



MONTANA HEALTHCARE PROGRAMS NOTICE

December 13, 2019

Pharmacy Providers

Effective December 2, 2019

Guidance for Pharmacies Billing Prescriptions for Members in Psychiatric Residential Treatment Facilities (PRTF)

This guidance only applies to pharmacies billing medications for members **currently** in an all-inclusive Psychiatric Residential Treatment Facility (PRTF).

Effective December 2, 2019, the Department is implementing a new procedure for billing **non-psychotropic** medications for members residing in an all-inclusive PRTF. If a **non-psychotropic** medication is prescribed for a member in a PRTF, pharmacies filling for the facility, may submit the claim with a submission clarification code (SCC) of 10 in NCPDP field (42Ø-DK).

If these pharmacies receive a claim rejection of “member enrolled in all-inclusive program, contact facility for payment” despite submitting with a submission clarification code of 10, this indicates that the medication being billed is on the Department’s psychotropic drug list and cannot be reimbursed through the pharmacy benefit. Psychotropic medications are included in the all-inclusive payment and must be billed to the facility. However, if the medication is on the Department’s psychotropic drug list but is being used for a non-psychiatric diagnosis (such as lamotrigine for seizure disorder rather than mood stabilization), a prior authorization can be obtained by calling the Drug Prior Authorization Unit at (406) 443-6002 or (800) 395-7961.

If you are trying to bill prescriptions for a member that has been **released** from an all-inclusive facility but are still getting denied claims with a reject of “member enrolled in all-inclusive program, contact facility for payment”, please contact the Pharmacy Program Officer or the Medicaid Pharmacist at the contact information below.

For questions regarding this policy, please contact Shannon Sexauer, PharmD, Medicaid Pharmacist at (406) 444-5951 or Dani Feist, Pharmacy Program Officer at (406) 444-2738.

Contact Information

Drug Prior Authorization Unit
Mountain-Pacific Quality Health
3404 Cooney Drive
Helena, MT 59602
(406) 443-6002 or (800) 395-7961 (Phone)
(406) 513-1928 or (800) -294-1350 (Fax)

[For claims questions or 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)