Adult and Children's Mental Health Targeted Case Management

Policy Number: SC14P0044A2

Effective Date: May 1, 2018

Last Update: April 28, 2025

PAYMENT POLICY HISTORY

DATE	SUMMARY OF CHANGES
April 28, 2025	Annual review complete. Enrollee eligibility and payment information sections adjusted to address requirements more concisely. Grammar, formatting, and stylization updates also applied.
February 19, 2025	Policy updated to reflect change to legislated payment adjustment outlined on Approved SPA 24-44.
May 17, 2024	Annual review complete. Updates made to definitions to standardize with other MH policies and include appropriate terms. Clarifications made to enrollee eligibility, eligible providers, payment information sections as well.
August 18, 2023	Effective 7/1/2022, county-contracted vendors that have DHS-approved rate exceptions may incorporate modifiers UA, TG, and UB into their billing for the appropriate rate exception. These modifiers have been added to the Modifiers, CPT, HCPCS, and Revenue Codes section as of 8/18/2023.
July 28, 2023	This policy was updated to reflect changes implemented on May 12, 2023, by Minnesota Statutes, Section 256B.0625, subdivision 20b. The changes allow for interactive video services to meet minimum face-to-face contact requirements for certain TCM services. See updates to Payment Information & Billing Requirements sections for more information.
March 2, 2023	Annual policy review is completed. Updates made to assessment requirements (changes published by DHS January 2023) and enrollee eligibility. Policy definitions were also updated.
September 19, 2022	Information regarding code-specific procedure CPT® or HCPCS was removed.
December 6, 2021	The policy was updated to clarify that a functional assessment for adults and children must focus assessing both the mental and physical of a person and should not focus just on the general health of an individual. In addition, case load limitations for both adults and children were added to the policy.
August 5, 2021	Annual policy review completed. Grammatical corrections were made. These changes did not impact the technical requirements of the document.

DATE	SUMMARY OF CHANGES
September 10, 2020	Annual policy review. No technical changes were made to the policy. Information was moved to the new UCare template, and as a result some information was reformatted.
August 28, 2019	Information regarding comparison to the DHS MH Procedure CPT® or HCPCS Codes and Rates Chart and UCare fee schedules was removed from the document. The UCare Provider Manual contains information regarding how and when UCare updates fee schedules. A link to the UCare Provider Manual continues to be available within the document.
August 1, 2019	Children's Mental Health Targeted Case Management requirements were added to the policy. Internal links within the document and the UCare logo were updated.
May 1, 2018	The AMH-TCM policy implemented by UCare.

APPLICABLE PRODUCTS

This policy applies to the products checked below:

UCARE PRODUCT	PRODUCT TYPE	APPLIES TO
UCare Connect + Medicare (When MHCP is the primary payer)	Dually Integrated	√
UCare Minnesota Senior Health Options (MSHO) (When MHCP is the primary payer)	Dually Integrated	√
UCare Connect	Minnesota Health Care Programs (MHCP)	√
UCare Minnesota Senior Care Plus (MSC+)	Minnesota Health Care Programs (MHCP)	√
UCare MinnesotaCare	Minnesota Health Care Programs (MHCP)	√
UCare Prepaid Medical Assistance (PMAP)	Minnesota Health Care Programs (MHCP)	√

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PAYMENT POLICY INSTRUCTIONS

A payment policy assists in determining provider reimbursement for specific covered services. To receive payment, the provider must be in a contractual relationship with UCare and provide services to a member enrolled in one of UCare's products. This payment policy is intended to provide a foundation for system configuration, work instructions, call scripts, and provider communications. A payment policy describes the rules for payment, which include applicable fee schedules, additional payment rules by regulatory bodies, and contractual terms. This policy is a general guideline and may be superseded by specific provider contract language.

