

Targeted Case Management (TCM) Service Grid Changes
Re-Registration with New Procedure Codes in APS CareConnection® for 8/1/09

Service Grid Revision:

Due to changes in MaineCare Policy, the procedure codes for TCM are changing, effective August 1, 2009.

The Service Grid has been revised effective 8/1/09.

Several new Targeted Case Management codes have been added to the grid.

Procedure Codes to be Eliminated:

The following procedure codes will be eliminated from MaineCare Rules, will no longer be available in APS CareConnection® and cannot be used for MaineCare authorization or claims as of 8/1/09:

Z9422 Targeted Case Management Level I

Z9423 Targeted Case Management Level II

Z9423 WrapME TCM Only

New TCM Procedure Codes to be included in the ASO:

These procedure codes will be required for all TCM authorizations and claims for children/youth age 20 and below beginning 8/1/09:

T1017 UC– Targeted Case Management- Behavioral Health

T1017 UD – Targeted Case Management – Developmental Disabilities

T1017 UC – WrapME TCM Only

Billing Unit for these codes is 15 minutes

Registration authorization period will be for 30 days and 60 units.

The Continued Stay Authorization will be no more than 90 days.

No TCM services for members age 21 or above will require an authorization or a

MECMS PA number, even when these 3 procedure codes are used to bill MaineCare.

Do not submit requests or reviews for members aged 21 and above for TCM services.

Beginning on August 1, 2009, MaineCare Targeted Case Management will begin using a HIPAA compliant service code. Providers will need to register their clients with this new code in order to receive an authorization number for billing. To help providers stagger authorization due dates, APS has issued these instructions for registering existing clients with current end dates.

To Register an Existing Client for the New Service Code:

Please have on hand your most recently authorized APS Case ID and the authorized end date. (If you are unsure of this information, you may search for it under the “Search Responses” option.)

Under the “Search Request” option, enter the most recently authorized APS Case ID and click “Search”.

- a. Click the “COPY” link.
- b. Record the new APS Case ID number for future reference.
- c. On the tabs on the left, choose the “Administrative” tab.
 - i. Under “Authorization Type”, choose Registration.
 - ii. Fill out the start date (08/01/2009)
 - iii. Under “Review Type”, choose Children’s Services.
 - iv. Under “Category of Service”, choose Targeted Case Management.
 - v. Click “Save and Continue” at top of the page.
- d. You will be automatically moved to the “Requesting Agency” section. Please fill out all fields, and then choose “Save and Continue”.
- e. You will be automatically moved to the “Multiaxial Assessment” section. Choose “Save and Continue” to move past this page.
- f. You will be automatically moved to the “Services Requested” section.
 - i. Choose “Add New Procedure Request”.
 - ii. Choose the new service code under the “Service” drop-down.
 - iii. Choose the “Frequency”.
 - iv. Choose the “Billing Provider ID” number.
 - v. The “Service Length” will automatically populate, as will the “Units”.
 - vi. The last field is “Auth End Date”. Please enter your previously authorized end date.
 - vii. Choose “Save”.
- g. You are now finished entering all required information for this review. On the tabs on the left, please select the last option, “Submit to APS”. **You must also choose the “Submit to APS” option near the center of the page.** You will receive a pop-up that states your request was successfully processed.

Please contact APS Provider Relations at 866-521-0027, Option 1, with questions.