

Montana Healthcare Programs Fee Schedule
Dental Services
January 1, 2026

Proc	Mod	Description	Effective	Method	Office Fees	PA	Min Age	Max Age	Notes
DIAGNOSTIC SERVICES									
D0120	-	PERIODIC ORAL EVALUATION	7/1/2025	FEE SCHED	\$27.66	-	000	999	Adults 1 every 6 months unless disabled
D0140	-	LIMIT ORAL EVAL PROBLM FOCUS	7/1/2025	FEE SCHED	\$39.52	-	000	999	-
D0145	-	ORAL EVALUATION, PT < 3YRS	7/1/2025	FEE SCHED	\$39.52	-	000	003	ABCD PROVIDERS ONLY
D0150	-	COMPREHENSVE ORAL EVALUATION	7/1/2025	FEE SCHED	\$39.52	-	000	999	Initial visit for new Members; Adults 1 every 3 years
D0170	-	RE-EVAL,EST PT,PROBLEM FOCUS	7/1/2025	FEE SCHED	\$35.57	-	000	999	-
D0171	-	RE-EVAL POST-OP VISIT	7/1/2025	FEE SCHED	\$27.66	-	000	999	-
D0190	-	SCREENING OF A PATIENT	7/1/2025	FEE SCHED	\$27.66	-	000	999	-
D0191	-	ASSESSMENT OF A PATIENT	7/1/2025	FEE SCHED	\$19.76	-	000	999	-
Min of 14 films; 1 film = 1 unit of service; Adults 1 every 3 years									
D0210	-	INTRAOR COMPLETE FILM SERIES	7/1/2025	FEE SCHED	\$79.04	-	000	999	every 3 years
D0220	-	INTRAORAL PERIAPICAL FIRST F	7/1/2025	FEE SCHED	\$19.76	-	000	999	-
D0230	-	INTRAORAL PERIAPICAL EA ADD	7/1/2025	FEE SCHED	\$9.88	-	000	999	-
D0240	-	INTRAORAL OCCLUSAL FILM	7/1/2025	FEE SCHED	\$23.71	-	000	999	-
D0250	-	EXTRAORAL FIRST FILM	7/1/2025	FEE SCHED	\$39.52	-	000	999	-
D0251	-	EXTRAORAL POSTERIOR IMAGE	7/1/2025	FEE SCHED	\$39.52	-	000	999	-
D0270	-	DENTAL BITEWING SINGLE FILM	7/1/2025	FEE SCHED	\$19.76	-	000	999	Adults 4 films per year
D0272	-	DENTAL BITEWINGS TWO FILMS	7/1/2025	FEE SCHED	\$23.71	-	000	999	Adults 4 films per year
D0273	-	BITEWINGS - THREE FILMS	7/1/2025	FEE SCHED	\$31.62	-	000	999	Adults 4 films per year
D0274	-	DENTAL BITEWINGS FOUR FILMS	7/1/2025	FEE SCHED	\$39.52	-	000	999	Adults 4 films per year
D0277	-	VERT BITEWINGS-SEV TO EIGHT	7/1/2025	FEE SCHED	\$47.42	-	000	999	-
D0330	-	DENTAL PANORAMIC FILM	7/1/2025	FEE SCHED	\$63.23	-	000	999	Adults 1 film every 3 years
D0340	-	DENTAL CEPHALOMETRIC FILM	7/1/2025	FEE SCHED	\$79.04	-	000	999	Adults 1 full mouth every 3 years
D0350	-	ORAL/FACIAL PHOTO IMAGES	7/1/2025	FEE SCHED	\$39.52	-	000	020	1 unit=3 pictures
D0367	-	CONE BEAM CT INTERP BOTH JAW	7/1/2025	FEE SCHED	\$331.97	-	000	999	-
D0425	-	CARIES SUSCEPTIBILITY TEST	7/1/2025	FEE SCHED	\$51.38	-	000	003	ABCD PROVIDERS ONLY
D0460	-	PULP VITALITY TEST	7/1/2025	FEE SCHED	\$31.62	-	000	020	-
D0470	-	DIAGNOSTIC CASTS	7/1/2025	FEE SCHED	\$49.40	-	000	020	-
D0486	-	ACCESSION OF BRUSH BIOPSY	7/1/2025	FEE SCHED	\$82.99	-	000	020	-
D0601	-	CARIES RISK ASSESS LOW RISK	7/1/2025	FEE SCHED	\$11.86	-	000	020	Assessment results
D0602	-	CARIES RISK ASSESS MOD RISK	7/1/2025	FEE SCHED	\$11.86	-	000	020	Assessment results
D0603	-	CARIES RISK ASSESS HIGH RISK	7/1/2025	FEE SCHED	\$11.86	-	000	020	Assessment results
PREVENTIVE SERVICES									
D1110	-	DENTAL PROPHYLAXIS ADULT	7/1/2025	FEE SCHED	\$59.28	-	000	999	Every 6 months unless disabled
D1120	-	DENTAL PROPHYLAXIS CHILD	7/1/2025	FEE SCHED	\$39.52	-	000	017	-
D1206	-	TOPICAL FLUORIDE VARNISH	7/1/2025	FEE SCHED	\$23.71	-	000	999	-
D1208	-	TOPICAL APP OF FLUORIDE	7/1/2025	FEE SCHED	\$19.76	-	000	999	Every 6 months unless disabled
D1310	-	NUTRI COUNSEL-CONTROL CARIES	7/1/2025	FEE SCHED	\$47.42	-	000	005	ABCD PROVIDERS ONLY
ALLOWABLE TWO TIMES PER YEAR (EACH 6 MONTHS)									
D1320	-	TOBACCO COUNSELING	7/1/2025	FEE SCHED	\$43.47	-	010	999	-
D1330	-	ORAL HYGIENE INSTRUCTION	7/1/2025	FEE SCHED	\$27.66	-	000	005	ABCD PROVIDERS ONLY
First and second molars only (A, B, I, J, K, L, S, T, 2, 3, 14, 15, 18, 19, 30, 31)									
D1351	-	DENTAL SEALANT PER TOOTH	7/1/2025	FEE SCHED	\$31.62	-	000	999	-
