

QUALITRAC PROVIDER USER GUIDE

for Montana Medicaid Services
Processed through Qualitrac

Effective June 11, 2021



THIS PROJECT IS FUNDED IN WHOLE OR IN PART UNDER A CONTRACT WITH THE MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES. THE STATEMENTS HEREIN DO NOT NECESSARILY REFLECT THE OPINION OF THE DEPARTMENT.

Contents

Purpose	3
Acronyms	4
Ambulance Services	5
Durable Medical Equipment, Prosthetics, Orthotics & Supplies (DMEPOS).....	6
Home Health	7
Hospital Inpatient Services (Out of State)	9
Preadmission Screening and Resident Review (PASRR)	11
Physician Administered Drugs.....	12
Physician Related Services	13
Private Duty Nursing	15

Purpose

This user guide is intended to supplement both 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 service type and the associated timelines for each.

This guide is not meant as a replacement or substitute for the following most current Montana State Medicaid approved provider manuals:

- Ambulance
 - <https://medicaidprovider.mt.gov/manuals/ambulanceservicesmanual#492438294-provider-file-updates--and-new-provider-information>
- Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)
 - <https://medicaidprovider.mt.gov/20#187462974-provider-manuals>
- Early and Periodic Screening, Diagnostic and Treatment Services (EPSDT)/Children's Services
 - <https://medicaidprovider.mt.gov/04#186402802-provider-manuals>
- Home Health
 - <https://dphhs.mt.gov/sltc/homehealthpolicymanual>
- Hospital Inpatient Services Manual
 - <https://medicaidprovider.mt.gov/01#186035114-provider-manuals>
- Preadmission Screening and Resident Review (PASRR)
 - Nursing Facility and Swing Bed Manual:
<https://medicaidprovider.mt.gov/manuals/nursingfacilitymanual>
- Physician-Related Services (including Physician Administered Drugs)
 - <https://medicaidprovider.mt.gov/27#184022457-provider-manuals>
- Private Duty Nursing
 - <https://medicaidprovider.mt.gov/14#186962910-provider-manuals>

Acronyms

Abbreviation	Full Term/Explanation
ALS	Advanced Life Support - Ambulance
APR-DRG	All Patients Refined Diagnosis Related Groups
ARM	Administrative Rules of Montana
ASC	Ambulatory Surgical Center
BLS	Basic Life Support - Ambulance
BSW	Big Sky Waiver
CPT	Current Procedural Terminology
CSR	Continued Stay Review
DOS	Date of Service
ED	Emergency Department
EPSDT	Early and Periodic Screening Diagnostic and Treatment
H&P	History & Physical
HCP	Health Care Provider
HCPCS	Healthcare Common Procedure Coding System
HRD	Health Resource Division
LOC	Level of Care
LOS	Length of Stay
MCG	Nationally recognized criteria, formally called Milliman Care Guidelines
MNC	Medical Necessity Criteria
MT	Montana
NH	Nursing Home
OOS	Out of State
PA	Prior Authorization
PASRR	Preadmission Screening and Resident Review
PDN	Private Duty Nursing
QT	Qualitrac (Online utilization management portal)
RFI	Request for Information
TAT	Turn Around Time
UM	Utilization Management

Ambulance Services

Review Type in QT	Ambulance Air or Ambulance Ground
Place of Service	Land or Air
Type of Service	Ambulance
Timing	Retrospective
Procedure Code	Base Rates, Out of Town Miles, Oxygen
Guideline Name	N/A
Diagnostic/MNC Criteria	N/A
Examples of clinical documentation to support PA criteria	Ambulance trip report or flight record
PA Required	Yes
Timeframe for PA Request	180 days from transport date or retro eligible date
Initial Authorization Period	N/A
Outcome of Missing PA Timeframe	Denied based on Montana ARMs
TAT for UM Review of PA	N/A
CSR Required	N/A
CSR Criteria	N/A
Examples of clinical documentation to support CSR criteria	N/A
Timeframe for CSR	N/A
CSR Coverage Period	N/A
Outcome of Missing CSR Timeframe	N/A
TAT for CSR	N/A
Timeframe for RFI for PA or CSR	N/A
Outcome of Missing RFI for PA or CSR	N/A
Outcome of UM for PA or CSR	N/A
Discharge Notification Required	N/A

