106 Targeted Case Management

Case management services are services that assist eligible individuals in gaining access to needed medical, social, educational and other services. Targeted Case Management (TCM) services assist specific eligible recipients, or targeted individuals, to access other services.

Targeted Case Management services may be provided to recipients who reside in their own home, the household of another, or in a supervised residential setting. No case management services will be provided to recipients in a hospital, skilled nursing facility, intermediate care facility, prison, jail, or other total care environment.

Targeted Case Management services are provided to eligible recipients in the following eight target groups:

Target Group	***Recipients***	***Description***
Target Group 1	Mentally ill adults	Medicaid-eligible individuals age 18 and over who have been diagnosed with mental illness
Target Group 2	Mentally retarded adults	Medicaid-eligible individuals age 18 and over who have been diagnosed with mental retardation
Target Group 3	Handicapped children	Medicaid-eligible individuals age 0-21 who are considered handicapped
Target Group 4	Foster children	Medicaid-eligible individuals age 0-21 who are in the care, custody, or control of the state of Alabama
Target Group 5	Pregnant women	Medicaid-eligible women of any age in need of maternity services
Target Group 6	AIDS/HIV-positive individuals	Medicaid-eligible individuals of any age who have been diagnosed as having AIDS or being HIV-positive
Target Group 7	Adult protective service individuals	Medicaid-eligible individuals age 18 and over who are at risk of abuse, neglect, or exploitation
Target Group 8	Technology Assisted (TA) Waiver for Adults	Medicaid-eligible individuals age 21 and over who meet the eligibility criteria for the TA Waiver

The policy provisions for TCM providers can be found in the *Alabama Medicaid Agency Administrative Code,* Chapter 40.

106.1 Enrollment

Providers will submit a written request to the LTC Program Management Unit for enrollment to the Targeted Case Management (TCM) Services Program. The request must contain the TCM target group to be covered: the name, address, and phone number of the provider agency; the name, address, and phone number of the payee (if different from the provider); the name and phone number of the contact person; and the tax ID number of the payee.

Subcontract providers must have a contract with the primary provider. A copy of this contract will be submitted with the request to enroll as a TCM provider.

A memo will be forwarded to the LTC Provider/Recipient Services Unit with the assigned NPI, procedure code, and rate with the enrollment request information. The Provider/Recipient Services Unit will submit a request to load the pricing file on Level I or Level III, as appropriate, to the Fiscal Agent Liaison. The Fiscal Agent Liaison will load the information to the pricing file and submit the provider file to HP for enrollment.

The LTC Provider/Recipient Services Unit will notify the Program Management Unit when the enrollment process has been completed. The LTC Program Management Unit will notify the provider in writing of the effective date of enrollment.

Refer to Chapter 2, Becoming a Medicaid Provider, for general enrollment instructions and information. Failure to provide accurate and truthful information or intentional misrepresentation might result in action ranging from denial of application to permanent exclusion.

National Provider Identifier, Type, and Specialty

A provider who contracts with Alabama Medicaid as a TCM provider is added to the Medicaid system with the National Provider Identifiers provided at the time application is made. Appropriate provider specialty codes are assigned to enable the provider to submit requests and receive reimbursements for case management-related claims.

NOTE:

The 10-digit NPI is required when filing a claim.

TCM providers are assigned a provider type of 21 (Targeted Case Management). Valid specialties for TCM providers include the following:

- Mentally Ill Adults (209)
- Mentally Retarded Adults (229)
- Handicapped Children (650)
- Foster Child (217)
- Pregnant Women (210)
- AIDS/HIV Positive Individuals (211)
- Adult Protective Services (640)
- Technology Assisted (TA) Waiver Eligible Adults (590)

Enrollment Policy for TCM Providers

To participate in the Alabama Medicaid Program, Targeted Case Management providers must meet the following requirements:

