

CABINET FOR HEALTH AND FAMILY SERVICES DEPARTMENT FOR MEDICAID SERVICES

Steven L. Beshear Governor

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Lisa D. Lee Commissioner

February 5, 2015

TO: Medicaid Providers

Community Mental Health Centers (30) – Provider Letter #A-100

RE: Targeted Case Management

Dear Community Mental Health Center (CMHC) Provider:

The Department for Medicaid Services (DMS) promulgated new regulations for Targeted Case Management (TCM) services that were effective September 16, 2014. These regulations include: 907 KAR 15:040E, 907 KAR 15:045E, 907 KAR 15:050E, 907 KAR 15:055E, 907 KAR 15:060E, and 907 KAR 15:056E. This communication is designed to provide clarification to your agency regarding some of the changes contained in these regulations.

Your agency should discontinue the use of your old TCM provider numbers (Provider Type 27 and 28) and the procedure code T2022 by March 1, 2015. DMS will discontinue these provider types and the T2022 procedure codes effective close of business on June 30, 2015. Should you have any questions or concerns regarding resubmittal of previously paid claims, please contact the appropriate Managed Care Organization (MCO). Your agency should bill TCM services through your Provider Type 30 number. All TCM services are limited to one (1) unit per member, per month. Below, please find the established rates and modifiers for TCM services provided through traditional Medicaid:

Procedure Code	Code Description	Modifier	Established Rate
T2023	Targeted Case Management – Individuals with Substance Use Disorder as defined in 907 KAR 15:040E, per month	HF	\$334.00
T2023	Targeted Case Management – Individuals with co- occurring Severe Mental Illness (SMI), Severe		\$541.00



T2023	Targeted Case Management – Individuals with Severe Emotional Disability (SED) as defined in 907 KAR 15:060E, per month	UA	\$334.00
T2023	Targeted Case Management – Individuals with Severe Mental Illness (SMI) as defined in 907 KAR 15:060E, per month	HE	\$334.00

These regulations limit a TCMs caseload to a total of 25 clients regardless of services being provided. The only services that may be provided and not counted toward the caseload include crisis services and screenings. Based on input from the Kentucky Association of Regional Mental Health-Mental Retardation Programs (KARP), DMS is allowing a transitional period to allow your agency to come into compliance with the regulatory caseload limitation. Your agency shall comply with the 25 client caseload limitation no later than October 1, 2015.

DMS has received inquiries regarding the denial of claims when the Place of Service (POS) billing code 99 is used. Per the provider letter sent to your agency on June 3, 2014 POS codes 27, 28 and 99 are no longer valid for reimbursement. The appropriate POS codes for your agency include:

03 – School	13 – Assisted Living Facility	33 - Personal Care Home
04 – Homeless Shelter	14 – Group Home	53 - Community Mental Health
11 – Office	15 – Mobile Crisis	Center
12 – Home	18 – Worksite	

You may download a copy of this letter from http://www.chfs.ky.gov/NR/rdonlyres/176FE780-1281-439E-BDFC-2F19585364F7/0/CMHCProviderLetterA972.pdf

Additionally, DMS has received numerous inquiries regarding the provision of TCM to a client who is also receiving case management from one of the Medicaid Waiver Programs. The Centers for Medicare and Medicaid Services have determined this constitutes as a duplication of service. If a client is actively participating in one of the Kentucky Medicaid Waiver Programs, TCM services shall not be provided in addition to waiver case management. If your agency has clients in the TCM and Kentucky Medicaid Waiver Programs, your agency should transition all case management duties to the waiver case manager no later than March 1, 2015.

Should you have any questions regarding this information, please email DMS at DMS.issues@ky.gov.

Sincerely,

Lisa D. Lee, Commissioner

cc: Mary Begley, Commissioner, Department for Behavioral Health, Intellectual and Developmental Disabilities

LDL/KEH