



MONTANA HEALTHCARE PROGRAMS NOTICE

April 05, 2017

Oral Surgeons, Physicians

Effective April 5, 2016

NEW Form to Document Need for Orthognathic Surgery

Montana Medicaid adopts the criteria established by the American Association of Oral and Maxillofacial Surgeons (AAOMS) to authorize Orthognathic surgery.

The provider must demonstrate the relationship between facial skeletal deformities and masticatory dysfunction, as well as the limitations of non-surgical therapies to correct these discrepancies. Please submit the measurement of these discrepancies considering the dental compensations relating to the malocclusion and the underlying skeletal deformity.

The Department now requires the use of this new forms packet as listed below, in addition to the Medical-Surgical Prior Authorization Request Form. These forms will document the findings for purposes of obtaining prior authorization.

The Department provides the following forms packet for your use:

1. Instructions and overview of 4 page packet of forms.
2. Criteria for Orthognathic Surgery: use to summarize the data on a single form.
3. Orthognathic Clinical Evaluation: use to help gather the information to document the Orthognathic surgery.
4. Orthognathic Surgical Planning: use to quantify movement in preparation of Orthognathic surgery.

[These forms can be found on the forms page of the Medicaid Provider website.](#)

The packet of completed forms should be sent to Mountain-Pacific Quality Health for medical review and if determined medically appropriate, its assigned authorization.

Contact Information

If you have any questions, please contact:

Jan Paulsen, Dental Program Officer at (406) 444-3182 or [email jpaulsen@mt.gov](mailto:jpaulsen@mt.gov).

For additional information, contact Montana Provider Relations at (800) 624-3958 or (406) 442-1837 or email MTPRHhelpdesk@conduent.com.

Visit the Montana Healthcare Programs Provider Information website at www.medicicaidprovider.mt.gov.