- Demonstrate the capacity to provide the core elements of case management, including assessment, care and services plan development, linking and coordination of services, and reassessment and follow-up
- Demonstrate case management experience in coordinating and linking community resources as required by the target population
- Demonstrate experience with the target population
- Provide the administrative capacity to ensure quality of services in accordance with state and federal requirements
- Maintain a financial management system that provides documentation of services and costs
- Demonstrate the capacity to document and maintain individual case records in accordance with state and federal requirements
- Demonstrate the ability to ensure a referral process consistent with Section 1902(a)23 of the Social Security Act, freedom of choice of provider
- Demonstrate the capacity to meet the case management service needs of the target population
- Provide an approved training program certified by Medicaid to address the needs and problems of the recipients served
- Provide a quality assurance program for case management services approved and certified by Medicaid. The quality assurance program includes record reviews at a minimum of every six months.
- Fully comply with Title VI and VII of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and the Americans with Disabilities Act of 1990
- Fully comply with applicable federal and state laws and regulations

106.1.1 Minimum Qualifications for Individual Targeted Case Managers

Individual Targeted Case Managers must meet the following minimum educational qualifications:

- Possess a Bachelor of Arts or a Bachelor of Science degree, preferably in a human services related field or social work program
- Possess certification as a registered nurse

Individual Targeted Case Managers for Pregnant Women (Target Group 5), and AIDS/HIV-Positive Individuals (Target Group 6), must have a Bachelor of Arts or Bachelor of Science degree in social work from a school accredited by the Council on Social Work Education.

Individual Case Managers for Foster Children (Target Group 4) and Adult Protective Service individuals (Target Group 7) must be employed by DHR and meet the following qualifications:

- Possess a Bachelor of Arts or a Bachelor of Science degree, preferably in a human service field, or
- Possess certification as a registered nurse

In addition to the minimum educational requirements, Targeted Case Managers must complete training in a case management curriculum approved by Medicaid and other applicable state agencies. Specific requirements for each target group are listed in the following paragraphs.

106.1.2 Minimum Qualifications for Each Target Group

Minimum Qualifications for Target Group 1 Providers

TCM providers for Mentally Ill Adults (Target Group 1) must meet the minimum educational qualifications listed in Section 106. 1.1 and must complete training in a case management curriculum approved by Medicaid and the Department of Mental Health and Mental Retardation.

TCM providers for Mentally Ill Adults (Target Group 1) must be Regional Boards incorporated under Act 310 of the 1967 Alabama Acts & Comprehensive Community Health Centers. TCM providers for Mentally Ill Adults must be certified and provide services through a contract with the Department of Mental Health and Mental Retardation.

Minimum Qualifications for Target Group 2 Providers

TCM providers for Mentally Retarded Adults (Target Group 2) must meet the minimum educational qualifications listed in Section 106. 1.1 and must complete training in a case management curriculum approved by Medicaid and the Alabama Department of Mental Health and Mental Retardation.

TCM providers for Mentally Retarded Adults (Target Group 2) must be either Regional Boards incorporated under Act 310 of the 1967 Alabama Acts & Comprehensive Community Health Centers who have demonstrated the ability to provide targeted case management services directly, or the Alabama Department of Mental Health and Mental Retardation (DMH/MR). Providers must be certified by the Alabama DMH/MR.

Minimum Qualifications for Target Group 3 Providers

TCM providers for Handicapped Children (Target Group 3) must meet the minimum qualifications listed in Section 106.1.1 and must complete training in a case management curriculum approved by Medicaid.

Minimum Qualifications for Target Group 4 Providers

TCM providers for Foster Children (Target Group 4) must meet the minimum educational qualifications listed in Section 106.1.1 and must complete training in a case management curriculum approved by Medicaid.

Minimum Qualifications for Target Groups 5 and 6 Providers

TCM providers for Pregnant Women (Target Group 5) and AIDS/HIV-Positive Individuals (Target Group 6) must meet the minimum qualifications listed in Section 106.1.1 and must complete training in a case management curriculum approved by Medicaid.

Minimum Qualifications for Target Group 7 Providers

TCM providers for Adult Protective Services (Target Group 7) must meet the minimum educational qualifications listed in Section 106.1.1 and must complete training in a case management curriculum approved by Medicaid.

Targeted Case Management Service Providers for Adult Protective Service Individuals (Target Group 7) must demonstrate experience with the target population in investigating abuse, neglect, or exploitation in domestic settings and in providing follow-up services to victims of abuse, neglect, or exploitation.

Minimum Qualifications for Target Group 8 Providers

TCM providers for Technology Assisted Waiver eligible adult individuals ((Target Group 8) must meet the minimum qualifications listed in Section 106.1.1 and must complete training in a case management curriculum approved by Medicaid.

