

BEHAVIORAL HEALTH PROVIDER USER GUIDE

for Montana Medicaid Behavioral Health
Services Submitted through Qualitrac

Effective August 1, 2022



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.

TABLE OF CONTENTS

Purpose.....	3
Abbreviations and Acronyms List	3
AMDD SERVICES	5
Inpatient Hospital (Out of State)	5
Crisis Stabilization Program	7
Behavioral Health Group Home (BHGH)	9
Montana Assertive Community Treatment (MACT)	11
Intensive Program of Assertive Community Treatment (InPACT)	13
Program of Assertive Community Treatment (PACT)	15
Community Maintenance Program (CMP)	17
Transcranial Magnetic Stimulation (TMS).....	19
SUD Medically Monitored Intensive Inpatient Adult (21 and over) (ASAM 3.7 Adult), or Adolescent (under 21) (ASAM 3.7 Adol).....	22
SUD Clinically Managed High-Intensity Residential Adult (21 and over) (ASAM 3.5 Adult), or Adolescent (under 21) (ASAM 3.5 Adol).....	24
SUD Clinically Managed Low-Intensity Residential Adult (21 and over) (ASAM 3.1 Adult), or Adolescent (under 21) (ASAM 3.1 Adol).....	26
SUD Intensive Outpatient (IOP) Services ASAM 2.1 Adult (21 and over) (IOP Adult), or Adolescent (under 21) (IOP Adol)	28
CMHB Services	30
Acute Inpatient Hospital (Out of State)	30
Psychiatric Residential Treatment Facility (PRTF), In State.....	31
Psychiatric Residential Treatment Facility (PRTF), Out of State.....	34
Psychiatric Residential Treatment Facility (PRTF) Assessment	37
Applied Behavior Analysis (ABA) Services	39
Therapeutic Group Home (TGH)	41
Therapeutic Home Visit (THV).....	44
UM Appeal Process/Reconsideration Request	46
First Level Appeal	46
Second Level Appeal	46

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/amdd/amddmedicaidservicesprovidermanual>
- Children’s Mental Health Bureau Medicaid Services Provider Manual
<https://dphhs.mt.gov/dsd/cmb/manuals>
- Montana Medicaid Applied Behavioral Analysis Services Manual
<https://medicaidprovider.mt.gov/manuals/appliedbehavioranalysiservicesmanual>

Abbreviations and Acronyms List

Abbreviation	Full Term/Explanation
AMDD	Addictive and Mental Disorders Division
ASAM	American Society of Addiction Medicine
ASD	Autism Spectrum Disorder
BCBA	Board Certified Behavior Analyst
BPS	Biopsychosocial Assessment
CMHB	Children’s Mental Health Bureau
CON	Certificate of Need
CSR	Continued Stay Review
DSD	Developmental Services Division
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)

AMDD Manual Policy #470, #206, #206a

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	Acute Inpatient OOS Adult Initial AA; Acute Inpatient OOS Adult CSR AA
Diagnostic/MNC Criteria	(1) Any mental health DSM 5 or ICD diagnosis as primary; and (2) Danger to self or others with continued acuity of risk that cannot be appropriately treated with LLOC
Examples of clinical documentation to support PA criteria	Intake/Admission paperwork from appropriately licensed clinical staff indicating both (1) diagnostic impression and (2) risk of harm to self or others if not treated at this level of care.
PA Required	Yes – Electronic fields in provider portal (QT)
Timeframe for PA request	Within 1 business day of admit date
CON required for PA	Required for ages 18-21 – A CON is required in pursuant to 42 CFR 441.152 and 42 CFR 441.153, in addition to medical necessity documentation. For emergency admissions, the certificate of need must be made by the team responsible for the plan of care within 14 days after admission. A Certificate of Need is not required for members 21 years of age and older. The requirements at 42 CFR.60 are met by having the physician admit the member.
Initial Authorization Period	MNC up to 30 days
Outcome of missing PA timeframe	Retrospective QA will review for timeliness of all requests submitted, see AMDD policy #206a
TAT for UM review of PA	NA - These are Automatically Authorized
CSR Required	Yes – Electronic fields in provider portal (QT)
CSR Criteria	(1) Any mental health DSM 5 or ICD diagnosis as the primary diagnosis; (2) Active treatment is occurring, which is focused on stabilizing or reversing symptoms that meet the admission criteria and that still exist; (3) Lower level of care is inadequate to meet the member’s needs regarding either treatment or safety; (4) There is reasonable likelihood of clinically significant benefit because of the medical intervention requiring the inpatient setting or a high likelihood of either risk to the member’s safety or clinical well-being or of further significant acute deterioration in the member’s condition without continued care in the inpatient setting, with lower levels of care inadequate to meet these needs

Required CSR information	(1) Changes to DSM/ICD diagnosis; (2) Justification for continued services at this level of care; (3) A description of mental health and/or substance use disorder interventions and critical incidents; (4) A copy of the member's most recent individualized treatment plan (ITP); (5) A list of current medications and rationale for medication changes, if applicable; (6) A 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	In addition to treatment plan and medication lists: psychiatric progress notes; nursing notes; vitals; shift notes; therapy notes; evaluation & management (E&M) notes
Timeframe for CSR	Due by last covered day
CSR coverage period	As many as needed for MNC up to 30 days
Outcome of missing CSR timeframe	All requests received will be reviewed for MNC from the last covered day forward
TAT for UM review of 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
Outcome of missing RFI for PA or CSR	Technical denial
Outcome of UM for PA or CSR	Approval, Denial or Outcome Not Rendered
Discharge Notification Required	Yes – Completed via Discharge Status Task in QT

