

## POLICY AND PROCEDURE MANUAL

Policy Number: PA.234.CC Last Review Date: 11/16/2023 Effective Date: 12/01/2023

# **PA.234.CC Targeted Case Management**

CountyCare considers **Targeted Case Management** medically necessary for the following indications:

 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,

### AND

2. The member exhibits recent significant disturbance in mood, thought, or behavior interfering with independent and appropriate function of activities of daily life,

### **AND**

- 3. 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 vears, OR
  - b. The member has had a crisis and/or required emergency services intervention at least twice in the past two years, OR
  - c. The member has received residential treatment for more than six months in duration in the past 12 months, OR
  - d. The member has experienced chronic homelessness or unstable housing in the past six months, OR
  - e. The member has experienced two or more years of serious and persistent psychiatric impairment, OR
  - f. The member is transitioning out of recent incarceration.

### **AND**

 The member is able to actively participate in therapeutic interventions and shows potential for symptom improvement or symptom management following therapeutic services.



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#### Limitations

- 1. 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
- 3. The member must not currently be admitted to an intermediate care facility for the developmentally disabled
- 4. The member must not receive more than 240 total hours of targeted case management services per State fiscal year per individual (not per provider).

## **Background**

Case management improves care and contains costs by having one party manage or coordinate all care delivered to a patient 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)

## Codes

Code	Description
T1016	Case Management, each 15 minutes

Note: This code is not covered by Medicare

### References

- Dieterich M, Irving CB, Park B, Marshall M. Intensive case management for severe mental illness. Cochrane Database of Systematic Reviews 2010, (verified by Cochrane 2011 Feb), Issue 10. Art. No.: CD007906. DOI: 10.1002/14651858.CD007906.pub2.
  - https://pubmed.ncbi.nlm.nih.gov/20927766/
- Fraser K. The standards of practice for case management. [Internet] Case Management Society of America. 2016. <a href="https://www.abqaurp.org/DOCS/2016%20CM%20standards%20of%20practice.pdf">https://www.abqaurp.org/DOCS/2016%20CM%20standards%20of%20practice.pdf</a>
- 3. MCG 21st Edition. Behavioral Health Care > Therapeutic Services and Testing Procedures > Targeted Case Management (B-814-T).
- 4. Optum 360. HCPCS Code Detail T1016.
- 5. United States Department of Housing and Urban Development. Definition of



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Homelessness: Resources and Guidance. March, 2019.

https://www.hudexchange.info/news/huds-definition-of-homelessness-resources-and-guidance/

#### Disclaimer

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