



MONTANA HEALTHCARE PROGRAMS NOTICE

February 21, 2019

Dental Providers

Effective Immediately

Orthodontia Prior Authorization Procedure Change

In accordance with the Administrative Rules of Montana, 37.86.1006, all orthodontia treatment plans require prior authorization. The following documentation is required:

- 2012 ADA Dental Claim form with prior authorization checked
- Completed HLD Index form with description of patient's condition and diagnosis, diagnostic procedures, treatment plan narrative, and any additional remarks included in detail on page 2 of the form (located in the [Orthodontia Services and Requirements](#) section of the Dental and Denturist Program Manual on the Department's website).

Please send all completed orthodontia treatment plan prior authorization packages to:

Conduent State Healthcare, LLC
PO Box 8000
Helena, MT 59604

If the HLD score is outside of the approval range, the department may request to see copies of X-rays, photographs, and models. Unless the provider requests their return, all copies of photographs, x-rays, and models will be destroyed by the Department.

Complete guidance regarding orthodontia coverage requirements, and limits can be found in the [Orthodontia Services and Requirements](#) section of the Dental and Denturist Program Manual on the Department's website.

Contact Information

[Kelly Aughney, Dental and Transportation Program Officer, email KAughney@mt.gov](mailto:KAughney@mt.gov)

Or telephone 406-444-3182

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

[Visit the Montana Healthcare Programs Provider Information website at https://medicaidprovider.mt.gov.](https://medicaidprovider.mt.gov)