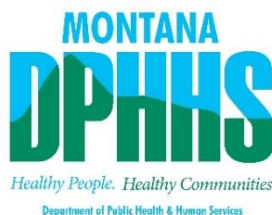


BEHAVIORAL HEALTH PROVIDER USER GUIDE

for Montana Medicaid Behavioral Health
Services Transitioning to Qualitrac

Effective January 1, 2020



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Purpose

This user guide is intended to supplement Montana State Medicaid-approved provider manuals and Qualitrac (QT) provider training materials. The information herein is presented to demonstrate the fields providers will encounter in the Qualitrac portal and provide a quick reference to important information about each level of care and the associated timelines for each.

This guide is not meant to in anyway replace or substitute for the following most current Montana State Medicaid approved provider manuals:

- Addictive and Mental Disorders Division Medicaid Services Provider Manual for Substance Abuse Disorder and Adult Mental Health
<https://dphhs.mt.gov/Portals/85/amdd/documents/AMDDMcdManualSUDMHOct19.pdf>
- Children's Mental Health Bureau Medicaid Services Provider Manual
<https://dphhs.mt.gov/Portals/85/dsd/documents/CMB/providermanuals/CMHBMedicaidServicesProviderManualjuly2018.pdf>

Abbreviations and Acronyms List

Abbreviation	Full Term/Explanation
AMDD	Addictive and Mental Disorders Division
ASAM	American Society of Addiction Medicine
CMHB	Children's Mental Health Bureau
CON	Certificate of Need
CSR	Continued Stay Review
Ext Req	Extension Request (Another way of saying CSR for specific outpatient services within Qualitrac)
LLOC	Lower Level of Care
MH	Mental Health
MMHNCC	Montana Mental Health Nursing Care Center
MNC	Medical Necessity Criteria
MSH	Montana State Hospital
OOS	Out of State
PA	Prior Authorization
PR	Physician Review
PRFT-AS	Psychiatric Residential Treatment Facility Assessment
QT	Qualitrac (Online utilization management portal)
RFI	Request for Information
SDMI	Severe and Disabling Mental Illness
SED	Severe Emotional Disturbance
SUD	Substance Use Disorder
TAT	Turn Around Time
UM	Utilization Management

AMDD SERVICES

Inpatient Hospital (Out of State), Adult

Review Type in QT	Behavioral Health Inpatient
Place of Service	99 – Other Place of Service
Type of Service	AMDD Acute Inpatient OOS
Timing	Prospective, Retrospective, Concurrent or Continued Stay
Procedure Code	99233
MCG Guideline Name	MT_AMDD Acute Inpatient
Diagnostic/MNC Criteria	(1) Any mental health DSM 5 diagnosis as primary; (2) Danger to self or others not appropriately treated with LLOC
Examples of clinical documentation to support PA criteria	Biopsychosocial assessment and/or psychiatric intake assessment. Any additional clinical documentation provider sees fit to provide to demonstrate PA criteria including justification for service at requested LOC. <i>Required for ages 18-21</i> - Admission order signed by physician (in lieu of CON).
PA Required	Yes – Electronic fields in provider portal (QT) *Faxed requests possible until 2/28/20; form available on Mountain-Pacific provider portal for faxes only
Timeframe for PA request	Within 1 business day of admit date
Initial Authorization Period	MNC up to 60 days
Outcome of missing PA timeframe	Requests received after 1 business day will be reviewed for MNC from date of submission moving forward
TAT for UM review of PA	2 business days (additional 3 business days for PR)
CSR Required	Yes – Electronic fields in provider portal (QT) *Faxed requests possible until 2/28/20; form available on Mountain-Pacific provider portal for faxes only
CSR Criteria	(1) Any mental health DSM 5 diagnosis as primary; (2) Active treatment is occurring focused on stabilizing or reversing symptoms that diagnostic criteria and still exist; (3) LLOC is inadequate to meet the member's needs regarding treatment or safety; (4) There is reasonable likelihood of clinically significant benefit due to the medical intervention requiring the inpatient setting
Examples of clinical documentation to support CSR criteria	Most recent treatment plan demonstrating progress towards goals; discharge plan including projected discharge date and progress towards completion of the plan; medication list including rationale for med changes, if applicable; progress notes or assessments detailing the following: changes to DSM/ICD diagnosis; description of Interventions and critical incidents; Any additional clinical documentation provider sees fit to provide to demonstrate CSR criteria including justification for continued service at current LOC
Timeframe for CSR	Due on last covered day
CSR coverage period	As many as needed for MNC up to 60 days
Outcome of missing CSR timeframe	All requests received will be reviewed for MNC from the last covered day forward

TAT for CSR	3 business days (additional 4 business days for PR)
Timeframe for RFI for PA or CSR	Must be submitted to UM team within 3 business days of request
Outcome of missing RFI for PA or CSR	Technical denial
Outcome of UM for PA or CSR	Approval, Partial or Denial
Discharge Notification Required	Yes – Completed via Discharge Status Task in QT

Inpatient Hospital (Montana State Hospital), Adult

Review Type in QT	Behavioral Health Inpatient
Place of Service	99 – Other Place of Service
Type of Service	AMDD Acute Inpatient MSH
Timing	Prospective, Retrospective, Concurrent, Continued Stay
Procedure Code	99233
MCG Guideline Name	MT_AMDD Acute Inpatient
MNC/Diagnostic Criteria	(1) Any mental health DSM V diagnosis as primary; (2) Danger to self or others not appropriately treated with LLOC
Examples of clinical documentation to support PA criteria	Biopsychosocial assessment and/or psychiatric intake assessment. Any additional clinical documentation provider sees fit to provide to demonstrate PA criteria including justification for service at requested LOC.
PA Required	Yes (Ages 18-21 and over 65 only) Electronic fields in provider portal (QT) *Faxed requests possible until 2/28/20; form available on Mountain-Pacific provider portal for faxes only
Timeframe for PA request	Within 1 business day of admit date
Initial Authorization Period	MNC up to 60 days
Outcome of missing PA timeframe	Requests received after 1 business day will be reviewed for MNC from date of submission moving forward
TAT for UM review of PA	2 business days (additional 3 business days for PR)
CSR Required	Yes (Ages 18-21 and over 65 only) Electronic fields in provider portal (QT) *Faxed requests possible until 2/28/20; form available on Mountain-Pacific provider portal for faxes only
CSR Criteria	(1) Any mental health DSM 5 diagnosis as primary; (2) Active treatment is occurring focused on stabilizing or reversing symptoms that diagnostic criteria and still exist; (3) LLOC is inadequate to meet the member's needs regarding treatment or safety; (4) There is reasonable likelihood of clinically significant benefit due to the medical intervention requiring the inpatient setting
Examples of clinical documentation to support CSR criteria	Most recent treatment plan demonstrating progress towards goals; discharge plan including projected discharge date and progress towards completion of the plan; medication list including rationale for med changes, if applicable; progress notes or assessments detailing the following: changes to DSM/ICD diagnosis; description of Interventions and critical incidents. Any additional clinical documentation provider sees fit to provide to demonstrate CSR criteria including justification for continued service at current LOC.
Timeframe for CSR	Due on last covered day
CSR coverage period	As many as needed for MNC up to 60 days
Outcome of missing CSR timeframe	All requests received will be reviewed for MNC from the last covered day forward
TAT for CSR	3 business days (additional 4 business days for PR)

Timeframe for RFI for PA or CSR	Must be submitted to UM team within 3 business days of request
Outcome of missing RFI for PA or CSR	Technical denial
Outcome of UM for PA or CSR	Approval, Partial or Denial
Discharge Notification Required	Yes – Completed via Discharge Status Task in QT

Intensive Community-Based Rehabilitation (ICBR)

Review Type in QT	Behavioral Health Residential
Place of Service	99 – Other Place of Service
Type of Service	AMDD ICBR
Timing	Prospective, Retrospective, Concurrent
Procedure Code and Modifier	S5102 HE
MCG Guideline Name	MT_ICBR Initial
MNC/Diagnostic Criteria	<p>(1) Only MSH or the MMHNCC may refer the member to ICBR services;</p> <p>(2) Meets SDMI criteria as described in AMDD Provider Manual;</p> <p>(3) Currently in the MSH or the MMHNCC and is ready for discharge;</p> <p>(4) Requires a structured treatment environment to be successfully treated in a less restrictive setting;</p> <p>(5) Has a history of institutional placement, at least 1 full year of institutional care in the past 3 years, as well as a history of repeated unsuccessful placements in less intensive community-based programs;</p> <p>(6) exhibits an inability to perform daily living activities in an appropriate manner because of the SDMI;</p> <p>(7) Presents with SDMI symptoms of a severe or persistent nature requiring more intensive treatment and clinical supervision than can be provided by outpatient mental health services</p>
Examples of clinical documentation to support PA criteria	<p>Biopsychosocial assessment; psychiatric intake assessment; and/or psychiatric provider discharge summary from MSH or MMHNCC</p> <p>Any additional clinical documentation provider sees fit to provide to demonstrate PA criteria including justification for service at requested LOC</p>
PA required	<p>Yes – Electronic fields in provider portal (QT)</p> <p>*Faxed requests possible until 2/28/20; form available on Mountain-Pacific provider portal for faxes only</p>
Timeframe for PA request	No earlier than 5 business days prior to discharge from MSH or the MMHNCC
Initial Authorization Period	MNC, up to 365 days
Outcome of missing PA timeframe	<p>Technical denial for requests earlier than 5 business days;</p> <p>Requests received after admission will be reviewed for MNC from date of submission moving forward</p>
TAT for UM review of PA	3 business days (additional 3 business days for PR)
Timeframe for RFI for PA	Must be submitted to UM team within 5 business days of request
Outcome of missing RFI for PA	Technical denial
TAT after RFI submitted	3 business days (additional 4 business days for PR)
Outcome of UM for PA	Approval, Partial or Denial
CSR Required	No
Discharge Notification Required	Yes – Completed via Discharge Status Task in QT

