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State/Territory Name: Montana

State Plan Amendment (SPA) #: 25-0017

This file contains the following documents in the order listed:

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

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

December 12, 2025

Rebecca De Camara
State Medicaid Director
Montana Department of Public Health & Human Services
P.O. Box 4210
Helena, MT 59604
Attention: Carla Rime

Re: Montana State Plan Amendment (SPA) – 25-0017

Dear Director De Camara:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0017. This amendment proposes increasing the monetary limit for dental services provided to members aged 21 and over. The increase aligns with the provider rate increase appropriated by the Montana Legislature and ensures the quantity of services a member can receive remains unaffected by the provider rate increase.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 440.100. This letter informs you that Montana's Medicaid SPA TN 25-0017 was approved on December 12, 2025, with an effective date of July 1, 2025.

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 Dana Brown at (410) 786-0421 or via email at Dana.Brown@cms.hhs.gov.

Sincerely,

Wendy E. Hill Petras
Acting Director, Division of Program Operations

Enclosures

cc: Carla Rime

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER 25 - 0017	2. STATE Montana
		3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <div style="text-align: right;">✓ XIX XXI</div>	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE 07/01/2025	
5. FEDERAL STATUTE/REGULATION CITATION Section 1902(a)(30)(A) 42 CFR 440.100		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY2025 \$ 0.00 b. FFY2026 \$ 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 and 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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Supplement to Attachments 3.1A and 3.1B Service 10 Dental Services Page 1 of and 2 of 2 (24-0012)	
9. SUBJECT OF AMENDMENT Montana proposes to increase the monetary limit for dental services provided to members aged 21 and over. The increase aligns with the provider rate increase appropriated by the Montana Legislature and ensures the quantity of services a member can receive remains unaffected by the provider rate increase.			
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: Carla Rime PO Box 4210, Helena, MT 59604	
11. SIGNATURE OF STATE AGENCY OFFICIAL		15. RETURN TO	
12. TYPED NAME Rebecca de Camara		Montana Department of Public Health and Human Services Rebecca de Camara Attn: Carla Rime PO Box 4210 Helena MT 59604	
13. TITLE Medicaid and Health Services Executive Director/State Medicaid Director			
14. DATE SUBMITTED 09/19/2025			
FOR CMS USE ONLY			
16. DATE RECEIVED September 19, 2025		17. DATE APPROVED December 12, 2025	
PLAN APPROVED - ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2025		19. SIGNATURE OF APPROVING OFFICIAL	
20. TYPED NAME OF APPROVING OFFICIAL Wendy E. Hill Petras		21. TITLE OF APPROVING OFFICIAL Acting Director, Division of Program Operations	
22. REMARKS The state authorized a pen & ink change on 12/11/25 to revise the SPA numbers in Box 7 and Box 8 as well as adding the superseding SPA 24-0012 to Box 8.			

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. Dental limits can be exceeded as medically necessary for children under 21.
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 \$1,205 per benefit year (July 1-June 30). Diagnostic, preventive, denture and anesthesia services are excluded from the financial cap.
11. Dental limits can be exceeded as medically necessary for children under 21.

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