



MONTANA HEALTHCARE PROGRAMS NOTICE

September 24, 2018

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

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.

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.](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: http://dphhs.mt.gov/Portals/85/dsd/documents/CMB/providermanuals/CMHBMedicaidServicesProviderManualMarch2018.pdf](http://dphhs.mt.gov/Portals/85/dsd/documents/CMB/providermanuals/CMHBMedicaidServicesProviderManualMarch2018.pdf)

Contact Information

If you have any questions, please contact:

[Kandis Franklin, Children's Mental Health Bureau Family Liaison, email KFranklin@mt.gov](mailto: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.](mailto:MTPRHelpdesk@conduent.com)

[Visit the Montana Healthcare Programs Provider Information website at https://medicaidprovider.mt.gov.](https://medicaidprovider.mt.gov)