Program of Assertive Community Treatment (PACT)

Review Type in QT	Behavioral Health Outpatient
Place of Service	99 – Other Place of Service
Type of Service	AMDD PACT
Timing	Prospective, Retrospective, Concurrent, Continued Stay
Procedure Code	H0040
MCG Guideline Name – PA specific	MT_PACT Initial
Diagnostic/MNC Criteria	<p>(1) Meets SDMI criteria as described in AMDD Provider Manual;</p> <p>(2) The prognosis for treatment of the member at a less restrictive level of care is poor, because the member demonstrates the following due to the SDMI:</p> <ul style="list-style-type: none"> (a) significantly impaired interpersonal or social functioning; (b) significantly impaired occupational functioning; (c) impaired judgment; (d) poor impulse control; or (e) lack of family or other community or social supports; <p>(3) Inability to consistently perform the range of practical daily living tasks required for basic adult functioning in the community or persistent or recurrent failure to perform daily living tasks without significant support or assistance from others;</p> <p>(4) Inability to be consistently employed at a self-sustaining level or inability to consistently carry out the homemaker role;</p> <p>(5) Inability to maintain a safe living situation;</p> <p>(6) Two or more admissions within the past 12 months into acute psychiatric hospitals, crisis stabilization programs or psychiatric emergency services;</p> <p>(7) Intractable (persistent and/or recurrent) or severe major symptoms which present with affective, psychotic or at risk for harm to self or others;</p> <p>(8) Co-occurring SUD with a duration of greater than six months;</p> <p>(9) High risk or recent history of criminal justice involvement;</p> <p>(10) Inability to meet basic survival needs or residing in sub-standard housing, homeless or at imminent risk of being homeless</p>
Examples of clinical documentation to support PA criteria	Biopsychosocial assessment; psychiatric intake assessment; and/or psychiatric provider discharge summary from psychiatric facility/provider
PA Required	Yes – Electronic fields in provider portal (QT) *Faxed requests possible until 2/28/20; form available on Mountain-Pacific provider portal for faxes only
Timeframe for PA request	No earlier than 5 business days prior to requested start date of services
Initial Authorization Period	MNC up to 180 days
Outcome of missing PA timeframe	Technical denial for requests earlier than 5 business days; Requests received after admission will be reviewed for MNC from date of submission moving forward
TAT for UM review of PA	3 business days (additional 3 business days for PR)
CSR Required	Yes – Electronic fields in provider portal (QT) *Faxed requests possible until 2/28/20; form available on Mountain-Pacific provider portal for faxes only
MCG Guideline Name – CSR specific	MT_PACT CSR

CSR Criteria	<p>(1) Member continues to meet SDMI criteria as described in AMDD Provider Manual.</p> <p>(2) The prognosis for treatment of the SDMI at a less restrictive level of care remains poor, because the member still demonstrates two or more of the following:</p> <ul style="list-style-type: none"> (a) significantly impaired interpersonal or social functioning; (b) significantly impaired educational or occupational functioning; (c) impaired judgment; or (d) poor impulse control. <p>(3) As a result of the SDMI, the member exhibits an inability to perform daily living activities in a developmentally appropriate manner without the structure of the PACT service.</p> <p>(4) The SDMI symptoms of the member are of a severe or persistent nature requiring more intensive treatment and clinical supervision than can be provided by other outpatient or in-home mental health services.</p> <p>(5) The member continues to require at least three of the following services:</p> <ul style="list-style-type: none"> (a) medication management; (b) psychotherapy; (c) community psychiatric supportive treatment; (d) skills training; (e) vocational services; or (f) co-occurring services. <p>(6) The member has demonstrated progress toward identified treatment goals and has a reasonable likelihood of continued progress.</p>
Examples of clinical documentation to support CSR criteria	<p>Most recent treatment plan demonstrating progress towards goals; discharge plan including projected discharge date and progress towards completion of the plan; medication list including rationale for med changes, if applicable; progress notes or assessments detailing the following: changes to DSM/ICD diagnosis; description of Interventions and critical incidents.</p> <p>Any additional clinical documentation provider sees fit to provide to demonstrate CSR criteria including justification for continued service at current LOC.</p>
Timeframe for CSR	No earlier than 5 business days prior to last covered day
CSR coverage period	MNC up to 180 days
Outcome of missing CSR timeframe	Technical denial if received earlier than 5 business days; Requests received after the authorized period has expired will be reviewed for MNC from the date of submission moving forward
TAT for CSR	3 business days (additional 4 business days for PR)
Timeframe for RFI for PA or CSR	Must be submitted to UM team within 5 business days of request
TAT of UM review after RFI submitted	3 business days (additional 3 business days for PR)
Outcome of missing RFI for PA or CSR	Technical denial
Outcome of UM for PA or CSR	Approval, Partial or Denial
Discharge Notification Required	Yes – Completed via Discharge Status Task in QT

Crisis Stabilization Program (a.k.a., crisis intervention facility)

Review Type in QT	Behavioral Health Inpatient
Place of Service	99 – Other Place of Service
Type of Service	AMDD Crisis Stabilization
Timing	Retrospective, Concurrent, Continued Stay
Procedure Code	S9485
MCG Guideline Name – PA specific	MT_Crisis Stabilization Initial
Diagnostic/MNC Criteria	(1) Any mental health DSM V diagnosis as primary; (2) Danger to self as evidenced by behaviors as described in the AMDD Provider Manual; (3) Danger to others, as evidenced by behaviors as described in the AMDD Provider Manual; (4) Grave disability as exhibited by ideas or behaviors, as described in the AMDD Provider Manual;
PA Required	*Not unless in need of CSR – Electronic fields in provider portal (QT)
Timeframe for PA request	Must be submitted prior to or same day as CSR request
Initial Authorization Period	Up to 5 days (No PA needed for first 5 days)
CSR Required	Yes – Electronic fields in provider portal (QT) *Faxed requests possible until 2/28/20; form available on Mountain-Pacific provider portal for faxes only
MCG Guideline Name – CSR specific	MT_Crisis Stabilization CSR
CSR Criteria	(1) Any mental health diagnosis from the current version of the DSM as the primary diagnosis and both the following: (a) active treatment is occurring, which is focused on stabilizing or reversing symptoms that meet the admission criteria; and (b) a lower level of care is inadequate to meet the member's treatment or safety needs. (2) Either (a), (b) or (c) below: (a) There is reasonable likelihood of a clinically significant benefit resulting from medical intervention requiring the inpatient setting; (b) There is a high likelihood of either risk to the member's safety, clinical well-being, or further significant acute deterioration in the member's condition without continued care and lower levels of care inadequate to meet these needs; or (c) The appearance of new impairments meeting admission guidelines.
Examples of clinical documentation to support CSR criteria	Most recent treatment plan demonstrating progress towards goals; discharge plan including projected discharge date and progress towards completion of the plan; medication list including rationale for med changes, if applicable; progress notes or assessments detailing the following: changes to DSM/ICD diagnosis; description of Interventions and critical incidents. Any additional clinical documentation provider sees fit to provide to demonstrate CSR criteria including justification for continued service at current LOC.
Timeframe for CSR	Prior to last covered day

CSR coverage period	MNC up to 3 days
Outcome of missing CSR timeframe	Technical denial if received earlier than 3 business days; Requests received after the authorized period has expired will be reviewed for MNC from the date of submission moving forward
TAT for UM review of CSR	3 business days (additional 4 business days for PR)
Timeframe for RFI for CSR	Must be submitted to UM team within 5 business days of request
Outcome of missing RFI for CSR	Technical denial
TAT of UM review after RFI submitted	3 business days (additional 4 business days for PR)
Outcome of UM for PA or CSR	Approval, Partial or Denial
Discharge Notification Required	Yes – Completed via Discharge Status Task in QT

Adult Group Home (AGH)