PAYMENT POLICY OVERVIEW

Adult mental health targeted case management (AMH-TCM) and children's mental health targeted case management (CMH-TCM) services assist individuals with serious and persistent mental illness (SPMI) and children with severe emotional disturbance (SED) gain access to needed medical, social, educational, vocational, and other necessary services connected to the person's mental health needs.

Targeted case management services include development of a functional assessment and individual community support plan (ICSP) for an adult or an individual family community support plan (IFCSP) for a child by referring and linking the person to mental health and other services, ensuring coordination of services, and monitoring the delivery of services.

The billing and payment guidelines for adult and children's targeted case management are outlined in this policy.

POLICY DEFINITIONS

TERM	NARRATIVE DESCRIPTION
Case Manager	An individual with a bachelor's degree in one of the behavioral sciences or related fields, including but not limited to social work, psychology, or nursing from an accredited college or university; or, if without a degree must: • Have three or four years of experience as a case manager associate; • Be a registered nurse without a bachelor's degree and have a combination of specialized training in psychiatry and work experience consisting of community interaction and involvement or community discharge planning in a mental health setting totaling three years; or

TERM	NARRATIVE DESCRIPTION
	• Be a person who qualified as a case manager under the 1998 DHS waiver provision and meet the continuing education and mentoring requirements.
Diagnostic Assessment	A functional face-to-face evaluation resulting in a complete written assessment that includes clinical considerations and severity of the client's general physical, developmental, family, social, psychiatric, and psychological history, and current condition. The Diagnostic Assessment will also note strengths, vulnerabilities, and needed mental health services.
Functional Assessment	The purpose of a functional assessment is to clearly describe in a narrative the person's current status in each of the 11 elements listed under MN Statutes Sec 245.462 & Sec 245.4871, the person's current functioning within that domain, and making the link to the individual's mental illness.
Individual Community Support Plan (ICSP)	A written plan developed by a case manager based on a diagnostic assessment and functional assessment. The plan identifies specific services needed by an adult with serious and persistent mental illness to develop independence or improved functioning in daily living, health and medication management, social functioning, interpersonal relationships, financial management, housing, transportation, and employment.
Individual Family Community Support Plan (IFCSP)	A written plan developed by a case manager in conjunction with the family and the child with severe emotional disturbance on the basis of a diagnostic assessment and a functional assessment. The plan identifies specific services needed by a child and the child's family as outlined in MN Statute: Sec. 245.4871
Mental Health Professional	One of the following providers: • Clinical nurse specialist (CNS) • Licensed independent clinical social worker (LICSW) • Licensed marriage and family therapist (LMFT) • Licensed professional clinical counselor (LPCC) • Licensed psychologist (LP) • Mental health rehabilitative professional • Psychiatric nurse practitioner (NP) • Psychiatry or an osteopathic physician • Tribal-certified professional
Serious and Persistent Mental Illness (SPMI)	A condition with a diagnosis of mental illness that meets at least one of the following: • The member had two or more episodes of inpatient care for mental illness within the past 24 months

TERM	NARRATIVE DESCRIPTION
	• The member had continuous psychiatric hospitalization or residential treatment exceeding six months' duration within the past 12 months • The member has been treated by a crisis team two or more times within the past 24 months • The member has a diagnosis of schizophrenia, bipolar disorder, major depression, or borderline personality disorder; evidences a significant impairment in functioning; and has a written opinion from a mental health professional stating he or she is likely to have future episodes requiring inpatient or residential treatment unless community support program services are provided • The member has, in the last three years, been committed by a court as a mentally ill person under Minnesota statutes, or the adult's commitment as a mentally ill person has been stayed or continued • The member was eligible under one of the above criteria, but the specified time period has expired • The member was eligible as a child with severe emotional disturbance, and the member has a written opinion from a mental health professional, in the last three years, stating that he or she is reasonably likely to have future episodes requiring inpatient or residential treatment of a frequency described in the above criteria, unless ongoing case management or community support services are provided

