

**Montana Healthcare Programs Fee Schedule
Dental Hygienist Services
July 1, 2024**

Proc	Mod	Description	Effective	Method	Fees	PA	Min Age	Max age	Notes
D0190	-	SCREENING OF A PATIENT	7/1/2024	1	\$26.86	-	000	999	-
D0191	-	ASSESSMENT OF A PATIENT	7/1/2024	1	\$19.19	-	000	999	-
D0210	-	INTRAOR COMPLETE FILM SERIES	7/1/2024	1	\$76.74	-	000	999	Min of 14 films; 1 film = 1 unit of service; Adults 1 every 3 years
D0220	-	INTRAORAL PERIAPICAL FIRST F	7/1/2024	1	\$19.19	-	000	999	-
D0230	-	INTRAORAL PERIAPICAL EA ADD	7/1/2024	1	\$9.59	-	000	999	-
D0240	-	INTRAORAL OCCLUSAL FILM	7/1/2024	1	\$23.02	-	000	999	-
D0251	-	EXTRAORAL POSTERIOR IMAGE	7/1/2024	1	\$38.37	-	000	999	-
D0270	-	DENTAL BITEWING SINGLE FILM	7/1/2024	1	\$19.19	-	000	999	Adults 4 films per year
D0272	-	DENTAL BITEWINGS TWO FILMS	7/1/2024	1	\$23.02	-	000	999	Adults 4 films per year
D0273	-	BITEWINGS - THREE FILMS	7/1/2024	1	\$30.70	-	000	999	-
D0274	-	DENTAL BITEWINGS FOUR FILMS	7/1/2024	1	\$38.37	-	000	999	Adults 4 films per year
D0330	-	DENTAL PANORAMIC FILM	7/1/2024	1	\$61.39	-	000	999	Adults 1 film every 3 years
D1110	-	DENTAL PROPHYLAXIS ADULT	7/1/2024	1	\$57.56	-	000	999	Every 6 months unless disabled
D1120	-	DENTAL PROPHYLAXIS CHILD	7/1/2024	1	\$38.37	-	000	17	-
D1206	-	TOPICAL FLUORIDE VARNISH	7/1/2024	1	\$23.02	-	000	999	-
D1208	-	TOPICAL APP OF FLUORIDE	7/1/2024	1	\$19.19	-	000	999	Every 6 months unless disabled
D1320	-	TOBACCO COUNSELING	7/1/2024	1	\$42.21	-	000	999	ALLOWABLE TWO TIMES PER YEAR (EACH 6 MONTHS)
D1351	-	DENTAL SEALANT PER TOOTH	7/1/2024	1	\$30.70	-	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	7/1/2024	1	\$34.53	-	000	020	-
D1354	-	INTERIM CARIES MED APP	7/1/2024	1	\$23.02	-	000	999	-
D4341	-	PERIODONTAL SCALING & ROOT	7/1/2024	1	\$191.85	-	000	999	1 unit= 1 quadrant 4 units per yr, list quadrant in 'tooth # column' on claim form
D4342	-	PERIODONTAL SCALING 1-3TEETH	7/1/2024	1	\$103.60	-	000	999	1 unit= 1 quadrant 4 units per yr, list quadrant in 'tooth # column' on claim form
D4346	-	SCALING GINGIV INFLAMMATION	7/1/2024	FEE SCHED	\$345.33		000	999	One every year following evaluation/diagnosis