

August 2004

PROVIDER BULLETIN NUMBER 433



**Kansas  
Medical Assistance  
Program**



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# BULLETIN

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## TCM ASSISTIVE TECHNOLOGY PROVIDERS

### **TARGETED CASE MANAGEMENT REQUIRES A HEALTHCONNECT KANSAS REFERRAL**

TCM (procedure code G9012) requires a referral from the beneficiary's HealthConnect Kansas Primary Care Case Manager (PCCM).

Replace manual page 8-3, & A-1.

If you have any questions, please contact the Medical Assistance Customer Service Center at 1-800-933-6593 (in-state providers) or (785) 274-5990 between 7:30 a.m. - 5:30 p.m., Monday through Friday.

## **8000. Updated 8/04**

### **Limitations:**

Targeted Case Management for Assistive Technology requires a HealthConnect Kansas referral.

Post pay monitoring will be done to assure that duplication of services with other targeted case management activities does not occur and that reimbursement was appropriately billed based on individual goals and time utilized to meet specific AT outcomes.

TCM is limited to 240 units.

Administrative costs should not be included in calculating the tier rate. Administrative costs are not billable to Medicaid and will be recouped if found. Examples of administrative costs include, but not limited to, the following: faxing, filing, mailing, attempted home visits, attempted phone calls, documentation time, attempted professional contacts, documentation review, and case manager training.

Credentialing, training for credentialing for TCMAT, and retention of documentation will be provided and maintained by the Assistive Technology Access Sites.

## APPENDIX I

### PROCEDURE CODES AND NOMENCLATURE

**Updated 8/04**

The following procedure code is to be used to bill for Targeted Case Management Assistive Technology services to the Kansas Medical Assistance Program. Procedures not listed here are considered non-covered. This service requires a HealthConnect Kansas referral.

#### **PROCEDURE**

##### **CODE**

##### **NOMENCLATURE**

|        |   |
|--------|---|
| G9012* | Other specified case management service not elsewhere classified, product characteristics defined in medical policy are met, per 15 minutes |
|--------|---|

\*This code will require billing each detail line per date of service.