

# PROVIDER USER GUIDE FOR MONTANA MEDICAID SERVICES PROCESSED THROUGH QUALITRAC

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## Purpose

This user guide is intended to supplement both Montana State Medicaid approved provider manuals and Qualitrac (QT) provider training materials. The information herein is presented to demonstrate the fields providers will encounter in the Qualitrac portal and provide a quick reference to important information about each service type and the associated timelines for each.

This guide is not meant to, in any way, replace or substitute for the following most-current Montana State Medicaid-approved provider manuals:

- Ambulance
  - Link: <https://medicaidprovider.mt.gov/manuals/ambulanceservicesmanual#492438294-provider-file-updates--and-new-provider-information>
- Big Sky Waiver
  - Link: <https://dphhs.mt.gov/SLTC/BigSkyWaiverPolMan>
- Dental and Orthodontia
  - Links: <https://medicaidprovider.mt.gov/manuals/dentalanddenturistprogrammanual>
  - <https://medicaidprovider.mt.gov/manuals/healthymontanakidshmkandchipdentalservicesmanual>
- Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)
  - Link: <https://medicaidprovider.mt.gov/20#187462974-provider-manuals>
- Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT)/Children’s Services
  - Link: <https://medicaidprovider.mt.gov/04#186402802-provider-manuals>
- Eyeglasses/Contacts
  - Link: <https://medicaidprovider.mt.gov/manuals/optometricandeyeglassservicesmanual>
- Hearing Aid
  - Link: <https://medicaidprovider.mt.gov/manuals/audiologyservicesandhearingaidservicesmanual>
- Hospital Inpatient Services Manual
  - Link: <https://medicaidprovider.mt.gov/01#186035114-provider-manuals>
- Preadmission Screening and Resident Review (PASRR)
  - Nursing Facility and Swing Bed Manual Link: <https://medicaidprovider.mt.gov/manuals/nursingfacilitymanual>
- Physician Related Services (including Physician Administered Drugs)
  - Link: <https://medicaidprovider.mt.gov/27#184022457-provider-manuals>
- Private Duty Nursing
  - Link: <https://medicaidprovider.mt.gov/14#186962910-provider-manuals>
- Severe Disabling Mental Illness
  - Link: <https://dphhs.mt.gov/BHDD/SDMIHCBSWaiverManual>
- Skilled Nursing Facility Add-On Requests

- Link:  
<https://medicaidprovider.mt.gov/docs/nursingfacility/MedicaidNursingFacilityAddonRateRequest09262022.pdf>
- <https://rules.mt.gov/gateway/ruleno.asp?RN=37%2E40%2E330>

## Acronyms

Abbreviation	Full Term/Explanation
ALS	Advanced Life Support - Ambulance
APR-DRG	All Patients Refined Diagnosis Related Groups
ARM	Administrative Rules of Montana
ASC	Ambulatory Surgical Center
BLS	Basic Life Support - Ambulance
BSW	Big Sky Waiver
CPT	Current Procedural Terminology
CSR	Continued Stay Review
DOS	Date of Service
ED	Emergency Department
EPSDT	Early and Periodic Screening Diagnostic and Treatment
H&P	History & Physical
HCP	Health Care Provider
HCPCS	Healthcare Common Procedure Coding System
HRD	Health Resource Division
LOC	Level of Care
LOS	Length of Stay
MCG	Nationally recognized criteria, formally called Milliman Care Guidelines
MNC	Medical Necessity Criteria
MT	Montana
NH	Nursing Home
OOS	Out of State
PA	Prior Authorization
PASRR	Preadmission Screening and Resident Review
PDN	Private Duty Nursing
QT	Qualitrac (Online utilization management portal)
RFI	Request for Information
TAT	Turn Around Time
UM	Utilization Management
SDMI	Severe Disabling Mental Illness

