

## Prior Authorization and Continued Care Review

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Certain mental health services listed in this manual always require prior authorization. Claims for those services rendered to Medicaid beneficiaries will be denied payment without prior authorization. All inpatient psychiatric admissions require request for prior authorizations within 24 hours of the admission.

All requests for prior authorization and continued stay authorization must be sent to:

Magellan Medicaid Administration  
1-800-770-3084 Phone  
1-800-639.8982 or 1-800-247-3844 Fax

The adult program manuals and forms for prior authorized services are available at the Magellan Medicaid Administration website, <https://montana.fhsc.com>. Click on the Providers tab and choose Adult Program and either the Manuals or Forms link.

Claims for services that require prior authorization must have the prior authorization number indicated in the appropriate field on the claim form. Providers must bill Medicaid according to the information supplied on the prior authorization. Each line on the claim must match the line information on the authorization with respect to dates of service, procedure code, and units of service.

For providers who bill using the CMS-1500 claim form, if the prior authorization issued has 3 lines of service, the provider must bill with 3 individual **lines** on the claim form that match the 3 lines on the prior authorization. A prior authorization number may have up to 21 claim lines.

For providers who bill using the UB-04 claim form, if the prior authorization issued has three lines of service, the provider must bill three individual UB-04 **claim forms** for each line of service indicated on the prior authorization.

If you bill for services on the CMS-1500 and need assistance, call Provider Relations or refer to <http://medicaidprovider.mt.gov/Portals/68/docs/forms/cms1500sample0212bwinstructions.pdf>.

If you bill for services on the UB-04 claim form and need assistance, call Provider Relations or refer to <http://medicaidprovider.mt.gov/Portals/68/docs/forms/ub04bwsample06082015.pdf>.

Those mental health services not requiring prior authorization will be subject to retrospective review by the Department for medical necessity and appropriateness.

## Member Cost Sharing (ARM 37.85.204 and 37.85.402)

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See the *General Information for Providers* manual for information on member cost share for Adult Mental Health Services.

## Eligibility Information

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Providers should view the member's ID card **and** verify eligibility information using one of the methods described below.