106.2 Benefits and Limitations

This section describes benefits and limitations for Targeted Case Management providers. It contains the following subsections:

- Core Elements of Targeted Case Management
- Target Group Definitions
- Documentation Requirements
- Limitations

106.2.1 Core Elements of Targeted Case Management

Case management services assist Medicaid-eligible recipients in gaining access to needed medical, social, educational, and other services. The case manager provides these services through telephone contact with recipients, face-to-face contact with recipients, telephone contact with collaterals, or face-to-face contact with collaterals. Collaterals are the Medicaid-eligible client's immediate family and/or guardians, federal, state, or local service agencies (or agency representatives), and local businesses who work with the case manager to assist the recipient.

Targeted Case Management services consist of the following six core elements, which are defined in the paragraphs that follow:

- Needs assessment
- Case planning
- Service arrangement
- Social support
- Reassessment and follow-up
- Monitoring

Needs assessment

A TCM provider performs a written comprehensive assessment of the recipient's assets, deficits, and needs. The TCM provider gathers the following information:

- Identifying information
- Socialization and recreational needs
- Training needs for community living
- Vocational needs
- Physical needs
- Medical care concerns
- Social and emotional status
- Housing and physical environment
- Resource analysis and planning

Case planning

TCM providers must develop a systematic, recipient-coordinated plan of care that lists the actions required to meet the identified needs of the recipient based on the needs assessment. The plan is developed through a collaborative process involving the recipient, his family or other support system, and the case manager. It must be completed in conjunction with the needs assessment within the first 30 days of contact with the recipient.

Service arrangement

Through linkage and advocacy, the case manager coordinates contacts between the recipient and the appropriate person or agency. These contacts may be face to face, phone calls, or electronic communication.

Social Support

Through interviews with the recipient and significant others, the case manager determines whether the recipient possesses an adequate personal support system. If this personal support system is inadequate or nonexistent, the case manager assists the recipient in expanding or establishing such a network through advocacy and linking the recipient with appropriate persons, support groups, or agencies.

Reassessment and Follow-up

Through interviews and observations, the case manager evaluates the recipient's progress toward accomplishing the goals listed in the case plan at intervals of six months or less. In addition, the case manager contacts persons or agencies providing services to the recipient and reviews the results of these contacts, together with the changes in the recipient's needs shown in the reassessments, and revises the case plan if necessary.

Monitoring

The case manager determines what services have been delivered and whether they adequately meet the needs of the recipient. The plan of care may require adjustments as a result of monitoring.

106.2.2 Target Group Definitions

This section defines the eight target groups served by TCM providers.

Target Group 1 – Mentally Ill Adults

Target Group 1 consists of functionally limited individuals age 18 and over with multiple needs who require mental health case management. Such persons have a DSM-III-R diagnosis (other than mental retardation or substance abuse), impaired role functioning, and a documented inability to independently access and sustain involvement with needed services.

Target Group 2 – Mentally Retarded Adults

Target Group 2 consists of individuals who are 18 years of age or older with a diagnosis of mental retardation, as defined by the American Association of Mental Retardation (formerly AAMD). The individual's diagnosis must be determined by a Qualified Mental Retardation Professional (QMRP) and must include a primary determination of both intellectual and adaptive behaviors indicating the individual's primary problems are due to mental retardation. Such persons may have other or secondary handicapping conditions.

Target Group 3 – Handicapped Children

Target Group 3 consists of individuals, age 0-21 considered to be handicapped as defined in the following six subgroups:

- Mentally retarded/related conditions
- Seriously emotionally disturbed
- Sensory impaired
- Disabling health condition(s)
- Developmentally delayed
- Multi-handicapped

Mentally Retarded/Related Conditions

All recipients in this subgroup must be age 0-17. A recipient is considered mentally retarded when a diagnosis of mental retardation is determined. This determination must include a primary determination of both intellectual and adaptive behaviors indicating the individual's primary problems are due to mental retardation.