Review Type in QT	Behavioral Health Residential
Place of Service	99 – Other Place of Service
Type of Service	AMDD Adult Group Home
Timing	Prospective, Retrospective, Concurrent, Continued Stay
Procedure Code	S5102
MCG Guideline Name – PA specific	MT_Adult Group Home Initial
Diagnostic/MNC Criteria	<p>(1) Meets SDMI criteria as described in AMDD Provider Manual;</p> <p>(2) The prognosis for treatment of the member at a less restrictive level of care is poor because the member demonstrates 3 or more of the following due to the SDMI:</p> <ul style="list-style-type: none"> (a) significantly impaired interpersonal or social functioning; (b) significantly impaired occupational functioning; (c) impaired judgment; (d) poor impulse control; or (e) lack of family or other community or social supports. <p>(3) Due to the SDMI, the member exhibits an impaired ability to perform daily living activities in an appropriate manner;</p> <p>(4) The member exhibits symptoms related to the SDMI severe enough that a less intensive level of service would be insufficient to support the member in an independent living setting or the member is currently being treated or maintained in a more restrictive environment and requires a structured treatment environment to be successfully treated in a less restrictive setting</p>
Examples of clinical documentation to support PA criteria	<p>Biopsychosocial assessment; psychiatric intake assessment; and/or psychiatric provider discharge summary from psychiatric facility/provider</p> <p>Any additional clinical documentation provider sees fit to provide to demonstrate PA criteria including justification for service at requested LOC</p>
PA Required	<p>Yes – Electronic fields in provider portal (QT)</p> <p>*Faxed requests possible until 2/28/20; form available on Mountain-Pacific provider portal for faxes only</p>
Timeframe for PA request	No earlier than 5 business days prior to admit date
Initial Authorization Period	MNC up to 120 days
Outcome of missing PA timeframe	Technical denial for requests earlier than 5 business days; Requests received after admission will be reviewed for MNC from date of submission moving forward
TAT for UM review of PA	3 business days (additional 3 business days for PR)
CSR Required	<p>Yes – Electronic fields in provider portal (QT)</p> <p>*Faxed requests possible until 2/28/20; form available on Mountain-Pacific provider portal for faxes only</p>
MCG Guideline Name – CSR specific	MT_Adult Group Home CSR
CSR Criteria	<p>(1) The member continues to exhibit symptoms related to the SDMI severe enough that a less intensive level of service would be insufficient to support the member in an independent living setting and requires a structured treatment environment to be successfully treated. The member must continue to meet the medical necessity criteria AND the following:</p>

	<p>(a) active treatment is occurring, which is focused on stabilizing or alleviating the psychiatric symptoms and precipitating psychosocial stressors that are interfering with the ability of the member to receive services in a less intensive outpatient setting;</p> <p>(b) demonstrated and documented progress is being made toward the treatment goals and there is a reasonable likelihood of continued progress; and</p> <p>(c) AGH is the least restrictive service to meet the clinical needs of the member</p>
Examples of clinical documentation to support CSR criteria	<p>Most recent treatment plan demonstrating progress towards goals; discharge plan including projected discharge date and progress towards completion of the plan; medication list including rationale for med changes, if applicable; progress notes or assessments detailing the following: changes to DSM/ICD diagnosis, description of Interventions and critical incidents;</p> <p>Any additional clinical documentation provider sees fit to provide to demonstrate CSR criteria including justification for continued service at current LOC</p>
Timeframe for CSR	No earlier than 5 business days prior to last covered day
CSR coverage period	MNC up to 90 days
Outcome of missing CSR timeframe	Technical denial if received earlier than 5 business days; Requests received after the authorized period has expired will be reviewed for MNC from the date of submission moving forward
TAT for CSR	3 business days (additional 4 business days for PR)
Timeframe for RFI for PA or CSR	Must be submitted to UM team within 5 business days of request
TAT of UM review after RFI submitted	3 business days (additional 4 business days for PR)
Outcome of missing RFI for PA or CSR	Technical denial
Outcome of UM for PA or CSR	Approval, Partial or Denial
Discharge Notification Required	Yes – Completed via Discharge Status Task in QT

SUD Medically Monitored Intensive Inpatient (ASAM 3.7), Adult (21 and over)

SUD Medically Monitored Intensive Inpatient (ASAM 3.7), Adolescent (under 21)

Review Type in QT	Behavioral Health Residential
Place of Service	99 – Other Place of Service
Type of Service	AMDD ASAM 3.7 Adult -or- AMDD ASAM 3.7 Adol
Timing	Retrospective, Concurrent, Continued Stay
Procedure Code	H0010
MCG Guideline Name – PA specific	MT_ASAM 3.7 Initial
Diagnostic/MNC Criteria	(1) Meets SUD criteria as described in AMDD Provider Manual; (2) Meets ASAM 3.7 criteria
Examples of clinical documentation to support PA criteria	Biopsychosocial assessment; intake assessment; history and physical exam from current treatment episode; urine drug screen results OR serum drug screen (for providers that do not utilize UDS) Any additional clinical documentation provider sees fit to provide to demonstrate PA criteria including justification for service at requested LOC
PA Required	Yes – Electronic fields in provider portal (QT) *Faxed requests possible until 2/28/20; form available on Mountain-Pacific provider portal for faxes only
Timeframe for PA request	Within 3 business days of admission
Initial Authorization Period	3 days
Outcome of missing PA timeframe	Technical denial if received earlier than 3 business days of admission; Requests received after the authorized period has expired will be reviewed for MNC from the date of submission moving forward
TAT for UM review of PA	2 business days (additional 3 business days for PR)
CSR Required	Yes – Electronic fields in provider portal (QT) *Faxed requests possible until 2/28/20; form available on Mountain-Pacific provider portal for faxes only
MCG Guideline Name – CSR specific	MT_ASAM 3.7 CSR
CSR Criteria	(1) Continue to meet the SUD criteria as described in AMDD Provider Manual; (2) Continue to meet the ASAM 3.7 criteria; (3) Initial lab results at admission
Examples of clinical documentation to support CSR criteria	Most recent treatment plan demonstrating progress towards goals; discharge plan including projected discharge date and progress towards completion of the plan; urine drug screen results OR serum drug screen (for providers that do not utilize UDS); current labs (complete metabolic panel and complete blood count) Any additional clinical documentation provider sees fit to provide to demonstrate CSR criteria including justification for continued service at current LOC
Timeframe for CSR	No earlier than 3 business days and prior to last covered day

CSR coverage period	MNC up to 5 business days
Outcome of missing CSR timeframe	Technical denial if received earlier than 3 business days; Requests received after the authorized period has expired will be reviewed for MNC from the date of submission moving forward
TAT for CSR	3 business days (additional 4 business days for PR)
Timeframe for RFI for PA or CSR	Must be submitted to UM team within 5 business days of request
TAT of UM review after RFI submitted	3 business days (additional 4 business days for PR)
Outcome of missing RFI for PA or CSR	Technical denial
Outcome of UM for PA or CSR	Approval, Partial or Denial
Discharge Notification Required	Yes – Completed via Discharge Status Task in QT

SUD Clinically Managed High-Intensity Residential (ASAM 3.5), Adult (21 and over)

SUD Clinically Managed Medium-Intensity Residential (ASAM 3.5), Adolescent (under 21)

Review Type in QT	Behavioral Health Residential
Place of Service	99 – Other Place of Service
Type of Service	AMDD ASAM 3.5 Adult -or- AMDD ASAM 3.5 Adol
Timing	Prospective, Retrospective, Concurrent, Continued Stay
Procedure Code	H0018
MCG Guideline Name – PA specific	MT_ASAM 3.5
Diagnostic/MNC Criteria	(1) Meets SUD criteria as described in AMDD Provider Manual; (2) Meets ASAM 3.5 criteria
Examples of clinical documentation to support PA criteria	Biopsychosocial assessment; intake assessment; urine drug screen results OR serum drug screen (for providers that do not utilize UDS); and/or discharge assessment from previous higher level of care Any additional clinical documentation provider sees fit to provide to demonstrate PA criteria including justification for service at requested LOC
PA Required	Yes – Electronic fields in provider portal (QT) *Faxed requests possible until 2/28/20; form available on Mountain-Pacific provider portal for faxes only
Timeframe for PA request	No earlier than 5 business days prior to admit date
Initial Authorization Period	MNC up to 21 days
Outcome of missing PA timeframe	Technical denial for requests earlier than 5 business days; Requests received after admission will be reviewed for MNC from date of submission moving forward
TAT for UM review of PA	3 business days (additional 3 business days for PR)
CSR Required	Yes – Electronic fields in provider portal (QT) *Faxed requests possible until 2/28/20; form available on Mountain-Pacific provider portal for faxes only
MCG Guideline Name – CSR specific	MT_ASAM 3.1 and ASAM 3.5 CSR
CSR Criteria	(1) Continue to meet the SUD criteria as described in AMDD Provider Manual; (2) Continue to meet the ASAM 3.5 criteria
Examples of clinical documentation to support CSR criteria	Most recent treatment plan demonstrating progress towards goals; discharge plan including projected discharge date and progress towards completion of the plan; urine drug screen results OR serum drug screen (for providers that do not utilize UDS) Any additional clinical documentation provider sees fit to provide to demonstrate CSR criteria including justification for continued service at current LOC
Timeframe for CSR	No earlier than 5 business days prior to last covered day
CSR coverage period	MNC up to 5 days
Outcome of missing CSR timeframe	Technical denial if received earlier than 5 business days; Requests received after the authorized period has expired will

	be reviewed for MNC from the date of submission moving forward
TAT for CSR	3 business days (additional 4 business days for PR)
Timeframe for RFI for PA or CSR	Must be submitted to UM team within 5 business days of request
TAT of UM review after RFI submitted	3 business days (additional 4 business days for PR)
Outcome of missing RFI for PA or CSR	Technical denial
Outcome of UM for PA or CSR	Approval, Partial or Denial
Discharge Notification Required	Yes – Completed via Discharge Status Task in QT

SUD Clinically Managed Low-Intensity Residential (ASAM 3.1), Adult (21 and over)

SUD Clinically Managed Low-Intensity Residential (ASAM 3.1), Adolescent (under 21)

