Montana Medicaid
Psychiatric Residential Treatment Facility
& Therapeutic Group Home
Authorization and Billing
September 25, 2025



## **Authorization Requests and Untimeliness**

Authorization requests are reviewed by Telligen in the Qualitrac Portal

- PRTF requests receive 30 initial days of auth, CSRs reviewed every 30 days.
- TGH requests receive 120 initial days of auth, CSRs reviewed every 90 days.
- Telligen reviews requests from the date of submission forward.
- When a request is late Telligen will send a Request for Information (RFI) for the reason for the untimeliness. Respond by uploading a Word document with an explanation.
- Approval is given for the remaining days in the authorization period.
  - Example: TGH CSR that is 65 days late will receive 25 out of 90 authorized days. 65 days will be Technically Denied.
  - Example: PRTF CSR is due 01/01/24, submitted 02/15/24. Approved for 02/15-03/01/24 for 15 days. 45 days are Technically Denied.
- If the projected discharge date is within the current review period, approval will be given through that date.



# Responding to Requests for Information (RFI)

Request for additional information to support the prior authorization request

- The submitter has five days to respond by uploading the requested documents and completing the RFI task.
- After five days with no response, the request receives a Technical Denial.
- Technically denied cases must be reopened within 30 days.
  - Reopened cases are reviewed from the date of reopening forward, the days between the original submission and reopening are Technically Denied.
  - Do not submit a new request to respond to an RFI.
  - New requests opened to respond to an RFI will be closed Outcome Not Rendered.



## **Telligen Appeals**

Denials for Medical Necessity Criteria (MNC) can be reconsidered through Telligen's appeals processes

- **Peer-to-Peer (P2P) Review:** Telephonic review between an advocating clinician and the physician reviewer who rendered the adverse determination.
  - Must be requested within 10 business days of the denial.
- **Desk Review:** Based upon the original clinical documentation and any additional supporting documentation. Provided by a licensed psychiatrist who did not issue the initial or a Peer-to-Peer determination.
  - Can be requested in lieu of the P2P or if the P2P is denied.
  - Must be requested within 15 business days of the most recent denial.



### **Administrative Reviews**

#### **Administrative Rules of Montana 37.5.310**

- Appeal an adverse action of the Department, such as:
  - Technically denied days due to untimely authorization request;
  - Additional time if MNC is denied; or
  - Claims issues, such as timely filing.
- Must be received within 30 days of written notice of the adverse action to be considered.
- Must include:
  - Member(s);
  - Dates;
  - Details on what is being requested; and
  - Specific timeline of events that lead to adverse determination.
- If you do not agree with the outcome, you may request a Fair Hearing.



# PRTF – Billing in Accordance with Authorization Spans

- 31-day authorization spans come over into claims system with 30 units.
- End-date is included as the potential date of discharge and becomes start date of next Continued Stay.
- Example:
  - 01.01.24- (30 units)
    - ✓ Billed 01.01.24-01.30.24 (30 units)
    - × Billed 01.02.24-01.31.24 (30 units)
  - (30 units)
    - ✓ Billed 01.31.24-02.29.24 (30 units)
    - × Billed 02.01.24-03.01.24 (30 units)
  - -03.31.24 (30 units)
    - ✓ Billed 03.01.24-03.30.24 (30 units)
    - × Billed 03.02.24-03.31.24 (30 units)



# TGH – Billing in Accordance with Authorization Spans

- 121-day and 91-day authorization spans come over into the claims system with 120 and 90 units, respectively.
- End-date is included as the potential date of discharge and becomes start date of next Continued Stay.
- Example:
  - 01.01.24- (120 units)
    - ✓ 01.01.24-04.29.24 (120 units)
    - × 01.02.24-04.30.24 (120 units)
  - (90 units)
    - ✓ 04.30.24-07.28.24 (90 units)
    - × 05.01.24-07.29.24 (90 units)
  - -10.27.24 (90 units)
    - ✓ 07.29.24-10.26.24 (90 units)
    - × 07.30.24-10.27.24 (90 units)



## Discharge

Failure to properly discharge a youth may prevent a youth from receiving proper services. The provider must complete the discharge task in the Utilization Management portal (Qualitrac).

Service	Submit to	Within
Psychiatric Residential Treatment Facility (PRTF)	Utilization Review Contractor	1 business day
Therapeutic Group Home	Utilization Review Contractor	5 business days

As part of discharge planning, the facility must provide:

- Medication for minimum of 7 days
- Written prescription for medication, and
- Identify a prescribing provider in community and schedule an outpatient appt for youth



## **Therapeutic Home Visit (THV)**

A Therapeutic Home Visit is an opportunity to assess the ability of the youth to successfully transition to a less restrictive level of care.

- If visit is three days or less, no prior authorization is needed.
- If visit is four days or more, prior authorization must be obtained.
- Bill on a claim by itself with prior authorization number if applicable.
  - Revenue Code 183 for PRTF billing.
  - S5145 with modifier U5 for TGH billing.
- May not be billed for youth who are absent from the facility for any other reason.



# **Extraordinary Needs Aide (ENA)**

Extraordinary Needs Aide (ENA) services are additional, one-to-one, face-to-face, intensive short-term behavior management and stabilization services provided in the Therapeutic Group Home (TGH). ENA services are provided for youth who exhibit extreme behaviors that cannot be managed by regular staffing.

- For youth in TGH only.
- Does not require prior authorization.
- Includes individual ENA or Group Community-Based Psychiatric Rehabilitation and Support (CBPRS).



# Adjusting or Voiding Claims with Prior Authorization

#### Provider Initiated Claim Adjustments Provider Notice

- Adjustments are done to change information submitted on a paid claim.
  - · Cannot adjust a denied claim, must correct and resubmit.
- Void request or "claim credit".
- Adjustments and claim credits may be submitted on paper IAR or electronically.
  - Paper ICNs begin with "0".
  - Electronic ICNs begin with "2".
- The PA record is adjusted manually, which means adjustments will take extra time to process.
- When voiding a claim with a PA, contact Provider Relations when complete so units can be restored to PA record per <u>Provider Notice</u>.



## **Acronyms**

- PRTF = Psychiatric Residential Treatment Facility
- TGH = Therapeutic Group Home
- PA = Prior Authorization
- MPQH = Mountain Pacific Quality Health
- CSR = Continued Stay Review
- RFI = Request for Information
- MNC = Medical Necessity Criteria
- P2P = Peer-to-Peer Review
- ARM = Administrative Rules of Montana
- DOS = Date of Service
- POS = Place of Service
- IAR = Individual Adjustment Request
- THV = Therapeutic Home Visit
- ENA = Extraordinary Needs Aide
- CBPRS = Community-Based Psychiatric Rehabilitation and Support



### Resources

- <u>Children's Mental Health Website</u> Manual, Program Info, Forms, Resources
- Montana Healthcare Programs Provider Information Website Fee Schedules, Provider Notices, Enrollment, other Resources
- <u>MPATH Provider Services Portal (Optum)</u> Enrollment, Manage Provider File(s)
- Qualitrac Home Page Login, Document Library, Education & Training, FAQs
- Qualitrac Knowledge Center (after login) User Guides, Tip Sheets, Portal Updates



















## **Children's Mental Health Bureau Contacts**

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### **Other Contacts**

**Mountain Pacific Quality Health (Qualitrac Assistance):** 1-800-219-7035

**Provider Relations (Claims and Enrollment Assistance):** 1-800-624-3958

**MPQH Transportation Hotline:** 1-800-292-7114