Recipients with related conditions are individuals who have a severe chronic disability described by all of the following criteria:

- Attributable to Cerebral palsy or epilepsy; or any other condition, other than mental illness, found to be closely related to mental retardation because this condition results in impairment of general intellectual functioning or adaptive behavior similar to that of mentally retarded persons, and requires treatment or services similar to those required for these persons
- Likely to continue indefinitely
- Results in substantial functional limitations in three or more of the following areas of major life activity:
  - Self-care
  - Understanding and use of language
  - Learning
  - Mobility
  - Self-direction or capacity for independent living

Seriously Emotionally Disturbed

A recipient is considered seriously emotionally disturbed if they meet at least one criterion from column 1, Mental Health Treatment History, or 2, Indicators or Mental Health Treatment Needs, and two criteria from column 3, Current Functioning Problem Areas.

Mental Health Treatment History	***Indicators of Mental Health Treatment Needs***	***Current Functioning***
Has undergone mental health treatment more intensive than outpatient care (emergency services or inpatient services) Has experienced structured, supportive residential treatment, other than hospitalization, for a total of at least two months in their lifetime Has been assigned to a program of psychotropic medication Has received mental health outpatient care for a period of at least six months, or for more than 20 sessions, or has been admitted for treatment on two or more occasions	Family history of alcohol or drug abuse Family history of mental health treatment Failure to thrive in infancy or early development indicated in medical records Victim of child abuse, neglect, or sexual abuse Pervasive or extreme acts of aggression against self, others, or property (homicidal or suicidal gestures, fire setting, vandalism, or theft) Runaway episode(s) of at least 24 hours' duration	Does not attend school (and has not graduated), is enrolled in a special education curriculum, or has poor grades Dysfunctional relationship with family and peers Requires help in basic, age-appropriate living skills Exhibits inappropriate social behavior Experiences serious discomfort from anxiety, depression, irrational fears, and concerns (indicated by serious eating or sleeping disorders, extreme sadness, or social isolation)

NOTE:

Consider current functioning problem areas of one-year duration or with substantial risk of over one year duration.

Sensory Impaired

Blind recipients have no usable vision after the best possible correction. They must rely on tactile and auditory senses to obtain information.

Partially sighted recipients have a visual acuity of 20/70 or less in the better eye with the best possible correction. They also have a peripheral field so restricted that it affects their ability to learn, or a progressive loss of vision which may in the future affect their ability to learn.

Deaf recipients have a hearing impairment that is so severe that they are impaired in processing linguistic information through hearing, with or without amplification. This impairment adversely affects educational performance.

Blind multihandicapped recipients have a visual impairment (either blind or partially sighted as defined above) and a concurring handicapping condition.

Deaf multihandicapped recipients have a hearing impairment (deaf as defined above) and a concurring handicapping condition.

Deaf-blind recipients have both hearing and visual impairments. The combination of sensory impairments causes such severe communication and other developmental and educational problems that the recipient cannot be properly accommodated in the educational programs offered by the Alabama School for the Blind or the Alabama School for the Deaf.

Disabling Health Condition(s)

Recipients are eligible for Targeted Case Management services if they have the following disabling conditions, which are severe, chronic, and physical in nature and require extensive medical and habilitative/rehabilitative services.

- Central nervous system dysraphic states such as spina bifida, hydranencephaly, and encephalocele
- Cranio-facial anomalies such as cleft lip and palate, Apert's syndrome, and Crouzon's syndrome
- Pulmonary conditions such as cystic fibrosis
- Neuro-muscular conditions such as cerebral palsy, arthrogryposis, and juvenile rheumatoid arthritis
- Seizure disorders such as those poorly responsive to anticonvulsant therapy and those of mixed seizure type
- Hematologic/immunologic disorders such as hemophilia, sickle cell disease, aplastic anemia, and agammaglobulinemia
- Heart conditions such as aortic coarctation, and transposition of the great vessels
- Urologic conditions such as extrophy of bladder
- Gastrointestinal conditions such as Hirschsprung's Disease, omphalocele, and gastroschisis

- Orthopedic problems such as clubfoot, scoliosis, fractures, and poliomyelitis
- Metabolic disorders such as panhypopituitarism
- Neoplasms such as leukemia, and retinoblastoma
- Multisystem genetic disorders such as tuberosclerosis, and neurofibromatosis

Developmentally Delayed

A child age birth to three years is eligible for TCM services if they are experiencing developmental delays greater than or equal to 25 percent as measured by appropriate diagnostic instruments and procedures in one or more of the following areas:

- Cognitive development
- Physical development, including vision and hearing
- Language and speech development
- Psychosocial development
- Self-help skills

A recipient is also eligible if they have been diagnosed with a physical or mental condition that has a high probability of resulting in a development delay.

