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State/Territory Name: Montana

State Plan Amendment (SPA) #: 18-0023

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 179
- 3) Approved SPA Pages

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



REGION VIII - DENVER

March 30, 2018

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

Dear Ms. Matthews:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number MT-18-0023. This amendment is proposing to eliminate coverage of high cost and extensive dental services for the adult Medicaid population. Adult Medicaid beneficiaries will continue to receive preventive, diagnostic, and basic restorative dental services.

Please be informed that this State Plan Amendment was approved today, with an effective date of March 1, 2018. We are enclosing the summary page and the amended plan page(s).

In order to track expenditures associated with this amendment, Montana should follow the CMS -64 reporting instructions outlined in Section 2500 of the State Medicaid Manual (SMM).

For those individuals whose expenditures qualify for the newly eligible federal medical assistance percentage report on the Form CMS-64.9 VIII Waiver, those not enrolled in the new adult group, claims should be reported on the Form CMS-64.9 Base.

For Dental Services for adult beneficiaries, the expenditures should be reported on Line 8 – Dental Services.

For Dental Services for beneficiaries under age 21, the expenditures should be reported on either Line 8 – Dental Services or Line 15 – EPSDT Screening, depending upon the actual service. For Dentures, the expenditures should be reported on Line 33 - Prosthetic Devices, Dentures, Eyeglasses.



If you have any questions regarding this SPA please contact Barbara Prehmus at (303) 844-7472.

Sincerely,



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

cc: Sheila Hogan, Department Director
Duane Preshinger
Jo Thompson
Mary Eve Kulawik

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 18-0023	2. STATE Montana
FOR: HEALTH CARE FINANCING ADMINISTRATION		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 03/01/2018	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>): <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 (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: SECTION 1902(a)(30)(A), 42CFR440.100		7. FEDERAL BUDGET IMPACT: a. FFY 18 \$0 b. FFY 19 \$0 c. FFY 20 \$0 Amounts are reflected on the MT 18-0006 Reimbursement Introduction Page.	
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		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Supplement to Attachment 3.1A and 3.1B, Dental Services, 10, pages 1-2 of 2	
10. SUBJECT OF AMENDMENT: The purpose of this amendment is to reduce high cost and extensive adult dental services.			
11. GOVERNOR'S REVIEW (<i>Check One</i>): <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 Department of Public Health and Human Services Marie Matthews Attn: Mary Eve Kulawik PO Box 4210 Helena MT 59620	
13. TYPED NAME: Marie Matthews			
14. TITLE: State Medicaid Director			
15. DATE SUBMITTED: 2-27-18			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: February 27, 2018		18. DATE APPROVED: March 30, 2018	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: March 1, 2018		20. SIGNATURE OF REGIONAL 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.
 - b. Root canal services for individuals age 21 and over are limited to anterior teeth and treatment of root canal obstructions, non-surgical.
4. Periodontal Services:
 - a. Gingival resections are limited to treatment of gingival hyperplasia due to medication reaction.
 - b. Periodontal services for individuals age 21 and over are limited to periodontal scaling and root planning, debridement, and periodontal maintenance.
5. Crowns:
 - a. Crowns are not a covered benefit of the Medicaid program for individuals age 21 and older.
 - 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.

TN: 18-0023 Approved Date: 3/30/2018 Effective Date: 3/1/2018
Supersedes TN: 15-0030

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.
12. Dentures are not a covered benefit of the Medicaid program for individuals age 21 and older.
13. Dental surgical procedures for individuals age 21 and over are limited to extractions, tooth re-implantation, incision and drainage of intraoral abscesses, and suturing.

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