D1353	-	SEALANT REPAIR PER TOOTH	7/1/2025	FEE SCHED	\$31.62	-	000	999	-
D1354	-	INTERIM CARIES MED APP	7/1/2025	FEE SCHED	\$23.71	-	000	999	-
D1510	-	SPACE MAINTAINER FXD UNILAT	7/1/2025	FEE SCHED	\$158.08	-	000	020	1 unit= 1 quadrant 4 units per yr

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D1516	-	FIXED BILAT SPACE MAINT, MAX	7/1/2025	FEE SCHED	\$237.12	-	000	020	-
D1517	-	FIXED BILAT SPACE MAINT, MAN	7/1/2025	FEE SCHED	\$237.12	-	000	020	-
D1551	-	RECEMENT SPACE MAINT - MAX	7/1/2025	FEE SCHED	\$47.42	-	000	020	-
D1552	-	RECEMENT SPACE MAINT - MAN	7/1/2025	FEE SCHED	\$47.42	-	000	020	-
D1553	-	RECEMENT UNILAT SPACE MAINT	7/1/2025	FEE SCHED	\$47.42	-	000	020	-
D1556	-	REM FIXED UNILAT SPACE MAINT	7/1/2025	FEE SCHED	\$43.47	-	000	020	-
D1557	-	REMOVE FIXED BILAT MAINT MAX	7/1/2025	FEE SCHED	\$43.47	-	000	020	-
D1558	-	REMOVE FIXED BILAT MAN	7/1/2025	FEE SCHED	\$43.47	-	000	020	-
D1575	-	DIST SPACE MAINT, FIXED UNIL	7/1/2025	FEE SCHED	\$158.08	-	000	020	-
TREATMENT SERVICES									
D2140	-	AMALGAM ONE SURFACE PERMANEN	7/1/2025	FEE SCHED	\$79.04	-	000	999	-
D2150	-	AMALGAM TWO SURFACES PERMANE	7/1/2025	FEE SCHED	\$86.94	-	000	999	-
D2160	-	AMALGAM THREE SURFACES PERMA	7/1/2025	FEE SCHED	\$106.70	-	000	999	-
D2161	-	AMALGAM 4 OR > SURFACES PERM	7/1/2025	FEE SCHED	\$130.42	-	000	999	-
D2330	-	RESIN ONE SURFACE-ANTERIOR	7/1/2025	FEE SCHED	\$79.04	-	000	999	-
D2331	-	RESIN TWO SURFACES-ANTERIOR	7/1/2025	FEE SCHED	\$118.56	-	000	999	-
D2332	-	RESIN THREE SURFACES-ANTERIO	7/1/2025	FEE SCHED	\$138.32	-	000	999	-
D2335	-	RESIN 4/> SURF OR W INCIS AN	7/1/2025	FEE SCHED	\$158.08	-	000	999	-
D2390	-	ANT RESIN-BASED CMPST CROWN	7/1/2025	FEE SCHED	\$268.74	-	000	999	-
D2391	-	POST 1 SRFC RESINBASED CMPST	7/1/2025	FEE SCHED	\$79.04	-	000	999	-
D2392	-	POST 2 SRFC RESINBASED CMPST	7/1/2025	FEE SCHED	\$158.08	-	000	999	-
D2393	-	POST 3 SRFC RESINBASED CMPST	7/1/2025	FEE SCHED	\$213.41	-	000	999	-
D2394	-	POST >=4SRFC RESINBASE CMPST	7/1/2025	FEE SCHED	\$225.26	-	000	999	-
D2710	-	CROWN RESIN-BASED INDIRECT	7/1/2025	FEE SCHED	\$395.20	-	000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2712	-	CROWN 3/4 RESIN-BASED COMPOS	7/1/2025	FEE SCHED	\$573.04	-	000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2720	-	CROWN RESIN W/ HIGH NOBLE ME	7/1/2025	FEE SCHED	\$790.40	-	000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2721	-	CROWN RESIN W/ BASE METAL	7/1/2025	FEE SCHED	\$592.80	-	000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2722	-	CROWN RESIN W/ NOBLE METAL	7/1/2025	FEE SCHED	\$671.84	-	000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2740	-	CROWN PORCELAIN/CERAMIC SUBS	7/1/2025	FEE SCHED	\$790.40	-	000	999	This code for children all teeth, adults all teeth
D2750	-	CROWN PORCELAIN W/ H NOBLE M	7/1/2025	FEE SCHED	\$869.44	-	000	020	This code for Children only all teeth
D2751	-	CROWN PORCELAIN FUSED BASE M	7/1/2025	FEE SCHED	\$632.32	-	000	999	This code for Children and Adults all teeth, adults 2/calendar year
D2752	-	CROWN PORCELAIN W/ NOBLE MET	7/1/2025	FEE SCHED	\$711.36	-	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	7/1/2025	FEE SCHED	\$711.36	-	000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2781	-	CROWN 3/4 CAST BASE METAL	7/1/2025	FEE SCHED	\$513.76	-	000	999	Adults all teeth, 2/calendar year
D2782	-	CROWN 3/4 CAST NOBLE METAL	7/1/2025	FEE SCHED	\$592.80	-	000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2783	-	CROWN 3/4 PORCELAIN/CERAMIC	7/1/2025	FEE SCHED	\$750.88	-	000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years

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D2790	-	CROWN FULL CAST HIGH NOBLE M	7/1/2025	FEE SCHED	\$750.88	-	000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2791	-	CROWN FULL CAST BASE METAL	7/1/2025	FEE SCHED	\$553.28	-	000	999	Molars for Adults, 2/calendar year
