

EVH Clinical Guideline 2729.CC for Targeted Case Management

Guideline Number: EVH_CG_2729.CC	<u>Applicable Codes</u>	
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STATEMENT

General Information

- *It is an expectation that all members receive care/services from a licensed clinician. All appropriate supporting documentation, including recent pertinent office visit notes, laboratory data, and results of any special testing must be provided. If applicable: All prior relevant imaging results and the reason that alternative imaging cannot be performed must be included in the documentation submitted.*
- *Where a specific clinical indication is not directly addressed in this guideline, medical necessity determination will be made based on widely accepted standard of care criteria. These criteria are supported by evidence-based or peer-reviewed sources such as medical literature, societal guidelines, and state/national recommendations.*
- *The guideline criteria in the following sections were developed utilizing evidence-based and peer-reviewed resources from medical publications and societal organization guidelines as well as from widely accepted standard of care, best practice recommendations.*

INDICATIONS

CountyCare considers **Targeted Case Management** medically necessary when **ALL** of the following indications are met ^(1,2):

- The member requires treatment for a mental health diagnosis (as specified in 59 ILAC 132.25) recognized by the current edition of the Diagnostic & Statistical Manual of Mental Disorders
- The member exhibits recent significant disturbance in mood, thought, or behavior interfering with independent and appropriate function of activities of daily life
- The member is at risk for recurrent psychiatric hospitalization or institutionalization as indicated by at least one of the following:
 - The member has had two or more inpatient hospitalizations in past two years
 - The member has had a crisis and/or required emergency services intervention at least twice in the past two years
 - The member has received residential treatment for more than six months in duration in the past 12 months
 - The member has experienced chronic homelessness or unstable housing in the past six months
 - The member has experienced two or more years of serious and persistent psychiatric impairment
 - The member is transitioning out of recent incarceration
- The member is able to actively participate in therapeutic interventions and shows potential for symptom improvement or symptom management following therapeutic



services.

LIMITATIONS

- The member must not be receiving case management services under a home and community-based service waiver
- The member must not currently be hospitalized or under the care of a nursing home
- The member must not currently be admitted to an intermediate care facility for the developmentally disabled
- The member must not receive more than 240 total hours of targeted case management services per State fiscal year per individual (not per provider)

CODING AND STANDARDS

Codes

Code	Description
T1016	Case Management, each 15 minutes

Applicable Lines of Business

<input type="checkbox"/>	CHIP (Children's Health Insurance Program)
<input type="checkbox"/>	Commercial
<input type="checkbox"/>	Exchange/Marketplace
<input checked="" type="checkbox"/>	Medicaid
<input type="checkbox"/>	Medicare Advantage

BACKGROUND

Case management improves care and contains costs by having one party manage or coordinate all care delivered to a member that has certain complex illnesses or injuries, including mental and behavioral health issues. Targeted case management applies to a specific population subgroup.

Case management may include (not an exhaustive list):

- Evaluation of a condition
- Development and implementation of a plan of care
- Coordination of medical resources
- Appropriate communication to all parties (e.g., patient, provider, family members)

POLICY HISTORY

Date	Summary
November 20, 2025	<ul style="list-style-type: none"> ● This guideline replaces PA.234.CC Targeted Case Management ● Annual Review - Editorial changes to match the formatting and layout of the new template; added in-text citations; minor update to Indications; formatting updates throughout the guideline; replaced outdated References with updated References

LEGAL AND COMPLIANCE

Guideline Approval

Committee

Reviewed / Approved by Evolent Administrative Services Medical Policy Committee

Disclaimer

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This guideline is the proprietary information of Evolent. Any sale, copying, or dissemination of said policies is prohibited.

REFERENCES

1. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision*. 5th ed.; 2022.
2. Illinois Administrative Code. *TITLE 59: MENTAL HEALTH*. ILGA.gov; 2024.