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

Proc	Mod	Description	Effective	Method	Fees	PA	Min Age	Max age
		DIAGNOSTIC SERVICES						
D0120	-	PERIODIC ORAL EVALUATION	7/1/2025	FEE SCHED	$27.66	-	000	999
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
D0150	-	COMPREHENSVE ORAL EVALUATION	7/1/2025	FEE SCHED	$39.52	-	000	999
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
D0210	-	INTRAOR COMPLETE FILM SERIES	7/1/2025	FEE SCHED	$79.04	-	000	999
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
D0272	-	DENTAL BITEWINGS TWO FILMS	7/1/2025	FEE SCHED	$23.71	-	000	999
D0273	-	BITEWINGS - THREE FILMS	7/1/2025	FEE SCHED	$31.62	-	000	999
D0274	-	DENTAL BITEWINGS FOUR FILMS	7/1/2025	FEE SCHED	$39.52	-	000	999
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
D0340	-	DENTAL CEPHALOMETRIC FILM	7/1/2025	FEE SCHED	$79.04	-	000	999
D0350	-	ORAL/FACIAL PHOTO IMAGES	7/1/2025	FEE SCHED	$39.52	-	000	020
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	002
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
D0602	-	CARIES RISK ASSESS MOD RISK	7/1/2025	FEE SCHED	$11.86	-	000	020
D0603	-	CARIES RISK ASSESS HIGH RISK	7/1/2025	FEE SCHED	$11.86	-	000	020
		PREVENTIVE SERVICES						
D1110	-	DENTAL PROPHYLAXIS ADULT	7/1/2025	FEE SCHED	$59.28	-	000	999
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
D1310	-	NUTRI COUNSEL-CONTROL CARIES	7/1/2025	FEE SCHED	$47.42	-	000	005
D1320	-	TOBACCO COUNSELING	7/1/2025	FEE SCHED	$43.47	-	000	999
D1330	-	ORAL HYGIENE INSTRUCTION	7/1/2025	FEE SCHED	$27.66	-	000	005
D1351	-	DENTAL SEALANT PER TOOTH	7/1/2025	FEE SCHED	$31.62	-	000	999
D1352	-	PREV RESIN REST, PERM TOOTH	7/1/2025	FEE SCHED	$35.57	-	000	020
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
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

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Proc	Mod	Description	Effective	Method	Fees	PA	Min Age	Max age
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
D2712	-	CROWN 3/4 RESIN-BASED COMPOS	7/1/2025	FEE SCHED	$573.04	-	000	020
D2720	-	CROWN RESIN W/ HIGH NOBLE ME	7/1/2025	FEE SCHED	$790.40	-	000	020
D2721	-	CROWN RESIN W/ BASE METAL	7/1/2025	FEE SCHED	$592.80	-	000	020
D2722	-	CROWN RESIN W/ NOBLE METAL	7/1/2025	FEE SCHED	$671.84	-	000	020
D2740	-	CROWN PORCELAIN/CERAMIC SUBS	7/1/2025	FEE SCHED	$790.40	-	000	999
D2750	-	CROWN PORCELAIN W/ H NOBLE M	7/1/2025	FEE SCHED	$869.44	-	000	020
D2751	-	CROWN PORCELAIN FUSED BASE M	7/1/2025	FEE SCHED	$632.32	-	000	999
D2752	-	CROWN PORCELAIN W/ NOBLE MET	7/1/2025	FEE SCHED	$711.36	-	000	020
D2780	-	CROWN 3/4 CAST HI NOBLE MET	7/1/2025	FEE SCHED	$711.36	-	000	020
D2781	-	CROWN 3/4 CAST BASE METAL	7/1/2025	FEE SCHED	$513.76	-	000	999
D2782	-	CROWN 3/4 CAST NOBLE METAL	7/1/2025	FEE SCHED	$592.80	-	000	020
D2783	-	CROWN 3/4 PORCELAIN/CERAMIC	7/1/2025	FEE SCHED	$750.88	-	000	020
D2790	-	CROWN FULL CAST HIGH NOBLE M	7/1/2025	FEE SCHED	$750.88	-	000	020
D2791	-	CROWN FULL CAST BASE METAL	7/1/2025	FEE SCHED	$553.28	-	000	999
D2792	-	CROWN FULL CAST NOBLE METAL	7/1/2025	FEE SCHED	$632.32	-	000	020

