

First Health Services of Montana Provider Manual

II. DEFINITION OF TERMS

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ARM: Administrative Rules of Montana

Administrative Denial: (Also termed *Technical Denial*) Prior Authorization Review was not administered on medical necessity criteria as a result of provider Medicaid protocol non-compliance. Non-compliance indicates that the request and/or information was out of specified timeframes or was incomplete.

Authorization: Determination indicating the utilization review resulted in approval of all provider requested services and/or services units and a payment authorization (PA) number is issued.

Appeal: Consumer, provider, or agent's challenge of a denial. May be initiated through the use of any one of the following terms: Appeal, Administrative Review, Reconsideration, or Fair Hearing.

CFR: Code of Federal Regulations

Certificate of Need (CON): A Certificate of Need (CON) is a State and/or Federal requirement for medical necessity documentation. Requirements for content and signatures vary across services and are specified within each applicable section. The CON process is not a guarantee of Medicaid eligibility. The Provider must verify separately that the recipient is eligible for Medicaid and provider First Health with current Medicaid number.

Clinical Management Guidelines: The written Montana protocols that define "medical necessity criteria" used to make clinical review determinations.

Continued Stay/Treatment Review: A review of currently delivered treatment to determine medical necessity of a continued level of care. Time frames for review vary across services.

Denial: Request for authorization does not meet the appropriate Medicaid medical necessity criteria to justify Medicaid payments for the services requested. Authorization for payment is denied. Only a First Health psychiatrist may issue a denial.

Department, the: Montana Department of Public Health and Human Services

Desk Review: Process by which an appellate physician reviews clinical information provided in the First Health record as well as additional information submitted by a provider. The appellate physician makes no other contact.

Elective Admission: Elective admission is a scheduled admission that is subject to the choice or discretion of the recipient or the physician advisor regarding medical services

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and/or procedures that are medically necessary and advantageous to the recipient, but not necessary to prevent death or disability.

Emergency Admission: An emergency admission is a sudden onset of a psychiatric condition manifesting itself by acute symptoms of such severity that the absence of immediate medical attention could reasonably be expected to result in serious dysfunction of any bodily organ/part, death of the recipient, or harm to another person by the individual.

Fax Based Review: An evaluation in which a reviewer, employed by First Health Services of Montana, reviews a recipient's case via fax. There are three review types: Prior Authorization, Continued Stay/Treatment Review, and Retrospective Review.

Guardian: The recipient's parent, recipients legal guardian, or guardian ad litem.

Hours of Operation (First Health Services of Montana): Monday through Friday, 9:00 a.m. to 6:00 p.m. Central Standard Time, excluding state and federal holidays.

MID: Medicaid Identification Number

Partial Approval: An adverse payment determination indicating that the request does not meet the appropriate Medicaid criteria to justify Medicaid payments for the level or complete duration of services requested. Only a First Health psychiatrist may issue a partial approval. *A provider should consider partial approvals a partial denial. A partial approval means that only a portion of the requested service has been approved. If a partial approval is received and the provider believes that further services will be necessary for a recipient, this decision must be appealed. Otherwise, at the end of the approval period, the certification expires and is not eligible for a continued stay review.*

Peer-to-Peer: A telephonic or face-to-face discussion regarding a recipient's medical necessity/clinical information.

Pending Authorization: Indication that a First Health Services of Montana reviewer or First Health psychiatrist has requested additional information from the provider. The provider will have five (5) days to provide any additional information needed to make a payment determination.

Prior Authorization Review: Reviews are performed by First Health Services of Montana for selected services prior to authorizing recommendation for payment and generating a payment authorization (PA) number.

Relevant Parties: Beneficiary (recipient), family or guardian of beneficiary, requesting provider, and the Department.

SED: Severe emotional disturbance. See *Clinical Management Guidelines* for a comprehensive definition of this term).

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SDMI: Serious disabling mental illness. See *Clinical Management Guidelines* for a comprehensive definition of this term).

Technical Denial: (**Also termed Administrative Denial**) Prior authorization review was not administered on medical necessity criteria as a result of provider Medicaid protocol non-compliance. Non-compliance indicates that the request and/or information was out of specified timeframes or was incomplete.