



State of Montana Children's Mental Health Bureau Emergency 72 hr TGH Payment Authorization Request Form # 009

**To request TGH payment authorization for services for up to 72 hours pending a TGH prior authorization determination for a youth in an emergency situation who meets the medical necessity criteria for TGH:
Describe the nature of the emergency situation:**

For youth discharging from an acute setting, the physician must certify that the youth is safe to discharge to a TGH. That certification must be attached to this request. Hospital discharge paperwork can meet this requirement.

Please complete the following information to request a payment authorization number for Medicaid payment processing of the initial 72 hours (3 days) of the therapeutic group home stay. After review and approval you will be notified of the payment authorization number to be used on Medicaid claims. The payment authorization number must be entered in box 23 (prior authorization number) of the Medicaid claim. One payment authorization number will be issued per youth, per emergency authorization.

Provider: _____

Provider ID: _____

Youth Name: _____

Youth Medicaid ID or SSN: _____

Service Begin Date: _____

Name of Authorized Official Submitting this Request: _____
(person to send payment authorization number to)

Fax Number to Provide Payment Authorization: _____

Phone Number of Requestor: _____

CONFIDENTIALITY NOTICE:

The information contained in this request is privileged and confidential information intended for the use of the individual or entity named above. Health Care information is personal and sensitive and should only be read by authorized individuals. Failure to maintain confidentiality is subject to penalties under state and federal law. If this information has been faxed and you believe you received it in error, please contact the sender immediately and then destroy the faxed materials.

**Transmit form to Telligen by fax at 1-833-574-0650 OR create request using Telligen Qualitrac.
DO NOT SEND THROUGH REGULAR E-MAIL AS IT IS NOT SECURE.**

NOTE: Processing may be delayed if information submitted is illegible or incomplete.

◆ Phone: 1-800-219-7035 ◆ Fax: 1-833-574-0650