

**October 17, 2001**

**DENTAL, PHYSICIAN, MID-LEVEL  
PRACTITIONERS, AMBULATORY SURGICAL  
CENTERS, AND HOSPITAL PROVIDERS  
MONTANA MEDICAID NOTICE**

---

**DENTAL IMPLANTS**

**EFFECTIVE IMMEDIATELY:**

**PROCEDURE CODE 21244 WILL REQUIRE PRIOR AUTHORIZATION IN ORDER TO BE A COVERED SERVICE OF THE MEDICAID PROGRAM.**

As a reminder, effective July 1, 2000, dental implants were no longer a covered benefit of the Medicaid program.

**PHYSICIAN SERVICES (CPT-4)**

The CPT-4 codes 21244, 21245, 21246, 21248 and 21249 will not be reimbursable for dental implant procedures. These codes may be billed, as appropriate, for anything other than dental implants when prior authorized. Prior to providing the above CPT-4 codes, please call the SURS unit at 444-0190 to request the prior authorization procedures.

**DENTAL SERVICES (CDT-3 / 2000)**

The CDT-3 codes D6000 – D6199 are not reimbursable under the Medicaid dental program.

**REIMBURSEMENT**

A provider may bill a recipient for non-covered services, such as dental implants, when the provider informs the recipient, in advance of providing the services, that the specific service is not a covered benefit of Medicaid. The Department recommends that specific information be presented in writing to the recipient to avoid any possible confusion. The provider may not bill the recipient under this exception when the provider has given the recipient a general disclaimer on all non-covered Medicaid services or where the agreement is contained in a form that the provider routinely requires recipients to sign.

If you have questions regarding these changes, please contact Duane Preshinger, Dental Program Officer at (406) 444-3182; Denise Brunett, Physicians & Mid-Level Practitioner Program Officer at (406) 444-3995; Bob Wallace, ASC Program Officer at (406) 444-7018 or Jane Bernard, Hospital Program Officer at (406) 444-2528 at the Department of Public Health and Human Services, Health Policy & Services Division.