POLICY AND PROCEDURE MANUAL

Policy Number: PA.234.CC
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PA.234.CC Targeted Case Management

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

1. 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:
    a. The member has had two or more inpatient hospitalizations in past two years, 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

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

Limitations

1. The member must not be receiving case management services under a home and community-based service waiver;
2. 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

1. 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/
2. Fraser K. The standards of practice for case management. [Internet] Case Management Society of America. 2016. https://www.abqaurp.org/DOCS/2016%20CM%20standards%20of%20practice.pdf
3. MCG 27th 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

Homelessness: Resources and Guidance. March, 2019. https://www.hudexchange.info/news/huds-definition-of-homelessness-resources-and-guidance/

Disclaimer

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