D2792	-	CROWN FULL CAST NOBLE METAL	7/1/2025	FEE SCHED	\$632.32	-	000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2794	-	CROWN-TITANIUM	7/1/2025	FEE SCHED	\$616.51	-	000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2799	-	PROVISIONAL CROWN	7/1/2025	FEE SCHED	\$229.22	-	000	020	Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
D2910	-	RECEMENT INLAY ONLAY OR PART	7/1/2025	FEE SCHED	\$59.28	-	000	999	Members with Full Medicaid; 1 every 5 years
D2920	-	DENTAL RECEMENT CROWN	7/1/2025	FEE SCHED	\$59.28	-	000	999	Members with Full Medicaid; 1 every 5 years
D2921	-	REATTACH TOOTH FRAGMENT	7/1/2025	FEE SCHED	\$79.04	-	000	020	-
D2929	-	PREFAB PORC/CERAM CROWN PRI	7/1/2025	FEE SCHED	\$237.12	-	000	020	-
D2930	-	PREFAB STNLSS STEEL CRWN PRI	7/1/2025	FEE SCHED	\$158.08	-	000	999	Members with Full Medicaid; 1 every 5 years
D2931	-	PREFAB STNLSS STEEL CROWN PE	7/1/2025	FEE SCHED	\$237.12	-	000	999	Members with Full Medicaid; 1 every 5 years
D2932	-	PREFABRICATED RESIN CROWN	7/1/2025	FEE SCHED	\$189.70	-	000	999	Members with Full Medicaid; 1 every 5 years
D2933	-	PREFAB STAINLESS STEEL CROWN	7/1/2025	FEE SCHED	\$177.84	-	000	999	Members with Full Medicaid; 1 every 5 years
D2940	-	DENTAL SEDATIVE FILLING	7/1/2025	FEE SCHED	\$59.28	-	000	999	Members with Full Medicaid; 1 every 5 years
D2950	-	CORE BUILD-UP INCL ANY PINS	7/1/2025	FEE SCHED	\$158.08	-	000	999	Members with Full Medicaid; 1 every 5 years
D2951	-	TOOTH PIN RETENTION	7/1/2025	FEE SCHED	\$39.52	-	000	020	Members with Full Medicaid; 1 every 5 years
D2952	-	POST AND CORE CAST + CROWN	7/1/2025	FEE SCHED	\$316.16	-	000	999	Members with Full Medicaid; 1 every 5 years
D2953	-	EACH ADDTNL CAST POST	7/1/2025	FEE SCHED	\$256.88	-	000	999	Members with Full Medicaid; 1 every 5 years
D2954	-	PREFAB POST/CORE + CROWN	7/1/2025	FEE SCHED	\$197.60	-	000	999	Members with Full Medicaid; 1 every 5 years
D2957	-	EACH ADDTNL PREFAB POST	7/1/2025	FEE SCHED	\$138.32	-	000	999	Members with Full Medicaid; 1 every 5 years (use w/D2954)
D2960	-	LAMINATE LABIAL VENEER	7/1/2025	FEE SCHED	\$237.12	Y	000	020	Members with Full Medicaid; 1 every 5 years
D2961	-	LAB LABIAL VENEER RESIN	7/1/2025	FEE SCHED	\$395.20	Y	000	020	Members with Full Medicaid; 1 every 5 years
D2962	-	LAB LABIAL VENEER PORCELAIN	7/1/2025	FEE SCHED	\$569.09	Y	000	020	Members with Full Medicaid; 1 every 5 years
D2980	-	CROWN REPAIR	7/1/2025	FEE SCHED	\$162.03	-	000	999	Members with Full Medicaid; 1 every 5 years
D3110	-	PULP CAP DIRECT	7/1/2025	FEE SCHED	\$49.40	-	000	999	-
D3120	-	PULP CAP INDIRECT	7/1/2025	FEE SCHED	\$39.52	-	000	999	-
D3220	-	THERAPEUTIC PULPOTOMY	7/1/2025	FEE SCHED	\$118.56	-	000	020	-
D3221	-	GROSS PULPAL DEBRIDEMENT	7/1/2025	FEE SCHED	\$158.08	-	000	999	-
D3222	-	PART PULP FOR APEXOGENESIS	7/1/2025	FEE SCHED	\$126.46	-	000	017	-
D3230	-	PULPAL THERAPY ANTERIOR PRIM	7/1/2025	FEE SCHED	\$130.42	-	000	020	-
D3240	-	PULPAL THERAPY POSTERIOR PRI	7/1/2025	FEE SCHED	\$146.22	-	000	020	-
D3310	-	ENDO THXPY, ANTERIOR TOOTH	7/1/2025	FEE SCHED	\$403.10	-	000	999	-
D3320	-	END THXPY, BICUSPID TOOTH	7/1/2025	FEE SCHED	\$454.48	-	000	999	-
D3330	-	END THXPY, MOLAR	7/1/2025	FEE SCHED	\$553.28	-	000	999	-
D3331	-	NON-SURG TX ROOT CANAL OBS	7/1/2025	FEE SCHED	\$399.15	-	000	999	-
D3346	-	RETREAT ROOT CANAL ANTERIOR	7/1/2025	FEE SCHED	\$434.72	-	000	999	-
D3347	-	RETREAT ROOT CANAL BICUSPID	7/1/2025	FEE SCHED	\$529.57	-	000	999	-
D3348	-	RETREAT ROOT CANAL MOLAR	7/1/2025	FEE SCHED	\$652.08	-	000	999	-
D3410	-	APICOECT/PERIRAD SURG ANTER	7/1/2025	FEE SCHED	\$359.63	-	000	020	-
