

MH-TCM Claiming Requirements



Hint: Clients in an MA Funded Facility are limited to 180 days for VA/DD-TCM, MH-TCM and RSC combined. The first paid claim's service date is the start of 180 days. This rule is not an edit in SSIS, MMIS enforces.

(Table 2-15 in Healthcare Claiming Requirements Spec.)

MH-TCM Claiming	
Mental Health – Targeted Case Management (MH-TCM) claiming is done for Time records meeting the MH-TCM criteria for eligible clients.	
Inputs	
Eligible Staff Activity Time records	
Services	<ul style="list-style-type: none"> • 490 Child Rule 79 Case Management • 491 Adult Rule 79 Case Management
Activities	<ul style="list-style-type: none"> • 7 Client contact
Contact Status	<ul style="list-style-type: none"> • 2 Completed
Contact Method	<ul style="list-style-type: none"> • 1 Face-to-face • 2 Phone (Phone is valid only if the client is 18 or over.)
Supplemental Eligibility	
Client must have a MH-TCM Supplemental Eligibility record in effect on the Billable Contact Date.	
<ul style="list-style-type: none"> • The Billable Contact Date must be between the MH-TCM Effective "Start Date" and "End Date." 	
MMIS Recipient Information	
Client must be MA Eligible or MNCare Eligible on the Billable Contact Date as indicated by the following:	
1. Major Program must be one of the following:	
MA Eligible	
<ul style="list-style-type: none"> • DM Demonstration to Maintain Indep. & Employment (DMIE) • EH Federally-Paid Emergency Medicaid • MA Federally Paid Medical Assistance • GM General Assistance Medical Care (GAMC) • IM IMD - Inst. for Mental Disease • NM State-Paid Medical Assistance • RM Refugee. 	
MNCare Eligible	
<ul style="list-style-type: none"> • LL MinnesotaCare Citizen Kids/PWS • BB MinnesotaCare Adults =<175% FPG • FF MinnesotaCare Parents =<275% FPG • JJ MinnesotaCare Noncitizen Parents =<275% FPG • KK MinnesotaCare Noncitizen Kids/PWS. 	
2. Eligibility Status must be 'Active' or 'Closed.'	
3. The Billable Contact Date is within the Eligibility Start Date and the Eligibility End Date.	

MH-TCM Claiming	
Client	
Client Age calculation: Starting with Version 5.2: Client Age is determined as of the Billable Contact Date.	
Starting with V5.2: If Contact Method is Phone, Client Age must be ≥ 18 on the Billable Contact Date.	
Diagnosis Codes	
A diagnosis code is required.	
SSIS Diagnosis Codes are used.	
Only MH Diagnosis codes are included on the claim (diagnosis code ≥ 290.0 and ≤ 302.99 or ≥ 306.0 and ≤ 316.0).	
Additional Rules	
A maximum of one MH-TCM claim can be submitted for a given month per client.	
All eligible Time records in a month are linked to the claim.	
A separate claim is created for each MH-TCM eligible client listed in the Regarding section of the Time record.	
For a month in which both 'Phone' and 'Face-to-face' contacts occur, the 'Face-to-face' contact is claimed even though it may occur after the 'Phone' contact. A telephone claim is created for a month in which only 'Phone' contacts occur. A 'Face-to-face' contact must occur at least once every three months. There can be no more than two consecutive monthly 'Phone' claims. If a 'Face-to-face' Claim does not exist in one of the previous two months, the 'Phone' contact is not claimed. (This edit ignores 'Face-to-face' Claims that are 'Denied' or 'To be denied'.)	
The Contact Method of the first claimable contact must be 'Face-to-face.'	
Claim Record Outputs	
HCPCS/Modifiers	For Client Age < 18 (Contact Method must = Face-to-face) T2023 HA HE (MH-TCM, child, face-to-face) For Client Age ≥ 18 For Contact Method = Face-to-face T2023 HE (MH-TCM, adult, face-to-face) For Contact Method = Phone T2023 HE U4 (MH-TCM, adult, telephone)
Units	1
Amount	Staff-provided Rate for HCPCS/ Modifiers
First Service Date	Billable Contact Date
Last Service Date	Billable Contact Date
Diagnosis Codes	SSIS Diagnosis Codes

MH-TCM Claiming
Additional Program Requirements and Policy Information NOT included in SSIS processing
Eligibility
Based on the client's age, the client must be eligible for SPMI or SED on the Service Date. <ul style="list-style-type: none"> • If the client's age is under 18, the client must be SED eligible. • If the client is between 18 and 21 and has received continuous MH-TCM services since before turning 18, the client can remain SED eligible or can be SPMI eligible. • Otherwise, if the client is 18 or over, the client must be SPMI eligible.
The client must have a written service plan prior to claiming.
Major program DM ends 09/30/09 because the funding was not extended per email from Margaret Wright on 04/22/09.
County Practice
Services provided to a client under age 18, should be recorded as: <ul style="list-style-type: none"> • 490 Child Rule 79 Case Management. Services provided to a client age 18 or over, should be recorded as: <ul style="list-style-type: none"> • 491 Adult Rule 79 Case Management.
Notes
MH TCM expenses are included as a part of a person's spenddown for MA eligibility. MMIS does this edit.
Claims for clients in a MA Funded Facility are limited to 180 days for VA/DD-TCM, MH-TCM and RSC-TCM combined. The beginning of the 180 days is the Service Date of the first paid claim for VA/DD-TCM, MH-TCM, or RSC-TCM. MMIS enforces this rule.
References
DHS Bulletin #99-53-4; June 7, 1999; MH Case Management Payment Update. This Bulletin replaces Bulletin 99-53-2.
Minnesota Health Care Programs (MHCP) Provider Manual, June 2000, Chapter 16 pages 25-31 (printed version). The current MHCP manual is online at www.dhs.state.mn.us/provider .
DHS Bulletin #09-68-01; April 22, 2009; Adolescent Services Provides Guidance on Transition Planning and Requirements for Older Youth in Care.