Severe Emotional Disturbance	A child with emotional disturbance that meets at least one of the following criteria:
	• Has been admitted to inpatient or residential treatment within the last three years or is at risk of being admitted
	• Is a Minnesota resident and receiving inpatient or residential treatment for an emotional disturbance through the interstate compact
	• Has been determined by a mental health professional to meet one of the following criteria:
	  ○ Has psychosis or clinical depression
	  ○ Is at risk of harming self or others because of emotional disturbance
	  ○ Has psychopathological symptoms because of being a victim of physical or sexual abuse or psychic trauma within the past year
	  ○ Has a significantly impaired home, school, or community functioning lasting at least one year or presents a risk of

TERM	NARRATIVE DESCRIPTION
	lasting at least one year, because of emotional disturbance, as determined by a mental health professional.

ENROLLEE ELIGIBILITY CRITERIA

THIS SECTION OF THE POLICY PROVIDES INFORMATION THAT IS SPECIFIC TO THE UCARE MEMBER, INCLUDING INFORMATION ABOUT THE CRITERIA THE MEMBER MUST MEET IN ORDER FOR THE SERVICE(S) IN THE POLICY TO BE ELIGIBLE FOR PAYMENT.

General

Eligible UCare Minnesota Health Care Plan (MHCP) members must be adults with SPMI or a child with SED as determined by a diagnostic assessment.

Initial eligibility is based on a DA having been completed within the previous 180 days. Case management services will also be made available for 180 consecutive days of a covered stay a medical institution.

Presumptive Eligibility

Presumptive eligibility: All following conditions must be met:

- The person served must request case management services
- The adult who has a mental illness, child who has an emotional disturbance or parent of the child must refuse to obtain a DA to receive case management services via presumptive eligibility.
- The case manager determines the person is eligible for case management services
- Person receives new or updated DA within four months of the day the person first receives case management services
- Presumptive eligibility is limited to four months from the day the person first received case management services. Billing begins at the date the MHP signs the DA.

ELIGIBLE PROVIDERS OR FACILITIES

OUTLINED BELOW IS THE SPECIFIC CRITERIA A PROVIDER MUST MEET IN ORDER FOR THE SERVICE(S) IN THIS POLICY TO BE ELIGIBLE FOR PAYMENT.

Provider

- TCM agencies that are run by or under contract with a county are eligible to provide MHCP MH-TCM services.
- Agencies providing mental health targeted case management must be enrolled with MHCP.
- Eligible providers are case managers or case manager associates (CMA) employed by an MH-TCM agency and meet qualifications in Minnesota Statutes.
    - UCare requires that professionals be licensed at the independent clinical level and be able to enroll in the MHCP provider system as a licensed mental health professional.

Facility

Not applicable. This policy outlines the billing and payment guidelines for professional services.

Other and/or Additional Information

Not applicable.

EXCLUDED PROVIDER TYPES

OUTLINED BELOW IS INFORMATION REGARDING PROVIDERS WHO ARE NOT ELIGIBLE TO FURNISH THE SERVICE(S) LISTED IN THIS POLICY.

Not applicable.

MODIFIERS, CPT, HCPCS, AND REVENUE CODES

General Information

The Current Procedural Terminology (CPT®), Healthcare Common Procedure Coding System (HCPCS), and Revenue codes listed in this policy are for reference purposes only. Including information in this policy does not imply that the service described by a code is a covered or non-covered health service. The inclusion of a code does not imply any right to reimbursement or guarantee of claim payment.

Modifiers

The modifiers listed below are not intended to be a comprehensive list of all modifiers. Instead, the modifiers that are listed are those that must be appended to the CPT® / HCPCS codes listed below. Based on the service(s) provided, and the circumstances surrounding those services it may, based on correct coding, be appropriate to append an additional modifier(s) to the CPT® / HCPCS code.

When a service requires multiple modifiers, the modifiers must be submitted in the order listed below. If it is necessary to add additional modifiers, they should be added after the modifiers listed below.

