

July 18, 2011

# Montana Health Care Programs Notice

## PRTF, Hospital Inpatient, Hospital Outpatient, TGH, TFC, School-Based Services, Psychologist, Physician, Social Worker, Mid-Level Practitioner, Licensed Clinical Professional Counselor, Mental Health Center, and Psychiatrist

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### **Prior Authorization Requirements Discontinued for Targeted Case Management (TCM) and Outpatient Therapy Concurrent with Comprehensive School Community Treatment (CSCT)**

In **MAR 37-543** titled *Rate Reduction; Repeal Prior Authorization Requirement for Outpatient Therapy Services and Targeted Case Management*, the Department removed the prior authorization for TCM and outpatient therapy concurrent with CSCT. Based on comments from Medicaid-enrolled outpatient therapy providers, TCM providers, and provider organizations, the Department reviewed cost savings of prior authorization for TCM and outpatient therapy concurrent with CSCT. The Department determined the cost savings is not significant enough to continue utilization review of TCM and outpatient therapy services concurrent with CSCT. The Department will continue to monitor medical necessity through retrospective reviews. Medicaid services are subject to recovery if applicable state and federal rules are not met.

**Effective July 1, 2011**, TCM providers no longer need to obtain a prior authorization number to bill Code T1016 HA, TCM for youth with a serious emotional disturbance (SED). **Providers do not need to discharge youth from the Magellan system.**

**Effective August 1 2011**, outpatient therapy providers no longer need to obtain prior authorization for outpatient therapy codes concurrent with CSCT.

The other proposed administrative rules changes in MAR 37-543 are expected to become effective **September 1, 2011**. The Department does not believe removing the prior authorization requirements for TCM and outpatient therapy services to be controversial. Therefore, the Department is implementing these changes prior to September 1.

It is the intent of the Department to manage outpatient therapy and TCM services within the projected budget and appropriation. Both TCM and outpatient therapy services must be medically necessary. TCM services must be provided to youth with SED, within the four core areas of assessment/reassessment, referral/linkage, care plan development and monitoring in accordance with state and federal regulations. Outpatient therapy providers who provide therapy concurrent with CSCT must identify and document a special therapy need in the youth's clinical

record in order to avoid a duplication of therapy services. All Medicaid services are subject to retrospective audit and recovery if applicable state and federal rules are not met.

Medical necessity guidelines for TCM and outpatient therapy services concurrent with CSCT are provided in the *Children's Mental Health Bureau Provider Manual and Clinical Guidelines for Utilization Management*, August 1, 2011 version.

TCM information is available in Section 5.9 and outpatient therapy information is available in Section 5.8. The proposed August 1, 2011 manual is available on the CMHB website at <http://www.dphhs.mt.gov/mentalhealth/children/> under the "What's New" section.

If you have questions regarding this provider notice, contact Jamie Olsen Stolte, MA, Clinical Program Manager, Children's Mental Health Bureau, Developmental Services Division, DPHHS, 111 Sanders, Room 307, Helena, MT 59620 or P.O. Box 4210, Helena, MT 59604, Phone (406) 444-7392, Fax (406) 444-0230.

## **Contact Information**

For claims questions or additional information, contact Provider Relations:

**Provider Relations toll-free in- and out-of-state: 1-800-624-3958**

**Helena: (406) 442-1837**

**E-mail: [MTPRHelpdesk@ACS-inc.com](mailto:MTPRHelpdesk@ACS-inc.com)**

Visit the Provider Information website:

**<http://medicaidprovider.hhs.mt.gov>**