Review Type in QT	Behavioral Health Residential
Place of Service	99 – Other Place of Service
Type of Service	AMDD ASAM 3.1 Adult -or- AMDD ASAM 3.1 Adol
Timing	Prospective, Retrospective, Concurrent, Continued Stay
Procedure Code and Modifier	H2034 HD – Modifier for Pregnant/Parenting Women's Program
MCG Guideline Name – PA specific	MT_ASAM 3.1 Adult; MT_ASAM 3.1 Adol
Diagnostic/MNC Criteria	(1) Meets SUD criteria as described in AMDD Provider Manual; (2) Meets ASAM 3.1 criteria
Examples of clinical documentation to support PA criteria	Biopsychosocial assessment; intake assessment; urine drug screen results OR serum drug screen (for providers that do not utilize UDS); and/or discharge assessment from previous higher level of care Any additional clinical documentation provider sees fit to provide to demonstrate PA criteria including justification for service at requested LOC
PA Required	Yes – Electronic fields in provider portal (QT) *Faxed requests possible until 2/28/20; form available on Mountain-Pacific provider portal for faxes only
Timeframe for PA request	No earlier than 5 days prior to admit date
Initial Authorization Period	MNC up to 90 days
Outcome of missing PA timeframe	Technical denial for requests earlier than 5 business days; Requests received after admission will be reviewed for MNC from date of submission moving forward
TAT for UM review of PA	3 business days (additional 3 business days for PR)
CSR Required	Yes – Electronic fields in provider portal (QT) *Faxed requests possible until 2/28/20; form available on Mountain-Pacific provider portal for faxes only
MCG Guideline Name – CSR specific	MT_ASAM 3.1 and ASAM 3.5 CSR
CSR Criteria	(1) Continue to meet the SUD criteria as described in AMDD Provider Manual; (2) Continue to meet the ASAM 3.1 criteria
Examples of clinical documentation to support CSR criteria	Most recent treatment plan demonstrating progress towards goals; discharge plan including projected discharge date and progress towards completion of the plan; urine drug screen results OR serum drug screen (for providers that do not utilize UDS) Any additional clinical documentation provider sees fit to provide to demonstrate CSR criteria including justification for continued service at current LOC
Timeframe for CSR	No earlier than 5 business days prior to last covered day
CSR coverage period	MNC up to 30 days

Outcome of missing CSR timeframe	Technical denial if received earlier than 5 business days; Requests received after the authorized period has expired will be reviewed for MNC from the date of submission moving forward
TAT for CSR	3 business days (additional 4 business days for PR)
Timeframe for RFI for PA or CSR	Must be submitted to UM team within 5 business days of request
TAT of UM review after RFI submitted	3 business days (additional 3 business days for PR)
Outcome of missing RFI for PA or CSR	Technical denial
Outcome of UM for PA or CSR	Approval, Partial or Denial
Discharge Notification Required	Yes – Completed via Discharge Status Task in QT

SUD Intensive Outpatient (IOP) Services (ASAM 2.1), Adult (21 and over)

Review Type in QT	Behavioral Health Outpatient
Place of Service	99 – Other Place of Service
Type of Service	AMDD IOP Adult
Timing	Prospective, Retrospective, Extension Request
Procedure Code	H0015 (High Tier) H2036 (Low Tier)
Modifier Code	HH (MH diagnosis is secondary)
MCG Guideline Name	MT_Adult IOP
Diagnostic/MNC Criteria	(1) Meets SUD criteria as described in AMDD Provider Manual; (2) Meets ASAM 2.1 criteria; (3) Requires 3 or more of the core IOP services as described in the AMDD Provider Manual
Examples of clinical documentation to support PA criteria	Biopsychosocial assessment; intake assessment; urine drug screen results OR serum drug screen (for providers that do not utilize UDS); and/or discharge assessment from previous higher level of care Any additional clinical documentation provider sees fit to provide to demonstrate PA criteria including justification for service at requested LOC
PA Required	Yes – Electronic fields in provider portal (QT) *Faxed requests possible until 2/28/20; form available on Mountain-Pacific provider portal for faxes only *Only after 60 billed days
Timeframe for PA request	No earlier than 5 days prior to first day after 60 billed days
Initial Authorization Period	MNC up to 15 billable days
Outcome of missing PA timeframe	Technical denial for requests earlier than 5 business days; Requests received after 60 billed days will be reviewed for MNC from date of submission moving forward
TAT for UM review of PA	3 business days (additional 3 business days for PR)
Ext Req Required	Yes – Electronic fields in provider portal (QT) *Faxed requests possible until 2/28/20; form available on Mountain-Pacific provider portal for faxes only (only for IOP bundle)
Ext Req Criteria	(1) Continues to meet admission criteria; (2) Demonstrates progress towards treatment goals; (3) Reasonable likelihood of continued progress
Examples of clinical documentation to support Ext Req criteria	Most recent treatment plan demonstrating progress towards goals; discharge plan including projected discharge date and progress towards completion of the plan; urine drug screen results OR serum drug screen (for providers that do not utilize UDS) Any additional clinical documentation provider sees fit to provide to demonstrate CSR criteria including justification for continued service at current LOC
Timeframe for Ext Req	No earlier than 5 business days prior to last covered day
Ext Req coverage period	Up to 15 billable days
Outcome of missing Ext Req timeframe	Technical denial if received earlier than 5 business days; Requests received after the authorized period has expired will

	be reviewed for MNC from the date of submission moving forward
TAT for Ext Req	3 business days (additional 4 business days for PR)
Timeframe for RFI for PA or Ext Req	Must be submitted to UM team within 5 business days of request
TAT of UM review after RFI submitted	3 business days (additional 3 business days for PR)
Outcome of missing RFI for PA or Ext Req	Technical denial
Outcome of UM for PA or Ext Req	Approval, Partial or Denial

SUD Intensive Outpatient (IOP) Services (ASAM 2.1), Adolescent (under 21)

Review Type in QT	Behavioral Health Outpatient
Place of Service	99 – Other Place of Service
Type of Service	AMDD IOP Adol
Timing	Prospective, Retrospective, Extension Request
Procedure Code	H0015
Modifier Code(s)	HA; HH (MH diagnosis is secondary)
MCG Guideline Name	MT_Adol IOP
Diagnostic/MNC Criteria	(1) Meets SUD criteria as described in AMDD Provider Manual; (2) Meets ASAM 2.1 criteria; (3) Requires 3 or more of the core IOP services as described in the AMDD Provider Manual
Examples of clinical documentation to support PA criteria	Biopsychosocial assessment; intake assessment; urine drug screen results OR serum drug screen (for providers that do not utilize UDS); and/or discharge assessment from previous higher level of care Any additional clinical documentation provider sees fit to provide to demonstrate PA criteria including justification for service at requested LOC
PA Required	Yes – Electronic fields in provider portal (QT) *Faxed requests possible until 2/28/20; form available on Mountain-Pacific provider portal for faxes only * Only after 60 billed days
Timeframe for PA request	No earlier than 5 days prior to first day after 60 billed days
Initial Authorization Period	MNC up to 15 billable days
Outcome of missing PA timeframe	Technical denial for requests earlier than 5 business days; Requests received after 60 billed days will be reviewed for MNC from date of submission moving forward
TAT for UM review of PA	3 business days (additional 3 business days for PR)
Ext Req Required	Yes – Electronic fields in provider portal (QT) *Faxed requests possible until 2/28/20; form available on Mountain-Pacific provider portal for faxes only (only for IOP bundle)
Ext Req Criteria	(1) Continues to meet admission criteria; (2) Demonstrates progress towards treatment goals; (3) Reasonable likelihood of continued progress
Examples of clinical documentation to support Ext Req criteria	Most recent treatment plan demonstrating progress towards goals; discharge plan including projected discharge date and progress towards completion of the plan; urine drug screen results OR serum drug screen (for providers that do not utilize UDS) Any additional clinical documentation provider sees fit to provide to demonstrate CSR criteria including justification for continued service at current LOC
Timeframe for Ext Req	No earlier than 5 business days prior to last covered day
Ext Req coverage period	Up to 15 billable days

Outcome of missing Ext Req timeframe	Technical denial if received earlier than 5 business days; Requests received after the authorized period has expired will be reviewed for MNC from the date of submission moving forward
TAT for Ext Req	3 business days (additional 4 business days for PR)
Timeframe for RFI for PA or Ext Req	Must be submitted to UM team within 5 BUSINESS DAYS of request
TAT of UM review after RFI submitted	3 business days (additional 3 business days for PR)
Outcome of missing RFI for PA or Ext Req	Technical denial
Outcome of UM for PA or Ext Req	Approval, Partial or Denial

CMHB

Acute Inpatient Hospital (Out of State), Adolescent

Review Type in QT	Behavioral Health Inpatient
Place of Service	99 – Other Place of Service
Type of Service	CMHB Acute Inpatient OOS
Timing	Prospective, Retrospective, Concurrent, Continued Stay
Procedure Code	99233
MCG Guideline Name	MT_Acute Inpatient Child initial
Diagnostic/MNC Criteria	(1) Any mental health DSM 5 diagnosis as primary; (2) Danger to self or others not appropriately treated with LLOC; (3) Severe functional impairment (as described in the CMHB Provider Manual) relating to MI or SED, such that the youth or their caregiver is unable to provide for the safety or well-being
Examples of clinical documentation to support PA criteria	Biopsychosocial assessment and/or psychiatric intake assessment Any additional clinical documentation provider sees fit to provide to demonstrate PA criteria including justification for service at requested LOC
PA Required	Yes – Electronic fields in provider portal (QT) *Faxed requests possible until 2/28/20; form available on Mountain-Pacific provider portal for faxes only
Timeframe for PA request	Within 1 business days of admit date
Initial Authorization Period	Requested Amount
Outcome of missing PA timeframe	Technical denial
TAT for PA	2 business days
Timeframe for RFI for PA	Must be submitted to UM team within 5 business days of request
Outcome of missing RFI for PA	Technical denial
Outcome of UM for PA	Approval, Partial or Denial
CSR Required	No
Discharge Notification Required	Yes – Completed via Discharge Status Task in QT