## Ambulance Services

Review Type in QT	Ambulance Air or Ambulance Ground
Place of Service	Land or Air
Type of Service	AMBULANCE
Timing	<b>Retrospective</b>
Procedure Code	Base Rates, Out of Town Miles, Oxygen
Guideline Name	N/A
Diagnostic/MNC Criteria	N/A
Examples of clinical documentation to support PA criteria	Ambulance trip report or flight record
PA Required	Yes
Timeframe for PA request	180 days from transport date or retro eligible date
Initial Authorization Period	Authorization will be for the DOS
Outcome of missing PA timeframe	Denied based on Montana ARMs.
TAT for UM review of PA	30 days
CSR Required	No
CSR Criteria	N/A
Examples of clinical documentation to support CSR criteria	N/A
Timeframe for CSR	N/A
CSR coverage period	N/A
Outcome of missing CSR timeframe	N/A
TAT for CSR	N/A
Timeframe for RFI for PA or CSR	Must be submitted via portal within 3 business days of request
Outcome of missing RFI for PA or CSR	Administrative Denial
Outcome of UM for PA or CSR	Approval, Partial Denial or Denied
Discharge Notification Required	No

## Big Sky Waiver (BSW)

Review Type in QT	Big Sky Waiver
Place of Service	Community and/or Home (auto-populates)
Type of Service	Medical Supplies OR Specialized Medical Equipment
Timing	Prospective
Procedure Code	The appropriate HCPCS Code will auto-fill in based on the Type of Service you entered above. Please do NOT change or add to it. Medical Supplies = T2028 Specialized Medical Equipment = T2029
Guideline Name	Senior and Long-Term Care (SLTC) Criteria for BSW
Diagnostic/MNC Criteria	Refer to SLTC Manual located <a href="#">here</a>
Examples of clinical documentation to support PA criteria	Refer to the State of Montana provider policy located <a href="#">here</a> . Medical records that demonstrate medical necessity also need to be provided.
PA Required	Yes, for specific codes, via submission in the portal.
Timeframe for PA request	Prior to the item being dispensed to the member
Initial Authorization Period	Varies depending on the item requested.
Outcome of missing PA timeframe	If the PA is not submitted before it is dispensed to the member, the case will be denied based on BSW Policy 403 and 604.
TAT for UM review of PA	10 business days
CSR Required	No
CSR Criteria	N/A
Examples of clinical documentation to support CSR criteria	N/A
Timeframe for CSR	N/A
CSR coverage period	N/A
Outcome of missing CSR timeframe	N/A
TAT for CSR	N/A
Timeframe for RFI for PA or CSR	Must be submitted via portal within 3 business days of request
Outcome of missing RFI for PA or CSR	Administrative Denial
Outcome of UM for PA or CSR	Approval, Partial Denial or Denied
Discharge Notification Required	No

## Dental and Orthodontia

Review Type in QT	Health Resource Division
Place of Service	Other Place of Service
Type of Service	Dental Services or Orthodontics
Timing	<b>Prospective</b> = procedure date is in the future <b>Concurrent</b> = if currently in treatment and needing additional visits
Procedure Code	Enter specific code from fee schedule that needs PA
Guideline Name	State of Montana Criteria
Diagnostic/MNC Criteria	Refer to State of Montana Criteria found <a href="#">here</a>
Examples of clinical documentation to support PA criteria	<ul style="list-style-type: none"> <li>• Medical records that clearly demonstrate how required criteria has been met</li> <li>• Completed claim form</li> </ul>
PA Required	Yes, for specific codes, via submission in the portal.
Timeframe for PA request	Prior to treatment starting
Initial Authorization Period	Depends on the service being requested
Outcome of missing PA timeframe	Denied based on ARM <a href="#">37.86.1006 (3)</a> .
TAT for UM review of PA	10 business days
CSR Required	No – if additional visits are needed, a new request needs to be submitted
CSR Criteria	N/A
Examples of clinical documentation to support CSR criteria	N/A
Timeframe for CSR	N/A
CSR coverage period	N/A
Outcome of missing CSR timeframe	N/A
TAT for CSR	N/A
Timeframe for RFI for PA or CSR	Must be submitted via portal within 3 business days of request
Outcome of missing RFI for PA or CSR	Administrative Denial
Outcome of UM for PA or CSR	Approval, Partial Denial or Denied
Discharge Notification Required	No

