

December 2, 2011

Montana Health Care Programs Notice Hospital Inpatient

Psychiatric Services for Youth in Both In-State and Out-of-State Hospitals Require Prior Authorization

The Department would like to remind in-state and out-of-state hospitals that provide psychiatric services to youth that prior authorization is required per the hospital Administrative Rules of Montana 37.86.2801.

The All Patient Refined Diagnosis Related Groups (APR-DRG) hospital payment system is based on the individual's discharge diagnosis. If the admitting diagnosis is not psychiatric and the discharge diagnosis is, a retroactive prior authorization request must be made.

Retroactive prior authorization requests will only be approved under certain circumstances where the youth's Medicaid is retroactive, the hospital is retroactively enrolled in the Montana Medicaid program, or the youth's admitting diagnosis is not psychiatric and the discharge diagnosis is. Retroactive prior authorization requests must be made within 3 business days (Monday through Friday) of the youth's admission or the date the hospital gained knowledge of the youth's Medicaid eligibility.

The Children's Mental Health Bureau contracts with Magellan Medicaid Administration to prior authorize hospital services. If the admitting diagnosis is psychiatric, prior authorization must be requested from Magellan within 1 business day of admission.

The Certificate of Need must be submitted to Magellan within 14 days of admission, and a Discharge Notification Form must be submitted to Magellan within 5 business days for the hospital to receive the prior authorization number for billing.

The Prior Authorization, Certificate of Need, and Discharge Notification Form are on Magellan's website at <https://montana.fhsc.com/>. Additional contact information for Magellan is:

Magellan Medicaid Administration (previously First Health)

4300 Cox Road
Glen Allen, VA 23060
(800) 770-3084 Phone
(800) 639-8982 Fax

For more information, contact Diane White, Clinical Program Officer, Children's Mental Health Bureau, P.O. Box 4210, Helena, MT 59604-4210, (406) 444-1535, 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

Visit the Provider Information website:

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