Psychiatric Residential Treatment Facility (PRTF), In State

Review Type in QT	Behavioral Health Residential
Place of Service	99 – Other Place of Service
Type of Service	CMHB PRTF In State
Timing	Prospective, Retrospective, Concurrent, Continued Stay
Procedure Code	99233 <i>*Revenue Code 124 will be connected to case following review</i>
MCG Guideline Name – PA specific	MT_Child PRTF in state initial
Diagnostic/MNC Criteria	<p>(1) Youth must meet SED criteria as described in CMHB Provider Manual;</p> <p>(2) The referring provider must document what specific treatment needs will be addressed with PRTF services.</p> <p>(3) The youth must require:</p> <ul style="list-style-type: none"> (a) intensive psychiatric review and intervention, which may include adjustment of psychotropic medications, evidenced by either rapid deterioration or failure to improve despite clinically appropriate treatment in a less restrictive level of care; and (b) medical supervision seven days per week/24 hours per day to develop skills necessary for daily living and to develop the adaptive and functional behavior that will allow the youth to live outside of the PRTF; <p>(4) Less restrictive services are insufficient to meet the severe and persistent clinical and treatment needs of the youth and prohibits treatment in a lower level of care which is evidenced by at least one of the following:</p> <ul style="list-style-type: none"> (a) the youth has behavior that puts the youth at substantial documented risk of harm to self; (b) the youth has persistent, pervasive, and frequently occurring oppositional defiant behavior, aggression, or impulsive behavior related to the SED diagnosis which represents a disregard for the wellbeing or safety of self or others; or (c) there is a need for continued treatment beyond the reasonable duration of an acute care hospital and documented evidence that appropriate intensity of treatment cannot be provided in a community setting. <p>(5) The prognosis for treatment at PRTF level of care can reasonably be expected to improve the clinical condition/ SED of the youth or prevent further regression based upon the physician's evaluation.</p> <p>(6) In the absence of PRTF treatment, the youth is at risk of acute psychiatric hospitalization or a readmission within 30 days of previous admission to an acute psychiatric hospital.</p>
Examples of clinical documentation to support PA criteria	<p>Biopsychosocial assessment; intake assessment; and/or discharge assessment from previous higher level of care</p> <p>Any additional clinical documentation provider sees fit to provide to demonstrate PA criteria including justification for service at requested LOC</p>
PA Required	Yes – Electronic fields in provider portal (QT)

	*Faxed requests possible until 2/28/20; form available on Mountain-Pacific provider portal for faxes only
Timeframe for PA request	No later than day of admission, no earlier than 2 days prior to admission
CON Required for <u>PA and CSR</u>	Yes – Form on Mountain-Pacific provider portal <i>*Form must be completed and signed within 30 days before admit date</i>
Timeframe for CON submission	No later than day of admission
Initial Authorization Period	MNC up to 30 days
Outcome of missing PA timeframe	Technical denial if received earlier than 2 business days; Requests received after admit date will be reviewed for MNC from the date of submission moving forward
TAT for UM review of PA	2 business days
CSR Required	Yes – Electronic fields in provider portal (QT) *Faxed requests possible until 2/28/20; form available on Mountain-Pacific provider portal for faxes only
MCG Guideline Name – CSR specific	MT_Child PRTF in state CSR
CSR Criteria	<p>(1) The youth continues to meet all MNC from admission;</p> <p>(2) The medical record documents progress toward identified treatment goals and the reasonable likelihood of continued progress as;</p> <p>(3) The youth and family, if appropriate, are demonstrating documented progress toward identified treatment goals and are cooperating with the treatment plan; and</p> <p>(4) Demonstrated and documented progress is being made on a comprehensive and viable discharge plan. The treatment team must document a clinical rationale for any recommended changes in the discharge plan or anticipated discharge</p> <p>(5) The provider must document all previous attempts to secure appropriate discharge for the youth.</p> <p>(6) CSR request must include all of the following:</p> <ul style="list-style-type: none"> (a) changes to current DSM diagnosis; (b) justification for continued services at this level of care; (c) description of behavioral management interventions and critical incidents; (d) assessment of treatment progress related to admitting symptoms and identified treatment goals; (e) list of current medications and rationale for medication changes, if applicable; and (f) projected discharge date and clinically appropriate discharge plan, citing evidence of progress toward completion of that plan.
Examples of clinical documentation to support CSR criteria	<p>Most recent treatment plan demonstrating progress towards goals; discharge plan including projected discharge date and progress towards completion of the plan; medication list including rationale for med changes, if applicable; progress notes or assessments detailing the following: changes to DSM/ICD diagnosis, description of Interventions and critical incidents;</p> <p>Any additional clinical documentation provider sees fit to provide to demonstrate CSR criteria including justification for continued service at current LOC</p>

Timeframe for CSR	Between 10 and 5 business days prior to end of current auth period
CSR coverage period	MNC up to 30 days
Outcome of missing CSR timeframe	Technical denial if received earlier than 5 business days; Requests received after the authorized period has expired will be reviewed for MNC from the date of submission moving forward
TAT for UM review of CSR	2 business days
Timeframe for RFI for PA or CSR	Must be submitted to UM team within 5 business days of request
TAT of UM review after RFI submitted	2 business days
Outcome of missing RFI for PA or CSR	Technical denial
Outcome of UM for PA or CSR	Approval, Partial or Denial
Discharge Notification Required	Yes – Completed via Discharge Status Task in QT

Psychiatric Residential Treatment Facility (PRTF), Out of State

Review Type in QT	Behavioral Health Residential
Place of Service	99 – Other Place of Service
Type of Service	CMHB PRTF OOS
Timing	Prospective, Retrospective, Concurrent, Continued Stay
Procedure Code	99233 <i>*Revenue Code 124 will be connected to case following review</i>
MCG Guideline Name	MT_Child PRTF out of state initial
Diagnostic/MNC Criteria	<p>(1) Youth must meet SED criteria as described in CMHB Provider Manual;</p> <p>(2) The referring provider must document what specific treatment needs will be addressed with PRTF services.</p> <p>(3) The youth must require:</p> <ul style="list-style-type: none"> (a) intensive psychiatric review and intervention, which may include adjustment of psychotropic medications, evidenced by either rapid deterioration or failure to improve despite clinically appropriate treatment in a less restrictive level of care; and (b) medical supervision seven days per week/24 hours per day to develop skills necessary for daily living and to develop the adaptive and functional behavior that will allow the youth to live outside of the PRTF; <p>(4) Less restrictive services are insufficient to meet the severe and persistent clinical and treatment needs of the youth and prohibits treatment in a lower level of care which is evidenced by at least one of the following:</p> <ul style="list-style-type: none"> (a) the youth has behavior that puts the youth at substantial documented risk of harm to self; (b) the youth has persistent, pervasive, and frequently occurring oppositional defiant behavior, aggression, or impulsive behavior related to the SED diagnosis which represents a disregard for the wellbeing or safety of self or others; or (c) there is a need for continued treatment beyond the reasonable duration of an acute care hospital and documented evidence that appropriate intensity of treatment cannot be provided in a community setting. <p>(5) The prognosis for treatment at PRTF level of care can reasonably be expected to improve the clinical condition/ SED of the youth or prevent further regression based upon the physician's evaluation.</p> <p>(6) In the absence of PRTF treatment, the youth is at risk of acute psychiatric hospitalization or a readmission within 30 days of previous admission to an acute psychiatric hospital.</p> <p><i>Additional criteria for OOS specifically:</i></p> <ul style="list-style-type: none"> (1) The provider must request admission from all Montana PRTFs and be denied admission. The provider must document the denials in the file of the youth: <ul style="list-style-type: none"> (a) the facility cannot meet the clinical and/or treatment needs of the youth; or (b) an opening is not available.