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D2794	-	CROWN-TITANIUM	7/1/2025	FEE SCHED	$616.51	-	000	020
D2799	-	PROVISIONAL CROWN	7/1/2025	FEE SCHED	$229.22	-	000	020
D2910	-	RECEMENT INLAY ONLAY OR PART	7/1/2025	FEE SCHED	$59.28	-	000	999
D2920	-	DENTAL RECEMENT CROWN	7/1/2025	FEE SCHED	$59.28	-	000	999
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
D2931	-	PREFAB STNLSS STEEL CROWN PE	7/1/2025	FEE SCHED	$237.12	-	000	999
D2932	-	PREFABRICATED RESIN CROWN	7/1/2025	FEE SCHED	$189.70	-	000	999
D2933	-	PREFAB STAINLESS STEEL CROWN	7/1/2025	FEE SCHED	$177.84	-	000	999
D2940	-	DENTAL SEDATIVE FILLING	7/1/2025	FEE SCHED	$59.28	-	000	999
D2950	-	CORE BUILD-UP INCL ANY PINS	7/1/2025	FEE SCHED	$158.08	-	000	999
D2951	-	TOOTH PIN RETENTION	7/1/2025	FEE SCHED	$39.52	-	000	020
D2952	-	POST AND CORE CAST + CROWN	7/1/2025	FEE SCHED	$316.16	-	000	999
D2953	-	EACH ADDTNL CAST POST	7/1/2025	FEE SCHED	$256.88	-	000	999
D2954	-	PREFAB POST/CORE + CROWN	7/1/2025	FEE SCHED	$197.60	-	000	999
D2957	-	EACH ADDTNL PREFAB POST	7/1/2025	FEE SCHED	$138.32	-	000	999
D2960	-	LAMINATE LABIAL VENEER	7/1/2025	FEE SCHED	$237.12	Y	000	020
D2961	-	LAB LABIAL VENEER RESIN	7/1/2025	FEE SCHED	$395.20	Y	000	020
D2962	-	LAB LABIAL VENEER PORCELAIN	7/1/2025	FEE SCHED	$569.09	Y	000	020
D2980	-	CROWN REPAIR	7/1/2025	FEE SCHED	$162.03	-	000	999
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
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
D4211	-	GINGIVECTOMY/PLASTY 1 TO 3	7/1/2025	FEE SCHED	$138.32	-	000	020
D4212	-	GINGIVECTOMY/PLASTY REST	7/1/2025	FEE SCHED	$138.32	-	000	020

