

---

## Table of Contents

**State/Territory Name:** Montana

**State Plan Amendment (SPA) #:** MT-15-0030

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
1961 Stout Street, Room 08-148  
Denver, CO 80294



**Region VIII**

---

March 18, 2016

Mary Dalton, Medicaid & CHIP Director  
Montana Department of Public Health & Human Services  
P.O. Box 4210  
Helena, MT 59604

Re: SPA MT-15-0030

Dear Ms. Dalton:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number MT-15-0030. The purpose of this amendment is to establish a \$1,125 limit on dental treatment services for adults. This limit does not include diagnostic, preventive, denture or anesthesia services. This change is necessary with the implementation of the Montana Health and Economic Livelihood Partnership (HELP) Act.

Please be informed that this State Plan Amendment was approved March 18, 2016, with an effective date of January 1, 2016. We are enclosing the summary page and the amended plan page(s).



If you have any questions regarding this SPA please contact Sophia Hinojosa at (303) 844-7129.

Sincerely,



Richard C. Allen  
Associate Regional Administrator  
Division for Medicaid & Children's Health Operations

cc: Richard Opper, Department Director  
Duane Preshinger  
Jo Thompson  
Mary Eve Kulawik

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: 15-0030	2. STATE Montana
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE 01/01/2016	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION:  SECTION 1902(a)(30)(A)		7. FEDERAL BUDGET IMPACT:  a. FFY 16 \$0 b. FFY 17 \$0 c. FFY 18 \$0  This state plan amendment is related to Montana's Medicaid expansion, effective 1/1/16. Its estimated federal fiscal impact is reported on the MT 15-0025 HCFA 179.	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Supplement to Attachment 3.1A and 3.1B, Dental Services, 10, pages 1-2 of 2  Supplement to Attachment 3.1A and 3.1B, Dental Hygienist Services, 6(d), page 1 of 1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  Supplement to Attachment 3.1A and 3.1B, Dental Services, 10, pages 1-2 of 2  Supplement to Attachment 3.1A and 3.1B, Dental Hygienist Services, 6(d), page 1 of 1	
10. SUBJECT OF AMENDMENT: The purpose of this amendment is to establish a \$1,125 limit on treatment services for adults. This limit does not include diagnostic, preventive, denture or anesthesia services. This change is necessary with the implementation of the Montana Health and Economic Livelihood Partnership (HELP) Act.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      Single Agency Director review <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Montana Dept. of Public Health and Human Services Mary E. Dalton, State Medicaid Director Attn: Mary Eve Kulawik PO Box 4210 Helena MT 59604	
13. TYPED NAME: Mary E. Dalton			
14. TITLE: State Medicaid Director			
15. DATE SUBMITTED: 12-31-15			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: December 31, 2015		18. DATE APPROVED: March 18, 2016	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2016		20. LOCAL OFFICIAL: 	
21. TYPED NAME: Richard C. Allen		22. TITLE: ARA, DMCHO	
23. REMARKS:			

MONTANA

Limits to the Dental Services program are noted below.

1. Diagnostic and preventative dental services:
  - a. Fluoride treatments are limited to six (6) month intervals.
  - b. Full mouth x-rays or panorex x-rays are limited to three (3) year intervals.
  - c. Bite-wing x-rays are limited to one (1) year intervals.
  - d. Examinations are limited to six (6) month intervals.
  - e. Prophylaxis are limited to six (6) month intervals.
2. Restoration:
  - a. Gold in-lays are not a benefit.
3. Endodontic Services:
  - a. Root canal services for third molars are not a benefit.
4. Periodontal Services:
  - a. Gingival resections are limited to treatment of gingival hyperplasia due to medication reaction.
5. Crowns:
  - a. For adults, pre-fabricated stainless steel, or pre-fabricated resin crowns are available without limits. Porcelain fused to base metal crowns for anterior and posterior teeth and base metal crowns for second molars are limited to no more than two per person per calendar year. Crown replacement is available per tooth once per five years.
  - b. For children under age 21, the benefit for anterior and posterior teeth crowns are limited to non-pre-fabricated crowns; porcelain/ceramic substrate; porcelain fused to high noble; or base metal.
6. Orthodontic Services for children:
  - a. Must be prior authorized;
  - b. Are limited to Cleft/Craniofacial condition syndrome; congenital anomalies; and malocclusion caused by traumatic injury for children under age 21;
  - c. Based on recognized national practice standards, interceptive orthodontia is limited to children 12 years of age or younger with one or more of the following conditions:
    - i. Posterior crossbite with shift;
    - ii. Anterior crossbite and/or anterior deep bite at 80% or greater vertical incisor overbite.

MONTANA

7. Dental implants are not a covered benefit of the Medicaid program.
8. Bridges are not a covered benefit of the Medicaid program for individuals age 21 and older.
9. Cosmetic Dental Services:  
  
Dental services for conditions or ailments considered cosmetic in nature are not a benefit of the Montana Medicaid Program except in such cases where it can be demonstrated the physical and psychosocial wellbeing of the individual is severely affected in a detrimental manner. The Department or its designated review organization will determine whether a service is cosmetic or an individual's physical wellbeing and psychosocial wellbeing are severely affected in a detrimental manner.
10. Experimental Services:  
  
Services considered experimental are not a benefit of the Montana Medicaid Program. Experimental services include:
  - a. All procedures and items, including prescribed drugs, considered experimental by the U.S. Department of Health and Human Services or any other appropriate federal agency.
  - b. All procedures and items, including prescribed drugs, provided as part of a control study, approved by the Department of Health and Human Services or any other appropriate federal agency to demonstrate whether the item, prescribed drug or procedure is safe and effective incurring/preventing, correcting or alleviating the effects of certain medical conditions.
  - c. All procedures and items, including prescribed drugs, which may be subject to question but are not covered in (a) and (b) above, will be evaluated by the Department's designated medical review organization.
11. Adult Treatment Services Financial Cap:  
  
Medically necessary dental treatment services for adults are limited to \$1,125 per benefit year (July 1-June 30). Diagnostic, preventive, denture and anesthesia services are excluded from the financial cap.

