

Bulletin



April 17, 2009

Addition of mental health – targeted case management (MH-TCM) services to Minnesota Health Care Programs

The Minnesota Department of Human Services (DHS) has determined that effective July 1, 2009, managed care organizations that contract with DHS shall be responsible for the provision of MH-TCM services for eligible Minnesota Health Care Programs members.

Eligibility

As a contracted provider, your agency must meet Rule 79 criteria and be designated by Blue Plus or FirstPlan of Minnesota in order to be eligible for reimbursement for MH-TCM services. Providers are responsible for checking the member’s eligibility prior to rendering services. Resources available for verification include:

- MN-ITS – www.mn-its.dhs.state.mn.us
- Provider web self-service – www.providerhub.com

Adults (over age 18) with severe and persistent mental illness (SPMI) or children (under age 18) with serious emotional disturbance (SED) are eligible. Individuals (or the parents/legal guardian of a minor) must consent to or request the services. For persons who are civilly committed, a court may order a MH-TCM be assigned.

Eligible Minnesota Health Care Programs

Product name	Group numbers
Prepaid Medical Assistance Program (PMAP) and Minnesota Senior Care Plus (MSC+)	All group numbers that begin with PP0 and FPG04
MinnesotaCare	All group numbers that begin with PP1 and FPG10
MSHO – SecureBlue	All group numbers that begin with PP2
MSHO – FirstPlan Blue MSHO	All group numbers that begin with FPG05
SNBC – CareBlue	All group numbers that begin with PP3
SNBC – FirstPlan Blue Basic	All group numbers that begin with FPG06

Access to services

Members have direct access to contracted MH-TCM providers.

- Blue Plus members:
 - No prior authorizations required
 - Members must be determined eligible for MH-TCM according to Rule 79 criteria
 - Providers must be contracted and designated by Blue Plus

- FirstPlan of Minnesota (FirstPlan Blue members):
 - Prior authorizations required – contact FirstPlan Blue provider service at **(218) 740-2336** or **1-800-584-9488**
 - Members must be determined eligible for MH-TCM according to Rule 79 criteria
 - Providers must be contracted by Blue Plus and designated by FirstPlan Blue

Non-participating providers must obtain a referral prior to rendering services for Blue Plus or FirstPlan Blue members. Contact provider service at **(651) 662-5200** or **1-800-262-0820** for assistance.

Billing

MH-TCM is a professional service billed on a Health Insurance Claim Form (CMS-1500). When billing for MH-TCM, submit the contracting provider NPI number currently on file with Blue Plus. In addition, an individual rendering NPI number is required. As of July 15, 2009, all services are required to be billed electronically in the 837P format.

Procedure codes	Modifiers	Brief description	Service limitations
T2023	HE, HA	Face-to-face contact between case manager and recipient under age 18 years	1 unit per month
T2023	HE	Face-to-face contact between case manager and recipient age 18 years or older	1 unit per month
T2023	HE, U4	Telephone contact (recipient age 18 years or older)	1 unit per month
T1017 For IHS/638 and FQHC billing only	HE, HA	Face-to-face encounter (child under age 18 years)	Per encounter
T1017 For IHS/638 and FQHC billing only	HE	Face-to-face encounter (age 18 years or older)	Per encounter

Reimbursement

For MH-TCM, eligible providers should bill 100% of the then-current monthly rate established with the county. Blue Plus reimbursement will be 100% of charge. Providers shall accept this reimbursement as payment in full for MH-TCM services.

Questions?

If you have any questions, please contact provider service at **(651) 662-5200** or **1-800-262-0820**.