



SENIOR & LONG TERM CARE DIVISION

COMMUNITY SERVICES BUREAU

Big Sky Waiver Policy Manual

Title: BSW 606
Section: ADMINISTRATIVE REQUIREMENTS
Subject: Reimbursement Methodology
Reference: ARM 37.40.1415

GENERAL REQUIREMENT

Reimbursement for Big Sky Waiver (BSW) services shall be the lowest of the following:

1. The provider's usual and customary (billed) charge for the service, or
2. The rate negotiated with providers by the Department or the Case Management Team (CMT) up to the department's maximum allowable fee.

NEGOTIATED RATES

The CMT must provide the negotiated rate to the service provider in writing. When providers are enrolled in the program, negotiated rates are sent to Conduent for each type of service being billed.

PROCEDURE CODES AND RATES

A listing of current and past procedures codes and rates is available online at <http://medicaidprovider.mt.gov>.

MODIFIERS UA

Claims submitted for BSW services must include a UA modifier. Nurse supervision/oversight 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.

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:

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1. S0215 UA Transportation Miles
2. S5125 UA Specially Trained Attendant
3. S5126 UA Community Supports Services
4. S5130 UA Homemaker
5. T1002 UA Private Duty Nursing – RN
6. T1003 UA Private Duty Nursing – LPN
7. T1005 UA Respite Care
8. T1019 UA Personal Assistance
9. T2003 UA Transportation Trip