



Psychiatric Residential Treatment Facility Discharge Authorization Process

Per the Children’s Mental Health Bureau Medicaid Services Provider Manual, the utilization review (UR) contractor may approve up to 30 additional days to complete discharge planning per stay, for which the provider must document all previous attempts to secure appropriate discharge for the youth.

Effective immediately, this will be completed through the online Qualitrac portal with a denial for Medical Necessity Criteria noted in the Outcome Letter and a note in Rationale section that states the existing authorization has been extended for 30 days directly in the Medicaid claim system, MMIS.

Please see below for a sample of the letter:

Determination (1)		
Dates(s) of Service Approved: 01/15/2021 - 01/15/2021	#Approved: 0 day(s)	Authorization #: 1028661401
Proc Code: S5145	Modifier:	Procedure Description: FOSTER CARE THERAPEUTIC CHILD; PER DIEM
Determination: Denied	Rationale: Review determined no documentation to sufficiently support the following medically necessary criteria: "Less restrictive services are insufficient to meet the severe and persistent clinical and treatment needs of the youth and prohibits treatment in a lower level of care". 30 days have been added directly to the MMIS for discharge planning to cover dates of service 1/15/2021 to 2/14/2021.	

If an appeal regarding the denial for MNC determination is warranted, you may request this through the Qualitrac portal, per the existing process. If you need technical assistance with the appeal process through Qualitrac, please contact Mountain-Pacific Quality Health call center at (406) 443-0320 (Helena) or (800) 219-7035 (toll-free).

If the appeal is overturned due to evidence of medical necessity, then the approved dates in Qualitrac will be updated to match what was manually added for discharge planning days in MMIS and additional continued stay requests (CSRs) may continue as per the existing process. If the appeal upholds the denial for MNC, then the existing 30 days added to MMIS at the original denial will remain in MMIS and Qualitrac will not be updated.

If additional time is needed beyond the 30 days, with no challenge to medical necessity, please pursue the technical denial process as outlined in the Outcome Letter available in Qualitrac. When an adverse determination is based on procedural issues and not on medical necessity criteria, the result will be a technical denial. Technical denials can be overturned by the CMHB only for reasons provided for in administrative rule.

For mental health denials for members aged 0-17, send requests in writing to:

Children's Mental Health Bureau
Developmental Services Division
111 North Sanders, Room 307
P.O. Box 4210
Helena, MT 59601-4210

Contact Information

For questions regarding this notice, please contact Children's Mental Health Bureau Program Supervisor Liz LeLacheur by email at ELeLacheur@mt.gov or by phone at (406) 444-5913.

For claims questions or additional information, contact Montana Provider Relations at (800) 624-3958 or (406) 442-1837 or email [Montana Provider Relations Helpdesk](#).

[Visit the Montana Healthcare Programs Provider Information website at https://medicaidprovider.mt.gov.](https://medicaidprovider.mt.gov)