	<p>(2) The Montana PRTFs must specify the reasons the facility is unable to meet the needs of the youth or state when the next bed opening will be available for the youth.</p> <p>(3) Legal representatives of all Montana Medicaid youth who are admitted to OOS PRTFs must complete an Interstate Compact Agreement before the youth leaves the state as part of the prior authorization process. The form is located on the department's website at: Interstate Compact on the Placement of Children (ICPC)</p>
Examples of clinical documentation to support PA criteria	<p>Biopsychosocial assessment; intake assessment; and/or discharge assessment from previous higher level of care</p> <p>Any additional clinical documentation provider sees fit to provide to demonstrate PA criteria including justification for service at requested LOC</p>
PA Required	<p>Yes – Electronic fields in provider portal (QT)</p> <p>*Faxed requests possible until 2/28/20; form available on Mountain-Pacific provider portal for faxes only</p>
Timeframe for PA request	No later than day of admission, no earlier than 2 days prior to admission
CON Required for <u>PA and CSR</u>	<p>Yes – Form on Mountain-Pacific provider portal</p> <p><i>*Form must be completed and signed within 30 days before admit date</i></p>
Timeframe for CON submission	No later than day of admission
Initial Authorization Period	MNC up to 30 days
Outcome of missing PA timeframe	<p>Technical denial if received earlier than 2 business days;</p> <p>Requests received after admit date will be reviewed for MNC from the date of submission moving forward</p>
TAT for UM review of PA	2 business days
CSR Required	<p>Yes – Electronic fields in provider portal (QT)</p> <p>*Faxed requests possible until 2/28/20; form available on Mountain-Pacific provider portal for faxes only</p>
CSR Criteria	<p>(1) The youth continues to meet all MNC from admission;</p> <p>(2) The medical record documents progress toward identified treatment goals and the reasonable likelihood of continued progress as;</p> <p>(3) The youth and family, if appropriate, are demonstrating documented progress toward identified treatment goals and are cooperating with the treatment plan; and</p> <p>(4) Demonstrated and documented progress is being made on a comprehensive and viable discharge plan. The treatment team must document a clinical rationale for any recommended changes in the discharge plan or anticipated discharge;</p> <p>(5) The provider must document all previous attempts to secure appropriate discharge for the youth;</p> <p>(6) CSR request must include all of the following:</p> <ul style="list-style-type: none"> (a) Changes to current DSM diagnosis; (b) Justification for continued services at this level of care; (c) Description of behavioral management interventions and critical incidents; (d) Assessment of treatment progress related to admitting symptoms and identified treatment goals; (e) List of current medications and rationale for medication changes, if applicable; and

	(f) Projected discharge date and clinically appropriate discharge plan, citing evidence of progress toward completion of that plan.
Examples of clinical documentation to support CSR criteria	<p>Most recent treatment plan demonstrating progress towards goals; discharge plan including projected discharge date and progress towards completion of the plan; medication list including rationale for med changes, if applicable; progress notes or assessments detailing the following: changes to DSM/ICD diagnosis, description of Interventions and critical incidents;</p> <p>Any additional clinical documentation provider sees fit to provide to demonstrate CSR criteria including justification for continued service at current LOC</p>
Timeframe for CSR	Between 10 and 5 business days prior to end of current auth period
CSR coverage period	MNC up to 30 days
Outcome of missing CSR timeframe	Technical denial if received earlier than 5 business days; Requests received after the authorized period has expired will be reviewed for MNC from the date of submission moving forward
TAT for UM review of CSR	2 business days
Timeframe for RFI for PA or CSR	Must be submitted to UM team within 5 business days of request
TAT of UM review after RFI submitted	2 business days
Outcome of missing RFI for PA or CSR	Technical denial
Outcome of UM for PA or CSR	Approval, Partial or Denial
Discharge Notification Req	Yes – Completed via Discharge Status Task in QT

Psychiatric Residential Treatment Facility (PRTF) Assessment

Review Type in QT	Behavioral Health Residential
Place of Service	99 – Other Place of Service
Type of Service	CMHB PRTF Assessment
Timing	Prospective, Retrospective, Concurrent
Procedure Code	99233 <i>*Revenue Code 220 will be connected to case following review</i>
MCG Guideline Name	MT_Child PRTF-AS
Diagnostic/MNC Criteria	(1) Youth must meet SED criteria as described in CMHB Provider Manual; (2) Behaviors or symptoms of serious emotional disturbance of the youth are of a severe and persistent nature and require 24-hour treatment under the direction of a physician; (3) Less restrictive services are insufficient to meet the severe and persistent clinical and treatment needs of the youth. The prognosis for treatment at this PRTF level of care can reasonably be expected to improve the clinical condition/ serious emotional disturbance of the youth or prevent further regression based upon the physician's evaluation; (4) The youth has at least one of the following: (a) has had multiple acute psychiatric hospital or PRTF admissions; (b) is at-risk of being placed in an out-of-state PRTF with an unclear psychiatric presentation; (c) is difficult to place due to an unclear or conflicting psychiatric presentation.
Examples of clinical documentation to support PA criteria	Biopsychosocial assessment; intake assessment; and/or discharge assessment from previous higher level of care Any additional clinical documentation provider sees fit to provide to demonstrate PA criteria including justification for service at requested LOC
PA Required	Yes – Electronic fields in provider portal (QT) <i>*Faxed requests possible until 2/28/20; form available on Mountain-Pacific provider portal for faxes only</i>
Timeframe for PA request	No later than day of admission, no earlier than 2 days prior to admission
CON Required for PA	Yes – Form on Mountain-Pacific provider portal <i>*Form must be completed and signed within 30 days before admit date</i>
Timeframe for CON submission	Complete CON must be submitted with PA
Initial Authorization Period	MNC up to 14 days
Outcome of missing PA timeframe	Technical denial if received earlier than 2 business days; Requests received after admit date will be reviewed for MNC from the date of submission moving forward
TAT for UM review of PA	2 business days
CSR Required	No - <i>If additional days needed, submit PA for full PRTF services before the last covered day of the PRTF-AS</i>
Timeframe for RFI for PA or CSR	Must be submitted to UM team within 5 business days of request

TAT of UM review after RFI submitted	2 business days
Outcome of missing RFI for PA	Technical denial
Outcome of UM for PA	Approval, Partial or Denial
Discharge Notification Req	Yes – Completed via Discharge Status Task in QT

Partial Hospital Services

Review Type in QT	Behavioral Health Inpatient
Place of Service	99 – Other Place of Service
Type of Service	CMHB Partial Hospitalization
Timing	Prospective, Retrospective, Concurrent, Continued Stay
Procedure Code	H0035
MCG Guideline Name – PA Specific	MT_Partial Hospital Child initial
Diagnostic/MNC Criteria	<p>(1) Youth must meet SED criteria as described in CMHB Provider Manual;</p> <p>(2) The clinical condition of the youth requires a structured day program with active psychiatric treatment under the direction of a physician with frequent nursing and medical supervision.</p> <p>(3) The youth has exhausted or cannot be safely treated in a less intensive level of care and the partial hospital program can safely substitute for or lessen the time for a discharge from an acute hospital.</p> <p>(4) The treatment plan is focused on stabilizing or alleviating the psychiatric symptoms and precipitating psychosocial stressors that are interfering with the ability of the youth to receive services in a less intensive outpatient setting.</p> <p>(5) The youth can be safely and effectively managed in a partial hospital setting without significant risk of harm to self/others.</p> <p>(6) The services can reasonably be expected to improve the clinical condition of the youth or prevent further regression.</p>
Examples of clinical documentation to support PA criteria	<p>Biopsychosocial assessment; intake assessment; and/or discharge assessment from previous higher level of care</p> <p>Any additional clinical documentation provider sees fit to provide to demonstrate PA criteria including justification for service at requested LOC</p>
PA Required	<p>Yes – Electronic fields in provider portal (QT)</p> <p>*Faxed requests possible until 2/28/20; form available on Mountain-Pacific provider portal for faxes only</p>
Timeframe for PA request	No later than day of admission, no earlier than 2 days prior to admission
Initial Authorization Period	MNC up to 30 days
Outcome of missing PA timeframe	<p>Technical denial if received earlier than 2 business days;</p> <p>Requests received after admit date will be reviewed for MNC from the date of submission moving forward</p>
TAT for UM review of PA	2 business days
CSR Required	<p>Yes – Electronic fields in provider portal (QT)</p> <p>*Faxed requests possible until 2/28/20; form available on Mountain-Pacific provider portal for faxes only</p>
MCG Guideline Name – CSR Specific	MT_Partial Hospital Child CSR
CSR Criteria	<p>(1) The youth continues to meet all admission criteria;</p> <p>(2) LLOC are inadequate to meet the needs of the youth;</p> <p>(3) Active treatment is occurring, which is focused on stabilizing or alleviating the psychiatric symptoms and precipitating psychosocial stressors that are interfering with the ability of the youth to receive services in a less intensive outpatient setting;</p>

	<p>(4) Demonstrated and documented progress is being made toward the treatment goals and there is a reasonable likelihood of continued progress including a reduced probability of future need for a higher level of care; and</p> <p>(5) Demonstrated and documented progress is being made on a comprehensive and viable discharge plan. The treatment team provides a clinical rationale for any recommended changes in the discharge plan or anticipated discharge date.</p>
Examples of clinical documentation to support CSR criteria	<p>Most recent treatment plan demonstrating progress towards goals; discharge plan including projected discharge date and progress towards completion of the plan; medication list including rationale for med changes, if applicable; progress notes or assessments detailing the following: changes to DSM/ICD diagnosis, description of Interventions and critical incidents;</p> <p>Any additional clinical documentation provider sees fit to provide to demonstrate CSR criteria including justification for continued service at current LOC</p>
Timeframe for CSR	Between 10 and 5 business days prior to end of current auth period
CSR coverage period	MNC up to 15 days
Outcome of missing CSR timeframe	Technical denial if received earlier than 5 business days; Requests received after the authorized period has expired will be reviewed for MNC from the date of submission moving forward
TAT for UM review of CSR	2 business days
Timeframe for RFI for PA or CSR	Must be submitted to UM team within 5 business days of request
TAT of UM review after RFI submitted	2 business days
Outcome of missing RFI for PA or CSR	Technical denial
Outcome of UM for PA or CSR	Approval, Partial or Denial

Therapeutic Group Home (TGH)

