



Targeted Case Management Policy

Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Molina Healthcare's reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In a conflict, federal and state guidelines, as applicable, and the member's benefit plans supersede the information in this policy. Also, to the extent of conflicts between this policy and the provider contract language, the Provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval. If there is a state exception, please refer to the state exception table listed below.

Overview

Case management consists of services which help beneficiaries gain access to needed medical, social, educational, and other services.

Case managers assist with patient services through assessment, providing person centered service plans, referrals for services, monitoring/follow-up, and person-to-person contact. Additional services include but are not limited to:

- Assistance with navigating the service system and gaining access to services
- Coordination of services using multiple service providers and agencies; establishing crisis plans to meet the health and safety needs of the consumers served
- Securing and managing funding for services
- Working with the individual, their parent(s)/guardian; other members of the service team to develop an individualized integrated care plan
- Coordination and monitoring of ongoing services; monitoring progress toward goals in the care plan as well as the health and safety of each consumer served
- Monitoring the individual to assess the health, safety and wellbeing of the individual

Targeted case management services are those aimed specifically at special groups of enrollees such as those with developmental disabilities or chronic mental illness, described by each state plan.

Reimbursement Guidelines

Targeted Case Management is billable with HCPCS T1017, in billable units of 15 continuous minutes. Providers must not bill for targeted case management services provided before the establishment of a diagnosis of mental illness and the authorization of services. Case management should be documented and billed as a separate service from any other therapeutic service. For reimbursement, refer to applicable state regulatory guidance for billing instructions, program usage, limitations, and patient qualifications for targeted case management. Where state guidance is not present, CMS guidelines will prevail for this policy, however, to the extent of conflicts between this policy and the provider contract language, the Provider contract language will prevail. Molina Healthcare retains the authority to deny, review, audit, and recoup claims based on medical necessity as outlined in the above policy.

Supplemental Information

Definitions

Term	Definition
CMS	The Centers for Medicare & Medicaid Services. It is a federal agency within the United States Department of Health and Human Services that administers the Medicare program and works in partnership with state governments to administer Medicaid, the Children's Health Insurance Program (CHIP), and health insurance portability standards.
CPT	Used by outpatient hospital facilities, inpatient and outpatient dialysis centers, ambulatory surgery centers, physician offices and physicians and clinicians in all settings. CPT codes are utilized to report the majority of procedures on claims that are submitted.
HCPCS	Used by outpatient hospital facilities, inpatient and outpatient dialysis centers, ambulatory surgery centers and physician offices. Alphanumeric HCPCS codes are used to report various biologicals, drugs, devices, supplies, and certain services.

State Exceptions

State	Exception
GA	<p>Georgia Medicaid reimburses code T2023 for Targeted Case Management (modifiers where applicable) for Adult Protective Services and Adults with AIDS programs. Only one service procedure code may be billed each calendar month. Since services must be completed prior to billing and services may span several days during the month, the last day of the calendar month must be submitted as the billing date on claims in the event of multiple types of targeted case management, only one type will be reimbursed during the calendar month for each member. System edits provide that the first claim submitted will be paid, and later claims for a different type of targeted case management during the same month of service will be denied.</p> <p>T2022 is reimbursed for At Risk of Incarceration Targeted Case Management. These codes are to be billed once per month. Only one procedure code or unit of service may be billed each calendar month per member. Since services must be completed prior to billing and services may span several days during the month, services should be billed from the first (1st) day of the month to the last day of the month.</p>

Documentation History

Type	Date	Action
Effective Date	02/17/2025	New Policy
Revised Date		

References

This policy was developed using.

- CMS
- State Medicaid Regulatory Guidance
- State Contracts

Reference	Link
Arizona Care Cost Containment System-Covered Behavioral Health Services Guide-	AMPM Policy 1640
California- Local Educational Agency (LEA) Service: Target Case Management	Local Educational Agency (LEA) Service: Targeted Case Management (loc ed serv targ)
California- Every Woman Counts	Every Woman Counts (ev woman)
California-JI Pre-Release Services	Justice-Involved (JI) Pre-Release Services (just inv)
Florida- Child Health Services Targeted Case Management Coverage and Limitations	CHS Targeted Case Management Coverage and Limitations Handbook June 2012.pdf
Georgia Medicaid Management Information System- Provider Manual- Part 2: Policies and Procedures for Adult Protective Services Targeted Case Management	Adult Protective Services Target Case Management -Q1-Jan 2025 20250103114552.pdf
Georgia Medicaid Management Information System- Provider Manual- Part 2: Policies and Procedures for Adults with AIDS Targeted Case Management	Adults with AIDS Targeted Case Management- Q1- January 2025 20250103114924.pdf
Georgia Medicaid Management Information System- Provider Manual- Part 2: Policies and Procedures for At Risk of Incarceration Targeted Case Management	At Risk of Incarceration Targeted Case Management- Q1-Jan 2025 20250103114637.pdf
Iowa Department of Human Services- Provider Manual- Targeted Case Management, Case Management, and Care Coordination	CaseMgm (1).pdf

Kentucky Administrative Regulations-Title 907-Chapter 015-Regulation 040	Title 907 Chapter 15 Regulation 040 • Kentucky Administrative Regulations • Legislative Research Commission
Kentucky Administrative Regulations-Title 907-Chapter 015-Regulation 045	Title 907 Chapter 15 Regulation 045 • Kentucky Administrative Regulations • Legislative Research Commission
Massachusetts-MassHealth-Administrative Bulletin 23-16- Addition of a Certain Targeted Case Management Code	download
Michigan Department of Human and Health Services-Medicaid Provider Manual-Section 2.10-Targeted Case Management (TCM)-Pupils with an IEP or ISFP Only	MedicaidProviderManual.pdf
Nevada Medicaid-Provider Type 54 Billing Guide-Targeted Case Management	NV BillingGuide_PT54
Ohio Department of Medicaid	Targeted Case Management Medicaid
South Carolina Department of Health and Human Services-Healthy Connections Medicaid-Medicaid Targeted Case Management (MTCM) Provider Manual	Report (Vertical)
Texas Medicaid Provider Procedures Manual-Behavioral Health and Case Management Services Handbook-Section 5.2.2	2 02 Behavioral Health.fm
Utah Medicaid Provider Manual-Targeted Case Management for Early Childhood	Utah Medicaid Official Publications - Medicaid: Utah Department of Health and Human Services - Integrated Healthcare
Utah Medicaid Provider Manual- Targeted Case Management for Individuals with Serious Mental Illness	Utah Medicaid Official Publications - Medicaid: Utah Department of Health



	and Human Services - Integrated Healthcare
Virginia Medicaid- Provider Manual: Mental Health Services	MHS - Chapter 4 (updated 11.15.24) Final.pdf
Virginia Medicaid- Provider Manual: Mental Health Services	MHS - Appendix I (updated 8.28.24) Final.pdf
Wisconsin-Forward Heath-	Online Handbook Display