



December 16, 2014

Montana Health Care Programs Notice

Hospitals

Effective September 19, 2014

Utilization Requirements for Acute Inpatient Hospital Youth Mental Health Services

New requirements for the utilization of acute inpatient hospital services are as follows:

- A certificate of need is no longer required.
- Prior authorization is required. The prior authorization form is located on the CMHB Forms webpage, <http://www.dphhs.mt.gov/dsd/CMB/CMHBforms.aspx>, and **must be submitted to Magellan within one business day of admission to the facility.**
- A Practitioner Order (admission order) which meets federal requirements and includes the doctor's signature and the diagnosis must accompany the prior authorization request.
 - If between the effective date, September 19, 2014, and the date of this provider notice a prior authorization was submitted along with a certificate of need, a Practitioner Order (admission order) will not be necessary.
 - After the date of this provider notice, if a prior authorization request is submitted to Magellan without the Practitioner Order, a technical denial will be issued.

Contact Information

If you have any questions, please contact Melissa Higgins at 406-444-1535 or mhiggins@mt.gov.

For claims questions or additional information, contact Provider Relations at 1-800-624-3958 (toll-free, in/out of state) or 406-442-1837 (Helena) or via e-mail at MTPRHelpdesk@xerox.com.

Visit the Montana Medicaid Provider Information website at <http://medicaidprovider.hhs.mt.gov>.