

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

601 E. 12th St., Room 355

Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

July 3, 2024

Rebecca de Camara
Interim Medicaid and Health Services Executive Director/State Medicaid Director
Montana Department of Public Health & Human Services
P.O. Box 4210
Helena, MT 59604

Re: MONTANA State Plan Amendment (SPA) -24-0012

Dear Director de Camara:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0012. This amendment proposes to increase the monetary limit for dental services coverage and removes a specified tooth restriction for certain restorative porcelain and ceramic substrate crowns for individuals aged 21 and older.

We conducted our review of your submittal according to statutory requirements in Section 1905(a)(10) of the Social Security Act and regulations at 42 CFR 440.100. This letter informs you that Montana's Medicaid SPA TN 24-0012 was approved on July 3, 2024, with an effective date of July 1, 2024.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Montana State Plan.

If you have any questions, please contact Barbara B. Prehmus at (303) 844-7472 or via email at Barbara.Prehmus@cms.hhs.gov.

Sincerely,


Falecia M. Smith -S

Digitally signed by Falecia M.
Smith -S
Date: 2024.07.03 11:19:56 -04'00'

Falecia M. Smith, Acting Director
Division of Program Operations

Enclosures

cc: Mary Eve Kulawik
Carla Rime

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 24 - 0012	2. STATE Montana
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT ✓ XIX XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE 07/01/2024	
5. FEDERAL STATUTE/REGULATION CITATION Section 1902(a)(30)(A) (10) 42 CFR 440.100	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY2024 \$ 0.00 b. FFY2025 \$ 0.00	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement to Attachments 3.1A and 3.1B Service 10 Dental Services Page 1 of 4 Pages 1-2 of 2	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Supplement to Attachments 3.1A and 3.1B Service 10 Dental Services Page 1 of 4 Pages 1-2 of 2	
9. SUBJECT OF AMENDMENT Montana proposes to remove the tooth restriction on porcelain or ceramic substrate crowns for members aged 21 and over. The amendment also increases the monetary limit for dental services provided to adults aged 21 and over.		
10. GOVERNOR'S REVIEW (Check One) GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	OTHER, AS SPECIFIED: Montana Department of Public Health and Human Services State Medicaid Director Attn: Mary Eve Kulawik PO Box 4210, Helena, MT 59601	
11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO Montana Department of Public Health and Human Services State Medicaid Director Attn: Mary Eve Kulawik PO Box 4210 Helena, MT 59601	
12. TYPED NAME Mike Randol	<p style="text-align: center;">FOR CMS USE ONLY</p>	
13. TITLE State Medicaid Director		
14. DATE SUBMITTED 5-13-2024		
16. DATE RECEIVED May 13, 2024	17. DATE APPROVED July 3, 2024	
PLAN APPROVED - ONE COPY ATTACHED		
18. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2024	19. SIGNATURE OF APPROVING OFFICIAL Falecia M. Smith - S <small>Digitally signed by Falecia M. Smith -S Date: 2024.07.03 11:20:31 -04'00'</small>	
20. TYPED NAME OF APPROVING OFFICIAL Falecia M. Smith	21. TITLE OF APPROVING OFFICIAL Acting Director, Division of Program Operations	
22. REMARKS Authority for Pen and Ink changes to clarify in Boxes 7 and 8 that the submission covers Pages 1-2 of 2; to clarify in Box 9 that the amendment includes increasing the monetary limit for dental services; and to move the return address information from Box 10 to Box 15 was received via email on 6/6/24. Authority for Pen & Ink correction federal statutory citation in Box 5 received on 7/2/24.		

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, porcelain ceramic substrate crowns, and base metal crowns 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 (all materials); and prefabricated 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. Adult Treatment Services Financial Cap:

Medically necessary dental treatment services for adults are limited to \$1,170 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, pre-fabricated resin, crowns are available without limits. Porcelain fused to base metal crowns, porcelain ceramic substrate crowns, and base metal crowns 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 (all materials); and prefabricated 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. Adult Treatment Services Financial Cap:

Medically necessary dental treatment services for adults are limited to \$1,170 per benefit year (July 1-June 30). Diagnostic, preventive, denture and anesthesia services are excluded from the financial cap.