

MONTANA

The following limits apply to Home Health Services:

1. A person receiving personal care attendant services may not receive concurrent home health aide services.
2. Home health services do not include audiology services.
3. Home health services may be provided by providers out of state only when the services are authorized by the Department.
4. Services considered experimental are not a benefit of the Montana Medicaid Program. Experimental services include:
  - a. All procedures and items, including prescribed drugs, considered experimental by the U.S. Department of Health and Human Services or any other appropriate federal agency.
  - b. All procedures and items, including prescribed drugs, provided as part of a control study, approved by the Department of Health and Human Services or any other appropriate federal agency to demonstrate whether the item, prescribed drug or procedure is safe and effective in curing/preventing, correcting or alleviating the effects of certain medical conditions.
  - c. All procedures and items, including prescribed drugs, which may be subject to question but are not covered in #1 and #2 above, will be evaluated by the Department's designated medical review organization.
5. Limits recipient to one (1) Wheelchair every five (5) years: sooner based on medical necessity review performed by the Department,
6. Limits recipients using diapers, to nearest package size over 180 diapers, per month.
7. Purchases or rental of medical equipment exceeding \$1,000 must be prior authorized by the Department.
8. Nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area may be used by home infusion therapy agencies for the administration of home infusion therapy.
9. The durable medical equipment and supplies required for home infusion therapies will be provided by home infusion therapy agencies licensed by the Department of Health and Human Services.

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TN #13-028                      Approved                      Effective /7/1/13  
Supersedes TN #96-13                      SEP 23 2013

MONTANA

1. Reimbursement for Home Health Skilled Nursing Services and Home Health Aide Services shall be the lower of:
  - A. The provider's actual (submitted) charge for the service; or
  - B. The rate posted on the Department's fee schedule.
2. A unit of service is an in-person visit by the nurse or aide to provide care to the Medicaid individual.
3. The agency's rates were set as of the date on the Attachment 4.19B Introduction Page and are published at [www.mtmedicaid.org](http://www.mtmedicaid.org). Except as otherwise noted in the plan, State developed fee schedule rates are the same for both governmental and private providers.

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1. Reimbursement for Home Health Physical Therapy, Speech Therapy and Occupational Therapy shall be the lower of the following:
  - A. The provider's actual (submitted) charge for the service; or
  - B. The Department's fee schedule.
2. A unit of service is an in-person visit by the therapist to provide care to the Medicaid individual.
3. The agency's rates were set as of the date on the Attachment 4.19B Introduction Page and are published at [www.mtmedicaid.org](http://www.mtmedicaid.org). Except as otherwise noted in the plan, State developed fee schedule rates are the same for both governmental and private providers.

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