Review Type in QT	Behavioral Health Residential
Place of Service	99 – Other Place of Service
Type of Service	CMHB Therapeutic Group Home
Timing	Prospective, Retrospective, Concurrent, Continued Stay
Procedure Code	S5145
MCG Guideline Name	MT_Therapeutic Group Home (TGH) MT_Therapeutic Group Home (TGH) CSR
Diagnostic/MNC Criteria	<p>(1) Youth must meet SED criteria as described in CMHB Provider Manual;</p> <p>(2) The prognosis for treatment of the SED of the youth at a LLOC is poor because the youth demonstrates 3 or more of the following due to the SED:</p> <ul style="list-style-type: none"> (a) significantly impaired interpersonal or social functioning; (b) significantly impaired educational or occupational functioning; (c) impairment of judgment; (d) poor impulse control; or (e) lack of family or other community or social networks. <p>(3) As a result of the SED, the youth exhibits an inability to perform activities of daily living (ADLs) in a developmentally appropriate manner.</p> <p>(4) As a result of the SED or MI, the youth exhibits internalizing or externalizing behavior that results in an inability for a caregiver to safely provide care and structure for the youth in a family setting.</p> <p>(5) The SED symptoms of the youth are of a severe or persistent nature requiring more intensive treatment and clinical supervision than can be provided by outpatient or in-home mental health service.</p> <p>(6) The youth exhibits behaviors related to the SED diagnosis that result in significant risk for placement in a PRTF or acute care if TGH services are not provided, or the youth is currently being treated or maintained in a more restrictive environment and requires a structured treatment environment in order to be successfully treated in a LLOC setting.</p>
Examples of clinical documentation to support PA criteria	<p>Biopsychosocial assessment; intake assessment; and/or discharge assessment from previous higher level of care</p> <p>Any additional clinical documentation provider sees fit to provide to demonstrate PA criteria including justification for service at requested LOC</p> <p><i>*For youth in emergency situations who meet the medical necessity criteria for TGH level of care, please include the “Emergency 72 Hour TGH Payment Authorization Form #009.”</i></p>
PA Required	<p>Yes – Electronic fields in provider portal (QT)</p> <p>*Faxed requests possible until 2/28/20; form available on Mountain-Pacific provider portal for faxes only</p>
Timeframe for PA request	No later than day of admission, no earlier than 10 business days prior to admission
Initial Authorization Period	MNC up to 120 days

	<i>*3 days for youth in emergency situations who meet the medical necessity criteria for TGH level of care and the “Emergency 72 Hour TGH Payment Authorization Form #009” has been uploaded</i>
Outcome of missing PA timeframe	Technical denial if received earlier than 10 business days; Requests received after admit date will be reviewed for MNC from the date of submission moving forward
TAT for UM review of PA	2 business days (additional 4 business days if PR)
CSR Required	Yes – Electronic fields in provider portal (QT) *Faxed requests possible until 2/28/20; form available on Mountain-Pacific provider portal for faxes only <i>*If a youth is readmitted into TGH services in less than 14 calendar days, a provider must submit a CSR</i>
CSR Criteria	<p>(1) The youth continues to meet the SED criteria as described in the CMHB Provider Manual;</p> <p>(2) The prognosis for treatment of the SED at a LLOC remains poor because the youth still demonstrates 2 or more of the following:</p> <ul style="list-style-type: none"> (a) significantly impaired interpersonal or social functioning; (b) significantly impaired educational or occupational functioning; (c) impairment of judgment; or (d) poor impulse control. <p>(3) As a result of the SED, the youth exhibits an inability to perform activities of daily living (ADLs) in a developmentally appropriate without the structure of the TGH;</p> <p>(4) The SED symptoms of the youth are of a severe or persistent nature requiring more intensive treatment and clinical supervision than can be provided by outpatient or in-home mental health service;</p> <p>(5) The youth has demonstrated progress toward identified treatment goals and has a reasonable likelihood of continued progress</p> <p>(6) The following information must be submitted:</p> <ul style="list-style-type: none"> (a) changes to current DSM diagnosis; (b) justification for continued services at this level of care; (c) description of behavioral management interventions and critical incidents; (d) assessment of treatment progress related to admitting symptoms and identified treatment goals; (e) list of current medications and rationale for medication changes, if applicable; and (f) projected discharge date and clinically appropriate discharge plan, citing evidence of progress toward completion of that plan
Examples of clinical documentation to support PA criteria	Most recent treatment plan demonstrating progress towards goals; discharge plan including projected discharge date and progress towards completion of the plan; medication list including rationale for med changes, if applicable; progress notes or assessments detailing the following: changes to DSM/ICD diagnosis, description of Interventions and critical incidents;

	Any additional clinical documentation provider sees fit to provide to demonstrate CSR criteria including justification for continued service at current LOC
Timeframe for CSR	No earlier than 10 business days prior to last covered day <i><u>*If a youth is readmitted into TGH services, no earlier than 10 business days and no later than 2 business days prior to the readmission</u></i>
CSR coverage period	MNC up to 90 days
Outcome of missing CSR timeframe	Technical denial if received earlier than 10 business days; Requests received after the authorized period has expired will be reviewed for MNC from the date of submission moving forward
TAT for UM review of CSR	2 business days (additional 4 business days if PR)
Timeframe for RFI for PA or CSR	Must be submitted to UM team within 5 business days of request
TAT of UM review after RFI submitted	2 business days (additional 4 business days for PR)
Outcome of missing RFI for PA or CSR	Technical denial
Outcome of UM for PA or CSR	Approval, Partial or Denial
Discharge Notification Req	Yes – Completed via Discharge Status Task in QT

Home Support Services (HSS)

Review Type in QT	Behavioral Health Outpatient
Place of Service	99 – Other Place of Service
Type of Service	CMHB Home Support Services
Timing	Prospective, Retrospective, Concurrent, Continued Stay
Procedure Code	H2020
MCG Guideline Name	MT_Home Support Services CSR
Diagnostic/MNC Criteria	<p>(1) Youth must meet SED criteria as described in CMHB Provider Manual;</p> <p>(2) Symptoms of the serious emotional disturbance of the youth are of a persistent nature requiring intensive in-home behavioral intervention. The specific behavioral intervention need must be documented in the file of the youth as described in Rule 37.87.1407(4)(a) through (d).</p> <p>(3) The youth exhibits behaviors related to the covered diagnosis that result in risk for placement in a more restrictive environment, if in-home services are not provided, or the youth is currently being treated and maintained in a more restrictive environment and requires structured, in-home services in order to be successfully discharged to the home.</p> <p>(4) The parent/caregiver has agreed to in-home support services evidenced by a signature from the youth, if appropriate, and caregiver on the Individualized Treatment Plan (ITP); and</p> <p>(5) The youth must meet one of the following:</p> <ul style="list-style-type: none"> (a) Has received services from a Psychiatric Residential Facility (PRTF), acute inpatient, partial hospitalization, therapeutic foster care or therapeutic group home within the last 45 days; (b) If age 3 or under, has been referred by Head Start, day care or physician as needing services and has been referred to or receiving Montana's Infant and Toddler Early Intervention Program (Part C), and services cannot meet identified needs. Provider must document Part C services cannot meet identified need prior to HSS service provision; (c) Outpatient services alone are not sufficient to meet the parent/caregiver's needs for coaching, support and education. The file of the youth should state clearly what has been tried, and the response must include documentation of receiving 3 out of the 4 of the following services: <ul style="list-style-type: none"> (i) Outpatient therapy (at least 6 sessions over the past 60 days) OR it has been documented that Outpatient therapy is not available in the home community; (ii) Targeted Case Management (TCM), as defined on page 43 of this manual, in the last 60 days; (iii) Physician or midlevel care or consultation (specific to mental health) in the last 60 days; or (iv) Documentation that the youth has required crisis intervention more than once in the past 45 days. <p>Documentation must include the date, location and nature of the crisis situation, including an assessment of dangerousness/lethality, medical concerns and social supports and the result of the intervention.</p>

Examples of clinical documentation to support PA criteria	<p>Biopsychosocial assessment; intake assessment; and/or discharge assessment from previous higher level of care</p> <p>Any additional clinical documentation provider sees fit to provide to demonstrate PA criteria including justification for service at requested LOC</p> <p>“Home Support Services Exception to HSS Admission Criteria Request Form” if necessary; form available on Mountain-Pacific provider portal</p>
PA Required	<p>Yes – Electronic fields in provider portal (QT)</p> <p>*Faxed requests possible until 2/28/20; form available on Mountain-Pacific provider portal for faxes only</p> <p>*Only after 365 billed days</p>
Timeframe for PA request	No earlier than 10 days prior to first day after 365 billed days
Initial Authorization Period	MNC up to 90 days
Outcome of missing PA timeframe	Technical denial for requests earlier than 10 business days; Requests received after 365 billed days will be reviewed for MNC from date of submission moving forward
TAT for UM review of PA	2 business days (additional 4 business days if PR)
CSR Required	<p>Yes – Electronic fields in provider portal (QT)</p> <p>*Faxed requests possible until 2/28/20; form available on Mountain-Pacific provider portal for faxes only</p>
MCG Guideline Name – CSR Specific	MT_Home Support Services CSR
CSR Criteria	<p>(1) The legal representative must agree to continue in-home support evidenced by their signature on the HSS Service Authorization Request form;</p> <p>(2) The youth must continue to meet the SED criteria for HSS;</p> <p>(3) The youth must meet at least 2 of the following:</p> <ul style="list-style-type: none"> (a) The youth has documented change in clinical presentation including clinical needs in the last 90 days; (b) The youth has not received HSS services within the past 5 years; (c) The youth required crisis intervention more than once in the last 45 days which is documented. Documentation must reflect: <ul style="list-style-type: none"> (i) the date of the call; (ii) the staff involved; (iii) the nature of the emergency, including an assessment of dangerousness/lethality, medical concerns, and social supports; and (iv) result of the intervention. (d) The youth has received services in an out of home placement related to the SED diagnosis of the youth in the last 45 day; (e) The youth required greater than the minimum face-to-face contacts by the HSS Specialist in order to address the mental health needs of the youth and is documented in the file of the youth; or (f) Parent or caregiver presents with exceptional clinical need, which is documented in the file of the youth.
Examples of clinical documentation to support CSR criteria	Most recent treatment plan demonstrating progress towards goals; discharge plan including projected discharge date and progress towards completion of the plan; medication list

