



Record Request Guide

Please utilize the table included below as a guide to provide the most appropriate documentation that will substantiate your organization's billing practices for member's records that were requested. We only need documentation regarding the specific service (procedure code) and specific member that was requested. Do not send other member's information. Please use the upload instructions to submit your documentation electronically.

Refer to this link, [Severe and Disabling Mental Illness, Home and Community Based Services Waiver Manual](#), effective 7/1/2020, for the state plan policies table of contents. Within those policies, you can find more information about documentation requirements specific to the services being provided.

How to use the record request guide (table that starts on the next page):

1. Column A: The record request sent to you by secure email has the Proc Code/HCPSC code, find that code and related service on the table below.
2. Column B: Ensure the service type, next to the code in the table, matches the services you provide (please contact us if there's been an error).
3. Column D: Refer to the requested documentation column to determine what type of documents to provide.
4. Column E: Refer to the sample size column to determine how much documentation to send (this is **not** a 100% review).
5. Prepare your documentation file so there is **only one member's information per file**. Name the file in the following way using the PA number first – the file will be rejected if not formatted in this way (see upload instructions):
 - File Name Format: **MedicaidID Number-PANum-HCPSC-PatientLastName.exp**

Example – 123456789-1133461070-H2019-Smith

 - Only submit a sample of documentation that falls within the service dates requested (should only be between July 1, 2021 – June 30, 2022). Documentation provided outside of this date range will be rejected.
6. Upload these documents to the secure folder sent to you in a previous email from Mountain-Pacific. The email would have stated: *"Mountain-Pacific shared a folder with you"*. Please check your spam, junk and other email folders if you cannot find this email. Contact our call center if you did not receive it.
7. Retain the confirmation email that your documents were submitted.



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Once your submission is complete and you've received the confirmation email the documents were submitted, you have completed the process. We will contact you if additional information is needed. We will be compiling results to be reported to the state of Montana as part of their required performance monitoring plan with CMS.

We appreciate the time it takes for you to respond to this request and hope we have made it as streamlined as possible. Please contact Mountain-Pacific directly with questions about this process at 1-800-219-7035 or email at HACS@mpqhf.org.

A	B	C	D	E	F
Procedure / HCPCS Code	Service Type	Frequency of Service Delivery	Recommended Acceptable Documentation	Sample Amount	State Plan Policy Reference
H0032 T1016 T2022	Case Management	Daily	Progress notes (sample)	40 days	Case Management, #4 service requirements
H2019	Behavioral Intervention Assistant	Biweekly or monthly	Progress notes (sample)	6 weeks	Behavioral Intervention Assistant, #6 service requirements
H2032	Health and Wellness	Monthly	Progress notes (sample)	2 months	Health and Wellness, #3 service requirements
S0215 T2003	Transportation	Weekly, biweekly, monthly	Mileage and medical escort form, odometer reading, duration of appointment	6 weeks	Medical Escort and Medical Transportation
S5100	Adult Day Care	Weekly	Written agreement	6 weeks	Adult Day Health, #4 service requirements
S5125 T1019	Personal Assistance Attendant	Weekly, biweekly, monthly	Progress notes (sample)	6 weeks	Personal Assistance Service, #4 service requirement
S5130 S5131	Homemaker	Daily	Invoice detailing dates of visits, chores	40 days	Homemaker Chore

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S5160 S5161	Personal Emergency Response	One time	Invoice detailing proof of installation	1 time	
S5165	Home Modifications	One time	Invoice detailing proof of modification	1 time	Env Accessibility Adaptation, #4 utilization
S5170	Nutrition	Daily	Invoice detailing dates of meals provided	40 days	Meals
T1002 T1003	Private Duty Nursing	Weekly, biweekly, monthly	Progress notes (sample)	6 weeks	Private Duty Nursing, #4 service requirement
T2016 T2013 T2015	Residential Habilitation - Assisted Living	Daily	Proof of residency days	40 days	Residential Habilitation, Assisted Living
T2019	Supported Employment	Daily, weekly, monthly	Proof of employment/support days	6 weeks	Supported Employment
T2021	Life Coach	Biweekly or monthly	Completed SDOH Assessment, Goals, Progress note (sample)	6 weeks	Life Coach, #1 & #3 service requirements
T2025	Pain and Symptom Management	Weekly, biweekly, monthly	Progress notes (sample) & Prescription (copy)	6 weeks	Pain and Symptom Management, #1, #3 service requirements
T2028	Specialized Medical Supplies	Monthly	Proof of prescription (copy) and invoice?	2 months	Specialized Medical Equip & Supplies, #2 deter of need
T2029	Specialized Medical Equipment	One time	Proof of prescription (copy) and invoice	1 time	Specialized Medical Equip & Supplies, #2 deter of need
T2031	Residential Habilitation - Adult Group Home	Daily	Proof of residency days	40 days	Residential Habilitation, Adult Group Home,



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T2038	Community Transition Services	Monthly	Proof of allowable expenses	2 months	Community Transition, #1 service requirements
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*This guide was updated in January 2023 in preparation for the FY 2022 reviews.