## Durable Medical Equipment, Prosthetics, Orthotics & Supplies (DMEPOS)

Review Type in QT	DME
Place of Service	Home
Type of Service	Durable Medical Equipment or Prosthetic Device
Timing	Prospective Retrospective is ONLY allowed when the member or provider can prove retro-eligibility
Procedure Code	Appropriate HCPCS Code
Guideline Name	Noridian Medicare Criteria
Diagnostic/MNC Criteria	Refer to Noridian Criteria located <a href="#">here</a>
Examples of clinical documentation to support PA criteria	Refer to the State of Montana provider manual located <a href="#">here</a> . Medical records that demonstrate medical necessity also need to be provided.
PA Required	Yes, for specific codes, via submission in the portal.
Timeframe for PA request	Prior to the item being dispensed to the member
Initial Authorization Period	Varies depending on the item requested and if it is a rental or a purchase.
Outcome of missing PA timeframe	For any request where retro-eligibility does not apply, if the PA is not submitted before it is dispensed to the member, the case will be denied based on Montana ARMs.
TAT for UM review of PA	10 business days
CSR Required	No
CSR Criteria	N/A
Examples of clinical documentation to support CSR criteria	N/A
Timeframe for CSR	N/A
CSR coverage period	N/A
Outcome of missing CSR timeframe	N/A
TAT for CSR	N/A
Timeframe for RFI for PA or CSR	Must be submitted via portal within 3 business days of request
Outcome of missing RFI for PA or CSR	Administrative Denial
Outcome of UM for PA or CSR	Approval, Partial Denial or Denied
Discharge Notification Required	No

## Eyeglasses/Contacts

Review Type in QT	Health Resource Division
Place of Service	Other Place of Service
Type of Service	Eyeglasses OR Contact Lenses
Timing	<b>Prospective</b> = procedure date is in the future
Procedure Code	Enter specific code from fee schedule that needs PA
Guideline Name	State of Montana Criteria
Diagnostic/MNC Criteria	Refer to State of Montana Criteria found <a href="#">here</a>
Examples of clinical documentation to support PA criteria	<ul style="list-style-type: none"> <li>Any medical records to support the request</li> <li>For EPSDT reviews, the EPSDT Prior Authorization &amp; Certificate of Medical Necessity form is required.</li> </ul>
PA Required	Yes, for specific codes, via submission in the portal.
Timeframe for PA request	Prior to the item being dispensed to the member
Initial Authorization Period	6-months
Outcome of missing PA timeframe	All Requests will be reviewed for MNC, if the CPT code requires PA.
TAT for UM review of PA	10 business days
CSR Required	No
CSR Criteria	N/A
Examples of clinical documentation to support CSR criteria	N/A
Timeframe for CSR	N/A
CSR coverage period	N/A
Outcome of missing CSR timeframe	N/A
TAT for CSR	N/A
Timeframe for RFI for PA or CSR	Must be submitted via portal within 3 business days of request
Outcome of missing RFI for PA or CSR	Administrative Denial
Outcome of UM for PA or CSR	Approval, Partial Denial or Denied
Discharge Notification Required	No

## Hearing Aids

Review Type in QT	Health Resource Division
Place of Service	Other Place of Service
Type of Service	Hearing Aids
Timing	<b>Prospective</b> = procedure date is in the future
Procedure Code	Enter specific code from fee schedule that needs PA
Guideline Name	State of Montana Criteria
Diagnostic/MNC Criteria	Refer to State of Montana Criteria found <a href="#">here</a>
Examples of clinical documentation to support PA criteria	<ul style="list-style-type: none"> <li>• Completed Hearing Aid CMN form</li> <li>• Completed Hearing Aid PA Request form</li> <li>• Supporting documentation, which must include, at a minimum: <ul style="list-style-type: none"> <li>○ A copy of the physician's or mid-level practitioner's referral</li> <li>○ Medical clearance</li> <li>○ An audiogram</li> <li>○ A report from the licensed audiologist</li> </ul> </li> <li>• For EPSDT reviews, the EPSDT Prior Authorization &amp; Certificate of Medical Necessity form is required.</li> </ul>
PA Required	Yes, for specific codes, via submission in the portal.
Timeframe for PA request	Prior to the item being dispensed to the member
Initial Authorization Period	6-month certification period.
Outcome of missing PA timeframe	Denied based on ARM: <a href="#">37.86.802 (5)</a>
TAT for UM review of PA	10 business days
CSR Required	No
CSR Criteria	N/A
Examples of clinical documentation to support CSR criteria	N/A
Timeframe for CSR	N/A
CSR coverage period	N/A
Outcome of missing CSR timeframe	N/A
TAT for CSR	N/A
Timeframe for RFI for PA or CSR	Must be submitted via portal within 3 business days of request
Outcome of missing RFI for PA or CSR	Administrative Denial
Outcome of UM for PA or CSR	Approval, Partial Denial or Denied
Discharge Notification Required	No