MODIFIER(S)	NARRATIVE DESCRIPTION
HA	Child or Adolescent
HE	Mental health
U4	Service provided via non-face-to-face contact (e.g., telephone)

Effective July 1, 2022, county-contracted vendors that have a DHS-approved rate exception must also include the following modifiers as appropriate to the vendor's rate exception:

- UA – low intensity (caseload size rate exception for a higher average caseload size)
- TG – high intensity (caseload size rate exception for a lower average caseload size)
- UB – culturally specific rate exception

CPT and/or HCPCS Code(s)

CPT AND/OR HCPCS CODE(S)	MODIFIER(S)	NARRATIVE DESCRIPTION
T1017 (IHS)	HE	Face-to-face or ITV encounter - age eighteen (18) and over
T1017 (IHS)	HE, HA	Face-to-face encounter – age seventeen (17) and under
T1017 (IHS)	HE, U4	Telephone contact – age eighteen (18) and over
T2023	HE	Face-to-face or ITV contact – age eighteen (18) and over
T2023	HE, HA	Face-to-face or ITV – age seventeen (17) and under
T2023	HE, U4	Telephone contact – age eighteen (18) and over

Revenue Codes

Not applicable.

PAYMENT INFORMATION

Covered Services

Adult and Children's Mental Health Targeted Case Management includes four core components of care:

- Assessment
- Planning
- Referral & connection to mental health and other services
- Coordinating and monitoring service delivery

Assessment

Development of a functional assessment (FA).

- The MH-TCM case manager shall review the DA before completing the FA with the person served.
- A functional assessment must include:
    - The person's health care coverage;
    - Access to preventive and routine care;
    - Individual participation in recommended physical & mental health care treatment; and
    - Wellness issues that are important to the patient.
- The case manager must complete the functional assessment within thirty (30) days of the first meeting with the patient and at least every 180 days after the development of the ICSP. The functional assessment must be developed with input from the patient, persons from the patient's support network, and service providers.

Planning

- A Case Manager must develop an ICSP or IFCSP with the patient.
- The ICSP or IFCSP must be developed with the patient, other service providers, and significant members of the patient's support network
- The ICSP or IFCSP must be completed within 30 days of the first meeting with the patient, and at least every 180 days after the development of the ICSP.

Referral and Connection to Appropriate Support and Resources

- Referral and connection to MH-TCM services involves acquiring the resources needed to ensure the patient meets planned goals. Referral and linkage require interactions with the patient to:
    - Connect with informal natural supports;
    - Connect with local community resources and service providers; and
    - Refer to available health treatment and rehabilitation services.

Coordination and monitoring

A significant portion monitoring and coordination activities are done over the phone by the case manager. These activities serve four (4) key purposes:

1. Ensure service coordination by reviewing programs and services for accountability and verify that everyone is addressing the same purposes stated in the ICSP or IFCSP so that the person is not exposed to discontinuous or conflicting interventions and services
2. Determine achievement of the goals and objectives in the ICSP or IFCSP to see if goals are being achieved according to the projected timeline(s) and continue to fit the person's needs

3. Determine service and support outcomes through ongoing observations which can trigger reconsideration of the plan and its recommended interventions when the ICSP or IFCSP is not accomplishing its desired effects
4. Identify any new emerging needs by staying in touch with the person to identify problems, modify plans, ensure the person has resources to complete goals, and track emerging needs

Interactive Video (ITV)

Interactive video means the delivery of targeted case management services in real time using two-way interactive audio and visual communication, or accessible video-based platforms.

MH-TCM services may be provided through ITV according to Minnesota Statutes 256B.0625, subdivision 20b. ITV or face-to-face contact meets the minimum face-to-face contact requirements for MH-TCM services except for children in out-of-home placement who require an in-person or face-to-face visit only.