Durable Medical Equipment, Prosthetics, Orthotics & Supplies (DMEPOS)

Review Type in QT	DME
Place of Service	Home
Type of Service	Durable Medical Equipment or Prosthetic Device
Timing	Prospective Retrospective is ONLY allowed when the member or provider can prove retro-eligibility
Procedure Code	Appropriate HCPCS Code
Guideline Name	Noridian Medicare Criteria
Diagnostic/MNC Criteria	Refer to Noridian Criteria located here
Examples of clinical documentation to support PA criteria	Refer to the State of Montana provider manual located here . Medical records that demonstrate medical necessity also need to be provided.
PA Required	Yes, via submission in the portal
Timeframe for PA request	Prior to the item being dispensed to the member
Initial Authorization Period	Varies depending on the item requested and if it is a rental or a purchase
Outcome of Missing PA Timeframe	For any request where retro-eligibility does not apply, if the PA is not submitted before it is dispensed to the member, the case will be denied based on Montana ARMs
TAT for UM review of PA	10 business days
CSR Required	No
CSR Criteria	N/A
Examples of clinical documentation to support CSR criteria	N/A
Timeframe for CSR	N/A
CSR Coverage Period	N/A
Outcome of Missing CSR Timeframe	N/A
TAT for CSR	N/A
Timeframe for RFI for PA or CSR	Must be submitted via portal within 3 business days of request
Outcome of Missing RFI for PA or CSR	Administrative Denial
Outcome of UM for PA or CSR	Approval, Partial Denial or Denied
Discharge Notification Required	No

Home Health

Review Type in QT	Home Health
Place of Service	Home
Type of Service	Home Health Care
Timing	Prospective
Procedure Code	G0151 Physical Therapy G0152 Occupational Therapy G0153 Speech Therapy G0299 Nursing Skilled Therapy G0156 Home Health Aide
Guideline Name	State of Montana Home Health Manual
Diagnostic/MNC Criteria	<ol style="list-style-type: none"> 1. Be Medicaid eligible 2. Have a medical necessity for home health services to be delivered in his or her place of residence; and 3. Under the care of a physician who has established a plan of care which the physician reviews no less than every 60 days.
Examples of clinical documentation to support PA criteria	The certifying physician's medical records, and/or the acute/post-acute care facility's medical records (if the member directly admitted to Home Health) are used as the basis for determining the member's eligibility for the Medicaid Home Health services.
PA Required	Yes, via submission in the portal
Timeframe for PA request	Prior to services starting or within 5 days of the first visit
Initial Authorization Period	Approval to provide home health services up to the program limits as ordered by the physician. Home health services are limited to 180 visits within 365 days of the initial service visit.
Outcome of Missing PA Timeframe	For any request where retro-eligibility does not apply, if the PA is not submitted before services start or within 5 days of the first visit, the days prior to PA submission will be denied based on Montana ARMs.
TAT for UM Review of PA	10 business days
CSR Required	Requests for additional visits over the amount approved during the initial authorization request are considered an amendment to the initial request.
CSR Criteria	If member has not yet met Home Health goals and needs additional visits
Examples of clinical documentation to support CSR criteria	<p>Two nursing/therapy visit notes.</p> <p>Signed Home Health Certification and Plan of Care form (SLTC 126), if more than 60 days has elapsed since the last physician certification date.</p>
Timeframe for CSR	The amendment request must be submitted prior to the current approved visits running out (i.e., initial request was for 25 visits. Before the 26 th visit is scheduled, the amendment must be submitted for approval)

CSR Coverage Period	Depends on what is requested by the home health agency and in consultation with the ordering physician
Outcome of Missing CSR Timeframe	If visits are completed before getting approval (after the initial approved visits are used), the home health agency may not bill Medicaid for those visits
TAT for CSR	10 business days
Timeframe for RFI for PA or CSR	Must be submitted via portal within 3 business days of request
Outcome of Missing RFI for PA or CSR	Administrative Denial
Outcome of UM for PA or CSR	Approval, Partial Denial or Denied
Discharge Notification Required	N/A

Hospital Inpatient Services (Out of State)