D3421	-	ROOT SURGERY BICUSPID	7/1/2025	FEE SCHED	\$414.96	-	000	020	-
D3425	-	ROOT SURGERY MOLAR	7/1/2025	FEE SCHED	\$462.38	-	000	020	-
D3426	-	ROOT SURGERY EA ADD ROOT	7/1/2025	FEE SCHED	\$197.60	-	000	020	-

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D3430	-	RETROGRADE FILLING	7/1/2025	FEE SCHED	\$118.56	-	000	999	-
D4210	-	GINGIVECTOMY/PLASTY 4 OR MOR	7/1/2025	FEE SCHED	\$375.44	-	000	020	1 unit= 1 quadrant 4 units per yr, list quadrant in 'tooth # column' on claim form
D4211	-	GINGIVECTOMY/PLASTY 1 TO 3	7/1/2025	FEE SCHED	\$138.32	-	000	020	1 quadrant 4 units per yr, list quadrant in 'tooth # column' on claim form
D4212	-	GINGIVECTOMY/PLASTY REST	7/1/2025	FEE SCHED	\$138.32	-	000	020	-
D4230	-	ANA CROWN EXP 4 OR> PER QUAD	7/1/2025	FEE SCHED	\$363.58	-	000	020	1 quadrant 4 units per yr, list quadrant in 'tooth # column' on claim form
D4231	-	ANA CROWN EXP 1-3 PER QUAD	7/1/2025	FEE SCHED	\$320.11	-	000	020	1 quadrant 4 units per yr, list quadrant in 'tooth # column' on claim form
D4240	-	GINGIVAL FLAP PROC W/ PLANIN	7/1/2025	FEE SCHED	\$430.77	-	000	020	-
D4241	-	GNGVL FLAP W ROOTPLAN 1-3 TH	7/1/2025	FEE SCHED	\$347.78	-	000	020	1 unit= 1 quadrant 4 units per yr, list quadrant in 'tooth # column' on claim form
D4260	-	OSSEOUS SURGERY 4 OR MORE	7/1/2025	FEE SCHED	\$632.32	-	000	999	1 quadrant 4 units per yr, list quadrant in 'tooth # column' on claim form
D4261	-	OSSEOUS SURG 1 TO 3 TEETH	7/1/2025	FEE SCHED	\$490.05	-	000	999	1 quadrant 4 units per yr, list quadrant in 'tooth # column' on claim form
D4270	-	PEDICLE SOFT TISSUE GRAFT PR	7/1/2025	FEE SCHED	\$482.14	-	000	999	-
D4273	-	SUBEPITHELIAL TISSUE GRAFT	7/1/2025	FEE SCHED	\$652.08	-	000	020	-
D4275	-	SOFT TISSUE ALLOGRAFT	7/1/2025	FEE SCHED	\$561.18	-	000	020	-
D4277	-	SOFT TISSUE GRAFT FIRSTTOOTH	7/1/2025	FEE SCHED	\$1,185.60	-	000	999	-
D4278	-	SOFT TISSUE GRAFT ADDL TOOTH	7/1/2025	FEE SCHED	\$395.20	-	000	999	-
D4322	-	SPLINT INTRA-CORONAL; NATURAL OR PROSTHETIC	7/1/2025	FEE SCHED	\$328.02	-	000	999	-
D4323	-	SPLINT EXTRA-CORONAL; NATURAL OR PROSTHETIC	7/1/2025	FEE SCHED	\$169.94	-	000	999	-
D4341	-	PERIODONTAL SCALING & ROOT	7/1/2025	FEE SCHED	\$197.60	-	000	999	1 unit= 1 quadrant 4 units per yr, list quadrant in 'tooth # column' on claim form
D4342	-	PERIODONTAL SCALING 1-3TEETH	7/1/2025	FEE SCHED	\$106.70	-	000	999	1 unit= 1 quadrant 4 units per yr, list quadrant in 'tooth # column' on claim form
D4346	-	SCALING GINGIV INFLAMMATION	7/1/2025	FEE SCHED	\$98.80	-	000	999	One every year following evaluation/diagnosis
D4355	-	FULL MOUTH DEBRIDEMENT	7/1/2025	FEE SCHED	\$98.80	-	000	999	1/yr unless developmentally disabled
D4910	-	PERIODONTAL MAINT PROCEDURES	7/1/2025	FEE SCHED	\$79.04	-	000	999	1/90 days unless disabled
D4920	-	UNSCHEDULED DRESSING CHANGE	7/1/2025	FEE SCHED	\$51.38	-	000	999	-
D5110	-	DENTURES COMPLETE MAXILLARY	7/1/2025	FEE SCHED	\$988.00	-	000	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5120	-	DENTURES COMPLETE MANDIBLE	7/1/2025	FEE SCHED	\$988.00	-	000	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5130	-	DENTURES IMMEDIAT MAXILLARY	7/1/2025	FEE SCHED	\$1,086.80	-	000	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5140	-	DENTURES IMMEDIAT MANDIBLE	7/1/2025	FEE SCHED	\$1,086.80	-	000	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5211	-	DENTURES MAXILL PART RESIN	7/1/2025	FEE SCHED	\$671.84	-	000	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5212	-	DENTURES MAND PART RESIN	7/1/2025	FEE SCHED	\$699.50	-	000	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5213	-	DENTURES MAXILL PART METAL	7/1/2025	FEE SCHED	\$1,185.60	-	000	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.

