

	<b>Addictive and Mental Disorders Division</b> Severe and Disabling Mental Illness, Home and Community Based Services Waiver Manual
	<b>Date effective:</b> July 1, 2020 <b>Date Revised:</b> March 31, 2023
<b>Policy Number:</b> <i>SDMI HCBS 130</i>	<b>Subject:</b> Reimbursement

**General Requirements**

- (1) The department has adopted and incorporated by reference the Medicaid Home and Community-Based Services (HCBS) for Adults with Severe and Disabling Mental Illness (SDMI) Fee Schedule.
- (2) Unless otherwise provided for in rule, the provider reimbursement rate for waiver program services is stated in the department's fee schedule as provided in ARM 37.85.105(5)(b).
- (3) Medicaid reimbursement for the SDMI HCBS waiver program will be the lesser of:
  - (a) the provider's usual and customary charge for the services; or
  - (b) the rate established in the department's Medicaid fee schedule.
- (4) The SDMI HCBS waiver program is the payor of last resort and will not reimburse a service that otherwise is or should be paid by another source as provided in ARM 37.85.407.
- (5) The SDMI HCBS waiver program will not reimburse for services provided to individuals of a member's household or family.
- (6) The department may authorize an SDMI HCBS contracted case management entity to issue pass through payment for reimbursement of services rendered by a non-Medicaid provider for the following services:
  - (a) community transition;
  - (b) environmental accessibility adaptations;
  - (c) health and wellness;
  - (d) homemaker chore; and
  - (e) specialized medical equipment and supplies.

## **Procedure Codes and Modifiers**

- (1) For a complete listing of current and past procedure codes and rates for the SDMI HCBS Waiver fee schedule, go to [mtmedicaid.org](http://mtmedicaid.org) and click on Resources by Provider Type, Home and Community Based Services, and Fee Schedules, the link is provided below:

[88 \(mt.gov\)](http://88.mt.gov)

- (2) UA Modifier - 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.
- (3) TE Modifier - A claim for nurse supervision must include a TE modifier to identify the service was nurse supervision and not attendant services.

## **Prior Authorization and Claim Form**

- (1) All SDMI HCBS services, except case management, must be approved by the department's contracted case management teams (CMT). The prior authorization number must be noted on the CMS 1500 or 837-P for all submitted charges. Refer to the Prior Authorization Policy, SDMI HCBS 415, for instructions to create or change prior authorizations.
- (2) The provider requests payment from Medicaid by submitting a claim to Conduent. Claims may be submitted electronically or in paper form using the CMS-1500 or 837-P.

## **Payment Requirements**

- (1) Payment for SDMI HCBS services is contingent on the following factors:
  - (a) the member is financially eligible for Medicaid during the month in which the service is rendered;
  - (b) the provider is eligible for Medicaid participation on the day the service is rendered and has agreed to accept the member and bill Medicaid;
  - (c) the service is covered by Medicaid;
  - (d) the member has not exceeded limitations for a specific service without prior authorization from the Community Program Officer;
  - (e) services are prescribed in the member's Person-Centered Recovery Plan;
  - (f) the CMT has authorized the service;
  - (g) a clean claim is received by Conduent within 365 days of the date of service;
  - (h) payment is not available for days a member is hospitalized or in a nursing facility unless retainer days are authorized by the CMT. Refer to SDMI HCBS 210 for policy on retainer days. Payment is available on the date of admission and the date of discharge for hospital and nursing facility placement; and
  - (i) services necessary in order to transition the member may be authorized for members in hospitals, nursing facilities or community settings who have not yet been admitted to the SDMI HCBS waiver. The date of service, for billing purposes, cannot be prior to the date of admission to the waiver.