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D4230	-	ANA CROWN EXP 4 OR> PER QUAD	7/1/2025	FEE SCHED	$363.58	-	000	020
D4231	-	ANA CROWN EXP 1-3 PER QUAD	7/1/2025	FEE SCHED	$320.11	-	000	020
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
D4260	-	OSSEOUS SURGERY 4 OR MORE	7/1/2025	FEE SCHED	$632.32	-	000	999
D4261	-	OSSEOUS SURG 1 TO 3 TEETH	7/1/2025	FEE SCHED	$490.05	-	000	999
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
D4342	-	PERIODONTAL SCALING 1-3TEETH	7/1/2025	FEE SCHED	$106.70	-	000	999
D4346	-	SCALING GINGIV INFLAMMATION	7/1/2025	FEE SCHED	$98.80	-	000	999
D4355	-	FULL MOUTH DEBRIDEMENT	7/1/2025	FEE SCHED	$98.80	-	000	999
D4910	-	PERIODONTAL MAINT PROCEDURES	7/1/2025	FEE SCHED	$79.04	-	000	999
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
D5120	-	DENTURES COMPLETE MANDIBLE	7/1/2025	FEE SCHED	$988.00	-	000	999
D5130	-	DENTURES IMMEDIAT MAXILLARY	7/1/2025	FEE SCHED	$1,086.80	-	000	999
D5140	-	DENTURES IMMEDIAT MANDIBLE	7/1/2025	FEE SCHED	$1,086.80	-	000	999
D5211	-	DENTURES MAXILL PART RESIN	7/1/2025	FEE SCHED	$671.84	-	000	999
D5212	-	DENTURES MAND PART RESIN	7/1/2025	FEE SCHED	$699.50	-	000	999
D5213	-	DENTURES MAXILL PART METAL	7/1/2025	FEE SCHED	$1,185.60	-	000	999
D5214	-	DENTURES MANDIBL PART METAL	7/1/2025	FEE SCHED	$1,185.60	-	000	999
D5225	-	MAXILLARY PART DENTURE FLEX	7/1/2025	FEE SCHED	$841.78	-	000	999
D5226	-	MANDIBULAR PART DENTURE FLEX	7/1/2025	FEE SCHED	$841.78	-	000	999
D5410	-	DENTURES ADJUST CMPLT MAXIL	7/1/2025	FEE SCHED	$47.42	-	000	999
D5411	-	DENTURES ADJUST CMPLT MAND	7/1/2025	FEE SCHED	$47.42	-	000	999

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D5421	-	DENTURES ADJUST PART MAXILL	7/1/2025	FEE SCHED	$47.42	-	000	999
D5422	-	DENTURES ADJUST PART MANDBL	7/1/2025	FEE SCHED	$47.42	-	000	999
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
D5851	-	TISSUE CONDITIONING, MANDIBULAR	7/1/2025	FEE SCHED	$102.75	-	000	999
D5986	-	FLUORIDE APPLICATOR	7/1/2025	FEE SCHED	$118.56	-	000	999
D6205	-	PONTIC-INDIRECT RESIN BASED	7/1/2025	FEE SCHED	$573.04	-	000	020
D6210	-	PROSTHODONT HIGH NOBLE METAL	7/1/2025	FEE SCHED	$790.40	-	000	020
D6211	-	BRIDGE BASE METAL CAST	7/1/2025	FEE SCHED	$553.28	-	000	020
D6212	-	BRIDGE NOBLE METAL CAST	7/1/2025	FEE SCHED	$632.32	-	000	020
D6214	-	PONTIC TITANIUM	7/1/2025	FEE SCHED	$612.56	-	000	020
D6240	-	BRIDGE PORCELAIN HIGH NOBLE	7/1/2025	FEE SCHED	$869.44	-	000	020
D6241	-	BRIDGE PORCELAIN BASE METAL	7/1/2025	FEE SCHED	$711.36	-	000	020
D6242	-	BRIDGE PORCELAIN NOBEL METAL	7/1/2025	FEE SCHED	$790.40	-	000	020
D6245	-	BRIDGE PORCELAIN/CERAMIC	7/1/2025	FEE SCHED	$596.75	-	000	020
D6250	-	BRIDGE RESIN W/HIGH NOBLE	7/1/2025	FEE SCHED	$790.40	-	000	020
D6251	-	BRIDGE RESIN BASE METAL	7/1/2025	FEE SCHED	$553.28	-	000	020
D6252	-	BRIDGE RESIN W/NOBLE METAL	7/1/2025	FEE SCHED	$711.36	-	000	020
D6710	-	CROWN-INDIRECT RESIN BASED	7/1/2025	FEE SCHED	$596.75	-	000	020
D6720	-	RETAIN CROWN RESIN W HI NBLE	7/1/2025	FEE SCHED	$790.40	-	000	020
D6721	-	CROWN RESIN W/BASE METAL	7/1/2025	FEE SCHED	$592.80	-	000	020
D6722	-	CROWN RESIN W/NOBLE METAL	7/1/2025	FEE SCHED	$671.84	-	000	020
D6740	-	CROWN PORCELAIN/CERAMIC	7/1/2025	FEE SCHED	$632.32	-	000	020