Crisis Stabilization Program
 AMDD Manual Policy #450, #206, #206a

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	Pending
Diagnostic/MNC Criteria	<p>(1) Any mental health diagnosis from the current version of the DSM or ICD diagnosis as the primary diagnosis and both of the following:</p> <ul style="list-style-type: none"> (a) active treatment is occurring which is focused on stabilizing or reversing symptoms that meet admission criteria; and (b) LLOC is inadequate to meet the member’s treatment or safety needs. <p>(2) At least one of the following:</p> <ul style="list-style-type: none"> (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 LLOC are inadequate to meet these needs; or (c) the appearance of new impairments meeting admission guidelines.
Examples of clinical documentation to support PA criteria	<p>(1) Intake/admission paperwork from appropriately licensed clinician indicating diagnostic impression and initial plan of care;</p> <p>(2) Discharge plan indicating projected discharge date;</p> <p>(3) Treatment notes indicating active treatment focused on stabilizing concerns meeting admission criteria and clinical justification for treatment (particularly days 6-8)</p>
PA Required	*ONLY if more than 5 days – Electronic fields in provider portal (QT)
Timeframe for PA request	During first 5 days of active treatment
Initial Authorization Period	8 days
Outcome of Missing PA Timeframe	Retrospective QA will review for timeliness of all requests submitted, see AMDD policy #206a
TAT for UM review of PA	NA - These are Automatically Authorized
CSR Required	Yes – Electronic fields in provider portal (QT)

CSR Criteria	<p>(1) Any mental health diagnosis from the current version of the DSM or ICD diagnosis as the primary diagnosis and both of the following:</p> <ul style="list-style-type: none"> (a) active treatment is occurring which is focused on stabilizing or reversing symptoms that meet admission criteria; and (b) LLOC is inadequate to meet the member's treatment or safety needs. <p>(2) At least one of the following:</p> <ul style="list-style-type: none"> (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 LLOC are inadequate to meet these needs; or (c) the appearance of new impairments meeting admission guidelines.
Required CSR Information	<p>(1) Clinical paperwork (such as assessments and/or treatment notes) from appropriately licensed clinician indicating any changes to diagnostic impression and justification for continued services at this level of care;</p> <p>(2) Current treatment plan describing progress with clinical interventions and any critical incidents;</p> <p>(3) Medication list with explanation of any changes;</p> <p>(4) Discharge plan including projected discharge date</p>
Timeframe for CSR	Prior to last covered day
CSR coverage period	MNC up to 3 days
Outcome of missing CSR timeframe	<p>Retrospective QA will review for timeliness for first two CSR requests submitted, see AMDD policy #206a</p> <p>Any additional CSRs submitted will have a 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</p>
TAT for UM review of CSR	<p>First two CSRs submitted are Automatically Authorized</p> <p>Any additional CSRs submitted will have a TAT of 3 business days (additional 4 business days for PR)</p>
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, Denial or Outcome Not Rendered
Discharge Notification Required	Yes – Completed via Discharge Status Task in QT

Behavioral Health Group Home (BHGH)

AMDD Manual Policy #445, #205, #210

Review Type in QT	Behavioral Health Residential
Place of Service	99 – Other Place of Service
Type of Service	AMDD BHGH
Timing	Prospective, Retrospective, Concurrent
Procedure Code and Modifier	S5102
MCG Guideline Name	BHGH Initial 5
MNC/Diagnostic Criteria	(1) Meets the Severe and Disabling Mental Illness (SDMI) criteria, as described in the current AMDD manual; (2) Meets the Level of Impairment for this level of care; (3) Community-based residential care is needed under supervision of licensed healthcare professional on a daily or near daily basis (at least 5 days a week); and (4) Situations and expectations are appropriate for short-term community-based residential care
Examples of clinical documentation to support PA criteria	BPS assessment indicating need for clinical level of care and diagnostic evidence of SDMI; LOI worksheet; clinical information from other clinical support services previously attempted (e.g., outpatient, crisis stabilization, inpatient, nursing home, case management, HSS, etc.)
PA required	Yes – Electronic fields in provider portal (QT)
Timeframe for PA request	No earlier than 5 business days
Initial Authorization Period	MNC up to 60 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) <i>* If beyond 120 days, evidence of outcome of referral for SDMI HCBS waiver screening must be submitted</i>
CSR Criteria	(1) Meets the Severe and Disabling Mental Illness (SDMI) criteria, as described in the current AMDD manual; (2) Meets the Level of Impairment for this level of care; (3) Community-based residential care is needed under supervision of licensed healthcare professional on a daily or near daily basis (at least 5 days a week); and (4) Situations and expectations are appropriate for short-term community-based residential care
Required CSR Information	(1) Changes to DSM/ICD diagnosis; (2) Justification for continued services at this level of care; (3) A description of mental health and/or substance use disorder interventions and critical incidents; (4) A copy of the member’s most recent individualized treatment plan (ITP); (5) A list of current medications and rationale for medication changes, if applicable;

	(6) A 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	Progress/shift notes; assessments & evaluations; therapy notes; case management notes
Timeframe for CSR	No earlier than 5 business days prior to last covered day
CSR coverage period	MNC up to 60 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
Outcome of missing RFI	Technical denial
Outcome of UM for PA or CSR	Approval, Partial, Denial or Outcome Not Rendered
Discharge Notification Required	Yes – Completed via Discharge Status Task in QT

Montana Assertive Community Treatment (MACT)

AMDD Manual Policy #455, #205, #210

Review Type in QT	Behavioral Health Outpatient
Place of Service	99 – Other Place of Service
Type of Service	AMDD MACT
Timing	Prospective, Retrospective, Concurrent, Continued Stay
Procedure Code	H0037 HT
MCG Guideline Name	MACT Initial
MNC/Diagnostic Criteria	(1) Member must meet the SDMI criteria; and (2) The member must need PACT services as described in the Substance Abuse and Mental Health Services Administration, Assertive Community Treatment (ACT) Evidence-Based Practices (EBP) KIT, Training Frontline Staff, Module 1 at: https://store.samhsa.gov/product/Assertive-Community-Treatment-ACT-Evidence-BasedPractices-EBP-KIT/SMA08-4344
PA Required	No
Timeframe for PA request	NA
Initial Authorization Period	180 days
Outcome of missing PA timeframe	NA
TAT for UM review of PA	NA
CSR Required	Yes
CSR Criteria	(1) Meets SDMI criteria as described in AMDD Provider Manual; (2) Behavioral health disorder is present and appropriate for assertive community treatment; (3) Member has history of poor engagement with outpatient services and is at risk of recurrent psychiatric hospitalization or institutionalization; and (4) Situation and expectations are appropriate for MACT
Required CSR Information	(1) Changes to DSM/ICD diagnosis; (2) Justification for continued services at this level of care; (3) A description of mental health and/or substance use disorder interventions and critical incidents; (4) A copy of the member's most recent individualized treatment plan (ITP); (5) A list of current medications and rationale for medication changes, if applicable; (6) A 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	(a) An annual clinical assessment that follows the guidelines in the AMDD Medicaid Provider Manual; (b) A social determinants of health assessment upon admission and annually for each member who is authorized to receive services for more than 365 days; (c) An individualized treatment plan that is updated every 90 days or when there is a change to the member's strengths, areas of concern, goals, objectives, or interventions. (d) A Serious and Disabling Mental Illness and Level of Impairment worksheet upon admission and updated with each treatment plan update; and (e) Relevant progress notes from those provided as required in ARM 37.85.414
Timeframe for CSR	No earlier than 5 business days prior to last covered day
CSR coverage period	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
Outcome of missing RFI for PA or CSR	Technical denial
Outcome of UM for PA or CSR	Approval, Denial or Outcome Not Rendered
Discharge Notification Required	Yes – Completed via Discharge Status Task in QT

