



MONTANA HEALTHCARE PROGRAMS NOTICE

May 5, 2021

Chemical Dependency, DME, EPSDT, Home and Community-Based Services, Home Health, Hospital Inpatient, Hospital Outpatient, Mental Health Center, Mid-Level Practitioner, Physician, Private Duty Nursing (EPSDT), Psychiatric Residential Treatment Facility (PRTF), Therapeutic Foster Care, and Therapeutic Group Home Providers

Effective Immediately

Date Spans for Prior Authorization Through the Qualitrac Portal

Providers submitting prior authorization (PA) requests for services spanning multiple days through the Qualitrac portal and receive approval will be sent an authorization letter.

On the second page of this letter, it will indicate the Dates of Services Approved span for each authorization.

In the example below, services were approved for 30 days with a date span of 10/25/2020 to 11/24/2020.

Determination (1)		
Dates(s) of Service Approved: 10/25/2020 - 11/24/2020	#Approved: 30 day(s)	Authorization #: 0206661402
Proc Code: 99233	Modifier:	Procedure Description:
Determination: Approved	Rationale: Recommend approval for continued authorization of services for the maximum span authorized, 30 days per documentation to support medically necessary criteria.	

When billing date spans within the 30 initial authorized days:

- Day 1 (10/25/2020) of the 30 authorized days is the admission or start date.
- The last date indicated in the date span (11/24/2020) is the discharge or end date for this authorized span. The day of discharge is not billable on this date span authorization for inpatient or residential settings.
- Providers can bill any date span (daily, weekly, monthly,) within the authorized 30 days – in this example if the provider was billing for 30 days, the claim dates of service would indicate 10/25/2020 through 11/23/2020 for 30 days(units) (remember 11/24/2020 is a discharge/end date).

Multiple Authorization Spans for Services Requiring Continued Stay Reviews

For services requiring continued stay reviews, if approved, providers will receive a prior authorization letter indicating a new date span approved for the additional requested days. In the example below, the additional services were approved for 30 more days with a date span of 11/24/2020 to 12/24/2020. Notice the overlapping day (11/24/2020) from the request above.

Determination (1)		
Dates(s) of Service Approved: 11/24/2020 - 12/24/2020	#Approved: 30 day(s)	Authorization #: 0206661402
Proc Code: 99233	Modifier:	Procedure Description:
Determination: Approved	Rationale: Recommend approval for continued authorization of services for the maximum span authorized, 30 days per documentation to support medically necessary criteria.	

When billing for date spans when there are multiple authorized spans:

- Remember, even though the individual is continuing on in services, for billing purposes, Day 1 (11/24/2020) of the 30 authorized days is the first day of the authorization span and should only be billed within the authorized span (in this example 11/24/2020 through 12/23/2020). This date will always overlap the previous authorization because in the previous span it was the discharge or end date and not billable.
- The last date indicated in the date span (12/24/2020) is the discharge or end date for this authorized span. The day of discharge is not billable on this date span authorization for inpatient or residential settings.
- Providers can bill any date span (daily, weekly, monthly, etc.) within the authorized 30 days – in these two examples the authorized days for payment is
 - 10/25/2020 through 11/23/2020 (remember 11/24/2020 is a day of discharge for billing purposes of this authorization span)
 - 11/24/2020 through 12/23/2020 (remember 12/24/2020 is a day of discharge for billing purposes of this authorization span).
- Providers must think of each authorization as an individual distinct date span and should not cross over into other authorized spans when billing.
- Examples of billing problems using the two authorized date spans above:
 - A provider submits a claim from 11/23/2020 to 11/30/2020.
 - This claim will deny as there is 1 day authorized on the first approved date span and 7 days authorized on the second date span.
 - A provider submits a claim from 11/22/2020 to 11/24/2020
 - If the provider has billed and received payment for all the days from 10/25/2020 to 11/21/2020, this claim will deny as there is not enough units authorized in the date span.
 - If the provider has NOT billed and received payment for all the days from 10/25/2020 to 11/21/2020, this claim will pay but future claims for the dates of service between 10/25/2020 and 11/21/2020 will deny because there will not be sufficient units available for payment as 11/24/2020 was paid out of the wrong authorization span. This situation has the potential to cause issues with many future claims
 - A provider submits daily claims and is billing for 11/24/2020
 - If the provider has billed and received payment for all the days from 10/25/2020 to 11/23/2020, this claim will pay as it will look to the second authorization span for available units.
 - If the provider has NOT billed and received payment for all the days from 10/25/2020 to 11/23/2020, this claim will pay but future claims for the dates of service between 10/25/2020 and 11/23/2020 will deny because there will not be sufficient units available for payment as 11/24/2020 was paid out of the wrong authorization span. This situation has the potential to cause issues with many future claims

Contact Information

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

Visit the Montana Healthcare Programs Provider Information website at <https://medicaidprovider.mt.gov>.