Multihandicapped

An individual who has a combination of two or more handicapping conditions as described above is considered multi-handicapped. Each condition, if considered separately, might not be severe enough to warrant case management, but a combination of the conditions adversely affects development.

Target Group 4 – Foster Children

Target Group 4 consists of children age birth to 21 who receive preventive, protective family preservation or family reunification services from the State, or any of its agencies, as a result of State intervention or upon application by the child's parent(s), custodian(s), or guardian(s).

The group also consists of children age birth to 21 who are in the care, custody, or control of the State of Alabama, or any of its agencies, due to one of the following three situations.

- The judicial or legally sanctioned determination that the child must be protected by the State as dependent, delinquent, or a child in need of supervision as those terms are defined by the Alabama Juvenile Code, Title 12, Chapter 15, Code of Alabama 1975

- The judicial determination or statutorily authorized action by the State to protect the child from actual or potential abuse under the Alabama Juvenile Code, Title 26, Chapter 14, Code of Alabama 1975, or other statute
- The voluntary placement agreement, voluntary boarding house agreement, or an agreement for foster care, between the State and the child's parent(s), custodian(s), or guardian

Target Group 5 – Pregnant Women

Target Group 5 consists of Medicaid-eligible women of any age in need of maternity services.

Target Group 6 – AIDS/HIV-Positive Individuals

Target Group 6 consists of Medicaid-eligible individuals of any age who have been diagnosed with AIDS or are HIV-positive as evidenced by laboratory findings.

Target Group 7 – Adult Protective Service Individuals

Target Group 7 consists of individuals 18 years of age or older who meet either of the following criteria:

- At risk of abuse, neglect, or exploitation
- At risk of institutionalization due to their inability or their caretaker's inability to provide the minimum sufficient level of care in the home

Target Group 8 - Technology Assisted (TA) Waiver for Adults

Target Group 8 individuals consist of Medicaid eligible individuals age 21 and older, who meet the eligibility criteria for the Technology Assisted (TA) Waiver for Adults.

106.2.3 Documentation Requirements

The TCM provider must make available to Medicaid at no charge all information describing services provided to eligible recipients. The provider must also permit access to all records and facilities for the purpose of claims audit, program monitoring, and utilization review by duly authorized representatives of Federal and State agencies.

The TCM provider must maintain complete and accurate medical, psychiatric and fiscal records that fully disclose the extent of the service. The records shall be retained for three years plus the current year to substantiate that the services billed to Medicaid were actually delivered to the Medicaid recipient and to substantiate the charges billed to Medicaid. However, if audit, litigation, or other legal action by or on behalf of the state or federal government has begun but is not completed at the end of the three year period, the TCM provider must retain the records until resolution.

Record retention for TCM files will remain three years plus the current year. Records for TCM provided through waivers shall be retained for three years during the initial waiver period and five years after renewal of the waivers.

Provider's records must contain the following information:

- Name of recipient
- Dates of service
- Name of provider agency and person providing services
- Nature, extent, or units of services provided
- Place of service

TCM providers must maintain the following documentation in the recipient's record when billing for Foster Children (Target Group 4) and Adult Protective Service Individuals (Target Group 7):

- A current comprehensive service plan that identifies the medical, nutritional, social, educational, transportation, housing and other service needs that have not been adequately accessed
- A time frame to reassess service needs

Services must consist of at least one of the following activities:

- Establishment of a comprehensive case file for development and implementation of an individualized service plan to meet the assessed service needs of -the recipient
- Assistance for the recipient in locating needed service providers and making the necessary linkages to assure the receipt of services identified in the service plan
- Assessment of the recipient and service providers to determine that the services received are adequate in meeting the identified needs
- Reassessment of the recipient to determine services needed to resolve any crisis situation resulting from changes in the family structure, living conditions, or other events

Social Services Work Sampling Study

For Target Group 4 (Foster Children) and Target Group 7 (Adult Protective Service Individuals), reimbursement rates are based on cost as determined by the quarterly Social Services Work Sampling Study. Rates will be adjusted annually based on the results of the previous four quarters. Random Moment Sampling may not be used as a method of documenting services provided to recipients. The Work Sampling Study must provide an audit trail that identifies each client whose case is included in the data used for rate formulation and identifies that services have been provided.