	<p>including rationale for med changes, if applicable; progress notes or assessments detailing the following: changes to DSM/ICD diagnosis, description of Interventions and critical incidents;</p> <p>Any additional clinical documentation provider sees fit to provide to demonstrate CSR criteria including justification for continued service at current LOC</p>
Timeframe for CSR	No earlier than 10 days, and prior to last covered day
CSR coverage period	MNC up to 90 days
Outcome of missing CSR timeframe	Technical denial if received earlier than 10 business days; Requests received after the authorized period has expired will be reviewed for MNC from the date of submission moving forward
TAT for UM review of CSR	2 business days (additional 4 business days if PR)
Timeframe for RFI for PA or CSR	Must be submitted to UM team within 5 business days of request
TAT of UM review after RFI submitted	2 business days (additional 4 business days for PR)
Outcome of missing RFI for PA or CSR	Technical denial
Outcome of UM for PA or CSR	Approval, Partial or Denial
Discharge Notification Required	Yes – Completed via Discharge Status Task in QT

Therapeutic Home Visit (THV)

Review Type in QT	Behavioral Health Outpatient
Place of Service	99 – Other Place of Service
Type of Service	CMHB Therapeutic Home Visit
Timing	Prospective, Retrospective, Concurrent, Continued Stay
Procedure Code	99233 <i>*Revenue Code 183 will be connected to case following review</i>
MCG Guideline Name	MT_Therapeutic Home Visits
Diagnostic/MNC Criteria	(1) The youth must be receiving services in a TGH or a PRFT. (2) The following information must be submitted: (a) demonstrates progress toward identified treatment goals; (b) supports a therapeutic plan to transition the youth to a less restrictive level of care; (c) the youth has been prepared for the THV evidenced by a written crisis plan and a written plan for provider contact with the youth and legal representative during the visit; and (d) has a viable discharge plan.
Examples of clinical documentation to support PA criteria	Most recent treatment plan of TGH or PRFT demonstrating progress towards goals; discharge plan of TGH or PRFT including projected discharge date and progress towards completion of the plan; progress notes or assessments from TGH or PRFT detailing the following: changes to DSM/ICD diagnosis, description of Interventions and critical incidents; Any additional clinical documentation provider sees fit to provide to demonstrate PA criteria including justification for continued service at current LOC
PA Required	Yes – Electronic fields in provider portal (QT) *Faxed requests possible until 2/28/20; form available on Mountain-Pacific provider portal for faxes only <i>*Required for each stay that will exceed 3 patient days per visit</i>
Timeframe for PA request	Between 10 and 5 business days prior to the scheduled THV *If unexpected circumstances prevent the youth from returning from the THV within the 3 days, provider must submit the request no later than 1 business day prior to the end of the 3 patient days
Initial Authorization Period	Up to 14 days for a maximum benefit per fiscal year (July 1 – June 30)
Outcome of missing PA timeframe	Technical denial if submitted more than 10 business days prior to requested start date, review for submission date and forward from date of late request.
TAT for UM review of PA	2 business days (additional 4 business days if PR)
CSR Required	Yes – Electronic fields in provider portal (QT) *Faxed requests possible until 2/28/20; form available on Mountain-Pacific provider portal for faxes only
CSR Criteria	Unexpected circumstances prevent the youth from returning from the THV within the time specified with subsequent authorizations
Examples of clinical documentation to support CSR criteria	Any documentation provider sees fit to provide to demonstrate CSR criteria including justification for continued service

Timeframe for CSR	No later than 1 business days prior to the end of the time specified with prior authorizations
CSR coverage period	Up to 14 days for a maximum benefit per fiscal year (July 1 – June 30)
Outcome of missing CSR timeframe	Technical denial prior to day of submission, review for submission date and forward
TAT for UM review of CSR	2 business days (additional 4 business days for PR)
Timeframe for RFI for PA or CSR	Must be submitted to UM team within 5 business days of request
TAT of UM review after RFI submitted	2 business days (additional 4 business days for PR)
Outcome of missing RFI for PA or CSR	Technical denial
Outcome of UM for PA or CSR	Approval, Partial or Denial
Discharge Notification Required	Yes – Completed via Discharge Status Task in QT

Extraordinary Needs Aide Service (ENA)

Review Type in QT	Behavioral Health Outpatient
Place of Service	99 – Other Place of Service
Type of Service	CMHB ENA Services
Timing	Prospective, Retrospective, Extension Request
Procedure Code and Modifier	H2019 TG
MCG Guideline Name – PA Specific	MT_ENA Services Initial
Diagnostic/MNC Criteria	<p>(1) The youth must be receiving services in a TGH;</p> <p>(2) The youth must meet SED criteria as described in CMHB Provider Manual;</p> <p>(3) Youth must meet all of the following:</p> <ul style="list-style-type: none"> (a) exhibit extreme behaviors that cannot be managed by the TGH staffing required by licensure ARM 37.97.903; (b) The extreme behaviors of the youth are current, moderately severe, and consist of documented incidents that are symptoms of the SED of the youth; (c) The behaviors are either frequent in occurrence, or at risk of becoming a serious occurrence, and include 1 or more of the following behaviors: <ul style="list-style-type: none"> (i) harming self or others; (ii) destruction of property; or (iii) a pattern of frequent extreme physical outbursts <p>(4) PA request must include:</p> <ul style="list-style-type: none"> (a) a behavior assessment; (b) a detailed description of the behavioral problems of the youth including date(s) of occurrence(s) and frequency of behavior problems to justify the number of ENA hours being requested; and (c) measurable ENA treatment plan goals and objectives.
Examples of clinical documentation to support PA criteria	<p>Most recent TGH treatment plan demonstrating progress towards goals including specific benefits of ENA in larger treatment plan; discharge plan including projected discharge date and progress towards completion of the plan; medication list including rationale for med changes, if applicable; progress notes or assessments detailing the following: changes to DSM/ICD diagnosis, description of Interventions and critical incidents;</p> <p>Any additional clinical documentation provider sees fit to provide to demonstrate CSR criteria including justification for service</p>
PA Required	<p>Yes – Electronic fields in provider portal (QT)</p> <p>*Faxed requests possible until 2/28/20; form available on Mountain-Pacific provider portal for faxes only</p>
Timeframe for PA request	No earlier than 10 business days
Initial Authorization Period	Up to 120 days – date span with 15 min units = 11,520 units
Outcome of missing PA timeframe	Technical denial prior to day of submission, review for submission date and forward
TAT for UM review of PA	2 business days (additional 4 business days for PR)
Ext Req Required	<p>Yes – Electronic fields in provider portal (QT)</p> <p>* Faxed requests possible until 2/28/20; form available on Mountain-Pacific provider portal for faxes only</p>
MCG Guideline Name – Ext Req Specific	MT_ENA Services CSR

Ext Req Criteria	<p>(1) The youth continues to meet admission criteria;</p> <p>(2) The youth demonstrates progress towards identified treatment goals and the reasonable likelihood of continued progress; and</p> <p>(3) There is demonstrated and documented progress being made to implement an adequate transition plan to regular staffing and there is clinical rationale for any recommended changes in the transition plan or anticipated transition date.</p> <p>(4) The CSR request must include:</p> <ul style="list-style-type: none"> (a) an updated behavior assessment; (b) a description of the behavior problems with new goals and objectives; and (c) dates and frequency of behavior problems.
Examples of clinical documentation to support Ext Req criteria	<p>Most recent TGH treatment plan demonstrating progress towards goals including specific benefits of ENA in larger treatment plan; discharge plan including projected discharge date and progress towards completion of the plan; medication list including rationale for med changes, if applicable; progress notes or assessments detailing the following: changes to DSM/ICD diagnosis, description of Interventions and critical incidents;</p> <p>Any additional clinical documentation provider sees fit to provide to demonstrate CSR criteria including justification for continued service at current LOC</p>
Timeframe for Ext Req	No earlier than 10 business days prior to and no later than 1 day past last covered day
Ext Req coverage period	Up to 90 days – date span with 15 min units = 8,640 units
Outcome of missing Ext Req timeframe	Technical denial prior to day of submission, review for submission date and forward
TAT for UM review of Ext Req	2 business days (additional 4 business days for PR)
Timeframe for RFI for PA or Ext Req	Must be submitted to UM team within 5 business days of request
TAT of UM review after RFI submitted	2 business days (additional 4 business days for PR)
Outcome of missing RFI for PA or Ext Req	Technical denial
Outcome of UM for PA or Ext Req	Approval, Partial or Denial