## Hospital Inpatient Services (Out-Of-State)

Review Type in QT	Out of State (Inpatient)
Place of Service	Inpatient Hospital
Type of Service	Select most appropriate system
Timing	<p><b>Prospective</b> = admit date is in the future</p> <p><b>Concurrent</b> = admit date is the same as the date request is submitted or was prior to request submit date and member is still in the hospital</p> <p><b>Retrospective</b> = member has already been admitted and discharged before request is submitted</p>
Procedure Code	Defaults to 99233—PLEASE DO NOT CHANGE OR ADD OTHERS
Guideline Name	Depends on reason for admission (procedure code and diagnosis)
Diagnostic/MNC Criteria	MCG Criteria
Examples of clinical documentation to support PA criteria	H&P and/or ED notes if member admits through the ED, H&P and/or HCP office notes if planned admission
PA Required	Yes, via submission in the portal
Timeframe for PA request	<p>For <b>urgent/emergent</b> admissions, within 3 business days of the admission</p> <p>For <b>planned</b> admissions, as far in advance of the admission as possible</p>
Initial Authorization Period	Depends on MNC and typical LOS
Outcome of missing PA timeframe	<p>For <b>urgent/emergent</b> admissions, if request is received after 3 business days of the admission date, the case will be denied based on Montana ARMs.</p> <p>For <b>planned</b> admissions, if request is received after the member is already in the hospital, it may be denied based on ARMS or if service is available in MT.</p> <p>For <b>any</b> admission that is denied, if the facility decides to provide the service anyways, they will still be paid 50% of the APR-DRG and they cannot balance bill the member per ARMs.</p>
TAT for UM review of PA	10 business days, but typically done sooner
CSR Required	Yes, via submission in the portal if the member is still in the hospital after the initial approved span.
CSR Criteria	MCG Criteria
Examples of clinical documentation to support CSR criteria	Updated hospital records demonstrating member's need for continued inpatient stay
Timeframe for CSR	Due the first day after the last covered day (i.e. if approved through the 21 <sup>st</sup> , CSR would be due the 22 <sup>nd</sup> )
CSR coverage period	Depends on MNC and member's progress
Outcome of missing CSR timeframe	All requests received will be reviewed for MNC from the last covered day forward
TAT for CSR	10 business days, but typically done sooner
Timeframe for RFI for PA or CSR	Must be submitted via portal within 3 business days of request

Outcome of missing RFI for PA or CSR	Administrative Denial
Outcome of UM for PA or CSR	Approval, Partial Denial or Denied
Discharge Notification Required	Yes – Completed via Discharge Status Task in QT

## Pre-Admission Screening and Resident Review (PASRR)

Review Type in QT	PASRR Level 1
Place of Service	Nursing Facility (auto-fills in, Do NOT change)
Type of Service	Long Term Care (auto-fills in, Do NOT change)
Timing	<b>Concurrent</b> – member is already in the nursing facility <b>Prospective</b> – member will be admitted after request was submitted
Procedure Code	Defaults to T2010—PLEASE DO NOT CHANGE OR ADD OTHERS
Guideline Name	42 CFR 483.100–138
Diagnostic/MNC Criteria	N/A
PASRR Screening Required	Yes, via submission in the portal
Timeframe for PASRR request	Prior to nursing facility or swing bed admission
Initial Authorization Period	No limit, if approved
Examples of clinical documentation to support PASRR screening	History & Physical, medication list
Outcome of missing PASRR timeframe	Closed as Outcome Not Rendered
TAT for UM review of PA	Same day if received before 3 pm Next business day if received after 3 pm
Timeframe for RFI for PASRR	10 business days
TAT of UM review after RFI submitted	Same day if received before 3 pm Next business day if received after 3 pm
Outcome of missing RFI for PA or CSR	Administrative Denial
Outcome of UM review	Approved, PASRR Level II, Categorical Determination
Discharge Notification Required	N/A

