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## **Table of Contents**

**State/Territory Name: Montana**

**State Plan Amendment (SPA) #: 19-0022**

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  
1961 Stout Street, Room 08-148  
Denver, CO 80294



**Denver Regional Operations Group**

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November 21, 2019

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-19-0022. This amendment revises MT's adult dental coverage to add porcelain crowns that can be milled at the dentist's office.

Please be informed that this State Plan Amendment was approved November 20, 2019, with an effective date of October 1, 2019. We are enclosing the summary page and the amended plan page(s).

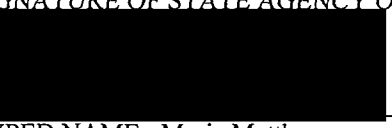
If you have any questions regarding this SP A please contact Barbara Prehmus at (3 03) 844-7 472.

Sincerely,



Richard C. Allen  
Director, Western Regional Operations Group  
Denver Regional Office  
Centers for Medicaid and CHIP Services

cc: Sheila Hogan, Montana Department Director  
Mary Eve Kulawik, Montana

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: 19-0022	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 10/01/2019	
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 19    \$0 b. FFY 20    \$0 c. FFY 21    \$0  Amounts are reflected on the MT 19-0021 Reimbursement Introduction Page.	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Supplement to Attachment 3.1A and 3.1B, Dental Services, Service 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, Service 10, pages 1-2 of 2	
10. SUBJECT OF AMENDMENT:  Adding zirconium porcelain ceramic crowns as a covered benefit for adults age 21 and over, effective 10/1/19.			
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: 9-30-19			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: September 30, 2019		18. DATE APPROVED: November 20, 2019	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2019		20. SIGNATURE OF REGIONAL OFFICIAL:  	
21. TYPED NAME: Richard C. Allen		22. TITLE: Director, WROG	
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, pre-fabricated resin, crowns are available without limits. Porcelain fused to base metal crowns, and porcelain ceramic substrate 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

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