Review Type in QT	Out of State (Inpatient)
Place of Service	Inpatient Hospital
Type of Service	Select most appropriate system
Timing	Prospective = admit date is in the future Concurrent = admit date is the same as the date request is submitted or was prior to request submit date and member is still in the hospital Retrospective = member has already been admitted and discharged before request is submitted
Procedure Code	Defaults to 99233—PLEASE DO NOT CHANGE OR ADD OTHERS
Guideline Name	Depends on reason for admission (procedure code and diagnosis)
Diagnostic/MNC Criteria	MCG Criteria
Examples of clinical documentation to support PA criteria	H&P and/or ED notes if member admits through the ED, H&P and/or HCP office notes if planned admission
PA Required	Yes, via submission in the portal
Timeframe for PA Request	For urgent/emergent admissions, within 3 business days of the admission For planned admissions, as far in advance of the admission as possible
Initial Authorization Period	Depends on MNC and typical LOS
Outcome of Missing PA Timeframe	For urgent/emergent admissions, if request is received after 3 business days of the admission date, the case will be denied based on Montana ARMs. For planned admissions, if request is received after the member is already in the hospital, it may be denied based on ARMS or if service is available in Montana. For any admission that is denied, if the facility decides to provide the service anyways, they will still be paid 50% of the APR-DRG and they cannot balance bill the member per ARMs.
TAT for UM Review of PA	10 business days, but typically done sooner
CSR Required	Yes, via submission in the portal if the member is still in the hospital after the initial approved span
CSR Criteria	MCG Criteria
Examples of clinical documentation to support CSR criteria	Updated hospital records demonstrating member's need for continued inpatient stay
Timeframe for CSR	Due the first day after the last covered day (i.e., if approved through the 21 st , CSR would be due the 22 nd)
CSR Coverage Period	Depends on MNC and member's progress
Outcome of Missing CSR Timeframe	All requests received will be reviewed for MNC from the last covered day forward
TAT for CSR	10 business days, but typically done sooner

Timeframe for RFI for PA or CSR	Must be submitted via portal within 3 business days of request
Outcome of Missing RFI for PA or CSR	Administrative Denial
Outcome of UM for PA or CSR	Approval, Partial Denial or Denied
Discharge Notification Required	Yes – Completed via Discharge Status Task in QT

Preadmission Screening and Resident Review (PASRR)

Review Type in QT	PASRR Level 1
Place of Service	Nursing Facility (auto-fills in, Do NOT change)
Type of Service	Long Term Care (auto-fills in, Do NOT change)
Timing	Concurrent - member is already in the nursing facility Prospective - member will be admitted after request was submitted
Procedure Code	Defaults to T2010—PLEASE DO NOT CHANGE OR ADD OTHERS
Guideline Name	42 CFR 483.100–138
Diagnostic/MNC Criteria	N/A
PASRR Screening Required	Yes, via submission in the portal
Timeframe for PASRR Request	Prior to nursing facility or swing bed admission
Initial Authorization Period	No limit, if approved
Examples of clinical documentation to support PASRR screening	H&P, medication list
Outcome of Missing PASRR Timeframe	Closed as Outcome Not Rendered
TAT for UM review of PA	Same day if received before 3 PM Next business day if received after 3 PM
Timeframe for RFI for PASRR	10 business days
TAT of UM Review after RFI Submitted	Same day if received before 3 PM Next business day if received after 3 PM
Outcome of Missing RFI for PA or CSR	Administrative Denial
Outcome of UM Review	Approved, Denied, PASRR Level II, Categorical Determination
Discharge Notification Required	N/A

Physician Administered Drugs

Review Type in QT	Physician Administered Drug
Place of Service	Ambulatory Surgical Center Office Other Place of Service Outpatient Hospital
Type of Service	Prescription Drug (auto-fills, Do NOT change)
Timing	Prospective - member has not received the PAD yet Retrospective - member has already received the PAD
Procedure Code	Appropriate HCPCS code for requested drug
Guideline Name	State of Montana Criteria
Diagnostic/MNC Criteria	Refer to State of Montana Criteria found here
Examples of clinical documentation to support PA criteria	Office visit notes, lab values, list of previously trialed medications, medical records supporting other medications have failed
PA Required	Yes, via submission in the portal
Timeframe for PA request	While it is recommended that PA requests occur before the procedure has been completed, Physician Administered Drugs can be submitted retrospectively. While there is no specific timeline for when a request must be submitted, a provider has 365 days from the date of administering the medication to bill, therefore the PA request should occur before that. **Please note: If criteria were not met at the time of administering the medication, the request will be denied.
Initial Authorization Period	Depends on drug requested and criteria requirements
Outcome of Missing PA Timeframe	All requests will be reviewed for MNC, if the code requires PA.
TAT for UM review of PA	10 business days
CSR Required	N/A
CSR Criteria	N/A
Examples of clinical documentation to support CSR criteria	N/A
Timeframe for CSR	N/A
CSR coverage period	N/A
Outcome of Missing CSR Timeframe	N/A
TAT for CSR	N/A
Timeframe for RFI for PA or CSR	Must be submitted via portal within 5 business days of request
Outcome of Missing RFI for PA or CSR	Administrative Denial
Outcome of UM for PA or CSR	Approved, Partial Denial, Denial
Discharge Notification Required	N/A

