# Montana Healthcare Programs Fee Schedule
## Dental Hygienist Services
## Proposed July 1, 2025

| Proc | Mod | | Description | Effective | Method | Fees | PA | Min Age | Max age | Notes |
|---|---|---|---|---|---|---|---|---|---|---|
| D0190 | - | D0190- | SCREENING OF A PATIENT | 7/1/2025 | FEE SCHED | $27.66 | - | 000 | 999 | - |
| D0191 | - | D0191- | ASSESSMENT OF A PATIENT | 7/1/2025 | FEE SCHED | $19.76 | - | 000 | 999 | - |
| D0210 | - | D0210- | INTRAOR COMPLETE FILM SERIES | 7/1/2025 | FEE SCHED | $79.04 | - | 000 | 999 | Min of 14 films; 1 film = 1 unit of service; Adults 1 every 3 years |
| D0220 | - | D0220- | INTRAORAL PERIAPICAL FIRST F | 7/1/2025 | FEE SCHED | $19.76 | - | 000 | 999 | - |
| D0230 | - | D0230- | INTRAORAL PERIAPICAL EA ADD | 7/1/2025 | FEE SCHED | $9.88 | - | 000 | 999 | - |
| D0240 | - | D0240- | INTRAORAL OCCLUSAL FILM | 7/1/2025 | FEE SCHED | $23.71 | - | 000 | 999 | - |
| D0251 | - | D0251- | EXTRAORAL POSTERIOR IMAGE | 7/1/2025 | FEE SCHED | $39.52 | - | 000 | 999 | - |
| D0270 | - | D0270- | DENTAL BITEWING SINGLE FILM | 7/1/2025 | FEE SCHED | $19.76 | - | 000 | 999 | Adults 4 films per year |
| D0272 | - | D0272- | DENTAL BITEWINGS TWO FILMS | 7/1/2025 | FEE SCHED | $23.71 | - | 000 | 999 | Adults 4 films per year |
| D0273 | - | D0273- | BITEWINGS - THREE FILMS | 7/1/2025 | FEE SCHED | $31.62 | - | 000 | 999 | - |
| D0274 | - | D0274- | DENTAL BITEWINGS FOUR FILMS | 7/1/2025 | FEE SCHED | $39.52 | - | 000 | 999 | Adults 4 films per year |
| D0330 | - | D0330- | DENTAL PANORAMIC FILM | 7/1/2025 | FEE SCHED | $63.23 | - | 000 | 999 | Adults 1 film every 3 years |
| D1110 | - | D1110- | DENTAL PROPHYLAXIS ADULT | 7/1/2025 | FEE SCHED | $59.28 | - | 000 | 999 | Every 6 months unless disabled |
| D1120 | - | D1120- | DENTAL PROPHYLAXIS CHILD | 7/1/2025 | FEE SCHED | $39.52 | - | 000 | 17 | - |
| D1206 | - | D1206- | TOPICAL FLUORIDE VARNISH | 7/1/2025 | FEE SCHED | $23.71 | - | 000 | 999 | - |
| D1208 | - | D1208- | TOPICAL APP OF FLUORIDE | 7/1/2025 | FEE SCHED | $19.76 | - | 000 | 999 | Every 6 months unless disabled |
| D1320 | - | D1320- | TOBACCO COUNSELING | 7/1/2025 | FEE SCHED | $43.47 | - | 000 | 999 | ALLOWABLE TWO TIMES PER YEAR (EACH 6 MONTHS) |
| D1351 | - | D1351- | DENTAL SEALANT PER TOOTH | 7/1/2025 | FEE SCHED | $31.62 | - | 000 | 999 | First and second molars only (A, B, I, J, K, L, S, T, 2, 3, 14, 15, 18, 19, 30, 31) |
| D1352 | - | D1352- | PREV RESIN REST, PERM TOOTH | 7/1/2025 | FEE SCHED | $35.57 | - | 000 | 020 | - |
| D1354 | - | D1354- | INTERIM CARIES MED APP | 7/1/2025 | FEE SCHED | $23.71 | - | 000 | 999 | - |
| D4341 | - | 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 | - | 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 | - | D4346- | SCALING GINGIV INFLAMMATION | 7/1/2025 | FEE SCHED | $98.80 | | 000 | 999 | One every year following evaluation/diagnosis |