

January 19, 2010

# Montana Healthcare Programs Notice

**Hospital Inpatient, Hospital Outpatient, EPSDT, Physical Therapist, Speech Therapist, Audiologist, Hearing Aid, Occupational Therapist, Psychologist, Dentist, Pharmacy, DMEPOS, Optometric, Optician, Personal and Commercial Transportation, Specialized Non-Emergency Transportation, Ambulance, Physician, Psychiatric Residential Treatment Facility, Lab and Imaging, Social Worker, Denturist, Mid-Level Practitioner, Eyeglasses, Rural Health Clinic, FQHC, Licensed Professional Counselor, Mental Health Center, Targeted Case Management—Mental Health, Therapeutic Group Home, Public Health Clinic, Therapeutic Foster Care, Psychiatrist, Critical Access Hospital**

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## **Reimbursement Change for Psychiatric Residential Treatment Facilities and How It Affects Other Montana Medicaid Providers**

**Effective January 1, 2010**, reimbursement for medical and ancillary services provided outside a Psychiatric Residential Treatment Facility (PRTF) to youth in a PRTF will be limited to emergency medical conditions treated in a hospital emergency room and emergency dental services (in accordance with the Montana Medicaid Dental Program for adults ages 21 and over with Basic Medicaid). Additional “outside” services including eyeglasses, visual examinations, durable medical equipment, hearing aids and audiology evaluations may be reimbursed under limited urgent situations. No other “outside” services are reimbursable by the state and if provided are the responsibility of the PRTF. Reimbursement for these “outside” services is 100 percent state general fund at the prevailing Montana Medicaid rate, per Montana Administrative Register Notice 37-493 published November 12, 2009. Considering the funding source, all “outside” services, except emergency room services and emergency dental, will require prior authorization and must be urgent in nature.

Reimbursement for covered professional and institutional claims will deny until the Medicaid Management Information System (MMIS) is updated, **and is not expected to impact very many claims**. A mass adjustment will be completed when the system update is complete. Ambulance

services for authorized emergencies will be covered. Provider types and services affected by this change are: ambulance, audiologists, dentists, durable medical equipment, eyeglasses, hearing aid dispensers, opticians, optometrists, Indian Health Service clinics and Federally Qualified Health Centers and any provider type or service youth receives in a hospital emergency room.

### **Emergency Dental Services**

Covered dental emergency codes are: D0140, D0220, D0230, D0240, D0250, D0260, D0270, D0272, D0273, D0274, D0275, D0277, D0330, D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2940, D3310, D3331, D3346, D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7270, D7510, D7520, D7910, D9110, D9241, D9242, D9248, D9420, D9612, D9920. These are the same codes covered by the Medicaid Dental Program for adults age 21 and over with Basic Medicaid. Emergency dental claims for youth in a PRTF must be accompanied by a completed *Emergency Dental Services Form*. The form is on the mtmedicaid.org website under "Forms."

Routine restorative or preventive treatments are specifically excluded from any emergency dental services. Root canals are allowable on anterior teeth only. All other dental program limits still apply. Indian Health Service clinics and FQHCs will continue to bill revenue code 512 for these services. Document any delay between date of diagnosis and date of treatment. As a guideline, this time frame should be within 30 days of the initial date of exam.

### **Prior Authorization Procedures**

It is the responsibility of the referring PRTF to obtain prior authorization for urgent "outside" services. Prior authorization is required starting February 1, 2010, for eyeglasses, visual examinations, durable medical equipment, hearing aids and audiology evaluation claims to be reimbursed. Reimbursement for these services provided between January 1, 2010, and February 1, 2010, will be made without requiring prior authorization, as long as the service meets medical necessity criteria and is urgent. Failure to obtain a prior authorization after February 1, 2010, will result in the incurred charges becoming the responsibility of the PRTF.

To obtain prior authorization, please contact:

- For eyeglasses or visual examinations: (406) 444-4066;
- For durable medical equipment, hearing aids and audiology evaluations: (406) 444-5296;
- For ambulance authorization: Mountain-Pacific Quality Health Foundation, (800) 292-7114.

For questions on Emergency Dental Services, contact (406) 444-3182.

### **Background**

For medical and ancillary services (listed in ARM 37.87.1222) provided outside the PRTF for dates of service **March 1, 2009, to December 31, 2009**, claims must be submitted to the PRTF for reimbursement. See February 12, 2009, provider notice on "Reimbursement Change for Psychiatric Residential Treatment Facilities and How It Affects Other Montana Medicaid Providers," for additional background information.

For questions or more information, contact Diane White, Clinical Program Supervisor, Children's Mental Health Bureau, P.O. Box 202951, Helena, MT 59620-2951, (406) 444-1535, [dwhite@mt.gov](mailto:dwhite@mt.gov).

## **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://www.mtmedicaid.org>**