

**Montana Healthcare Programs Fee Schedule
Dental Hygienist Services
July 1, 2021**

| Proc | Mod | Description | Effective | Method | Fees | PA | Min Age | Max age | Notes |
|-------|-----|------------------------------|-----------|-----------|----------|----|---------|---------|---|
| D0190 | - | SCREENING OF A PATIENT | 7/1/2021 | FEE SCHED | \$24.54 | - | 000 | 999 | - |
| D0191 | - | ASSESSMENT OF A PATIENT | 7/1/2021 | FEE SCHED | \$17.53 | - | 000 | 999 | - |
| D0210 | - | INTRAOR COMPLETE FILM SERIES | 7/1/2021 | FEE SCHED | \$70.12 | - | 000 | 999 | Min of 14 films; 1 film = 1 unit of service; Adults 1 every 3 years |
| D0220 | - | INTRAORAL PERIAPICAL FIRST F | 7/1/2021 | FEE SCHED | \$17.53 | - | 000 | 999 | - |
| D0230 | - | INTRAORAL PERIAPICAL EA ADD | 7/1/2021 | FEE SCHED | \$8.77 | - | 000 | 999 | - |
| D0240 | - | INTRAORAL OCCLUSAL FILM | 7/1/2021 | FEE SCHED | \$21.04 | - | 000 | 999 | - |
| D0251 | - | EXTRAORAL POSTERIOR IMAGE | 7/1/2021 | FEE SCHED | \$35.06 | - | 000 | 999 | - |
| D0270 | - | DENTAL BITEWING SINGLE FILM | 7/1/2021 | FEE SCHED | \$17.53 | - | 000 | 999 | Adults 4 films per year |
| D0272 | - | DENTAL BITEWINGS TWO FILMS | 7/1/2021 | FEE SCHED | \$21.04 | - | 000 | 999 | Adults 4 films per year |
| D0273 | - | BITEWINGS - THREE FILMS | 7/1/2021 | FEE SCHED | \$28.05 | - | 000 | 999 | - |
| D0274 | - | DENTAL BITEWINGS FOUR FILMS | 7/1/2021 | FEE SCHED | \$35.06 | - | 000 | 999 | Adults 4 films per year |
| D0330 | - | DENTAL PANORAMIC FILM | 7/1/2021 | FEE SCHED | \$56.10 | - | 000 | 999 | Adults 1 film every 3 years |
| D1110 | - | DENTAL PROPHYLAXIS ADULT | 7/1/2021 | FEE SCHED | \$52.59 | - | 000 | 999 | Every 6 months unless disabled |
| D1120 | - | DENTAL PROPHYLAXIS CHILD | 7/1/2021 | FEE SCHED | \$35.06 | - | 000 | 999 | - |
| D1206 | - | TOPICAL FLUORIDE VARNISH | 7/1/2021 | FEE SCHED | \$21.04 | - | 000 | 999 | - |
| D1208 | - | TOPICAL APP OF FLUORIDE | 7/1/2021 | FEE SCHED | \$17.53 | - | 000 | 999 | Every 6 months unless disabled |
| D1320 | - | TOBACCO COUNSELING | 7/1/2021 | FEE SCHED | \$38.57 | - | 000 | 999 | ALLOWABLE TWO TIMES PER YEAR (EACH 6 MONTHS) |
| D1351 | - | DENTAL SEALANT PER TOOTH | 7/1/2021 | FEE SCHED | \$28.05 | - | 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 | 7/1/2021 | FEE SCHED | \$31.55 | - | 000 | 020 | - |
| D4341 | - | PERIODONTAL SCALING & ROOT | 7/1/2021 | FEE SCHED | \$175.30 | - | 000 | 999 | 1 unit= 1 quadrant 4 units per yr, list quadrant in 'tooth # column' on claim form |
| D4342 | - | PERIODONTAL SCALING 1-3TEETH | 7/1/2021 | FEE SCHED | \$94.66 | - | 000 | 999 | 1 unit= 1 quadrant 4 units per yr, list quadrant in 'tooth # column' on claim form |