Intensive Program of Assertive Community Treatment (InPACT)

AMDD Manual Policy #460, #205, #210

Review Type in QT	Behavioral Health Residential
Place of Service	99 – Other Place of Service
Type of Service	AMDD InPACT
Timing	Prospective, Retrospective, Concurrent, Continued Stay
Procedure Code	S5102 HT
MCG Guideline Name	InPACT Initial
Diagnostic/MNC Criteria	<p><u>For All three PACT Tiers:</u></p> <p>(1) Meets SDMI criteria as described in AMDD Provider Manual. (2) Must need PACT services as described in the Substance Abuse and Mental Health Services Administration, Assertive Community Treatment (ACT) Evidenced-Based Practices (EBT) KIT, Training Frontline Staff, Module 1 at: https://store.samhsa.gov/product/Assertive-Community-Treatment-ACT-Evidence-Based-Practices-EBP-KIT/SMA08-4344.</p> <p><u>InPACT Specific:</u></p> <p>(1) Member requires daily clinical support and direct care in order to address needs; and (2) Member is discharging from MSH or MMHNCC; or (3) Member is at serious risk of involuntary hospitalization (recently provided services at a behavioral health unit or a crisis stabilization unit)</p>
Examples of clinical documentation to support PA criteria	Documentation that member is enrolled in PACT; Medication management sheets with administration, delivery and monitoring; care coordination documentation, 24 hour crisis response documentation; psychosocial rehab, vocab, SUD treatments; therapy notes and peer support notes. Dated information must be as close to the request date as possible.
PA Required	Yes – Electronic fields in provider portal (QT)
Timeframe for PA request	No earlier than 5 business days prior to requested start date of services
Initial Authorization Period	MNC up to 60 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) * If beyond 120 days , evidence of outcome of referral for SDMI HCBS waiver screening must be submitted
CSR Criteria	<p>(1) Meets SDMI criteria as described in AMDD Provider Manual; (2) Member is at risk of admitting or being discharged from an acute or crisis setting; (3) Situation and expectations are appropriate for PACT Intensive</p>

Required CSR Information	<p>(1) Changes to DSM/ICD diagnosis; (2) Justification for continued services at this level of care; (3) A description of mental health and/or substance use disorder interventions and critical incidents; (4) A copy of the member’s most recent individualized treatment plan (ITP) specific to InPACT; (5) A list of current medications and rationale for medication changes, if applicable; (6) A projected discharge date and clinically appropriate discharge plan, citing evidence of progress toward completion of that plan</p> <p>PACT teams must complete and submit the following documentation for each member needing continuation of PACT tiered services: (1) an annual clinical assessment that follows the guidelines in the AMDD Medicaid Provider Manual; (2) a social determinants of health assessment upon admission and annually for each member who is authorized to receive services for more than 365 days; (3) a separate individualized treatment plan that is updated every 90 days or when there is a change to the member’s strengths, areas of concern, goals, objectives or interventions; (4) a Serious and Disabling Mental Illness and Level of Impairment worksheet upon admission and updated with each treatment plan update; and (5) select progress notes for each services provided as relevant to providing evidence for justification for continued residential care.</p>
Examples of clinical documentation to support CSR criteria	Examples of documentation from all PACT core services as appropriate to provide evidence of justification for continued services at the residential level: medication management; medication administration, delivery and monitoring; care coordination; 24-hour crisis response; psychosocial rehabilitation; vocational rehabilitation; substance use disorder treatment; individual, family and group therapy; peer support
Timeframe for CSR	No earlier than 5 business days prior to last covered day
CSR coverage period	MNC up to 60 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
Outcome of missing RFI for PA or CSR	Technical denial
Outcome of UM for PA or CSR	Approval, Partial, Denial or Outcome Not Rendered
Discharge Notification Required	Yes – Completed via Discharge Status Task in QT

Program of Assertive Community Treatment (PACT)

AMDD Manual Policy #460, #205, #210

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	PACT Initial
Diagnostic/MNC Criteria	<p><u>For All three PACT Tiers:</u></p> <p>(1) Meets SDMI criteria as described in AMDD Provider Manual (2) Must need PACT services as described in the Substance Abuse and Mental Health Services Administration, Assertive Community Treatment (ACT) Evidenced-Based Practices (EBT) KIT, Training Frontline Staff, Module 1 at: https://store.samhsa.gov/product/Assertive-Community-Treatment-ACT-Evidence-Based-Practices-EBP-KIT/SMA08-4344.</p> <p><u>PACT Specific:</u></p> <p>(1) Member requires no less than 3 contacts in the community per week</p>
Examples of clinical documentation to support PA criteria	Medication management sheets with administration, delivery and monitoring; care coordination documentation, 24 hour crisis response documentation; psychosocial rehab, vocab, SUD treatments; therapy notes and peer support notes. Dated information must be as close to the request date as possible.
PA Required	No
Timeframe for PA request	NA
Initial Authorization Period	180 days <i>*restarts with a new service enrollment after a discharge from InPACT</i>
Outcome of missing PA timeframe	NA
TAT for UM review of PA	NA
CSR Required	Yes
CSR Criteria	<p>(1) Behavioral health disorder is present and appropriate for assertive community treatment;</p> <p>(2) Member is at risk of admitting or being discharged from an acute or crisis setting;</p> <p>(3) Member has history of poor engagement with outpatient services and is at risk of recurrent psychiatric hospitalization or institutionalization; and</p> <p>(4) Situation and expectations are appropriate for PACT</p>
Required CSR Information	<p>(1) Changes to DSM/ICD diagnosis;</p> <p>(2) Justification for continued services at this level of care;</p> <p>(3) A description of mental health and/or substance use disorder interventions and critical incidents;</p> <p>(4) A copy of the member's most recent individualized treatment plan (ITP) specific to PACT;</p>

