

Texas Department of State Health Services
Mental Health (MH) Case Management
Billing Guidelines
Effective: 08/31/04
Updated: 08/01/07

Claims Submissions:

- 1.1. Payment will not be made to providers without a current and valid contract for MH Case Management services.
- 1.2. Payment will not be made for services for which the documentation of that service does not include the original signature, including credentials, of the staff person who provided the service.
- 1.3. Payment will be made for only those services that are provided in accordance with the department's rules, guidelines, policy clarifications, and manuals.
- 1.4. Payment will not be made for non-reimbursable activities.
- 1.5. Payment will not be made for fractional units of service.

2. Cost Reporting:

- 2.1. Providers may not include costs associated with non-reimbursable activities on a cost report.
- 2.2. Providers may not code staff time associated with non-reimbursable activities as MH Case Management services time on time studies used to set rates for Medicaid MH Case Management Services.
- 2.3. Costs reports must be completed and submitted to the Texas Health and Human Services Commission (HHSC) according to HHSC's rules and instructions.

3. Payment will not be made for the following activities:

- 3.1. Documenting the provision of MH Case Management services.
- 3.2. On-going administration of the Uniform Assessment to determine the amount, duration, and type of MH Case Management.
- 3.3. Staff round trip travel to provide MH Case Management services at a location that is not owned or operated by, or under arrangement with the provider.
- 3.4. Quality assurance activities that are specific to MH Case Management.

(Note: Reimbursement for the above listed activities is included in the rate for MH Case Management. The costs of the above listed activities are to be included in the MH Case Management cost report.)

4. Reimbursement will not be available for services that do not constitute MH Case Management Services.

5. The following activities do not constitute MH Case Management services, regardless of the funding source, and are not reimbursable under Medicaid Targeted Case Management:

- 5.1. Performing any activity that does not directly assist an individual in gaining or coordinating access to needed services, such as:

- 5.1.1. merely accompanying an individual to a social or recreational event or other entertainment or locations to conduct the individual's personal affairs (e.g. shopping, interviewing for a job, visiting friends or relatives, getting a haircut, or finding housing); and
 - 5.1.2. merely helping the individual with domestic or financial affairs, such as cleaning house or balancing a checkbook.
- 5.2. Performing an activity that is an integral and inseparable part of a service other than MH Case Management services, such as:
- 5.2.1. conducting skills training;
 - 5.2.2. arranging a medical referral resulting from a physician's appointment; providing counseling or therapy;
 - 5.2.3. providing crisis services described in the Mental Health Community Services Standards 25 TAC §412.314 (relating to Crisis Services);
 - 5.2.4. developing a treatment plan for services other than MH Case Management; and
 - 5.2.5. administering an assessment for a service other than MH Case Management.
- 5.3. Providing medical or nursing services, such as:
- 5.3.1. taking the temperature or vital signs of an individual;
 - 5.3.2. consulting between medical professionals; and
 - 5.3.3. refilling an individual's prescription.
- 5.4. Performing pre-admission or intake activities.
- 5.5. Providing services to the LAR or primary caregiver of the individual, such as:
- 5.5.1. assisting the person to access services to address their own needs;
 - 5.5.2. teaching parenting skills; and
 - 5.5.3. helping the person find employment.
- 5.6. Transporting the individual, the individual's LAR or primary caregiver.
- 5.7. Monitoring the individual's general health status (when such information is not required to gain access or coordinate needed services) such as:
- 5.7.1. inquiring about the individual's general well-being;
 - 5.7.2. monitoring the individual's self-administration of medications; and
 - 5.7.3. monitoring the physical safety of the individual.
- 5.8. Performing outreach activities to inform the general public of MH Case Management services that are available or to locate individuals who are potentially Medicaid eligible.
- 5.9. Performing quality oversight of a service provider, such as determining provider compliance with rules or regulation.

- 5.10. Conducting utilization review or utilization management activities.
- 5.11. Conducting quality assurance activities.
- 5.12. Authorizing services or authorizing the provision of services.