcare Programs Fee Schedule
Dental Services
January 1, 2018**

Proc	Mod	Description	Effective	Method	Fees	PA	Min Age	Max age	Notes
D6980	-	BRIDGE REPAIR	1/1/2018	FEE SCHED	\$170.40	-	000	020	-
D7111	-	EXTRACTION CORONAL REMNANTS	1/1/2018	FEE SCHED	\$65.54	-	000	999	-
D7140	-	EXTRACTION ERUPTED TOOTH/EXR	1/1/2018	FEE SCHED	\$72.09	-	000	999	Includes local anesthesia, suturing, and post-op care.
D7210	-	REM IMP TOOTH W MUCOPER FLP	1/1/2018	FEE SCHED	\$131.08	-	000	999	-
D7220	-	IMPACT TOOTH REMOV SOFT TISS	1/1/2018	FEE SCHED	\$150.74	-	000	999	-
D7230	-	IMPACT TOOTH REMOV PART BONY	1/1/2018	FEE SCHED	\$196.62	-	000	999	-
D7240	-	IMPACT TOOTH REMOV COMP BONY	1/1/2018	FEE SCHED	\$235.94	-	000	999	-
D7241	-	IMPACT TOOTH REM BONY W/COMP	1/1/2018	FEE SCHED	\$327.70	-	000	999	-
D7250	-	TOOTH ROOT REMOVAL	1/1/2018	FEE SCHED	\$131.08	-	000	999	-
D7270	-	TOOTH REIMPLANTATION	1/1/2018	FEE SCHED	\$235.94	-	000	999	-
D7280	-	EXPOSURE IMPACT TOOTH ORTHOD	1/1/2018	FEE SCHED	\$196.62	-	000	999	-
D7282	-	MOBILIZE ERUPTED/MALPOS TOOT	1/1/2018	FEE SCHED	\$239.22	-	000	999	-
D7283	-	PLACE DEVICE IMPACTED TOOTH	1/182018	FEE SCHED	\$249.08	-	000	020	-
D7310	-	ALVEOPLASTY W/ EXTRACTION	1/1/2018	FEE SCHED	\$137.63	-	000	999	Per quadrant
D7311	-	ALVEOLOPLASTY W/EXTRACT 1-3	1/1/2018	FEE SCHED	\$173.68	-	000	999	Per quadrant
D7320	-	ALVEOPLASTY W/O EXTRACTION	1/1/2018	FEE SCHED	\$173.68	-	000	999	Per quadrant
D7321	-	ALVEOLOPLASTY NOT W/EXTRACTS	1/1/2018	FEE SCHED	\$252.33	-	000	999	Per quadrant
D7510	-	I&D ABSC INTRAORAL SOFT TISS	1/1/2018	FEE SCHED	\$88.48	-	000	999	-
D7511	-	INCISION/DRAIN ABSCESS INTRA	1/1/2018	FEE SCHED	\$144.19	-	000	999	-
D7520	-	I&D ABSCESS EXTRAORAL	1/1/2018	FEE SCHED	\$196.62	-	000	999	-
D7521	-	INCISION/DRAIN ABSCESS EXTRA	1/1/2018	FEE SCHED	\$245.78	-	000	999	-
D7540	-	REMOVAL OF FB REACTION	1/1/2018	FEE SCHED	\$278.55	-	000	999	-
D7550	-	REMOVAL OF SLOUGHED OFF BONE	1/1/2018	FEE SCHED	\$229.39	-	000	999	-
D7560	-	MAXILLARY SINUSOTOMY	1/1/2018	FEE SCHED	\$426.01	-	000	999	-
D7910	-	DENT SUTUR RECENT WND TO 5CM	1/1/2018	FEE SCHED	\$137.63	-	000	999	-
D7911	-	DENTAL SUTURE WOUND TO 5 CM	1/1/2018	FEE SCHED	\$176.96	-	000	999	-
D7912	-	SUTURE COMPLICATE WND > 5 CM	1/1/2018	FEE SCHED	\$262.16	-	000	999	-
D7951	-	SINUS AUG W BONE/BONE SUP	1/1/2018	FEE SCHED	\$1,284.58	-	000	020	-
D7970	-	EXCISION HYPERPLASTIC TISSUE	1/1/2018	FEE SCHED	\$262.16	-	000	020	-
D7998	-	INTRAORAL PLACE OF FIX DEV	1/1/2018	FEE SCHED	\$953.61	-	000	020	-
D8050	-	INTERCEP DENTAL TX PRIMARY	1/1/2018	FEE SCHED	\$1,081.41	Y	000	020	-
D8060	-	INTERCEP DENTAL TX TRANSITN	1/1/2018	FEE SCHED	\$1,212.49	Y	000	020	-
D8070	-	COMPRE DENTAL TX TRANSITION	1/1/2018	FEE SCHED	\$2,982.07	Y	000	020	-
D8080	-	COMPRE DENTAL TX ADOLESCENT	1/1/2018	FEE SCHED	\$2,982.07	Y	000	020	-
D8090	-	COMPRE DENTAL TX ADULT	1/1/2018	FEE SCHED	\$3,113.15	Y	000	020	-
D8220	-	FIXED APPLIANCE THERAPY HABT	1/1/2018	FEE SCHED	\$468.61	-	000	999	-
D8670	-	PERIODIC ORTHODONTIC TX VISIT	1/1/2018	FEE SCHED	\$88.48	Y	000	020	1/27 days
D8680	-	ORTHODONTIC RETENTION	1/1/2018	FEE SCHED	\$275.27	Y	000	020	-
D9110	-	TX DENTAL PAIN MINOR PROC	1/1/2018	FEE SCHED	\$65.54	-	000	999	-
D9222	-	GENERAL ANESTHESIA FIRST 15M UNIT	1/1/2018	FEE SCHED	\$85.20	-	000	999	each 15 minutes = 1 unit, max 14 units/claim. NOT SUBJECT TO \$ CAP
D9223	-	GENERAL ANESTHESIA 15M UNIT	1/1/2018	FEE SCHED	\$85.20	-	000	999	each 15 minutes = 1 unit, max 14 units/claim. NOT SUBJECT TO \$ CAP
D9230	EP	ANALGESIA	1/1/2018	FEE SCHED	\$29.49	-	000	012	-
D9239	-	IV CONSCIOUS SEDATION FIRST 15M	1/1/2018	FEE SCHED	\$78.65	-	000	999	15 minutes =1 unit, max 10 units per claim. NOT SUBJECT TO \$ CAP
D9243	-	IV CONSCIOUS SEDATION	1/1/2018	FEE SCHED	\$78.65	-	000	999	15 minutes =1 unit, max 10 units per claim. NOT SUBJECT TO \$ CAP

