



September 28, 2015

Montana Health Care Programs Notice

All Providers

Changes to the Children's Mental Health Bureau Medicaid Services Provider Manual

Effective October 1, 2015, ARM 37.87.102, 37.87.901, 37.87.903, 37.87.1303, and 37.87.1313 will be amended and ARM 37.87.723 will be repealed to reflect changes made by the Department pertaining to the revision of authorization requirements for Medicaid mental health services for youth.

ARM 37.85.105 – Procedure code S5145 UD (hourly unit) has been changed to H2019 TG, which is a 15-minute unit. Providers must use H2019 TG for Extraordinary Needs Aide Services, effective October 1, 2015.

The following is an abridged overview of the Children's Mental Health Bureau's Medicaid Services Provider Manual amendments effective October 1, 2015. For full details, please see <http://dphhs.mt.gov/dsd/CMB/Manuals.aspx>

- The CANS-MT admissions, update, and discharge assessment requirements for youth who are transferring services, as well as being provided concurrent services, have been revised.
- Additional requirements for the coordination and use of the MCS have been added as further guidance for the assignment of primary provider and secondary provider in the MCS when there is more than one provider serving a youth.
- Language has been added to describe more specifically provider requirements when providing community services concurrently with other providers or services.

Prompted by the upcoming transition from International Statistical Classification of Diseases and Related Health Problems (ICD) ICD-9 to ICD-10, the Department also made the following amendments to the list of covered diagnoses:

Diagnoses that were removed are as follows:

- Sexual disorders (302.2, 302.3, 302.4, 302.82, 302.83, 302.84, and 302.89)
- Gender identity disorder has been replaced with gender dysphoria in adolescents (F64.1 or 302.85), gender dysphoria in children (F64.2 or 302.6), and other specified gender dysphoria (F64.8 and 302.6).

Diagnoses that were added are as follows:

- Schizophreniform disorder (F20.81, 295.40)
- Disruptive mood dysregulation disorder (F34.8 and 296.99)
- Avoidant/restrictive food intake disorder (F50.8 and 307.59)
- Panic disorder (F41.0 and 300.01)

Services Subchapter

Acute Inpatient Hospital Services

- Certificate of Need – Requires a physician signature.
- Prior Authorization – Prior authorization requirements have been removed.

Psychiatric Residential Treatment Facility (PRTF)

- Service Requirements – A requirement has been added for a physician to perform an evaluation within 24 hours of the admission of a youth, and the word “minimum” has been added to the medication amount required at discharge. Additionally the Department specifies the requirement for written notification to a school district of credits earned by a youth who is discharging from a PRTF.
- Information – The PRTF Denial Letter form has been removed as a required form. The requirement for seeking an eligibility determination from the Department’s developmental disability program when providing care to youth with SED and DD has been added.

Therapeutic Group Home (TGH)

- Prior Authorization – Prior authorization requirements and the process for requesting a prior authorization have been added. Clarification is also provided that a provider may only request a continued stay between 5 and 10 business days prior to the expected discharge date of a youth.
- The Department has revised this section of the manual to provide for up to 72 hours of emergency TGH reimbursement, without prior authorization, pending prior authorization. Youth must still meet the SED criteria.

Home Support Services (HSS)

- Admission Criteria – A requirement has been added which requires documentation that the youth has required crisis intervention more than once in the past 45 days.
- Continued Stay Criteria – Continued stay criteria has been amended to remove the requirement that a youth must still meet admission criteria and add criteria more applicable to a continued stay.

Outpatient Therapy (OP)

- Admission Criteria – The requirement has been added that a youth must be at least two years of age in order to receive OP.

Targeted Case Management (TCM)

- Medical Necessity Criteria – The medical necessity criteria has been amended to ensure that youth mental health TCM includes the need for at least one other mental health service.

Therapeutic Home Visits (THV)

- Prior Authorization – Request deadlines have been added for when a THV may be requested.

Extraordinary Needs Aide (ENA)

Service Requirement – the Department clarifies that ENA may not be used to supplant the staffing requirements of [ARM 37.97.903](#)

Chapter 5 – Appeals

This chapter has been removed from the manual and ARM Title 37, Chapter 5 is referenced.

Contact Information

For claims questions or additional information, contact Provider Relations at 1-800-624-3958 (toll-free, in/out of state) or 406-442-1837 (Helena) or via e-mail at MTPRHelpdesk@xerox.com.

Visit the Provider Information website at <http://medicaidprovider.hhs.mt.gov>.