



MONTANA HEALTHCARE PROGRAMS NOTICE

April 07, 2017

All Providers

Effective Immediately

New EPSDT Request Form

Effective immediately, the State of Montana has a new Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Medical Necessity Request for Additional Services form. The form will be used by EPSDT providers and service providers to request Prior Authorization for *non-covered, over-the-limit, or does not meet criteria EPSDT requests*. Reviews will be approved on a case by case basis. Please refer to the form for complete instructions.

The form can be accessed using the following link: <http://medicaidprovider.mt.gov/forms>

Mountain Pacific Quality Health Foundation remains the point of contact for prior authorizations for covered service requests. Please note review, approval, and denial procedures have not changed.

Contact Information

If you have any questions, please contact:

the Medicaid Child and Maternal Health Nurse at (406) 444-0950.

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.