Children and youth in foster care for whom a responsible social service agency has placement and care responsibility, must be seen in person to claim targeted case management. Foster care is defined by Minnesota Statutes 260C.007, subdivision 18 and 260D.02, subdivision 10.

Providers must have a Targeted Case Management Provider Interactive Video Assurance Statement (DHS-8398) on their provider file to provide services via ITV.

Face-to-Face Contact between Patient and Case Manager

AMH-TCM or CMH-TCM case managers must have monthly contact to claim reimbursement. The case manager must ensure at least one case management core service component is provided.

CMH-TCM case managers can only have face-to-face or ITV contact with the eligible child, their parent or the child's legal representative to receive payment. It is best practice to see the child every month. Children who are in foster care must be seen in person. The frequency of face-to-face or ITV contacts with the child must be appropriate to the client need and the implementation of the individual family community support plan. A monthly face-to-face continues to be required when the youth is in out-of-home placement.

AMH-TCM case managers may meet with the member via face-to-face, ITV or telephone. Telephone contact may occur for up to two months before ITV or face-to-face contact must be made. It is best practice to see the person every month.

Non-Covered Services

The services listed below are not considered MH-TCM services:

- Treatment, therapy, or rehabilitation services
- Other types of case management (e.g., CAC, CADI, TBI, DD)
- Legal advocacy
- A diagnostic assessment
- Eligibility determination for MH-TCM
- Medication administration
- Services that are integral components of another service or direct delivery of an underlying medical, educational, social, or other service
- Transportation services

Payment Adjustments

Payment Reductions

Based on MHCP guidelines when certain mental services are furnished by a master's level provider a twenty percent (20%) reduction is applied to the allowed amount. Master's level providers may include:

- Clinical Nurse Specialist (CNS-MH)
- Licensed Independent Clinical Social Worker (LICSW)
- Licensed Marriage and Family Therapist (LMFT)
- Licensed Professional Clinical Counselor (LPCC)
- Licensed Psychologist (LP) master's Level
- Master's Level enrolled provider

Master's level reductions are not applied to mental health services when they are furnished:

- In a Community Mental Health Center (CMHC)
- By a Mental Health Practitioner qualified to work as a clinical trainee

Payment Enhancements

In addition to the master's level provider reduction, UCare also applies a legislated adjustment to specific mental health services when furnished by the providers listed below.

July 2007 through December 2024, the legislated adjustment was 23.7%.
Effective January 2025, the legislated adjustment is 11.85%.

- Psychiatrists;
- Advance Practice Nurses;
    - Clinical Nurse Specialist

  - Nurse Practitioner
- Community Mental Health Centers;
- Mental health clinics and centers certified under Rule 29 and designated by the Minnesota Department of Mental Health as an essential community provider;
- Hospital outpatient psychiatric departments designated by the Minnesota Department of Mental Health as an essential community provider; and
- Children's Therapeutic Services and Supports (CTSS) providers for services identified as CTSS in the DHS mental health procedure CPT or HCPCs codes and rates chart.

Information on UCare fee schedule updates can be found in the UCare Provider Manual.

BILLING REQUIREMENTS AND DIRECTIONS

Outlined below is information regarding billing of Adult and Children's Mental Health Targeted Case Management Services:

- Submit MH-TCM services using the MN-ITS 837P format or the electronic equivalent.
- Do not enter a treating provider NPI on each service line.
- Use only the HCPCS codes and modifiers as outlined above.
- When multiple teams provide services concurrently, each team may submit a claim
- Counties and county-contracted vendors, bill one claim per month
- Indian Health Service/638 – bill one claim per encounter. Enter the date of service
- MH-TCM and ACT - UCare will reimburse MHC-TCM and ACT services concurrently only during the month of admission to, or discharge from ACT services. To receive payment for the month of admission, append modifier -99 to the line item and enter the ACT admission date in the "comments" field of the 837P.
- AMH-TCM and RSC: Relocation service coordination (RSC) is a case management service available to members in a facility (inpatient hospital). RSC and MH-TCM cannot be provided in the same month to the same member. Counties may elect to provide only one of these services.
- MH-TCM and Institutions of Mental Disease (IMD) – Reimbursement for MH-TCM may be available for individuals covered by major program IM.

