



## Record Request Guide

Please use the table below as a guide to provide relevant documentation that will substantiate your organization's billing practices for the requested member's records. Mountain Pacific requires documentation specific to the requested member and service (procedure code). **Do not send other members' 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 July 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) beginning on the following page:

1. **Column A:** The record request sent to you by secure email has the Procedure Code/HCPSC code relevant to the service provided by your organization, find that code and related service in the table below.
2. **Column B:** Ensure the service type, next to the code in the table, matches the services you provided between July 1, 2022, and June 30, 2023. **(Please contact us if there has been an error.)**
3. **Column D:** Refer to the recommended acceptable documentation column to determine what type of documents to provide.
4. **Column E:** Refer to the sample amount column to determine how much documentation to send (this is **not** a 100% review, please do not send a full year of documentation).
5. Prepare your documentation file so there is **only one member's information per file.**
  - Only submit a sample of documentation that falls within the service dates requested (July 1, 2022, through June 30, 2023). Documentation provided outside of this date range or documentation pertaining to another member will not be reviewed. The documentation will be denied, and you will not be in compliance with the request.
6. Upload these documents to the secure form provided to you via email or click "[SDMI Service Validation Request](#)"
7. You will receive an email confirming your documents were verified once a Mountain Pacific team member has reviewed documents submitted. Save this email for your records.

Once your submission is complete and you have received the confirmation email, you have completed the process. Mountain Pacific will contact you if additional information is needed. Mountain Pacific reviews this documentation on behalf of the State of Montana as part of their required performance monitoring plan with the Centers for Medicare & Medicaid Services.

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 [HACS@mpqhf.org](mailto:HACS@mpqhf.org).

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
<b>Procedure / HCPCS Code</b>	<b>Service Type</b>	<b>Frequency of Service Delivery</b>	<b>Recommended Acceptable Documentation</b>	<b>Sample Amount</b>	<b>State Plan Policy Reference</b>
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
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 Social Determinants of Health (SDOH) Assessment, Goals, Progress note (sample)	6 weeks	Life Coach, #1 and #3 service requirements
T2025	Pain and Symptom Management	Weekly, biweekly, monthly	Progress notes (sample) and 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 Equipment and Supplies, #2 deter of need
T2029	Specialized Medical Equipment	One time	Proof of prescription (copy) and invoice	1 time	Specialized Medical Equipment and Supplies, #2 deter of need
T2031	Residential Habilitation - Adult Group Home	Daily	Proof of residency days	40 days	Residential Habilitation, Adult Group Home,
T2038	Community Transition Services	Monthly	Proof of allowable expenses	2 months	Community Transition, #1 service requirements

\*This guide was updated in January 2024 in preparation for the FY 2023 reviews.