



Alternate EVV Vendor Quick Reference Guide

Montana Department of Public Health and Human
Services (DPHHS)

Version Control

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Table of Contents

Montana Program for Automating and Transforming Healthcare (MPATH).....	0
Introduction	1
Overview	1
Expected Values	1
Service Codes and Modifiers	2
IVR Pin (Telephony Visits)	4
When Start and/or End Verification Type = "IVR"	4

Introduction

Overview

This Quick Reference Guide (QRG) is prepared by Netsmart and is intended for Alternate Electronic Visit Verification (EVV) Vendors who will integrate with Netsmart for aggregation services. This QRG is specific to Montana Department of Public Health and Human Services (DPHHS).

Please make sure you have reviewed Netsmart's Alternate EVV Vendor Implementation Guide as well as [Netsmart's Rendered Services Data Dictionary](#) located on Netsmart's Montana-specific [website](#).

If the Alternate EVV Vendor elects to transmit XML, please refer to the typecode values that must be transmitted for certain fields, the values are on Netsmart's Type Code Data Dictionary located on Netsmart's Montana-specific [website](#).

Expected Values

The below table identifies the expected values for certain Rendered Services fields documented within the Rendered Services Data Dictionary. If the Alternate EVV Vendor elects to transmit XML, please pay special attention to the typecode value.

Rendered Service Field Name	Expected Value
Jurisdiction	MT XML typecode value = 38
Payer	MTMC XML typecode value = 174
Plan	NONE XML typecode value = 0
Program	(null) Leave empty, send no value
DeliverySystem	FFFS XML typecode = 1
ProviderMedicaidId	Provider's Payer ID

Service Codes and Modifiers

Below are the ServiceCodes and Modifiers subject to EVV in Montana. The three fieldnames that match the fieldnames on the Rendered Services Data Dictionary are as follows:

1. ServiceCode
2. ServiceCodeMod1
3. ServiceCodeMod2

Service Code	Service CodeMod1	ServiceCodeMod2	Service Description	Program	Round To	Rounding Breakpoint
BHDD - SDMI Waiver PT88						
H2019	HD		Behavioral Intervention Assistant	SDMI	15 MINUTES	8 Min (15 Minute Unit Type)
T1005	HD		Respite Care	SDMI	15 MINUTES	8 Min (15 Minute Unit Type)
T1019	HD		Personal Assistance Attendant	SDMI	15 MINUTES	8 Min (15 Minute Unit Type)
T1019	HD	TE	Personal Assistance Attendant	SDMI	15 MINUTES	8 Min (15 Minute Unit Type)
T1002	HD		Private Duty Nursing - RN	SDMI	15 MINUTES	8 Min (15 Minute Unit Type)
T1003	HD		Private Duty Nursing - LPN	SDMI	15 MINUTES	8 Min (15 Minute Unit Type)
COMMUNITY FIRST CHOICE CFC PT12						
S5125			Attendant Care Services	CFC	15 MINUTES	8 Min (15 Minute Unit Type)
S5125	U9		Attendant Care Services	CFC	15 MINUTES	8 Min (15 Minute Unit Type)
S5126			Community Support Services	CFC	15 MINUTES	8 Min (15 Minute Unit Type)
S5126	U9		Community Support Services	CFC	15 MINUTES	8 Min (15 Minute Unit Type)
T1019			Personal Assistance Attendant	CFC	15 MINUTES	8 Min (15 Minute Unit Type)
T1019	U9		Personal Assistance Attendant	CFC	15 MINUTES	8 Min (15 Minute Unit Type)
T2001			Medical Escort	CFC	15 MINUTES	8 Min (15 Minute Unit Type)
T2001	U9		Medical Escort	CFC	15 MINUTES	8 Min (15 Minute Unit Type)
PERSONAL ASSISTANCE SERVICES PAS PT12						
S5126			Community Support Services	PAS	15 MINUTES	8 Min (15 Minute Unit Type)
S5126	U9		Community Support Services	PAS	15 MINUTES	8 Min (15 Minute Unit Type)
T1019			Personal Assistance Attendant	PAS	15 MINUTES	8 Min (15 Minute Unit Type)

