

SECTION

ADMINISTRATIVE REQUIREMENTS

SUBJECT

Reimbursement Methodology

GENERAL REQUIREMENT

Reimbursement for Home and Community Based Services shall be the lowest of the following:

1. The provider's usual and customary (billed) charges; or
2. The rate negotiated with providers by the Department or the Case Management Team.

NEGOTIATED RATES

The rates for Home and Community Based Services are negotiated between the Case Management Team and the service provider. The CMT must provide the negotiated rate to the service provider in writing. Providers must always bill the negotiated rate, not their usual and customary charges.

When providers are enrolled in the program, negotiated rates are sent to Xerox for each type of service being billed.

PROCEDURE CODES AND RATES

For a complete listing of current and past procedure codes and rates for the SDMI HCBS Waiver fee schedule, go to mtmedicaid.org and click on Resources by Provider Type, Home and Community Based Services, and Fee Schedules.

(<http://medicaidprovider.hhs.mt.gov/providerpages/providerype/28.shtml> - fee schedules) The most current fee schedule is listed at the top.

MODIFIERS

UA - Claims submitted for home and community based services must include a UA modifier. Nurse supervision is recorded with both UA and TE modifiers. The UA must be the first modifier followed with the TE.

TE - A claim for nurse supervision must include a TE modifier to identify the service was nurse supervision and not attendant services.

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TS - If a provider receives a timesheet from an employee for dates of services already paid, a claim can be submitted with a TS modifier instead of adjusting the original claim. This is to be used only when increasing units and charges. The TS modifier cannot be used to bill more units and charges for nurse supervision. Only the following services are allowed with a TS modifier:

- 1. S0215 UA mileage
- 2. S5125 UA specially trained attendant
- 3. S5130 UA homemaker
- 4. T1002 UA private duty nursing RN
- 5. T1003 UA private duty nursing LPN
- 6. T1005 UA respite
- 7. T1019 UA personal assistant

CASE MANAGEMENT

Case management is billed as a monthly unit once a month and the unit should always be one. The billed amount is based on the number of days case management is provided. For example:

- 1. Individual was admitted to HCBS on 10/12/13. The dates of service are 10/12/13 – 10/31/13. The billed amount would be the current daily rate times 20 and the unit is one.
- 2. Individual is ongoing. The dates of service for October 2013 are 10/1/13 – 10/31/13. The billed amount would be the current daily rate times 31 and the unit is one.
- 3. Individual is ongoing. The dates of service for September 2013 are 9/1/13 – 9/30/13. The billed amount would be the current daily rate times 30 and the unit is one.
- 4. Individual is discharged and readmitted in the same month of August 2013. The dates of service on line one are 8/1/13 – 8/10/13. The billed amount would be the current daily rate times 10 and the unit is one. The dates of service on line two are 8/21/13 – 8/31/13. The billed amount would be the current daily rate times 11 and the unit is one.