	<p>(5) A list of current medications and rationale for medication changes, if applicable;</p> <p>(6) A projected discharge date and clinically appropriate discharge plan, citing evidence of progress toward completion of that plan</p> <p>PACT teams must complete and submit the following documentation for each member needing continuation of PACT tiered services:</p> <p>(1) an annual clinical assessment that follows the guidelines in the AMDD Medicaid Provider Manual;</p> <p>(2) a social determinants of health assessment upon admission and annually for each member who is authorized to receive services for more than 365 days;</p> <p>(3) a separate individualized treatment plan that is updated every 90 days or when there is a change to the member's strengths, areas of concern, goals, objectives or interventions;</p> <p>(4) a Serious and Disabling Mental Illness and Level of Impairment worksheet upon admission and updated with each treatment plan update; and</p> <p>(5) select progress notes for each services provided as relevant to providing evidence for justification for continued care.</p>
Examples of clinical documentation to support CSR criteria	Examples of documentation from all PACT core services as appropriate to provide evidence of justification for continued services: medication management; medication administration, delivery and monitoring; care coordination; 24-hour crisis response; psychosocial rehabilitation; vocational rehabilitation; substance use disorder treatment; individual, family and group therapy; peer support
Timeframe for CSR	No earlier than 5 business days prior to last covered day
CSR coverage period	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
Outcome of missing RFI for PA or CSR	Technical denial
Outcome of UM for PA or CSR	Approval, Denial or Outcome Not Rendered

Community Maintenance Program (CMP)

AMDD Manual Policy #460, #205, #210

Review Type in QT	Behavioral Health Outpatient
Place of Service	99 – Other Place of Service
Type of Service	AMDD CMP
Timing	Prospective, Retrospective, Concurrent, Continued Stay
Procedure Code	H0040 HT
MCG Guideline Name	CMP Initial
Diagnostic/MNC Criteria	<p><u>For All three PACT Tiers:</u> (1) Meets SDMI criteria as described in AMDD Provider Manual. (2) Must need PACT services as described in the Substance Abuse and Mental Health Services Administration, Assertive Community Treatment (ACT) Evidenced-Based Practices (EBT) KIT, Training Frontline Staff, Module 1 at: https://store.samhsa.gov/product/Assertive-Community-Treatment-ACT-Evidence-Based-Practices-EBP-KIT/SMA08-4344.</p> <p><u>CMP Specific:</u> (1) Member requires no less than 4 contacts per month</p>
Examples of clinical documentation to support PA criteria	Documentation that member is enrolled in PACT; medication management sheets with administration, delivery and monitoring; care coordination documentation, 24 hour crisis response documentation; psychosocial rehab, vocab, SUD treatments; therapy notes and peer support notes. Dated information must be as close to the request date as possible.
PA Required	No
Timeframe for PA request	NA
Initial Authorization Period	365 days <i>*restarts with a new service enrollment following a discharge from InPACT or PACT</i>
Outcome of missing PA timeframe	NA
TAT for UM review of PA	NA
CSR Required	Yes – Electronic fields in provider portal (QT)
CSR Criteria	(1) Meets SDMI criteria as described in AMDD Provider Manual; (2) Member is at risk of admitting or being discharged from an acute or crisis setting; (3) Member is at risk of recurrent psychiatric hospitalization or institutionalization; (4) Situation and expectations are appropriate for CMP Intensive
Required CSR Information	(1) Changes to DSM/ICD diagnosis; (2) Justification for continued services at this level of care; (3) A description of mental health and/or substance use disorder interventions and critical incidents; (4) A copy of the member's most recent individualized treatment plan (ITP) specific to CMP;

	<p>(5) A list of current medications and rationale for medication changes, if applicable;</p> <p>(6) A projected discharge date and clinically appropriate discharge plan, citing evidence of progress toward completion of that plan.</p> <p>PACT teams must complete and submit the following documentation for each member needing continuation of PACT tiered services:</p> <p>(1) an annual clinical assessment that follows the guidelines in the AMDD Medicaid Provider Manual;</p> <p>(2) a social determinants of health assessment upon admission and annually for each member who is authorized to receive services for more than 365 days;</p> <p>(3) a separate individualized treatment plan that is updated every 90 days or when there is a change to the member's strengths, areas of concern, goals, objectives or interventions;</p> <p>(4) a Serious and Disabling Mental Illness and Level of Impairment worksheet upon admission and updated with each treatment plan update; and</p> <p>(5) select progress notes for each services provided as relevant to providing evidence for justification for continued care.</p>
Examples of clinical documentation to support CSR criteria	Documentation that member is enrolled in PACT. Examples of documentation from all CMP core services as appropriate to provide evidence of justification for continued services: medication management; medication administration, delivery and monitoring; 24-hour crisis response; care coordination; psychosocial rehabilitation; peer support and two contacts per month
Timeframe for CSR	No earlier than 5 business days prior to last covered day
CSR coverage period	MNC up to 365 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
Outcome of missing RFI for PA or CSR	Technical denial
Outcome of UM for PA or CSR	Approval, Partial, Denial or Outcome Not Rendered
Discharge Notification Required	Yes – Completed via Discharge Status Task in QT

Transcranial Magnetic Stimulation (TMS)

