Effective Immediately        REVISED

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.

Effective 09/17/2018, claims for the codes specified below will deny payment if a prior authorization number is not on the claim.


<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>81291</td>
<td>MTHFR (5, 10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis; common variants (eg, 677T, 1298C)</td>
</tr>
<tr>
<td>81479</td>
<td>Unlisted molecular pathology procedure</td>
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</tbody>
</table>

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.


Contact Information
If you have any questions, please contact:
Kandis Franklin, Children’s Mental Health Bureau Family Liaison, email KFranklin@mt.gov or telephone (406) 444-6018

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