MONTANA DPHHS Public Health and Human Services

Healthy People. Healthy Communities.

Welcome to the Montana Department of Public Health and Human Services

Richard H. Opper, Director

Montana Medicaid Dental Program Services Orthodontia Treatment Plan

WebEx Training September 13, 2013

FORMS: www.mtmedicaid.org

-choose one-

- Dental Services Prior Authorization Request (Department form)
- ADA Dental Claim Form, Prior Authorization box checked
- Handicapping Labio-Lingual Deviations Form (HLD Index)
- Revised 9/2013, added posterior impactions and anterior crossbite

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UB-04 CMS-1450 Claim Form *(03/2007)*

CMS-1500 Claim Form 08/05 *(03/2007)*

CSCT Team Enrollment/Re-Enrollment *(04/2013)*

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Forms D–F *(09/2013)*

Dental Claim Form *(11/2007)*

Dental Emergency Services Form *(01/2008)*

Dental – Orthodontia HLD Index and Prior Authorization Treatment Plan *(09/2013)*

Dental Prior Authorization Form *(01/2008)*

Direct Deposit Sign-Up Form *(08/2012)*
This is the version approved for use. (Rev. 06/1987)

DME CMN Augmentative Communication Devices *(01/2008)*

Contact Information

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