AMDD Manual Policy #475, #205, #210

Review Type in QT	Behavioral Health Outpatient
Place of Service	99 – Other Place of Service
Type of Service	AMDD Outpatient
Timing	Prospective, Retrospective, Concurrent, Continued Stay
Procedure Code	90867 (Initial); 90868 (Treatment); or 90869 (Taper)
MCG Guideline Name – PA specific	B-801-T – Transcranial Magnetic Stimulation
Diagnostic/MNC Criteria	<p>(1) Must have been diagnosed by a licensed physician or psychiatrist with one of the following within the past 30 days:</p> <ul style="list-style-type: none"> (a) F-32.2 Major Depressive disorder, single episode, severe without psychotic features; or (b) F-32.3 Major Depressive disorder, single episode, severe with psychotic features; or (c) F-33.2 Major Depressive Disorder, recurrent episode, severe without psychotic features; or (d) F-33.3 Major Depressive Disorder, recurrent episode with psychotic features. <p>(2) Must meet at least one of the following:</p> <ul style="list-style-type: none"> (a) Member has failed to respond to a least four medication trials from at least two antidepressant medication classes; or (b) Inability to tolerate four agents from two different agent classes with distinct side effects; or (c) Has declined Electroconvulsive Therapy (ECT) in favor of TMS as a less invasive option; or <p>(3) There must be documentation to the use of an evidence-based psychotherapy known to be effective in the treatment of MDD that was provided and lacked significant improvement in depressive symptoms as determined by an evidence-based depressive symptom inventory.</p> <p>(4) The referral for TMS treatment and repeat treatment must be written by a physician or psychiatrist licensed to practice medicine who has examined the patient and reviewed the record and has experience administering TMS therapy. The treatment must be given under the supervision of this physician or psychiatrist.</p> <p>(5) TMS must be delivered by a device that is FDA approved for the treatment of Major Depressive Disorder in a safe and effective manner. TMS should follow the protocol and parameters specified in the manufacturer’s user manual, with modifications only as supported by the published scientific evidence base.</p> <p>Exclusions: TMS is not covered in the following circumstances and is considered not reasonable and necessary:</p> <ul style="list-style-type: none"> (1) There is a presence of psychotic symptoms in the current episode (2) There is a presence of conductive, ferromagnetic or other magnetic-sensitive metals implanted in the member’s head that are non-removable and within 30cm of the TMS magnetic coil

	<p>(3) The member has been diagnosed with Schizophrenia, Schizophreniform Disorder or schizoaffective disorder</p> <p>(4) There are neurological conditions that include the following: Epilepsy, Parkinson’s disease, multiple sclerosis, Cerebrovascular disease, dementia, increased intracranial pressure, history of repetitive or severe head trauma, primary or secondary tumors in the central nervous system or any other degenerative neurologic condition</p> <p>(5) There is active substance use</p>
Required documentation to support MNC.	Evidence of previous treatment attempts to address above requirements; clinical consult notes; assessments notes; visit notes; medication lists; and any other documentation to support the medical necessity of this service
PA Required	Yes – Electronic fields in provider portal (QT)
Timeframe for PA request	No earlier than 5 business days prior to admit date
Authorization Period	MNC up to 36 units: 90867 = 1 unit; 90868 = 29 units; 90869 = 6 units <i>* Procedure codes will be reviewed separately for MNC even if requested in same authorization request</i>
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)
Ext Req Required	Yes – Electronic fields in provider portal (QT) <i>* If requesting additional units to reach 36 max units; if new request to start series over, please resubmit as new Prospective timing</i>
Ext Req Criteria	Repeat acute treatment for relapse of depressive symptoms if the member responded to prior treatments as evidenced by a > 50 percent improvement in a standard rating scale (as noted in MNC above) for depressive symptoms for up to 30 visits for the acute phase treatment followed by an additional 6 visits for tapering.
Ext Req Information	<p>(1) Changes to DSM/ICD diagnosis;</p> <p>(2) Justification for continued services at this level of care;</p> <p>(3) A description of mental health and/or substance use disorder interventions and critical incidents;</p> <p>(4) A copy of the member’s most recent individualized treatment plan (ITP) specific to CMP;</p> <p>(5) A list of current medications and rationale for medication changes, if applicable;</p> <p>(6) A projected discharge date and clinically appropriate discharge plan, citing evidence of progress toward completion of that plan</p>
Examples of clinical documentation to support Ext Req criteria	Clinical evidence of positive response to TMS treatment; progress notes; therapy notes; assessments or evaluations
Timeframe for Ext Req	No earlier than 5 business days prior to last covered day
Ext Req coverage period	MNC as remaining after previous authorizations towards 36 max units per case

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
Outcome of missing RFI for PA or Ext Req	Technical denial
Outcome of UM for PA or Ext Req	Approval, Partial, Denial or Outcome Not Rendered
Discharge Notification Required	No

SUD Medically Monitored Intensive Inpatient Adult (21 and over) (ASAM 3.7 Adult), or Adolescent (under 21) (ASAM 3.7 Adol)

AMDD Manual Policy #545, #206, #206a

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	ASAM 3.7 (BHG)
Diagnostic/MNC Criteria	(1) Meets SUD criteria as described in AMDD Provider Manual (2) Meets ASAM 3.7 criteria, specifically (a) Evidence of high risk rating in Dimension 1; and (b) Best fit selection in Dimension 2 -6
Examples of clinical documentation to support PA criteria	Intake paperwork from appropriately licensed clinician indicating diagnostic impression and ASAM level of care assessment; evidence of a least one of the following: (a) active intoxication at time of admission as indicated by BAL or UDS results; or (b) imminent withdrawal risk as indicated by documented history of previous withdrawals, if seizure history, included dates; or (c) active withdrawal symptoms as indicated by CIWA, COWS and/or administered medication list.
PA Required	Yes – Electronic fields in provider portal (QT)
Timeframe for Manual PA request	Within 3 calendar days of admission
Initial Authorization Period	3 days
Outcome of missing PA timeframe	Retrospective QA will review for timeliness of all requests submitted, see AMDD policy #206a
TAT for UM review of PA	NA - These are Automatically Authorized
CSR Required	Yes – Electronic fields in provider portal (QT)
CSR Criteria	Same as above
Required CSR Information	Clinical paperwork indicating evidence of at least one of the following: (1) Sustained imminent withdrawal risk as indicated by documented history of previous withdrawals, if seizure history, include dates; or (2) Sustained active withdrawal symptoms as indicated by IWA, COWS and/or administered medication list
Examples of clinical documentation to support CSR criteria	Clinical nursing or therapy notes; current treatment plan; medication lists, with explanation of any changes; discharge plan including projected discharge date
Timeframe for CSR	No earlier than 3 calendar days and prior to last covered day
CSR coverage period	MNC up to 3 calendar days

TAT for CSR	First CSR submitted is Automatically Authorized Any additional CSRs submitted will have a TAT of 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
Outcome of missing RFI for PA or CSR	Technical denial
Outcome of UM for PA or CSR	Approval, Partial, Denial or Outcome Not Rendered
Discharge Notification Required	Yes – Completed via Discharge Status Task in QT

