

54 Targeted Case Management (TCM)

Targeted Case Management (TCM) services assist recipients eligible under the State plan in gaining access to needed medical, social, educational and other support services.

There are seven target groups eligible to receive this service. These groups are:

1. Specialty 238 – Children and adolescents who are severely emotionally disturbed (SED)
2. Specialty 237 – Adults who are seriously mentally ill (SMI)
3. Specialty 239 – Persons with mental retardation (MR) and related conditions
4. Specialty 240 – Developmentally delayed (DD) infants and toddlers
5. Specialty 242 – Juveniles on probation (JPS)
6. Specialty 243 – Child protective services (CPS)
7. Specialty 241 – Persons who are blind or visually impaired

In the Medicaid program, once a diagnosis of SED or SMI is confirmed through evaluation, a recipient may elect to disenroll from the Managed Care Organization (MCO). The MCO is required to notify DHCFP of such election. If the recipient does not disenroll, the MCO must cover the service.

In the Nevada Check Up program, recipients who have been diagnosed with SED or SMI must receive evaluation and medically appropriate services through an MCO, where enrollment in an MCO is mandatory. If the Check Up program recipient resides outside of an MCO geographical boundary, follow billing instructions and policies for the Medicaid Fee For Service (FFS) benefit plan.

Covered Services

Nevada Medicaid and Nevada Check Up cover a maximum of thirty (30) hours of TCM services per target group, per calendar month, per recipient. (Maximum hours do not apply to providers who are paid a capitated, per member/per month rate.)

All services are billed in 15 minute increments (15 minutes equals 1 unit or 1 hour equals 4 units). Be sure to enter the total number of units in Field 24G on your claim form.

To bill for TCM services, use HCPCS code T1017 with the appropriate modifier(s) as shown in Table 54A.

Definitions for the modifiers used in Table 54A are as follows:

- 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

Table 54A

Description	Code	Modifiers	Service Limits
SMI Adults	T1017	HB, HI	30 hours per recipient per calendar month (18 years of age and older)
SED Children	T1017	HA	30 hours per recipient per calendar month (17 years of age and under)
SED Children – Rural	T1017	HA, TN	30 hours per recipient per calendar month (17 years of age and under)
MR/Related Conditions	T1017	HI	30 hours per recipient per calendar month
DD Infants and Toddlers (Health Division)	T1017	HI, HA	30 hours per recipient per calendar month (under age 3)
DD Infants and Toddlers (DCFS)	T1017	HI, HA, HU	30 hours per recipient per calendar month (under age 3)
Blind and Visually Impaired	T1017		30 hours per recipient per calendar month
County CPS	T1017	HX, HU	Monthly Capitated Rate
County JPS	T1017	HY, HX	Monthly Capitated Rate

Non-Covered Services

TCM services do not include direct delivery of medical or clinical services.

The following services are also not covered for TCM providers:

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

Prior Authorization Requirements

TCM services do not require prior authorization.

Notes

A physician's referral is not needed for TCM services.

Submit claims to First Health Services on a monthly basis. A separate claim form is required for each recipient for each month of service.

Include only TCM services on your claim form.

Non-TCM services must be billed on a separate claim form and under a different provider type(s). Be sure to use the Provider Medicaid Number appropriate for the services rendered.

Refer to the Nevada Medicaid Services Manual, Chapter 2500 for additional information.