106.2.4 Limitations

For Target Group 4 (Foster Children) and Target Group 7 (Adult Protective Service Individuals), an encounter rate consisting of a maximum of one unit of case management services will be reimbursed per month for each eligible recipient receiving case management services. A unit of case management service consists of at least one telephone or face-to-face contact with the recipient, a family member, significant other, or agency from which the client receives or may receive services.

For all other target groups, a unit of service is reimbursed in increments of five minutes.

The case manager must document all contacts in the recipient's record. Contacts must be for the coordination of services for a specific identified recipient.

Recipients receiving case management services through a waiver are not eligible for targeted case management.

Case management services for mentally retarded adults are provided to individuals with a diagnosis of mental retardation who are 18 years of age or older.

Case management services for all other target groups are not limited to a maximum number of hours per calendar year.

106.3 Prior Authorization and Referral Requirements

TCM procedure codes generally do not require prior authorization, except for the target groups noted below.

TCM providers must obtain prior authorization from HP to avoid duplicate payments for targeted case management services in the following target groups:

- Handicapped Children (Target Group 3)
- Foster Children (Target Group 4)

Direct all inquiries and requests relating to prior authorization for a specific target group to HP' Provider Communication Unit at 1(800) 688-7989.

Interagency Transfers

If a recipient in a target group requiring prior authorization requests to change case managers from one agency to another, the TCM provider must complete a Request for Interagency Transfer form. This form authorizes HP to reassign the prior authorization number to the receiving agency providing the continuation of case management services. Obtain the Request for Interagency Transfer forms from the Alabama Medicaid Agency, 501 Dexter Avenue, P.O. Box 5624, Montgomery, AL 36103-5624.

106.4 Cost Sharing (Copayment)

The copayment does not apply to services provided for targeted case management.

106.5 Completing the Claim Form

To enhance the effectiveness and efficiency of Medicaid processing, providers should bill Medicaid claims electronically.

➢Electronic claims submission can save you time and money. The system alerts you to common errors and allows you to correct and resubmit claims online.

TCM providers who bill Medicaid claims electronically receive the following benefits:

- Quicker claims processing turnaround
- Ability to immediately correct claim errors
- Online adjustments capability
- Enhanced access to eligibility information

Refer to Appendix B, Electronic Media Claims Guidelines, for more information about electronic filing.

NOTE:

When filing a claim on paper, a CMS-1500 claim form is required. Medicare-related claims must be filed using the Medical Medicaid/Medicare Related Claim Form.

This section describes program-specific claims information. Refer to Chapter 5, Filing Claims, for general claims filing information and instructions.

106.5.1 Time Limit for Filing Claims

Medicaid requires all claims for TCM providers to be filed within one year of the date of service. Refer to Section 5.1.5, Filing Limits and Approved Exceptions, for more information regarding timely filing limits and exceptions.

106.5.2 Diagnosis Codes

See Section 106.5.3 (Procedure Codes and Modifiers) for the allowable diagnosis codes. The *International Classification of Diseases - 9th Revision - Clinical Modification* (ICD-9-CM) manual lists required diagnosis codes. These manuals may be obtained by contacting the American Medical Association, P.O. Box 10950, Chicago, IL 60610.

NOTE:

ICD-9 diagnosis codes must be listed to the highest number of digits possible (3, 4, or 5 digits). Do not use decimal points in the diagnosis code field.

106.5.3 Procedure Codes and Modifiers

TCM providers use the Current Procedural Terminology (CPT) coding system. The CPT manual lists most required procedure codes. This manual may be obtained by contacting the Order Department, American Medical Association, 515 North State Street, Chicago, IL 60610-9986. The (837) Professional and institutional claims and the paper claim have been modified to accept up to four Procedure Code Modifiers.

