

Montana Medicaid Psychiatric Residential Treatment Facility & Therapeutic Group Home Authorization and Billing September 25, 2025



DEPARTMENT OF
**PUBLIC HEALTH &
HUMAN SERVICES**

Authorization Requests and Untimeliness

Authorization requests are reviewed by **Telligen** in the **Qualitrac** Portal

- PRTF requests – receive 30 initial days of auth, CSRs reviewed every 30 days.
- TGH requests – receive 120 initial days of auth, CSRs reviewed every 90 days.
- Telligen reviews requests from the date of submission forward.
- When a request is late Telligen will send a Request for Information (RFI) for the reason for the untimeliness. Respond by uploading a Word document with an explanation.
- Approval is given for the remaining days in the authorization period.
 - Example: TGH CSR that is 65 days late will receive 25 out of 90 authorized days. 65 days will be Technically Denied.
 - Example: PRTF CSR is due 01/01/24, submitted 02/15/24. Approved for 02/15-03/01/24 for 15 days. 45 days are Technically Denied.
- If the projected discharge date is within the current review period, approval will be given through that date.



Responding to Requests for Information (RFI)

Request for additional information to support the prior authorization request

- The submitter has **five days** to respond by uploading the requested documents and completing the RFI task.
- After five days with no response, the request receives a **Technical Denial**.
- Technically denied cases must be reopened within **30 days**.
 - Reopened cases are reviewed from the date of reopening forward, the days between the original submission and reopening are Technically Denied.
 - Do not submit a new request to respond to an RFI.
 - New requests opened to respond to an RFI will be closed **Outcome Not Rendered**.



Telligen Appeals

Denials for Medical Necessity Criteria (MNC) can be reconsidered through Telligen's appeals processes

- **Peer-to-Peer (P2P) Review:** Telephonic review between an advocating clinician and the physician reviewer who rendered the adverse determination.
 - Must be requested within 10 business days of the denial.
- **Desk Review:** Based upon the original clinical documentation and any additional supporting documentation. Provided by a licensed psychiatrist who did not issue the initial or a Peer-to-Peer determination.
 - Can be requested in lieu of the P2P or if the P2P is denied.
 - Must be requested within 15 business days of the most recent denial.



Administrative Reviews

Administrative Rules of Montana 37.5.310

- Appeal an adverse action of the Department, such as:
 - Technically denied days due to untimely authorization request;
 - Additional time if MNC is denied; or
 - Claims issues, such as timely filing.
- Must be received within **30 days** of written notice of the adverse action to be considered.
- Must include:
 - Member(s);
 - Dates;
 - Details on what is being requested; and
 - Specific timeline of events that lead to adverse determination.
- If you do not agree with the outcome, you may request a **Fair Hearing**.



PRTF – Billing in Accordance with Authorization Spans

- **31-day authorization spans** come over into claims system with **30 units**.
- End-date is included as the potential date of discharge and becomes start date of next Continued Stay.
- Example:
 - **01.01.24-01.31.24 (30 units)**
 - ✓ Billed 01.01.24-01.30.24 (30 units)
 - ✗ Billed 01.02.24-01.31.24 (30 units)
 - **01.31.24-03.01.24 (30 units)**
 - ✓ Billed 01.31.24-02.29.24 (30 units)
 - ✗ Billed 02.01.24-03.01.24 (30 units)
 - **03.01.24-03.31.24 (30 units)**
 - ✓ Billed 03.01.24-03.30.24 (30 units)
 - ✗ Billed 03.02.24-03.31.24 (30 units)



TGH – Billing in Accordance with Authorization Spans

- 121-day and 91-day authorization spans come over into the claims system with 120 and 90 units, respectively.
- End-date is included as the potential date of discharge and becomes start date of next Continued Stay.
- Example:
 - 01.01.24-04.30.24 (120 units)
 - ✓ 01.01.24-04.29.24 (120 units)
 - ✗ 01.02.24-04.30.24 (120 units)
 - 04.30.24-07.29.24 (90 units)
 - ✓ 04.30.24-07.28.24 (90 units)
 - ✗ 05.01.24-07.29.24 (90 units)
 - 07.29.24-10.27.24 (90 units)
 - ✓ 07.29.24-10.26.24 (90 units)
 - ✗ 07.30.24-10.27.24 (90 units)



Discharge

Failure to properly discharge a youth may prevent a youth from receiving proper services. The provider must complete the discharge task in the Utilization Management portal (Qualitrac).