## Physician Administered Drugs

Review Type in QT	Physician Administered Drug
Place of Service	Ambulatory Surgical Center Office Other Place of Service Outpatient Hospital
Type of Service	Prescription Drug (auto-fills in, Do NOT change)
Timing	<b>Prospective member</b> has not received the PAD yet <b>Retrospective</b> -member has already received the PAD
Procedure Code	Appropriate HCPCS code for requested drug
Guideline Name	State of Montana Criteria
Diagnostic/MNC Criteria	Refer to State of Montana Criteria found <a href="#">here</a>
Examples of clinical documentation to support PA criteria	Office visit notes, lab values, list of previously trialed medications, medical records supporting other medications have failed
PA Required	Yes, via submission in the portal
Timeframe for PA request	While it is recommended that PA requests occur before the procedure has been completed, Physician Administered Drugs can be submitted retrospectively. While there is no specific timeline for when a request must be submitted, a provider has 365 days from the date of administering the medication to bill, therefore the PA request should occur before that. <b>**Please note:</b> If criteria was not met at the time of administering the medication, the request will be denied.
Initial Authorization Period	Depends on drug requested and criteria requirements
Outcome of missing PA timeframe	All Requests will be reviewed for MNC, if the code requires PA.
TAT for UM review of PA	10 business days
CSR Required	N/A
CSR Criteria	N/A
Examples of clinical documentation to support CSR criteria	N/A
Timeframe for CSR	N/A
CSR coverage period	N/A
Outcome of missing CSR timeframe	N/A
TAT for CSR	N/A
Timeframe for RFI for PA or CSR	Must be submitted via portal within 5 business days of request
Outcome of missing RFI for PA or CSR	Administrative Denial
Outcome of UM for PA or CSR	Approved, Partial Denial, Denial
Discharge Notification Required	No

## Physician Related Services

Review Type in QT	Medical-Surgical (Outpatient) OR Acute Medical Surgical – only if member was inpatient for the procedure
Place of Service	<b>Medical-Surgical (Outpatient):</b> <b>Ambulatory Surgical Center</b> —only select if the facility billing is registered as an ASC <b>Office</b> <b>Outpatient Hospital</b> <b>Acute Medical Surgical:</b> <b>Inpatient Hospital</b>
Type of Service	Select most appropriate
Timing	<b>Prospective</b> = procedure date is in the future <b>Retrospective</b> = procedure has already been completed before request is submitted
Procedure Code	Enter specific code from fee schedule that needs PA
Guideline Name	State of Montana Criteria
Diagnostic/MNC Criteria	Refer to State of Montana Criteria located <a href="#">here</a>
Examples of clinical documentation to support PA criteria	HCP medical records that clearly demonstrate how required criteria has been met
PA Required	Yes, for specific codes, via submission in the portal.
Timeframe for PA request	While it is recommended that PA requests occur before the procedure has been completed, Physician Related Services can be submitted retrospectively. While there is no specific timeline for when a request must be submitted, a provider has 365 days from the date of the procedure to bill, therefore the PA request should occur before that. <b>**Please note:</b> If criteria was not met at the time of the procedure, the request will be denied.
Initial Authorization Period	If procedure has already been completed, then authorization will be for the DOS. If the procedure has not been completed, the authorization will be for a span to accommodate for potential date changes.
Outcome of missing PA timeframe	All Requests will be reviewed for MNC, if the CPT code requires PA.
TAT for UM review of PA	10 business days
CSR Required	No
CSR Criteria	N/A
Examples of clinical documentation to support CSR criteria	N/A
Timeframe for CSR	N/A
CSR coverage period	N/A
Outcome of missing CSR timeframe	N/A
TAT for CSR	N/A

Timeframe for RFI for PA or CSR	Must be submitted via portal within 3 business days of request
Outcome of missing RFI for PA or CSR	Administrative Denial
Outcome of UM for PA or CSR	Approval, Partial Denial or Denied
Discharge Notification Required	No

## Private Duty Nursing

Review Type in QT	Private Duty
Place of Service	Home or School
Type of Service	Home = Home Health Care School = Skilled Nursing Care
Timing	Prospective
Procedure Code	Home = T1002 or T1003 School = T1000
Guideline Name	State of Montana Criteria
Diagnostic/MNC Criteria	<a href="#">Private Duty Nursing Manual</a>
Examples of clinical documentation to support PA criteria	HCP medical records that clearly demonstrate why skilled services are needed
PA Required	Yes, via submission in the portal.
Timeframe for PA request	Prior to services starting
Initial Authorization Period	Home = 3 month, 3 month, then 6 month spans School = school year
Outcome of missing PA timeframe	All Requests will be reviewed for MNC and approved, if appropriate from the date of submission. A note will be sent to the PDN provider explaining that retro-authorizations are not allowed and therefore cannot approve days prior to receiving the request.
TAT for UM review of PA	10 business days
CSR Required	No
CSR Criteria	N/A
Examples of clinical documentation to support CSR criteria	N/A
Timeframe for CSR	N/A
CSR coverage period	N/A
Outcome of missing CSR timeframe	N/A
TAT for CSR	N/A
Timeframe for RFI for PA or CSR	Must be submitted via portal within 3 business days of request
Outcome of missing RFI for PA or CSR	Administrative Denial
Outcome of UM for PA or CSR	Approval, Partial Denial or Denied
Discharge Notification Required	No

