MONTANA DPHHS Healthy People. Healthy Communities. Department of Public Health & Human Services	**Behavioral Health and Developmental Disabilities (BHDD) Division** Medicaid Services Provider Manual for Substance Use Disorder and Adult Mental Health
	Date effective: October 1, 2022 **Date revised:** October 1, 2022
Policy Number: *205*	**Subject:** Requesting Prior Authorization – Non-Acute Services

Procedure for Requesting Prior Authorization

Providers must use the Mountain-Pacific Quality Health Qualitrac Utilization Management Portal

(1) The department or the department's designee may issue the prior authorization for as many days as deemed medically necessary up to the maximum number of days allowed as stated for each service requiring authorization. Authorization for less than the maximum days does not constitute a partial denial of services.

(2) For services that are not acute services, the department or the department's designee must receive the complete request for a prior authorization no earlier than five business days prior to the admission of the member. Requests received earlier than five days prior to the admission of the member will be returned to the provider with an indication that the provider will need to resubmit the request no earlier than five days prior to the admission.

(3) Requests received after the member has been admitted into services will be considered from the date the request was received by the department or the department's designee.

(4) For services that are not acute, the clinical reviewer will complete the review within three business days of receipt of complete information.

(5) The clinical reviewer will take one of the following actions:

(a) request additional information as needed to complete the review; the provider must submit the requested information within five business days of the request for additional information;

(b) approve the prior authorization, as medically necessary up to maximum number of days allowed as stated for each service requiring authorization, that will result in a generated

notification to all appropriate parties if the request meets the medical necessity criteria; or

(c) defer the case to a board-certified physician for review and determination if the prior authorization request does not appear to meet the medical necessity criteria.

(6) The board-certified physician will complete the review and determination within three business days of receipt of the information from the clinical reviewer.