Physician Related Services

Review Type in QT	Medical-Surgical (Outpatient) OR Acute Medical Surgical – only if member was inpatient for the procedure
Place of Service	Medical-Surgical (Outpatient): Ambulatory Surgical Center —only select if the facility billing is registered as an ASC Office Outpatient Hospital Acute Medical Surgical: Inpatient Hospital
Type of Service	Select most appropriate
Timing	Prospective = procedure date is in the future Retrospective = procedure has already been completed before request is submitted
Procedure Code	Enter specific code that needs PA
Guideline Name	State of Montana Criteria
Diagnostic/MNC Criteria	Refer to State of Montana Criteria located here
Examples of clinical documentation to support PA criteria	HCP medical records that clearly demonstrate how required criteria has been met
PA Required	Yes, for specific CPT codes, via submission in the portal. PLEASE verify the code needs PA before submitting via QT. You can use the PA lookup tool on the portal home page or reference the appropriate fee schedule on the State of Montana's website.
Timeframe for PA request	While it is recommended that PA requests occur before the procedure has been completed, Physician Related Services can be submitted retrospectively. While there is no specific timeline for when a request must be submitted, a provider has 365 days from the date of the procedure to bill, therefore the PA request should occur before that. **Please note: If criteria were not met at the time of the procedure, the request will be denied.
Initial Authorization Period	If procedure has already been completed, then authorization will be for the DOS. If the procedure has not been completed, the authorization will be for a span to accommodate for potential date changes.
Outcome of Missing PA Timeframe	All requests will be reviewed for MNC, if the CPT code requires PA.
TAT for UM review of PA	10 business days
CSR Required	No
CSR Criteria	N/A

Examples of clinical documentation to support CSR criteria	N/A
Timeframe for CSR	N/A
CSR coverage period	N/A
Outcome of Missing CSR Timeframe	N/A
TAT for CSR	N/A
Timeframe for RFI for PA or CSR	Must be submitted via portal within 3 business days of request
Outcome of missing RFI for PA or CSR	Administrative Denial
Outcome of UM for PA or CSR	Approval, Partial Denial or Denied
Discharge Notification Required	No

Private Duty Nursing

Review Type in QT	Private Duty
Place of Service	Home or School
Type of Service	Home = Home Health Care School = Skilled Nursing Care
Timing	Prospective
Procedure Code	Home = T1002 or T1003 School = T1000
Guideline Name	State of Montana Criteria
Diagnostic/MNC Criteria	Private Duty Nursing Manual
Examples of clinical documentation to support PA criteria	HCP medical records that clearly demonstrate why skilled services are needed
PA Required	Yes, via submission in the portal
Timeframe for PA request	Prior to services starting
Initial Authorization Period	Home = 3 month, 3 month, then 6-month spans School = school year
Outcome of missing PA timeframe	All Requests will be reviewed for MNC and approved, if appropriate from the date of submission. A note will be sent to the PDN provider explaining that retro-authorizations are not allowed and therefore cannot approve days prior to receiving the request.
TAT for UM review of PA	10 business days
CSR Required	No
CSR Criteria	N/A
Examples of clinical documentation to support CSR criteria	N/A
Timeframe for CSR	N/A
CSR coverage period	N/A
Outcome of Missing CSR Timeframe	N/A
TAT for CSR	N/A
Timeframe for RFI for PA or CSR	Must be submitted via portal within 3 business days of request
Outcome of missing RFI for PA or CSR	Administrative Denial
Outcome of UM for PA or CSR	Approval, Partial Denial or Denied
Discharge Notification Required	No