



MONTANA HEALTHCARE PROGRAMS NOTICE

March 22, 2018

Physician, Mid-Level, Outpatient Hospital, ASC

Effective Immediately **Revised**

Criteria for Breast Reconstruction

Effective immediately, the criteria for Breast Reconstruction surgery has been updated.

[Please see the full criteria and directions to submit a prior authorization request at the following link:
http://medicaidprovider.mt.gov/priorauthorization#260623640-breast-reconstruction.](http://medicaidprovider.mt.gov/priorauthorization#260623640-breast-reconstruction)

Contact Information

If you have any questions, please contact:

Physician Program (406) 444-3995

Hospital Program Officer (406) 444-7018

ASC Program Officer (406) 444-4349

[For additional information, contact Montana Provider Relations at \(800\) 624-3958 or \(406\) 442-1837 or email MTPRHelpdesk@conduent.com.](mailto:MTPRHelpdesk@conduent.com)

[Visit the Montana Healthcare Programs Provider Information website at www.medicicaidprovider.mt.gov.](http://www.medicicaidprovider.mt.gov)