MONTANA

Limits to the Dental Services program are noted below.

1. Diagnostic and preventative dental services:
  - a. Fluoride treatments are limited to six (6) month intervals.
  - b. Full mouth x-rays or panorex x-rays are limited to three (3) year intervals.
  - c. Bite-wing x-rays are limited to one (1) year intervals.
  - d. Examinations are limited to six (6) month intervals.
  - e. Prophylaxis are limited to six (6) month intervals.
2. Restoration:
  - a. Gold in-lays are not a benefit.
3. Endodontic Services:
  - a. Root canal services for third molars are not a benefit.
4. Periodontal Services:
  - a. Gingival resections are limited to treatment of gingival hyperplasia due to medication reaction.
5. Crowns:
  - a. For adults, pre-fabricated stainless steel, or pre-fabricated resin crowns are available without limits. Porcelain fused to base metal crowns for anterior and posterior teeth and base metal crowns for second molars are limited to no more than two per person per calendar year. Crown replacement is available per tooth once per five years.
  - b. For children under age 21, the benefit for anterior and posterior teeth crowns are limited to non-pre-fabricated crowns; porcelain/ceramic substrate; porcelain fused to high noble; or base metal.
6. Orthodontic Services for children:
  - a. Must be prior authorized;
  - b. Are limited to Cleft/Craniofacial condition syndrome; congenital anomalies; and malocclusion caused by traumatic injury for children under age 21;
  - c. Based on recognized national practice standards, interceptive orthodontia is limited to children 12 years of age or younger with one or more of the following conditions:
    - i. Posterior crossbite with shift;
    - ii. Anterior crossbite and/or anterior deep bite at 80% or greater vertical incisor overbite.

MONTANA

7. Dental implants are not a covered benefit of the Medicaid program.
8. Bridges are not a covered benefit of the Medicaid program for individuals age 21 and older.
9. Cosmetic Dental Services:  
  
Dental services for conditions or ailments considered cosmetic in nature are not a benefit of the Montana Medicaid Program except in such cases where it can be demonstrated the physical and psychosocial wellbeing of the individual is severely affected in a detrimental manner. The Department or its designated review organization will determine whether a service is cosmetic or an individual's physical wellbeing and psychosocial wellbeing are severely affected in a detrimental manner.
10. Experimental Services:  
  
Services considered experimental are not a benefit of the Montana Medicaid Program. Experimental services include:
  - a. All procedures and items, including prescribed drugs, considered experimental by the U.S. Department of Health and Human Services or any other appropriate federal agency.
  - b. All procedures and items, including prescribed drugs, provided as part of a control study, approved by the Department of Health and Human Services or any other appropriate federal agency to demonstrate whether the item, prescribed drug or procedure is safe and effective incurring/preventing, correcting or alleviating the effects of certain medical conditions.
  - c. All procedures and items, including prescribed drugs, which may be subject to question but are not covered in (a) and (b) above, will be evaluated by the Department's designated medical review organization.
11. Adult Treatment Services Financial Cap:  
  
Medically necessary dental treatment services for adults are limited to \$1,125 per benefit year (July 1-June 30). Diagnostic, preventive, denture and anesthesia services are excluded from the financial cap.

MONTANA

Limits to the Dental Services program are noted below.

1. A licensed Dental Hygienist is an independent licensed preventative oral health practitioner who does not require the supervision of a dentist under the following circumstances:
  - a. The licensed dental hygienist has obtained a limited access permit (LAP) to provide dental hygiene preventative services from the Montana Board of Dentistry.
  - b. Services are performed in a public health facility or program or in any other setting specified by the Montana Board of Dentistry.
2. Covered dental hygiene preventive services are found on the Department's website at [www.medicicaidprovider.mt.gov](http://www.medicicaidprovider.mt.gov)
3. Adult Treatment Services Financial Cap:

Medically necessary dental treatment services for adults are limited to \$1,125 per benefit year (July 1-June 30). Diagnostic, preventive, denture and anesthesia services are excluded from the financial cap.



MONTANA

Limits to the Dental Services program are noted below.

1. A licensed Dental Hygienist is an independent licensed preventative oral health practitioner who does not require the supervision of a dentist under the following circumstances:
  - a. The licensed dental hygienist has obtained a limited access permit (LAP) to provide dental hygiene preventative services from the Montana Board of Dentistry.
  - b. Services are performed in a public health facility or program or in any other setting specified by the Montana Board of Dentistry.
2. Covered dental hygiene preventive services are found on the Department's website at [www.medicicaidprovider.mt.gov](http://www.medicicaidprovider.mt.gov)
3. Adult Treatment Services Financial Cap:

Medically necessary dental treatment services for adults are limited to \$1,125 per benefit year (July 1-June 30). Diagnostic, preventive, denture and anesthesia services are excluded from the financial cap.