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

Proc	Mod	Description	Effective	Method	Fees	PA	Min Age	Max age
D6750	-	CROWN PORCELAIN HIGH NOBLE	7/1/2025	FEE SCHED	$948.48	-	000	020
D6751	-	CROWN PORCELAIN BASE METAL	7/1/2025	FEE SCHED	$632.32	-	000	020
D6752	-	CROWN PORCELAIN NOBLE METAL	7/1/2025	FEE SCHED	$790.40	-	000	020
D6780	-	CROWN 3/4 HIGH NOBLE METAL	7/1/2025	FEE SCHED	$750.88	-	000	020
D6781	-	CROWN 3/4 CAST BASED METAL	7/1/2025	FEE SCHED	$616.51	-	000	020
D6782	-	CROWN 3/4 CAST NOBLE METAL	7/1/2025	FEE SCHED	$620.46	-	000	020
D6783	-	CROWN 3/4 PORCELAIN/CERAMIC	7/1/2025	FEE SCHED	$624.42	-	000	020
D6790	-	CROWN FULL HIGH NOBLE METAL	7/1/2025	FEE SCHED	$750.88	-	000	020
D6791	-	CROWN FULL BASE METAL CAST	7/1/2025	FEE SCHED	$553.28	-	000	020
D6792	-	CROWN FULL NOBLE METAL CAST	7/1/2025	FEE SCHED	$671.84	-	000	020
D6794	-	CROWN TITANIUM	7/1/2025	FEE SCHED	$545.38	-	000	020
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
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
D7471	-	REMOVAL OF LATERAL EXOSTOSIS (MAXILLA OR MANDIBLE)	7/1/2025	FEE SCHED	$335.92		000	999
D7472	-	REMOAL OF TORUS PLATINUS	7/1/2025	FEE SCHED	$414.96		000	999
D7473	-	REMOVAL OF TORUS MANDIBULARIS	7/1/2025	FEE SCHED	$284.54		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

Montana Healthcare Programs Fee Schedule
Dental Services
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Proc	Mod	Description	Effective	Method	Fees	PA	Min Age	Max age
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	999
D8670	-	PERIODIC ORTHODONTC TX VISIT	7/1/2025	FEE SCHED	$106.70	Y	000	020
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
D9223	-	GENERAL ANESTHESIA EACH 15M	7/1/2025	FEE SCHED	$102.75	-	000	999
D9230	-	ANALGESIA	7/1/2025	FEE SCHED	$35.57	-	000	017
D9239	-	IV MOD SEDATION, 1ST 15 MIN	7/1/2025	FEE SCHED	$94.85	-	000	999
D9243	-	IV SEDATION EACH 15M	7/1/2025	FEE SCHED	$94.85	-	000	999
D9248	-	SEDATION (NON-IV)	7/1/2025	FEE SCHED	$175.86	-	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
D9420	-	HOSPITAL CALL	7/1/2025	FEE SCHED	$118.56	-	000	999
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
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

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

Notes
Adults 1 every 6 months unless disabled
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ABCD PROVIDERS ONLY Initial visit for new Members; Adults 1 every 3 years
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Min of 14 films; 1 film = 1 unit of service; Adults 1 every 3 years
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Adults 4 films per year
Adults 4 films per year
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Adults 4 films per year
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Adults 1 film every 3 years Adults 1 full mouth every 3 years 1 unit=3 pictures
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ABCD PROVIDERS ONLY
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Assessment results
Assessment results
Assessment results
Every 6 months unless disabled
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Every 6 months unless disabled ABCD PROVIDERS ONLY ALLOWABLE TWO TIMES PER YEAR (EACH 6 MONTHS)
ABCD PROVIDERS ONLY First and second molars only (A, B, I, J, K, L, S, T, 2, 3, 14, 15, 18, 19, 30, 31)
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1 unit= 1 quadrant 4 units per yr, list quadrant in 'tooth # column' on claim form
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Montana Healthcare Programs Fee Schedule
Dental Services
Proposed July 1, 2025