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

AMDD Manual Policy #540, #205, #210

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	ASAM Service Initial; ASAM Service Criteria CSR
Diagnostic/MNC Criteria	(1) Meets the moderate to severe SUD criteria as described in the manual; and (2) Meets ASAM criteria for diagnostic and dimensional admission criteria for ASAM 3.5 level of care
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 clinical paperwork from previous 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)
Timeframe for PA request	No earlier than 5 calendar 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)
CSR Criteria	Same MNC as above
Required CSR Information	(1) Changes to DSM/ICD diagnosis; (2) Justification for continued services at this level of care; (3) A description of mental health and/or substance use disorder interventions and critical incidents; (4) A copy of the member's most recent individualized treatment plan (ITP); (5) A list of current medications and rationale for medication changes, if applicable; (6) A 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; urine drug screen results OR serum drug screen (for providers that do not utilize UDS)</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 calendar 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
Outcome of missing RFI for PA or CSR	Technical denial
Outcome of UM for PA or CSR	Approval, Partial, Denial or Outcome Not Rendered
Discharge Notification Required	Yes – Completed via Discharge Status Task in QT

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

AMDD Manual Policy #535, #205, # 210

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	ASAM Service Initial; ASAM Service Criteria CSR
Diagnostic/MNC Criteria	(1) Meets the moderate to severe SUD criteria as described in AMDD Provider Manual (2) Meets the ASAM criteria for diagnostic and dimensional admission criteria for ASAM 3.1 level of care
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 clinical paperwork from previous 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)
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 calendar 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)
CSR Criteria	Same MNC as above
Required CSR Information	(1) Changes to DSM/ICD diagnosis; (2) Justification for continued services at this level of care; (3) A description of mental health and/or substance use disorder interventions and critical incidents; (4) A copy of the member’s most recent individualized treatment plan (ITP); (5) A list of current medications and rationale for medication changes, if applicable; (6) A 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; urine drug screen results OR serum drug screen (for providers that do not utilize UDS)</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 calendar 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 calendar 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
Outcome of missing RFI for PA or CSR	Technical denial
Outcome of UM for PA or CSR	Approval, Partial, Denial or Outcome Not Rendered
Discharge Notification Required	Yes – Completed via Discharge Status Task in QT

SUD Intensive Outpatient (IOP) Services ASAM 2.1 Adult (21 and over) (IOP Adult), or Adolescent (under 21) (IOP Adol)

AMDD Manual Policy #525, #205, #210

Review Type in QT	Behavioral Health Outpatient
Place of Service	99 – Other Place of Service
Type of Service	AMDD IOP Adult -or- AMDD IOP Adol
Timing	Prospective, Concurrent, Retrospective, Extension Request
Procedure Code and Modifier	H0015 (High Tier); H2036 (Low Tier) HH – Modifier for MH diagnosis
MCG Guideline Name	ASAM Service Initial; ASAM Service Criteria CSR
Diagnostic/MNC Criteria	(1) Meets moderate or severe SUD diagnosis from current version of the DSM or ICD diagnosis as the primary diagnosis; and (2) Meet the ASAM criteria for diagnostic and dimensional admission criteria for ASAM 2.1 level of care; and (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	Group therapy SUD/FTSUD/IT SUD notes; educational group notes; psychosocial rehab; co-occurring MH Tx; crisis services; care coordination/assessments/ITP review; drug testing tool (UDS) or serum blood test; and/or DC planning 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) *Only after 60 billed days*
Timeframe for PA request	No earlier than 5 days prior to start date requested
Initial Authorization Period	MNC up to 15 billable days
Outcome of missing PA timeframe	Technical denial for requests earlier than 5 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)
Ext Req Criteria	Same MNC as above
Required Ext Req Information	(1) Changes to DSM/ICD diagnosis; (2) Justification for continued services at this level of care; (3) A description of mental health and/or substance use disorder interventions and critical incidents; (4) A copy of the member’s most recent individualized treatment plan (ITP); (5) A list of current medications and rationale for medication changes, if applicable; (6) A projected discharge date and clinically appropriate discharge plan, citing evidence of progress toward completion of that plan

Examples of clinical documentation to support Ext Req criteria	Current Tx Plan, Group therapy SUD/FTSUD/IT SUD notes; educational group notes; psychosocial rehab; co-occurring MH Tx; crisis services; care coordination/assessments/ITP review; drug testing tool (UDS) or serum blood test; and DC planning 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 days prior to current end date
Ext Req coverage period	Up to 15 billable days
Outcome of missing Ext Req timeframe	Technical denial if received earlier than 5 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
Outcome of missing RFI for PA or Ext Req	Technical denial
Outcome of UM for PA or Ext Req	Approval, Partial, Denial or Outcome Not Rendered
Discharge Notification Required	No

CMHB Services

Acute Inpatient Hospital (Out of State)

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	Acute Inpatient OOS Child
Diagnostic/MNC Criteria	(1) Current DSM diagnosis that is covered under the provisions of the Montana Medicaid Program as the primary diagnosis and at least one of the following: (a) danger to self or others with continued acuity of risk that cannot be appropriately treated in a less restrictive level of care; and/or (b) severe functional impairment related to the symptoms of the mental illness or emotional disturbance of the youth, sufficient to render the youth or caregiver of the youth unable to reasonably provide for the safety and well-being of the youth
Required PA Information	Personal Representative Panel in provider portal (QT) – As means of documenting guardianship information for the youth
Examples of clinical documentation to support PA criteria	Admission orders signed by physician; treatment plan; medication sheet; therapy notes 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)
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, Denial or Outcome Not Rendered
CSR Required	No. Acute inpatient services are reimbursed based on All Patient Refined Diagnostic Related Groups (APR-DRGs)
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 *Revenue Code 124 will be connected to case following review
MCG Guideline Name	PRTF In State Initial; PRTF All CSR
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 have behavior that puts the youth at substantial documented risk of harm to self; (b) The youth have 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>
Required PA Information	Personal Representative Panel in provider portal (QT) – As means of documenting guardianship information for the youth

