



Montana Healthcare Programs Provider Notice

March 5, 2024

Informational

Dentist, Denturist, and Oral Surgeon Providers

Coverage Criteria – Fluoride Gel Carrier, CDT D5986

As indicated on the Dental Services fee schedule, Fluoride Gel Carrier (CDT D5986) is only covered when a member requires radiation therapy directed at the head and neck.

Providers must submit written documentation to support medical necessity including the etiology of the disease and/or condition and the treatment to be performed. Claims submitted without the appropriate documentation will be denied.

- For paper claims, include the documentation with your claim submission.
- For electronic claims, submit a Paperwork Attachment Cover Sheet.

Contact and Website Information

If you have questions, please contact the Dental Program Officer at (406) 444-3182 or email HHSMedicaidDental@mt.gov.

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](#) to access your provider type page. Choose Resources by Provider Type in the left-hand menu.

Visit the [Contact Us page](#) on the Provider Information website for additional DPHHS contact numbers.