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Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
This code for children all teeth, adults all teeth
This code for Children only all teeth
This code for Children and Adults all teeth, adults 2/calendar year
Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
Adults all teeth, 2/calendar year
Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
Molars for Adults, 2/calendar year
Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years

Notes
Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
Anterior (6-11 and 22-27) ONLY unless needed for abutments; 1 every 5 years
Members with Full Medicaid; 1 every 5 years
Members with Full Medicaid; 1 every 5 years
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Members with Full Medicaid; 1 every 5 years
Members with Full Medicaid; 1 every 5 years
Members with Full Medicaid; 1 every 5 years
Members with Full Medicaid; 1 every 5 years
Members with Full Medicaid; 1 every 5 years
Members with Full Medicaid; 1 every 5 years
Members with Full Medicaid; 1 every 5 years
Members with Full Medicaid; 1 every 5 years
Members with Full Medicaid; 1 every 5 years
Members with Full Medicaid; 1 every 5 years
Members with Full Medicaid; 1 every 5 years (use w/D2954)
Members with Full Medicaid; 1 every 5 years
Members with Full Medicaid; 1 every 5 years
Members with Full Medicaid; 1 every 5 years
Members with Full Medicaid; 1 every 5 years
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1 unit= 1 quadrant 4 units per yr, list quadrant in 'tooth # column' on claim form
1 quadrant 4 units per yr, list quadrant in 'tooth # column' on claim form
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Montana Healthcare Programs Fee Schedule
Dental Services
Proposed July 1, 2025

Notes
1 quadrant 4 units per yr, list quadrant in 'tooth # column' on claim form
1 quadrant 4 units per yr, list quadrant in 'tooth # column' on claim form
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1 unit= 1 quadrant 4 units per yr, list quadrant in 'tooth # column' on claim form
1 quadrant 4 units per yr, list quadrant in 'tooth # column' on claim form
1 quadrant 4 units per yr, list quadrant in 'tooth # column' on claim form
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1 unit= 1 quadrant 4 units per yr, list quadrant in 'tooth # column' on claim form
1 unit= 1 quadrant 4 units per yr, list quadrant in 'tooth # column' on claim form
One every year following evaluation/diagnosis
1/yr unless developmentally disabled
1/90 days unless disabled
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Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
Partials: 1 every 5 years if lost; Full: 1 every 10 years if lost; Call to verify.
First 3 adjustments after placement are included in denture price
First 3 adjustments after placement are included in denture price

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

Notes
First 3 adjustments after placement are included in denture price
First 3 adjustments after placement are included in denture price
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Payment of denture includes payment of any tissue conditioners
Payment of denture includes payment of any tissue conditioners
Only covered for patients undergoing radiation and chemo for head/neck cancers
Limited to Anterior teeth (6-11 and 22-27)
Limited to Anterior teeth (6-11 and 22-27)
Limited to Anterior teeth (6-11 and 22-27)
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Limited to Anterior teeth (6-11 and 22-27)
Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years

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

Notes
Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
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Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
Limited to Anterior teeth (6-11 and 22-27); 1 every 5 years
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Includes local anesthesia, suturing, and post-op care.
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list quadrant in 'tooth # column' on claim form
list quadrant in 'tooth # column' on claim form
list quadrant in 'tooth # column' on claim form
list quadrant in 'tooth # column' on claim form
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Montana Healthcare Programs Fee Schedule
Dental Services
Proposed July 1, 2025

Notes
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1/27 days
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each 15 minutes = 1 unit, max 14 units/claim. NOT SUBJECT TO $ CAP
each 15 minutes = 1 unit, max 14 units/claim. NOT SUBJECT TO $ CAP
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15 minutes =1 unit, max 10 units per claim. NOT SUBJECT TO $ CAP
15 minutes =1 unit, max 10 units per claim. NOT SUBJECT TO $ CAP
NOT SUBJECT TO $ CAP
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Bill 1 site per day even when seeing multiple Members
Code billed 3 X's/day even when seeing multiple Members
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15 min = 1 unit; Limit 12 units per year; max 4 units per visit
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Mobile anesthesia only