



MONTANA HEALTHCARE PROGRAMS NOTICE

November 21, 2018

Physician, Mid-Level, Outpatient Hospital, and CAH Providers

Effective Immediately

Updated

Physician Administered Drug Prior Authorization Form

There has been a updated form posted for Physician Administered Drug prior authorization requests. [This can be found on the forms page of the provider website at https://medicaidprovider.mt.gov/forms#240933498-forms-p--z](https://medicaidprovider.mt.gov/forms#240933498-forms-p--z). The following section has been changed for clarification:

Therapy will be provided in:

Provider Office: Outpatient Hospital (Infusion Ctr, CAH, etc.): ASC: Group/Clinic:

This section is used for billing purposes. Montana Healthcare Programs' system requires that the prior authorization spans be linked to the NPI that will be billing for this service, not the provider ordering or referring. If the service is done in the provider's office (billing on a 1500) where the single provider will be billing, the provider box should be checked. The group/clinic box should be marked if the Pay To on the claim (billing on a 1500) is the group instead of the individual provider. If the member is going to an outpatient hospital setting (billing on a UB04) to receive the service, outpatient hospital should be checked. If you, as a provider are required to get the prior authorization in your network, it is crucial to supply the correct codes and the NPI that the service will be billed with. This will help the Prior Authorization to be set up correctly and avoid unnecessary billing errors.

[As a reminder, please check the posted criteria at](https://medicaidprovider.mt.gov/priorauthorization#260627814-physician-administered-drugs)

<https://medicaidprovider.mt.gov/priorauthorization#260627814-physician-administered-drugs>

before the prior authorization is submitted. This will help you submit the appropriate documentation. The pharmacist uses this exact criterion to determine authorization.

If you wish to receive communication via email, please include the contact information in the "Pertinent Information" field of the authorization form.

Contact Information

Hospital Program Officer (406) 444-4834

Physician Program Officer (406) 444-3995

[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)