Interactive Video (ITV) Billing

Providers must have a Targeted Case Management Provider Interactive Video Assurance Statement (DHS-8398) on their provider file to bill claims for services provided via ITV. Services provided via ITV have the same service thresholds, reimbursement rates and authorization requirements as services delivered in-person. When services have been delivered via ITV, the appropriate place of service must be provided.

- Place of service 02: ITV contact provided other than the client's home. The client is not located in their home when receiving MH-TCM service through ITV.
- Place of service 10: ITV contact provided in the client's home. The client is in their home when receiving MH-TCM service through ITV.

UCare does not reimburse for connection charges, or origination, set-up, or site fees.

PRIOR AUTHORIZATI0N, NOTIFICATION, AND THRESHOLD INFORMATION

Prior Authorization, Notification, and Threshold Requirements

UCare does update authorization, notification, and threshold requirements from time-to-time. The most current prior authorization requirements can be found here.

RELATED PAYMENT POLICY INFORMATION

OUTLINED BELOW ARE OTHER POLICIES THAT MAY RELATE TO THIS POLICY AND/OR MAY HAVE AN IMPACT ON THIS POLICY.

POLICY NUMBER	POLICY TITLE
SC14P0021A4	Assertive Community Treatment (ACT)

SOURCE DOCUMENTS AND REGULATORY REFERENCES

LISTED BELOW ARE LINKS TO CMS, MHCP, AND STATUTORY AND REGULATORY REFERENCES USED TO CREATE THIS POLICY.

MHCP Provider Manual, Mental Health Services, Adult Mental Health Targeted Case Management, and Children's Mental Health Targeted Case Management

DHS MHCP Procedure CPT® or HCPCS Codes and Rates List

MN Statutes 245.461 to 245.468 Minnesota Comprehensive Adult Mental Health Act
MN Statutes 245.462 subd. 4 Adult Case Manager Qualifications
MN Stats. 245.4871, subd. 4 Children's Case Manager Qualifications
MN Statutes 245.462 Definitions
MN Statutes 256B.0625, subd. 20 Mental Health Case Management
MN Statutes 256G Minnesota Unitary Residence and Financial Responsibility Act

MN Statutes 245.487 to 245.4887 MS 245.487 to 245.4887 Minnesota Comprehensive Children's Mental Health Act
Minnesota Rules 9520.0900 to 9520.0926 Case Management for Children with SED
Minnesota Rules 9505.0322 Mental Health Case Management Services

DISCLAIMER

"Payment Policies assist in administering payment for UCare benefits under UCare's health benefit Plans. Payment Policies are intended to serve only as a general reference resource regarding UCare's administration of health benefits and are not intended to address all issues related to payment for health care services provided to UCare members. When submitting claims, all providers must first identify member eligibility, federal and state legislation, or regulatory guidance regarding claims submission, UCare provider participation agreement contract terms, and the member-specific Evidence of Coverage (EOC) or other benefit document. In the event of a conflict, these sources supersede the Payment Policies. Payment Policies are provided for informational purposes and do not constitute coding or compliance advice. Providers are responsible for submission of accurate and compliant claims. In addition to Payment Policies, UCare also uses tools developed by third parties, such as the Current Procedural Terminology (CPT®*), InterQual guidelines, Centers for Medicare and Medicaid Services (CMS), the Minnesota Department of Human Services (DHS), or other coding guidelines, to assist in administering health benefits. References to CPT® or other sources in UCare Payment Policies are for definitional purposes only and do not imply any right to payment. Other UCare Policies and Coverage Determination Guidelines may also apply. UCare reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary and to administer payments in a manner other than as described by UCare Payment Policies when necessitated by operational considerations."