Examples of clinical documentation to support PA criteria	Recent psych evaluation; biopsychosocial assessment; intake assessment; clinical Assessment; what specific tx needs will be addressed if lateral move; and/or discharge assessment from previous higher level of care Any additional clinical documentation the provider sees fit to support and demonstrate PA criteria including justification for service at requested LOC
PA Required	Yes – Electronic fields in provider portal (QT)
Timeframe for PA request	No later than day of admission, no earlier than 10 business 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)
CSR Criteria	(1) The youth continue to meet all MNC from admission; (2) The medical record documents progress toward identified treatment goals and the reasonable likelihood of continued progress; (3) The youth and family, if appropriate, are demonstrating documented progress toward identified treatment goals and are cooperating with the treatment plan; and (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. The provider must document all previous attempts to secure appropriate discharge for the youth
Required CSR Information	(1) Changes to current DSM diagnosis; (2) Justification for continued services at this level of care; (3) Description of behavioral management interventions and critical incidents; (4) Assessment of treatment progress related to admitting symptoms and identified treatment goals; (5) List of current medications and rationale for medication changes, if applicable; and (6) 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	Most recent treatment plan demonstrating progress towards goals weekly; psychiatric progress notes and assessments detailing the following: changes to DSM/ICD diagnosis, description of interventions and critical incidents; current therapy notes (IT, GT, FT); discharge plan including projected discharge date and progress towards completion of the plan; medication list including rationale for med changes, if applicable

	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 end of current auth period
CSR coverage period	MNC up to 30 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
Timeframe for RFI for PA or CSR	Must be submitted to UM team within 5 business days of request
Outcome of missing RFI for PA or CSR	Technical denial
Outcome of UM for PA or CSR	Approval, Denial or Outcome Not Rendered
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 *Revenue Code 124 will be connected to case following review
MCG Guideline Name	PRTF OOS Initial, PRTF All CSR
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 have behavior that puts the youth at substantial documented risk of harm to self; (b) The youth have 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>
Required PA Information	<p>Personal Representative Panel in provider portal (QT) – As means of documenting guardianship information for the youth</p> <p>PRTF OOS Only – In State Denial Assessment in QT Facility reject reasons for both In State facilities must be noted.</p>

Examples of clinical documentation to support PA criteria	Recent psych evaluation; biopsychosocial assessment; intake assessment; clinical assessment; what specific tx needs will be addressed if lateral move and/or discharge assessment from previous higher level of care Any additional clinical documentation the provider sees fit to support and demonstrate PA criteria including justification for service at requested LOC
PA Required	Yes – Electronic fields in provider portal (QT)
Timeframe for PA request	No later than day of admission, no earlier than 10 business 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)
CSR Criteria	(1) The youth continue to meet all MNC from admission; (2) The medical record documents progress toward identified treatment goals and the reasonable likelihood of continued progress; (3) The youth and family, if appropriate, are demonstrating documented progress toward identified treatment goals and are cooperating with the treatment plan; and (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. The provider must document all previous attempts to secure appropriate discharge for the youth
Required CSR Information	(1) Changes to current DSM diagnosis; (2) Justification for continued services at this level of care; (3) Description of behavioral management interventions and critical incidents; (4) Assessment of treatment progress related to admitting symptoms and identified treatment goals; (5) List of current medications and rationale for medication changes, if applicable; and (6) 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	Most recent treatment plan demonstrating progress towards goals weekly; psychiatric progress notes and assessments detailing the following: changes to DSM/ICD diagnosis, description of interventions and critical incidents; current therapy notes (IT, GT, FT); discharge plan including projected discharge date and progress towards completion of the plan; medication list including rationale for med changes, if applicable

	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 end of current auth period
CSR coverage period	MNC up to 30 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
Timeframe for RFI for PA or CSR	Must be submitted to UM team within 5 business days of request
Outcome of missing RFI for PA or CSR	Technical denial
Outcome of UM for PA or CSR	Approval, Denial or Outcome Not Rendered
Discharge Notification Required	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	PRTF Assess
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; or (c) Is difficult to place due to an unclear or conflicting psychiatric presentation
Required PA Information	Personal Representative Panel in provider portal (QT) – As means of documenting guardianship information for the youth
Examples of clinical documentation to support PA criteria	Psych evaluation; biopsychosocial assessment; intake assessment; clinical assessment; and/or discharge assessment from previous higher level of care. Current Tx plan. 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)
Timeframe for PA request	No later than 2 business 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</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, Denial or Outcome Not Rendered
Discharge Notification Req	Yes – Completed via Discharge Status Task in QT

Applied Behavior Analysis (ABA) Services

Review Type in QT	Behavioral Health Outpatient
Place of Service	99 – Other Place of Service
Type of Service	ABA SED – or – ABA DD
Timing	Prospective, Concurrent, Retrospective, Extension Request
Procedure Code	99233 <i>Procedure Codes 97151-97158 will be connected to case following review for 1260 units for 180 calendar days</i>
MCG Guideline Name	NA – Not Required
Diagnostic/MNC Criteria	<p>(1) The member qualifies for initial ABA services under one of the following categories:</p> <p>(a) the member must have a provisional qualifying diagnosis of ASD and is no older than 20 years of age; or</p> <p>(b) the member is DD Eligible and is no older than 20 years of age; or</p> <p>(c) the member is a Medicaid member with a provisional qualifying diagnosis of SED and is no older than 17 years of age or the member is no older than 20 years of age and enrolled in an accredited secondary school. This means the member in this category must be less than 18 years old or eligibility may be extended up to the 21st birthday if the member is enrolled in an accredited secondary school.</p> <p>(2) All categories of eligibility must meet the Functional Impairment Criteria.</p> <p>(3) A physician, licensed mental health professional or other qualified health care professional deemed the service medically necessary to ameliorate the symptoms of the stated provisional qualifying diagnosis. The physician, licensed mental health professional or other qualified health care professional has documented the medically necessary service in the form of a prescription stating the diagnosis for which the member is being referred and that the referral is for ABA services.</p> <p>(4) The Applied Behavior Analysis (ABA) Services Intent to Initiate Treatment form must be completed and submitted by the BCBA.</p>
Examples of clinical documentation to support PA criteria	ABA Services Intent to Initiate Treatment form
PA Required	No
Timeframe for PA request	NA
Initial Authorization Period	1260 units over 180 calendar days
Outcome of missing PA timeframe	N/A
TAT for UM review of PA	NA
Ext Req Required	Yes – Electronic fields in provider portal (QT)
Ext Req Criteria	<p>(1) Member continues to meet the age criteria for initial eligibility;</p> <p>(2) Member continues to have a provisional qualifying diagnosis that has been subsequently established as a qualifying diagnosis by one the qualified healthcare professionals with expertise in the diagnostic area as listed in the ABA Services Manual;</p>

