

RSC-TCM Claiming Requirements



Hints:

- Social Services can bill via SSIS. Public Health Nursing (PHN) can bill using MN-ITS. The claims will not be denied as duplicates in MMIS.
- Clients in an MA Funded Facility are limited to 180 days of service for VA/DD-TCM, MH-TCM and RSC-TCM programs combined. The first paid claim's service date is the start of the 180 days. MMIS enforces this rule.

(Table 2-16 in Healthcare Claiming Requirements Spec.)

RSC-TCM Claiming	
Relocation Service Coordination – Targeted Case Management (RSC-TCM) claiming is done for Time records and Payments meeting the RSC-TCM criteria for eligible clients.	
Inputs	
Eligible Staff Activity Time records	
Services	<ul style="list-style-type: none"> • 194 Relocation Service Coordination (RSC-TCM) • 694 Relocation Service Coordination (RSC-TCM)
Activities	<ul style="list-style-type: none"> • 7 Client contact • 8 Collateral contact • 9 Consultation • 10 Coordination • 16 Documentation • 34 Transportation • 35 Travel in county • 36 Travel out of county
Contact Status	<ul style="list-style-type: none"> • 2 Completed This edit only applies to the following activities: <ul style="list-style-type: none"> • 7 Client contact • 8 Collateral contact.
Eligible Payments	
Services	<ul style="list-style-type: none"> • 194 Relocation Service Coordination (RSC-TCM) • 694 Relocation Service Coordination (RSC-TCM)
HCPCS/Modifiers	Until August 31, 2008 <ul style="list-style-type: none"> • T1016 Relocation Service Coordination (RSC-TCM) Beginning September 1, 2008 <ul style="list-style-type: none"> • T1017 Relocation Service Coordination (RSC-TCM)
Supplemental Eligibility	
None	

RSC-TCM Claiming

MMIS Recipient Information

Client must be MA eligible on the Service Dates as indicated by the following:

1. Major Program must be one of the following:
 - EH Federally-Paid Emergency Medicaid
 - IM IMD - Inst. for Mental Disease
 - MA Federally Paid Medical Assistance
 - NM State-Paid Medical Assistance
 - RM Refugee.
2. Eligibility Status must be 'Active' or 'Closed.'
3. The **Service Dates** are within the Eligibility Start Date and the Eligibility End Date.

Client cannot be a Waiver/AC Recipient on the Service Dates.

Client's Living Arrangement on the Service Dates must be one of the following:

- 41 Nursing Facility I - Medicare certified
- 42 Nursing Facility II - Non-Medicare certified
- 43 ICF/MR - Public or private
- 44 NF I - Short term stay <30 days
- 45 NF II - Short term stay <30 days
- 46 ICF/MR - Short term stay <30 days
- 47 RTC/ICF-MR - Not IMD
- 48 Medical hospital >30 days
- 50 RTC - MI psychiatric inpatient hospital - IMD
- 52 Rule 36 MI - IMD
- 53 Private psychiatric inpatient hospital - IMD
- 58 RTC - CD psychiatric inpatient hospital - IMD
- 80 Community.

Living Arrangement selection is based on the following criteria:

Time records

- If a Living Arrangement ends on the Time record date, and another Living Arrangement exists (which would start on the same date), a claim is generated if either Living Arrangement has one of the Living Arrangement codes listed above.

Payments

- If the Service Start Date and Service End Date are the SAME:
 - If a Living Arrangement ends on the Service Dates, and another Living Arrangement starts on the same date, a claim is generated if either Living Arrangement has one of the Living Arrangement codes listed above.
- Otherwise:
 - Select the Living Arrangement in effect for the entire Service Date range (Service Start Date through Service End Date).

Client

No additional requirements.

