

December 9, 2015

Montana Healthcare Programs Notice

Hospital Outpatient, Hospital Inpatient, ASC, Physician, and Mid-Level Practitioners

Effective January 1, 2016 – Update

Prior Authorization Requests

Effective January 1, 2016, Montana Medicaid will be urging providers to complete a prior authorization form for all medical-surgical procedures that require prior authorization. This will ensure that all information is received by the State's utilization review team, Mountain-Pacific Quality Health (MPQH).

In addition to the new prior authorization request form, Medicaid will also be accepting modifiers in the prior authorization review process. Only one modifier can be approved; providers are advised to request the most appropriate modifier for that procedure and the approved modifier must be listed first on the claim submitted to Montana Medicaid. For example, if a bilateral procedure is performed (i.e., mastectomy), the prior authorization request should include the 50 (bilateral) modifier in conjunction with a mastectomy procedure code.

Modifiers that may be requested include 50, 51, 59, 81, 82, AS, LT, and RT:

Furthermore, MPQH is contracted to approve medically necessary procedures and cannot give out coding advice. Providers should refer to the applicable CPT, CDT, HCPCS, ICD coding books, and Medicaid fee schedules specific to their provider type. Fee schedules are on the Provider Information [website](#). Click on the Resources by Provider Type link in the menu on the left-hand side of the page, read and accept the end-user agreement, and when prompted, select your provider type.

Individual providers and group/clinics should note that a prior authorization must be requested for the rendering NPI number, not the group/clinic NPI number.

If the requester of the prior authorization is not billing the claim to Medicaid, it is the requester's responsibility to inform the billing agency of the prior authorization determination and prior authorization numbers.

Each provider billing must have their own, assigned prior authorization number to include on their claim. Please complete the prior authorization request form for each NPI number that needs a prior authorization number. For example, if a procedure is performed in a hospital setting, both the hospital and the rendering provider must request a prior authorization number.

Updates or Changes to Prior Authorization Request

If changes or updates need to be made to an approved prior authorization (such as an NPI number change), please fax or mail your request to Mountain-Pacific Quality Health (MPQH). The request will have to be reopened and could take up to 15 days to review.

Please fax [prior authorization requests](#), changes, or updates to MPQH at 877-443-2580 (long-distance) or 406-513-1923 (local), or mail to 3404 Cooney Drive, Helena, MT 59602.

Contact Information

If you have any questions regarding this notice, please contact MPQH toll-free at 877-443-4021 or locally at 406-457-5863.

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 Montana Healthcare Programs Provider Information website at <http://medicaidprovider.mt.gov/>.