The following procedure codes, modifiers, and diagnosis codes apply when filing claims for TCM services:

Target Group	*Old Code thru 12/31/03*	*Diagnosis Code for Old Code*	*New Code effective 01/01/04*	*Diagnosis Code for New Code*	*PA Required ?*
5 (Pregnant Women	Z5186	V220 – V242 V270 – V289 V3100 – V3900 630 – 632 63300 – 63391 63400 – 63792 6380 – 6399 64000 –	G9008-HD	V220 – V242 V270 – V289 V3100 – V3900 630 – 632 63300 – 63391 63400 – 63792 6380 – 6399 64000 – 64193 64200 – 64294 64300 – 64393	No

Target Group	*Old Code thru 12/31/03*	*Diagnosis Code for Old Code*	*New Code effective 01/01/04*	*Diagnosis Code for New Code*	*PA Required ?*
		64193 64200 – 64294 64300 – 64393 64400 – 64421 64510 – 64603 64610 – 64624 64630 – 64631 64640 – 64664 64670 – 64673 64680 – 64684 64690 – 64693 64700 – 64894 65100 – 65393 65400 – 65494 65500 – 66393 66400 – 67694		64400 – 64421 64510 – 64603 64610 – 64624 64630 – 64631 64640 – 64664 64670 – 64673 64680 – 64684 64690 – 64693 64700 – 64894 65100 – 65393 65400 – 65494 65500 – 66393 66400 – 67694	
2 MR Adults	Z5187	317 – 319	G9008-U2	317 – 319	No
1 MI Adults	Z5188	2900 – 2900 2930 – 3020 3060 – 3064 30650 – 30653 30659 – 30659 3067 – 3069 3070 – 3071 30720 – 30723 3073 – 3073 30740 – 30749 30750 – 30754 30759 – 30759 3076 – 3077 30780 – 30781 30789 – 30789 3079 – 3079 3080 – 3084 3089 – 3089 3090 – 3091 30921 – 30924 30928 – 30929 3093 – 3094 30981 – 30983	G9008-U1	29500 – 29595 29600 – 29666 2967 – 2967 29680 – 29699 2970 – 2989 29900 – 29991 30000 – 30029 3003 – 3007 30081 – 30089 3009 – 3010 30110 – 30113 30120 – 30122 3013 – 3014 30150 – 30159 3016 – 3017 30181 – 30189 3019 - 3019	No

Target Group	***Old Code thru 12/31/03***	***Diagnosis Code for Old Code***	***New Code effective 01/01/04***	***Diagnosis Code for New Code***	***PA Required ?***
		30989 – 30989 3099 – 3099 3100 – 3102 3108 – 3109 311 – 311 31200 – 31223 31230 – 31235 31239 – 31239 3124 – 3124 31281 – 31282 31289 – 31289 3130 – 3131 31321 – 31323 3133 – 3133 31381 – 31383 31389 – 31389 3139 – 3139 31400 – 31401 3141 – 3142 3148 – 3149 31500 – 31502 31509 – 31509 3151 – 3152 31531 – 31532 31539 – 3155 3158 – 3159 316 – 316			
3 MR Child	Z5213	V6149	G9005-U3	319	Yes
3 SED Child	Z5214	V6149	G9002-U3	3009	Yes
3 Sensory Impaired Child	Z5215	V6149	G9008-U3	78199	Yes
3 Disabling Health Child	Z5216	V6149	G9008-U3	780	Yes
3 Multi Handicapped Child	Z5217	V6149	G9008-U3	7429	Yes
4 Foster Child	Z5218	V6129	T2023-U4	2999	Yes
6 AIDS/ HIV	Z5219	042	G9012-U6	042 07953	No
3 DD Child	Z5296	V6149	G9006-U3	3159	Yes
8 TA Waiver	Z5342	As appropriate	G9008-U5	V550	No
7 APSI	Z5378	V6149	T2023-U7	797	No

106.5.4 Place of Service Codes

The following place of service codes apply when filing claims for TCM services:

POS Code	*Description*
11	Office
12	Home
24	Ambulatory Surgical Center
33	Custodial Care Facility
52	Psychiatric Facility Partial Hospitalization
53	Community Mental Health Center
62	Comprehensive Outpatient Rehabilitation Facility
71	State or Local Public Health Clinic
81	Independent Laboratory

106.5.5 Required Attachments

There are no required attachments for Targeted Case Management providers.

106.6 For More Information

This section contains a cross-reference to other relevant sections in the manual.

Resource	Where to Find It
CMS-1500 Claim Filing Instructions	Section 5.2
Patient 1st	Chapter 39
Electronic Media Claims (EMC) Guidelines	Appendix B
AVRS Quick Reference Guide	Appendix L
Alabama Medicaid Contact Information	Appendix N

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