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D5214	-	DENTURES MANDIBL PART METAL	7/1/2025	FEE SCHED	\$1,185.60	-	000	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5225	-	MAXILLARY PART DENTURE FLEX	7/1/2025	FEE SCHED	\$841.78	-	000	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5226	-	MANDIBULAR PART DENTURE FLEX	7/1/2025	FEE SCHED	\$841.78	-	000	999	Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
D5410	-	DENTURES ADJUST CMPLT MAXIL	7/1/2025	FEE SCHED	\$47.42	-	000	999	First 3 adjustments after placement are included in denture price
D5411	-	DENTURES ADJUST CMPLT MAND	7/1/2025	FEE SCHED	\$47.42	-	000	999	First 3 adjustments after placement are included in denture price
D5421	-	DENTURES ADJUST PART MAXILL	7/1/2025	FEE SCHED	\$47.42	-	000	999	First 3 adjustments after placement are included in denture price
D5422	-	DENTURES ADJUST PART MANDBL	7/1/2025	FEE SCHED	\$47.42	-	000	999	First 3 adjustments after placement are included in denture price
D5511	-	REP BROKE COMP DENT BASE MAN	7/1/2025	FEE SCHED	\$118.56	-	000	999	-
D5512	-	REP BROKE COMP DENT BASE MAX	7/1/2025	FEE SCHED	\$118.56	-	000	999	-
D5520	-	REPLACE DENTURE TEETH COMPLT	7/1/2025	FEE SCHED	\$79.04	-	000	999	-
D5611	-	REP RESIN PART DENT BASE MAN	7/1/2025	FEE SCHED	\$118.56	-	000	999	-
D5612	-	REP RESIN PART DENT BASE MAX	7/1/2025	FEE SCHED	\$118.56	-	000	999	-
D5621	-	REP CAST PART FRAME MAN	7/1/2025	FEE SCHED	\$162.03	-	000	999	-
D5622	-	REP CAST PART FRAME MAX	7/1/2025	FEE SCHED	\$162.03	-	000	999	-
D5630	-	REP PARTIAL DENTURE CLASP	7/1/2025	FEE SCHED	\$146.22	-	000	999	-
D5640	-	REPLACE PART DENTURE TEETH	7/1/2025	FEE SCHED	\$118.56	-	000	999	-
D5650	-	ADD TOOTH TO PARTIAL DENTURE	7/1/2025	FEE SCHED	\$118.56	-	000	999	-
D5660	-	ADD CLASP TO PARTIAL DENTURE	7/1/2025	FEE SCHED	\$197.60	-	000	999	-
D5710	-	DENTURES REBASE CMPLT MAXIL	7/1/2025	FEE SCHED	\$395.20	-	000	999	-
D5711	-	DENTURES REBASE CMPLT MAND	7/1/2025	FEE SCHED	\$395.20	-	000	999	-
D5720	-	DENTURES REBASE PART MAXILL	7/1/2025	FEE SCHED	\$316.16	-	000	999	-
D5721	-	DENTURES REBASE PART MANDBL	7/1/2025	FEE SCHED	\$316.16	-	000	999	-
D5730	-	DENTURE RELN CMPLT MAXIL CH	7/1/2025	FEE SCHED	\$237.12	-	000	999	-
D5731	-	DENTURE RELN CMPLT MAND CHR	7/1/2025	FEE SCHED	\$237.12	-	000	999	-
D5740	-	DENTURE RELN PART MAXIL CHR	7/1/2025	FEE SCHED	\$197.60	-	000	999	-
D5741	-	DENTURE RELN PART MAND CHR	7/1/2025	FEE SCHED	\$197.60	-	000	999	-
D5750	-	DENTURE RELN CMPLT MAX LAB	7/1/2025	FEE SCHED	\$316.16	-	000	999	-
D5751	-	DENTURE RELN CMPLT MAND LAB	7/1/2025	FEE SCHED	\$316.16	-	000	999	-
D5760	-	DENTURE RELN PART MAXIL LAB	7/1/2025	FEE SCHED	\$316.16	-	000	999	-
D5761	-	DENTURE RELN PART MAND LAB	7/1/2025	FEE SCHED	\$316.16	-	000	999	-
D5820	-	DENTURE INTERM PART MAXILL	7/1/2025	FEE SCHED	\$395.20	-	000	999	-
D5821	-	DENTURE INTERM PART MANDBL	7/1/2025	FEE SCHED	\$395.20	-	000	999	-
D5850	-	TISSUE CONDITIONING, MAXILLARY	7/1/2025	FEE SCHED	\$102.75	-	000	999	Payment of denture includes payment of any tissue conditioners
D5851	-	TISSUE CONDITIONING, MANDIBULAR	7/1/2025	FEE SCHED	\$102.75	-	000	999	Payment of denture includes payment of any tissue conditioners
D5986	-	FLUORIDE APPLICATOR	7/1/2024	FEE SCHED	\$115.13	-	000	999	Only covered for patients undergoing radiation and chemo for head/neck cancers
D6205	-	PONTIC-INDIRECT RESIN BASED	7/1/2025	FEE SCHED	\$573.04	-	000	020	Limited to Anterior teeth (6-11 and 22-27)
D6210	-	PROSTHODONT HIGH NOBLE METAL	7/1/2025	FEE SCHED	\$790.40	-	000	020	Limited to Anterior teeth (6-11 and 22-27)

Please see **cover sheet** for a complete description of information contained in the fee schedules.