## Severe Disabling Mental Illness (SDMI) Waiver

Review Type in QT	SDMI Waiver
Place of Service	Community and/or Home (auto-populates)
Type of Service	Environmental Accessibility Adaption, Specialized Medical Supplies, OR Specialized Medical Equipment
Timing	Prospective
Procedure Code	The appropriate HCPCS Code will auto-fill in based on the Type of Service you entered above. Please do NOT change or add to it. Environmental Accessibility Adaption = S5165 Specialized Medical Supplies = T2028 Specialized Medical Equipment = T2029
Guideline Name	State of Montana Criteria
Diagnostic/MNC Criteria	State of Montana Criteria located <a href="#">here</a>
Examples of clinical documentation to support PA criteria	Refer to the State of Montana provider manual located <a href="#">here</a> . Medical records that demonstrate medical necessity also need to be provided.
PA Required	Yes, via submission in the portal.
Timeframe for PA request	Prior to the item being dispensed to the member
Initial Authorization Period	Varies depending on the item requested.
Outcome of missing PA timeframe	If the PA is not submitted before it is dispensed to the member, the case will be denied based on Montana ARMs.
TAT for UM review of PA	10 business days
CSR Required	No
CSR Criteria	N/A
Examples of clinical documentation to support CSR criteria	N/A
Timeframe for CSR	N/A
CSR coverage period	N/A
Outcome of missing CSR timeframe	N/A
TAT for CSR	N/A
Timeframe for RFI for PA or CSR	Must be submitted via portal within 3 business days of request
Outcome of missing RFI for PA or CSR	Administrative Denial
Outcome of UM for PA or CSR	Approval, Partial Denial or Denied
Discharge Notification Required	No

## Skilled Nursing Facility Add-Ons

Review Type in QT	Nursing Facility
Place of Service	Nursing Facility
Type of Service	Add On Services
Timing	<b>Prospective</b>
Procedure Code	Defaults to A9999— <b>PLEASE DO NOT CHANGE</b> , if you need to request more than one add-on, add another line with code A9999 <ul style="list-style-type: none"> <li><b>MUST</b> add a note in the not otherwise specified (NOS) description box as to which add-on you are requesting</li> </ul>
Guideline Name	State of Montana Criteria
Diagnostic/MNC Criteria	Refer to State of Montana Criteria found <a href="#">here</a> and Montana ARM <a href="#">37.40.330 (2)</a>
Examples of clinical documentation to support PA criteria	<ul style="list-style-type: none"> <li>The add-on request form</li> <li>Clinical documentation supporting the request</li> </ul>
PA Required	Yes, for specific codes, via submission in the portal.
Timeframe for PA request	Prior to billing for the add-on service
Initial Authorization Period	Depends on the service being requested: <ul style="list-style-type: none"> <li>Wound care – 3 months</li> <li>Behavior/traumatic brain injury (TBI) – 6 months</li> <li>Bariatric – 12 months</li> </ul>
Outcome of missing PA timeframe	All Requests will be reviewed for MNC and approved, if appropriate, from the date of submission.
TAT for UM review of PA	5 business days
CSR Required	No – if additional visits are needed, a new request needs to be submitted
CSR Criteria	N/A
Examples of clinical documentation to support CSR criteria	N/A
Timeframe for CSR	N/A
CSR coverage period	N/A
Outcome of missing CSR timeframe	N/A
TAT for CSR	N/A
Timeframe for RFI for PA or CSR	Must be submitted via portal within 2 business days of request
Outcome of missing RFI for PA or CSR	Administrative Denial
Outcome of UM for PA or CSR	Approval or Denied
Discharge Notification Required	No