RSC-TCM Claiming	
Diagnosis Codes	
A diagnosis code is not required.	
Screening Diagnosis Codes, then SSIS Diagnosis Codes are checked for a Billable Diagnosis Code. If one exists, it is included on the claim.	
Additional Rules	
If the client's Living Arrangement is 'Community': <ul style="list-style-type: none"> • The SSIS Location on the Time record or Payment must be 'Inpatient Hospital' which is translated to MMIS Place of Service 'Inpatient Hospital' on the claim. 	
Time records and Payments for the same client, covering the same date range, are combined into one claim. <ol style="list-style-type: none"> 1. A Time record with a date that is within the date range of a Payment is combined into one claim using the Payment's Service Dates. 2. Two or more Time records with the same date are combined into one claim. 3. Two Time records with contiguous dates are submitted as separate claims. 4. Two or more Time records that do not meet any of the above conditions are submitted as separate claims. 5. Two or more Payments with the same date range or overlapping date ranges are combined into one claim. 6. Two or more Payments that do not meet any of the above conditions are submitted as separate claims. 	
Claim Record Outputs	
HCPCS/Modifiers	Until 8/31/08 <ul style="list-style-type: none"> • T1016 Relocation Service Coordination (RSC-TCM) Beginning 9/1/08 <ul style="list-style-type: none"> • T1017 Relocation Service Coordination (RSC-TCM)
Units	<p>Total of:</p> <ul style="list-style-type: none"> • The number of Units on selected Time records are calculated PER DAY, then totaled for all days included. Following is the per day calculation: <ul style="list-style-type: none"> • The total time on all selected Time records divided by 15 (for a day). <ul style="list-style-type: none"> ○ Units are rounded up if eight or more minutes remain. If fewer than eight minutes remain, the remainder is ignored. ○ The total time on all selected Time records for a day must be at least eight minutes (half a unit) to be included in the claim. <p>Plus</p> <ul style="list-style-type: none"> • The total number of Units on all selected Payments.

RSC-TCM Claiming	
Amount	Total of: <ul style="list-style-type: none"> • Calculated Units on Time records multiplied by the Staff-provided Rate for the HCPCS/Modifier • Amount is calculated PER DAY, then totaled for all days included Plus <ul style="list-style-type: none"> • The total Amount on all selected Payments.
First Service Date	If the claim is based on Payment(s) or both Time record(s) and Payment(s): Earliest Service Start Date of the Payment(s). If the claim is based only on Time record(s): Date on the Time record.
Last Service Date	If the claim is based on Payment(s) or both Time record(s) and Payment(s): Latest Service End Date of the Payment(s). If the claim is based only on Time record(s): Date on the Time record.
Diagnosis Codes	Screening Diagnosis Code, SSIS Diagnosis Code, or blank
Additional Program Requirements and Policy Information	
NOT included in SSIS processing	
Eligibility	
RSC-TCM services are authorized via the LTC screening document or the DD screening document. Editing for this authorization takes place in MMIS.	
Claims for clients in an 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.	
RSC-TCM services may be provided to persons of all ages for up to 180 consecutive days per episode. The 180 days starts with the service dates on first paid claim. MMIS does these edits.	
Counties cannot claim RSC-TCM costs if a person is moving from one institution to another.	
County Practice	
Counties cannot claim services provided by case aides under RSC-TCM. Counties can choose not to enter a Qualification for RSC-TCM for case aides or can set the value of the "Qualified to Claim" to No.	
Client cannot be receiving CW-TCM, MH-TCM, or VA/DD-TCM in the same calendar month as RSC-TCM services. The county needs to decide which it will provide and bill for only that one.	

RSC-TCM Claiming
Notes
While RSC-TCM cannot be claimed if the client is on a waiver on the day the service was provided, both waiver case management and RSC-TCM can be provided in the same month, per email from Mark Skrivanek on 9/25/08.
RSC-TCM was designed to help the consumer make decisions about the supports he or she will need outside of an institution by providing information so that the client can make an informed decision. The coordinator should also assist the individual to access the services and supports needed.
RSC-TCM claims do not require a date of current illness.
Counties' Social Services can bill via SSIS and PHN (Public Health Nursing) can bill via MMIS separately; the claims will not be denied as duplicates.
References
DHS Bulletin #01-56-23 September 21, 2001 Options Series: Implementation of Relocation Service Coordination
DHS Bulletin #02-56-08 June 10, 2002 Relocation Service Coordination (RSC) Policy Update
MHCP Provider Update 166 October 22, 2003 Relocation Service Coordination (RSC) Benefit
DSD Listserv Announcement April 16, 2006: "Billing for Relocation Service from an Eligible Institution"
DHS Bulletin #07-56-01 March 28, 2007 "DHS Updates Relocation Service Coordination Targeted Case Management Implementation." This Bulletin replaces all previous RSC-TCM Bulletins