T1019	U9		Personal Assistance Attendant	PAS	15 MINUTES	8 Min (15 Minute Unit Type)
T2001			Medical Escort	PAS	15 MINUTES	8 Min (15 Minute Unit Type)
T2001	U9		Medical Escort	PAS	15 MINUTES	8 Min (15 Minute Unit Type)
BIG SKY WAIVER PT28						
S5125	UA		Attendant Care Services	BSW	15 MINUTES	8 Min (15 Minute Unit Type)
S5126	UA	U9	Community Support Services	BSW	15 MINUTES	8 Min (15 Minute Unit Type)
T1005	UA		Respite Care	BSW	15 MINUTES	8 Min (15 Minute Unit Type)
T1019	UA		Personal Assistance Attendant	BSW	15 MINUTES	8 Min (15 Minute Unit Type)
T1019	UA	TE	Personal Care Services	BSW	15 MINUTES	8 Min (15 Minute Unit Type)
T1020	UA		Personal Care Services	BSW	24 HOURS	720 Min (24 Hour Unit Type)
T2027	UA		Special Child Care Services	BSW	15 MINUTES	8 Min (15 Minute Unit Type)
T2033	UA		Supported Living	BSW	24 HOURS	720 Min (24 Hour Unit Type)
97530	UA		Therapeutic Activities	BSW	15 MINUTES	8 Min (15 Minute Unit Type)
97110	UA		Therapeutic Exercises	BSW	15 MINUTES	8 Min (15 Minute Unit Type)
92507	UA		Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	BSW	15 MINUTES	8 Min (15 Minute Unit Type)
S9470	UA		Nutritional counseling, diet	BSW	15 MINUTES	8 Min (15 Minute Unit Type)
T1002	UA		Private Duty Nursing RN	BSW	15 MINUTES	8 Min (15 Minute Unit Type)
T1003	UA		Private Duty Nursing LPN	BSW	15 MINUTES	8 Min (15 Minute Unit Type)
S5135	UA		Companion Care	BSW	15 MINUTES	8 Min (15 Minute Unit Type)
DSD - 0208 WAIVER PT82						
S5150			Respite	DSD	1 HOUR	45 Min (1 Hour Unit Type)
S5150	SC		Respite	DSD	1 HOUR	45 Min (1 Hour Unit Type)
T1019			Personal Assistance Attendant	DSD	1 HOUR	45 Min (1 Hour Unit Type)
S5135			Companion Care	DSD	1 HOUR	45 Min (1 Hour Unit Type)

97530			Physical Therapy	DSD	15 MINUTES	8 Min (15 Minute Unit Type)
97110			Occupational Therapy	DSD	15 MINUTES	8 Min (15 Minute Unit Type)
92507			Speech Therapy	DSD	1 HOUR	45 Min (1 Hour Unit Type)
T1003			Private Duty Nursing LPN	DSD	15 MINUTES	8 Min (15 Minute Unit Type)
T1003	TU		Private Duty Nursing LPN	DSD	15 MINUTES	8 Min (15 Minute Unit Type)
T1002			Private Duty Nursing RN	DSD	15 MINUTES	8 Min (15 Minute Unit Type)
T1002	TU		Private Duty Nursing RN	DSD	15 MINUTES	8 Min (15 Minute Unit Type)
S9470			Nutritionalist Services	DSD	1 HOUR	45 Min (1 Hour Unit Type)
Home Health Services PT53						
421			Physical Therapy	HHS	1 VISIT	
431			Occupational Therapy	HHS	1 VISIT	
441			Speech Therapy	HHS	1 VISIT	
551			Skilled Nursing	HHS	1 VISIT	
571			Home Health Aide	HHS	1 VISIT	
Private Duty Nursing PT14						
T1000			Private Duty / Independent NSG	PDN	1 VISIT	
T1002			Private Duty Nursing RN	PDN	15 MINUTES	8 Min (15 Minute Unit Type)
T1003			Private Duty Nursing LPN/LVN	PDN	15 MINUTES	8 Min (15 Minute Unit Type)

IVR Pin (Telephony Visits)

When Start and/or End Verification Type = "IVR"

The use of IVR is limited and only if approved in advance by MT DPHHS. Even if it is approved, it can only be used for up to 90 days.