Montana Healthcare Programs Fee Schedule
Dental Services
January 1, 2026

Proc	Mod	Description	Effective	Method	Office Fees	PA	Min Age	Max Age	Notes
D6211	-	BRIDGE BASE METAL CAST	7/1/2025	FEE SCHED	\$553.28	-	000	020	Limited to Anterior teeth (6-11 and 22-27)
D6212	-	BRIDGE NOBLE METAL CAST	7/1/2025	FEE SCHED	\$632.32	-	000	020	Limited to Anterior teeth (6-11 and 22-27)
D6214	-	PONTIC TITANIUM	7/1/2025	FEE SCHED	\$612.56	-	000	020	Limited to Anterior teeth (6-11 and 22-27)
D6240	-	BRIDGE PORCELAIN HIGH NOBLE	7/1/2025	FEE SCHED	\$869.44	-	000	020	Limited to Anterior teeth (6-11 and 22-27)
D6241	-	BRIDGE PORCELAIN BASE METAL	7/1/2025	FEE SCHED	\$711.36	-	000	020	Limited to Anterior teeth (6-11 and 22-27)
D6242	-	BRIDGE PORCELAIN NOBEL METAL	7/1/2025	FEE SCHED	\$790.40	-	000	020	Limited to Anterior teeth (6-11 and 22-27)
D6245	-	BRIDGE PORCELAIN/CERAMIC	7/1/2025	FEE SCHED	\$596.75	-	000	020	Limited to Anterior teeth (6-11 and 22-27)
D6250	-	BRIDGE RESIN W/HIGH NOBLE	7/1/2025	FEE SCHED	\$790.40	-	000	020	Limited to Anterior teeth (6-11 and 22-27)
D6251	-	BRIDGE RESIN BASE METAL	7/1/2025	FEE SCHED	\$553.28	-	000	020	Limited to Anterior teeth (6-11 and 22-27)
D6252	-	BRIDGE RESIN W/NOBLE METAL	7/1/2025	FEE SCHED	\$711.36	-	000	020	Limited to Anterior teeth (6-11 and 22-27)
D6710	-	CROWN-INDIRECT RESIN BASED	7/1/2025	FEE SCHED	\$596.75	-	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6720	-	RETAIN CROWN RESIN W HI NBLE	7/1/2025	FEE SCHED	\$790.40	-	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6721	-	CROWN RESIN W/BASE METAL	7/1/2025	FEE SCHED	\$592.80	-	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6722	-	CROWN RESIN W/NOBLE METAL	7/1/2025	FEE SCHED	\$671.84	-	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6740	-	CROWN PORCELAIN/CERAMIC	7/1/2025	FEE SCHED	\$632.32	-	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6750	-	CROWN PORCELAIN HIGH NOBLE	7/1/2025	FEE SCHED	\$948.48	-	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6751	-	CROWN PORCELAIN BASE METAL	7/1/2025	FEE SCHED	\$632.32	-	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6752	-	CROWN PORCELAIN NOBLE METAL	7/1/2025	FEE SCHED	\$790.40	-	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6780	-	CROWN 3/4 HIGH NOBLE METAL	7/1/2025	FEE SCHED	\$750.88	-	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6781	-	CROWN 3/4 CAST BASED METAL	7/1/2025	FEE SCHED	\$616.51	-	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6782	-	CROWN 3/4 CAST NOBLE METAL	7/1/2025	FEE SCHED	\$620.46	-	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6783	-	CROWN 3/4 PORCELAIN/CERAMIC	7/1/2025	FEE SCHED	\$624.42	-	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6790	-	CROWN FULL HIGH NOBLE METAL	7/1/2025	FEE SCHED	\$750.88	-	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6791	-	CROWN FULL BASE METAL CAST	7/1/2025	FEE SCHED	\$553.28	-	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6792	-	CROWN FULL NOBLE METAL CAST	7/1/2025	FEE SCHED	\$671.84	-	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6794	-	CROWN TITANIUM	7/1/2025	FEE SCHED	\$545.38	-	000	020	Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
D6930	-	DENTAL RECEMENT BRIDGE	7/1/2025	FEE SCHED	\$79.04	-	000	020	-
D6950	-	PRECISION ATTACHMENT	7/1/2025	FEE SCHED	\$316.16	-	000	999	-
D6980	-	BRIDGE REPAIR	7/1/2025	FEE SCHED	\$205.50	-	000	020	-
D7111	-	EXTRACTION CORONAL REMNANTS	7/1/2025	FEE SCHED	\$79.04	-	000	999	-

Montana Healthcare Programs Fee Schedule
Dental Services
January 1, 2026

Proc	Mod	Description	Effective	Method	Office Fees	PA	Min Age	Max Age	Notes
									Includes local anesthesia, suturing, and post-op care.
