



MONTANA HEALTHCARE PROGRAMS NOTICE

March 13, 2018

Mental Health Centers, Laboratory, Licensed Professional Counselors, Outpatient Hospital, Physicians, Mid-Levels, PRTF, Psychiatrist, Psychologist, School-Based Services, Therapeutic Foster Care, Therapeutic Group Home

Effective March 1, 2018

Prior Authorization for Genetics Testing for Youth Mental Health

Effective March 1, 2018 the department added utilization review of genetics testing for youth prescribed medications for a mental health diagnosis. **Youth means 17 and under.**

This applies to the following codes of the edition of the American Medical Association (AMA) Current Procedural Terminology (CPT®). See below:

- CPT 81225** CYP2C19 (cytochrome P450, family 2, subfamily C, polypeptide 19)(eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *8, *17)
- CPT 81226** CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6)(eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41,*1XN, *2XN, *4XN)
- CPT 81291** MTHFR (5, 10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis; common variants (eg, 677T, 1298C)
- CPT 81401 Molecular pathology procedure, Level 2 including** CYP3A4 (cytochrome P450, family 3, subfamily A, polypeptide 4) (eg, drug metabolism), common variants (eg, *2, *3, *4, *5, *6)
- CPT 81479** Unlisted molecular pathology procedure

Youth must meet the Severe Emotional Disturbance criteria as described in the Children's Mental Health Bureau Medicaid Services Manual and additional criteria below:

1. Youth displays clinical features or is at direct risk of inheriting a gene such that testing is necessary to improve clinical outcomes of neuropsychiatric medication.
2. Documented previous medication failures and intent to alter medication course consistent with test results. Youth must have failed or currently be failing on at least one neuropsychiatric medication.
3. Results of test will directly impact treatment being delivered to the patient.
4. Documentation of risk and clinical need must include a comprehensive history, physical examination and completion of conventional diagnostic studies.

To request a prior authorization please use the Youth Genetics Testing for Mental Health at <http://dphhs.mt.gov/dsd/CMB/CMHBforms>.

Medical Necessity Criteria is available in the Children's Mental Health Medicaid Services Provider Manual available at the following link:
<https://dphhs.mt.gov/dsd/CMB/Manuals>

Contact Information

If you have any questions, please contact:

[Tracey Riley, Children's Mental Health Bureau Medicaid Program Officer, email triley@mt.gov](mailto:triley@mt.gov)
or telephone (406) 444-7064

For additional information, contact Montana Provider Relations at (800) 624-3958 or (406) 442-1837 or email MTPRHelpdesk@conduent.com.

Visit the Montana Healthcare Programs Provider Information website at www.medicaprovider.mt.gov.