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**Montana Healthcare Programs Fee Schedule
Dental Services
January 1, 2018**

Proc	Mod	Description	Effective	Method	Fees	PA	Min Age	Max age	Notes
D9248	-	SEDATION (NON-IV)	1/1/2018	FEE SCHED	\$145.83	-	000	999	NOT SUBJECT TO \$ CAP
D9310	-	DENTAL CONSULTATION	1/1/2018	FEE SCHED	\$52.43	-	000	999	-
D9410	-	DENTAL HOUSE CALL	1/1/2018	FEE SCHED	\$98.31	-	000	999	Bill 1 site per day even when seeing multiple Members
D9420	-	HOSPITAL CALL	1/1/2018	FEE SCHED	\$98.31	-	000	999	Code billed 3 X's/day even when seeing multiple Members
D9440	-	OFFICE VISIT AFTER HOURS	1/1/2018	FEE SCHED	\$65.54	-	000	999	-
D9612	-	THERA PAR DRUGS 2 OR > ADMIN	1/1/2018	FEE SCHED	\$81.93	-	000	999	-
D9630	-	OTHER DRUGS/MEDICAMENTS	1/1/2018	FEE SCHED	\$16.39	-	000	999	-
D9920	-	BEHAVIOR MANAGEMENT	1/1/2018	FEE SCHED	\$52.43	-	000	999	15 min = 1 unit; Limit 12 units per year; max 4 units per visit
D9940	-	DENTAL OCCLUSAL GUARD	1/1/2018	FEE SCHED	\$327.70	-	000	020	-
D9999	-	MOBILE UNIT GA - PA ONLY	1/1/2018	FEE SCHED	\$419.29	Y	000	999	PA
-	-	-	-	-	-	-	-	-	-
-	NOTE:	NO longer payable codes; D2999, D4999, D5899, D6999 and D7999 effective 7/1/2014.		-	-	-	-	-	-