D7140	-	EXTRACTION ERUPTED TOOTH/EXR	7/1/2025	FEE SCHED	\$86.94	-	000	999	
D7210	-	REM IMP TOOTH W MUCOPER FLP	7/1/2025	FEE SCHED	\$158.08	-	000	999	
D7220	-	IMPACT TOOTH REMOV SOFT TISS	7/1/2025	FEE SCHED	\$181.79	-	000	999	
D7230	-	IMPACT TOOTH REMOV PART BONY	7/1/2025	FEE SCHED	\$237.12	-	000	999	
D7240	-	IMPACT TOOTH REMOV COMP BONY	7/1/2025	FEE SCHED	\$284.54	-	000	999	
D7241	-	IMPACT TOOTH REM BONY W/COMP	7/1/2025	FEE SCHED	\$395.20	-	000	999	
D7250	-	TOOTH ROOT REMOVAL	7/1/2025	FEE SCHED	\$158.08	-	000	999	
D7270	-	TOOTH REIMPLANTATION	7/1/2025	FEE SCHED	\$284.54	-	000	999	
D7280	-	EXPOSURE IMPACT TOOTH ORTHOD	7/1/2025	FEE SCHED	\$237.12	-	000	999	
D7282	-	MOBILIZE ERUPTED/MALPOS TOOT	7/1/2025	FEE SCHED	\$288.50	-	000	999	
D7283	-	PLACE DEVICE IMPACTED TOOTH	7/1/2025	FEE SCHED	\$300.35	-	000	020	
D7310	-	ALVEOPLASTY W/ EXTRACTION	7/1/2025	FEE SCHED	\$165.98	-	000	999	
D7311	-	ALVEOLOPLASTY W/EXTRACT 1-3	7/1/2025	FEE SCHED	\$209.46	-	000	999	
D7320	-	ALVEOPLASTY W/O EXTRACTION	7/1/2025	FEE SCHED	\$209.46	-	000	999	
D7321	-	ALVEOLOPLASTY NOT W/EXTRACTS	7/1/2025	FEE SCHED	\$304.30	-	000	999	
D7510	-	I&D ABSC INTRAORAL SOFT TISS	7/1/2025	FEE SCHED	\$106.70	-	000	999	
D7511	-	INCISION/DRAIN ABSCESS INTRA	7/1/2025	FEE SCHED	\$173.89	-	000	999	
D7520	-	I&D ABSCESS EXTRAORAL	7/1/2025	FEE SCHED	\$237.12	-	000	999	
D7521	-	INCISION/DRAIN ABSCESS EXTRA	7/1/2025	FEE SCHED	\$296.40	-	000	999	
D7540	-	REMOVAL OF FB REACTION	7/1/2025	FEE SCHED	\$335.92	-	000	999	
D7550	-	REMOVAL OF SLOUGHED OFF BONE	7/1/2025	FEE SCHED	\$276.64	-	000	999	
D7560	-	MAXILLARY SINUSOTOMY	7/1/2025	FEE SCHED	\$513.76	-	000	999	
D7910	-	DENT SUTUR RECENT WND TO 5CM	7/1/2025	FEE SCHED	\$165.98	-	000	999	
D7911	-	DENTAL SUTURE WOUND TO 5 CM	7/1/2025	FEE SCHED	\$213.41	-	000	999	
D7912	-	SUTURE COMPLICATE WND > 5 CM	7/1/2025	FEE SCHED	\$316.16	-	000	999	
D7951	-	SINUS AUG W BONE/BONE SUP	7/1/2025	FEE SCHED	\$1,549.18	-	000	020	
D7961	-	BUCCAL/LABIAL FRENECTOMY	7/1/2025	FEE SCHED	\$237.12	-	000	999	
D7962	-	LINGUAL FRENECTOMY	7/1/2025	FEE SCHED	\$276.64	-	000	999	
D7970	-	EXCISION HYPERPLASTIC TISSUE	7/1/2025	FEE SCHED	\$316.16	-	000	020	
D7998	-	INTRAORAL PLACE OF FIX DEV	7/1/2025	FEE SCHED	\$1,150.03	-	000	020	
D8010	-	LIMITED ORTHO TX PRIMARY	7/1/2025	FEE SCHED	\$869.44	Y	000	020	
D8020	-	LIMITED ORTHO TX TRANSITION	7/1/2025	FEE SCHED	\$1,027.52	Y	000	020	
D8030	-	LIMITED ORTHO TX ADOLESCENT	7/1/2025	FEE SCHED	\$1,383.20	Y	000	020	
D8040	-	LIMITED ORTHO TX ADULT	7/1/2025	FEE SCHED	\$1,343.68	Y	000	020	
D8070	-	COMPRE DENTAL TX TRANSITION	7/1/2025	FEE SCHED	\$4,307.68	Y	000	020	
D8080	-	COMPRE DENTAL TX ADOLESCENT	7/1/2025	FEE SCHED	\$3,596.32	Y	000	020	
D8090	-	COMPRE DENTAL TX ADULT	7/1/2025	FEE SCHED	\$3,754.40	Y	000	020	
D8220	-	FIXED APPLIANCE THERAPY HABT	7/1/2025	FEE SCHED	\$565.14	-	000	020	
