First Health Services Corporation
A Magellan Health Company

Billing Guidelines for Provider Type 54

Targeted Case Management (TCM)

The Targeted Case Management (TCM) program assists eligible recipients in the following eight target groups to gain access to medical, social, educational and other support services:

- Children and adolescents who are non-severely emotionally disturbed (non-SED) with a mental illness
- Children and adolescents who are severely emotionally disturbed (SED)
- Adults who are non-seriously mentally ill (non-SMI) with a mental illness
- Adults who are seriously mentally ill (SMI)
- Persons with mental retardation (MR) and related conditions
- Developmentally delayed (DD) infants and toddlers
- Juveniles on probation (JPS)
- Child protective services (CPS)

Non-Covered Services

The following services are not covered under the TCM program:

- Client outreach
- Crisis intervention services
- Direct delivery of medical or clinical services
- Grooming and other personal services
- Individual, group, family therapy services
- Services that should be billed to another federal program (e.g., TANF IV-E)
- Training for daily living, work and social skills
- Training for housekeeping, laundry, cooking
- Transportation services
- Travel to and from appointments

Refer to Nevada Medicaid Services Manual, Chapter 2500 for complete state policy on the TCM program.

Fee For Service Billing Instructions

All services are billed in 15-minute increments (one hour equals 4 units). Enter the total number of units for the claim line in Field 24G.

Non-TCM services must be billed on a separate claim.

Use HCPCS code T1017 with the appropriate modifier(s) as shown below:

- HA - Child/Adolescent program
- HB - Adult program, non-geriatric
- HI - Integrated mental health, mental retardation and developmental disabilities program
- HU - Funded by child welfare agency
- HX - Funded by county/local agency
- HY - Funded by juvenile justice agency
- TN - Rural providers customary service area

Description	Code	Modifiers	Service Limits
Non-SED Children	T1017	HA	30 hours per recipient per calendar month (17 years of age and younger)
SED Children	T1017	HA	30 hours per recipient per calendar month (17 years of age and younger)
SED Children, Rural	T1017	HA, TN	30 hours per recipient per calendar month (17 years of age and younger)
Non-SMI Adults	T1017	HB	30 hours per recipient per calendar month (18 years of age and older)
SMI Adults	T1017	HB, HI	30 hours per recipient per calendar month (18 years of age and older)
MR/Related Conditions	T1017	HI	30 hours per recipient per calendar month
DD Infants and Toddlers (Health Division)	T1017	HA, HI	30 hours per recipient per calendar month (under age 3)
DD Infants and Toddlers (DCFS)	T1017	HA, HI, HU	30 hours per recipient per calendar month (under age 3)
County JPS	T1017	HY, HX	Monthly Capitated Rate (no service limits)
County CPS	T1017	HX, HU	Monthly Capitated Rate (no service limits)

Billing Frequency

MCOs must bill monthly; all other providers may bill daily, weekly or monthly.

Rates

Current rates are listed on the Division of Health Care Financing and Policy (DHCFP) website at http://dhcfp.nv.gov (select "Rates" from the "DHCFP Index").

Prior Authorization Requirements

TCM services *do not* require prior authorization.

Referrals

TCM services *do not* require a physician's referral.

Medicaid Managed Care

Medicaid recipients in areas where Managed Care Organization (MCO) enrollment is mandatory, may disenroll from the MCO when diagnosed with SED or SMI.

An MCO must submit a notification form to the DHCFP Managed Care Unit when/if:

- A recipient is diagnosed with SED or SMI.
- A recipient diagnosed with SED or SMI chooses to disenroll from the MCO. (If the recipient does not disenroll, the MCO must cover the services.)

To obtain a notification form, call the DHCFP Managed Care Unit at (775) 684-3708.

Check Up Managed Care

Nevada Check Up recipients diagnosed with SED must receive their evaluation and services through an MCO in areas where MCO enrollment is mandatory.

If a recipient diagnosed with SED resides outside the MCO geographical area, follow billing instructions and policies for the Medicaid Fee for Service (FFS) benefit plan (e.g., providers submit claims directly to First Health Services).