



MONTANA HEALTHCARE PROGRAMS NOTICE

April 23, 2020

Outpatient Hospitals, Critical Access Hospitals, IDTF, Physician, and Mid-Level Providers

Effective March 1, 2020

Elimination of Prior Authorization and Criteria Requirements for MRI of the Head and CT of the Brain

Effective March 1, 2020, Montana Healthcare Programs is eliminating prior authorization and criteria requirements related to MRI of the Head and CT of the Brain for the following:

- headache or migraine is the sole and primary diagnosis, and
- clinical review of denied claims not meeting InterQual Criteria

Denied claims billed on or after March 1, 2020 with CPT 70450, 70460, 70470, 70551, 70552, and 70553 can be resubmitted electronically.

Contact Information

Hospital Program Officer, (406) 444-4834

Physician Program Officer, (406) 444-3995

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

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