D8670	-	PERIODIC ORTHODONTIC TX VISIT	7/1/2025	FEE SCHED	\$106.70	Y	000	020	1/27 days
D8680	-	ORTHODONTIC RETENTION	7/1/2025	FEE SCHED	\$331.97	Y	000	020	
D8701	-	REPAIR FIXED RETAINER MAX	7/1/2025	FEE SCHED	\$197.60	-	000	020	
D8702	-	REPAIR OF FIXED RETAINER MAN	7/1/2025	FEE SCHED	\$197.60	-	000	020	
D8703	-	REPLACE BROKEN RETAINER MAX	7/1/2025	FEE SCHED	\$201.55	-	000	020	
D8704	-	REPLACE BROKEN RETAINER MAN	7/1/2025	FEE SCHED	\$201.55	-	000	020	
D9110	-	TX DENTAL PAIN MINOR PROC	7/1/2025	FEE SCHED	\$79.04	-	000	999	
D9222	-	DEEP ANEST, 1ST 15 MIN	7/1/2025	FEE SCHED	\$102.75	-	000	999	

Montana Healthcare Programs Fee Schedule
Dental Services
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Proc	Mod	Description	Effective	Method	Office Fees	PA	Min Age	Max Age	Notes
D9223	-	GENERAL ANESTHESIA EACH 15M	7/1/2025	FEE SCHED	\$102.75	-	000	999	-
D9224	-	ADMIN GEN ANESTH ADV AIRWAY 1ST 15 MIN	1/1/2026	FEE SCHED	\$118.56	-	000	999	-
D9225	-	ADMIN GEN ANESTH ADV AIRWAY EACH 15M	1/1/2026	FEE SCHED	\$118.56	-	000	999	-
D9230	-	ANALGESIA	7/1/2025	FEE SCHED	\$35.57	-	000	999	-
D9239	-	IV MOD SEDATION, 1ST 15 MIN	7/1/2025	FEE SCHED	\$94.85	-	000	999	each 15 minutes = 1 unit, max 14 units/claim. NOT SUBJECT TO \$ CAP
D9243	-	IV SEDATION EACH 15M	7/1/2025	FEE SCHED	\$94.85	-	000	999	each 15 minutes = 1 unit, max 14 units/claim. NOT SUBJECT TO \$ CAP
D9244	-	OFFICE MIN SED DRUG ENTERAL	1/1/2026	FEE SCHED	\$19.76	-	000	999	-
D9245	-	ADMIN MOD SEDATION-ENTERAL	1/1/2026	FEE SCHED	\$19.76	-	000	999	-
D9246	-	ADMIN MOD SEDATION NON IV PARENTERAL 1ST 15 MIN	1/1/2026	FEE SCHED	\$79.04	-	000	999	-
D9247	-	ADMIN MOD SEDATION NON IV PARENTERAL EACH 15M	1/1/2026	FEE SCHED	\$79.04	-	000	999	-
D9310	-	DENTAL CONSULTATION	7/1/2025	FEE SCHED	\$63.23	-	000	999	-
D9410	-	DENTAL HOUSE CALL	7/1/2025	FEE SCHED	\$118.56	-	000	999	Bill 1 site per day even when seeing multiple Members Code billed 3 X's/day even when seeing multiple Members
D9420	-	HOSPITAL CALL	7/1/2025	FEE SCHED	\$118.56	-	000	999	Members
D9440	-	OFFICE VISIT AFTER HOURS	7/1/2025	FEE SCHED	\$79.04	-	000	999	-
D9612	-	THERA PAR DRUGS 2 OR > ADMIN	7/1/2025	FEE SCHED	\$98.80	-	000	999	-
D9630	-	OTHER DRUGS/MEDICAMENTS	7/1/2025	FEE SCHED	\$19.76	-	000	999	-
D9920	-	BEHAVIOR MANAGEMENT	7/1/2025	FEE SCHED	\$63.23	-	000	999	15 min = 1 unit; Limit 12 units per year; max 4 units per visit
D9944	-	OCC GUARD, HARD, FULL ARCH	7/1/2025	FEE SCHED	\$339.87	-	000	020	-
D9945	-	OCC GUARD, SOFT, FULL ARCH	7/1/2025	FEE SCHED	\$280.59	-	000	020	-
D9946	-	OCC GUARD, HARD, PART ARCH	7/1/2025	FEE SCHED	\$256.88	-	000	020	-
D9992	-	CASE MGMT, CARE COORDINATION	7/1/2025	FEE SCHED	\$39.52	-	000	999	-
D9995	-	TELEDENTISTRY REAL-TIME	7/1/2025	FEE SCHED	\$38.01	-	000	999	-
D9996	-	TELEDENTISTRY DENT REVIEW	7/1/2025	FEE SCHED	\$30.41	-	000	999	-
D9999	-	ADJUNCTIVE PROCEDURE	7/1/2025	FEE SCHED	\$485.31	-	000	999	Mobile anesthesia only