Service	Submit to	Within
Psychiatric Residential Treatment Facility (PRTF)	Utilization Review Contractor	1 business day
Therapeutic Group Home	Utilization Review Contractor	5 business days

As part of discharge planning, the facility must provide:

- Medication for minimum of 7 days
- Written prescription for medication, and
- Identify a prescribing provider in community and schedule an outpatient appt for youth



Therapeutic Home Visit (THV)

A Therapeutic Home Visit is an opportunity to assess the ability of the youth to successfully transition to a less restrictive level of care.

- If visit is **three days or less, no prior authorization** is needed.
- If visit is **four days or more, prior authorization** must be obtained.
- Bill on a claim by itself with prior authorization number if applicable.
 - **Revenue Code 183** for PRTF billing.
 - **S5145 with modifier U5** for TGH billing.
- May not be billed for youth who are absent from the facility for any other reason.



Extraordinary Needs Aide (ENA)

Extraordinary Needs Aide (ENA) services are additional, one-to-one, face-to-face, intensive short-term behavior management and stabilization services provided in the Therapeutic Group Home (TGH). ENA services are provided for youth who exhibit extreme behaviors that cannot be managed by regular staffing.

- For youth in **TGH** only.
- Does **not** require prior authorization.
- Includes **individual ENA** or **Group Community-Based Psychiatric Rehabilitation and Support (CBPRS)**.



Adjusting or Voiding Claims with Prior Authorization

[Provider Initiated Claim Adjustments Provider Notice](#)

- **Adjustments** are done to change information submitted on a **paid** claim.
 - Cannot adjust a **denied** claim, must correct and resubmit.
- Void request or “**claim credit**”.
- Adjustments and claim credits may be submitted on **paper** IAR or **electronically**.
 - Paper ICNs begin with “0”.
 - Electronic ICNs begin with “2”.
- The PA record is adjusted manually, which means adjustments will take extra time to process.
- When voiding a claim with a PA, contact Provider Relations when complete so units can be restored to PA record per [Provider Notice](#).



Acronyms

- PRTF = Psychiatric Residential Treatment Facility
- TGH = Therapeutic Group Home
- PA = Prior Authorization
- MPQH = Mountain Pacific Quality Health
- CSR = Continued Stay Review
- RFI = Request for Information
- MNC = Medical Necessity Criteria
- P2P = Peer-to-Peer Review
- ARM = Administrative Rules of Montana
- DOS = Date of Service
- POS = Place of Service
- IAR = Individual Adjustment Request
- THV = Therapeutic Home Visit
- ENA = Extraordinary Needs Aide
- CBPRS = Community-Based Psychiatric Rehabilitation and Support



Resources

- [Children's Mental Health Website](#) – Manual, Program Info, Forms, Resources
- [Montana Healthcare Programs Provider Information Website](#) – Fee Schedules, Provider Notices, Enrollment, other Resources
- [MPATH Provider Services Portal \(Optum\)](#) – Enrollment, Manage Provider File(s)
- [Qualitrac Home Page](#) – Login, Document Library, Education & Training, FAQs
- Qualitrac Knowledge Center (after login) – User Guides, Tip Sheets, Portal Updates



Children's Mental Health Bureau Contacts

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Other Contacts

Mountain Pacific Quality Health (Qualitrac Assistance): 1-800-219-7035

Provider Relations (Claims and Enrollment Assistance): 1-800-624-3958

MPQH Transportation Hotline: 1-800-292-7114



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