	<p>(3) The department deems the member eligible through its authorization process;</p> <p>(4) Services continue to be deemed medically necessary by the qualified healthcare professional or licensed mental health professional and the BCBA;</p> <p>(5) Member continues to meet Functional Impairment Criteria, and this is supported in documentation submitted by the BCBA</p>
Required Ext Req Information	<p>Personal Representative Panel in provider portal (QT) – As means of documenting guardianship information for the youth</p> <p>Per ABA Required Document Components Checklist:</p> <p>(1) ABA Services Additional Units of Service Request form;</p> <p>(2) Initial and Updated Diagnostic Evaluation;</p> <p>(3) Initial and Updated Behavioral Identification Assessment (BIA); and</p> <p>(4) Current Treatment Plan</p>
Examples of clinical documentation to support Ext Req criteria	<p>Case notes; functional behavior assessments; charts/graphs; support plans; family and collaboration notes</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	At least 14 calendar days prior to end of current auth. period
Ext Req coverage period	1260 units over 180 calendar days
Outcome of missing Ext Req timeframe	Technical denial if received earlier than 14 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 Ext Req	2 business days
Timeframe for RFI for PA or Ext Req	NA
Outcome of missing RFI for PA or Ext Req	N/A
Outcome of UM for PA or Ext Req	Approval, Denial or Outcome Not Rendered
Discharge Notification Req	Yes – Completed via Discharge Status Task in QT

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	Therapeutic Group Home Initial; Therapeutic Group Home 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 demonstrate 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 exhibit 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 to be successfully treated in a LLOC setting</p>
Required PA Information	Personal Representative Panel in provider portal (QT) – As means of documenting guardianship information for the youth <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>
Examples of clinical documentation to support PA criteria	<p>Clinical assessment; treatment plan; therapy notes; 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 A criteria including justification for service at</p>
PA Required	Yes – Electronic fields in provider portal (QT)
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) <i>*If a youth is readmitted into TGH services in less than 14 calendar days, a provider must submit a CSR</i>
CSR Criteria	(1) The youth continue to meet the SED criteria as described in the CMHB Provider Manual; (2) The prognosis for treatment of the SED at a LLOC remains poor because the youth still demonstrate 2 or more of the following: (a) significantly impaired interpersonal or social functioning; (b) significantly impaired educational or occupational functioning;. (c) impairment of judgment; or (d) poor impulse control. (3) As a result of the SED, the youth exhibit an inability to perform activities of daily living (ADLs) in a developmentally appropriate without the structure of the TGH; (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; (5) The youth has demonstrated progress toward identified treatment goals and has a reasonable likelihood of continued progress.
Required CSR Information	(1) Changes to current DSM diagnosis; (2) Justification for continued services at this level of care; (3) Description of behavioral management interventions and critical incidents; (4) Assessment of treatment progress related to admitting symptoms and identified treatment goals; (5) List of current medications and rationale for medication changes, if applicable; and (6) 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	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; psychiatric progress notes or assessments detailing the following: changes to DSM/ICD diagnosis, description of interventions and critical incidents
Timeframe for CSR	No earlier than 10 business days prior to last covered day <i>*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</i>
CSR coverage period	MNC up to 90 days <i>*If a 1st CSR after the 72 hour emergency, then 120 days</i>

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
Outcome of missing RFI for PA or CSR	Technical denial
Outcome of UM for PA or CSR	Approval, Partial, Denial, Outcome Not Rendered
Discharge Notification Req	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>*Either revenue Code 183 (PRTF) or procedure code S5145 (TGH) 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 PRTF. (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) <i>*Required for each stay that will exceed 3 patient days per visit</i> <i>** “Admit date” in QT is the first planned day of the home visit</i>
Timeframe for PA request	Between 10 and 5 business days prior to the scheduled THV <i>*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</i>
Initial Authorization Period	Up to 14 days for a maximum benefit per fiscal year (July 1 – June 30) <i>*Note in final comments window of QT the quantity of days requested for he home visit.</i>
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)

CSR Criteria	(1) 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
Outcome of missing RFI for PA or CSR	Technical denial
Outcome of UM for PA or CSR	Approval, Denial or Outcome Not Rendered
Discharge Notification Required	Yes – Completed via Discharge Status Task in QT <i>*Discharge date will serve as end date of home visit</i>

UM Appeal Process/Reconsideration Request

At any time during this review process described below, a new prior authorization request may be submitted to provide additional clinical information and to begin an updated request for determination. If new clinical information becomes available after a denial of a reconsideration review for services, a provider may submit a new prior authorization to the UR Contractor based on the new clinical information.

There are two types of reconsideration of MNC determination reviews:

First Level Appeal

This is requested through the Member Hub in Qualitrac on any denial outcome.

(1) Peer-to-Peer: A Peer-to-Peer Review is a telephonic review between an advocating clinician, chosen by either the member/legal representative or the authorized representative, and the physician reviewer who rendered the adverse determination.

(a) The Peer-to-Peer Review is based upon the original clinical documentation and may consider clarification or updates.

(b) The Peer-to-Peer Review must be:

(i) requested within ten business days of the adverse determination date; and

(ii) scheduled by the physician reviewer within five business days of the request.

Second Level Appeal

This cannot be requested through the Member Hub in Qualitrac.

This is requested either by calling the Support Line at 1-800-219-7035 or by faxing a written request to Telligen directly at 1-833-574-0650.

(2) Desk Review: A Desk Review may be requested to provide a second opinion if the Peer-to-Peer Review results in an adverse determination. A Desk Review must be provided by a physician reviewer who did not issue the initial or the Peer-to-Peer determination.

(a) The Desk Review is based upon the original clinical documentation and any additional supporting documentation.

(b) The Desk Review must be:

(i) requested within 15 business days of the most recent adverse determination date; and

(ii) performed by the physician within five business days of the written request and supporting documentation. The legal representative, authorized representative or provider must submit a written request to the department's designee for this reconsideration review that states which review is being requested and naming an advocating physician. Further instructions regarding how to request a review are in the determination letter sent by the UR Contractor.