



MONTANA HEALTHCARE PROGRAMS NOTICE

July 1, 2021

Physician, Mid-Level, Outpatient Hospital and Critical Access Hospital Providers

Effective July 1, 2021

REVISED

Procedure Code 58350, Chromotubation

Effective July 1, 2021, Montana Healthcare Programs will cover CPT 58350. In accordance with Administrative Rule of Montana 37.85.207 this service will not be covered for the purposes of infertility. CPT 58350 will require prior authorization. The criteria for coverage will follow the Milliman Care Guidelines for this service.

Prior authorization requests must be submitted electronically through the Qualitrac Portal. [If you do not already have access, please go to MPQH webpage \(https://mpqhf.org/corporate/medicaid-portal-home \[mpqhf.org\]\)](https://mpqhf.org/corporate/medicaid-portal-home) and click on the Portal Registration link in the top right-hand corner, under the Portal Sign in button. The registration process is completed online, and account set up can take up to 5 business days to be finalized. Faxed, mailed or phoned in requests will not be accepted.

Contact Information

Mountain-Pacific Quality Health, Telephone (800) 219-7035

For claims questions or additional information, contact Montana Provider Relations at (800) 624-3958 or (406) 442-1837 or email [Montana Provider Relations Helpdesk](#).

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