Trillium HEALTH RESOURCES

Transforming Lives. Building Community Well-Being.

Tailored Care Management Billing Guide for AMH+/CMAs

Effective for Dates of Service 7/1/2023 and Until Further Notice

IMPORTANT FACTS FOR TAILORED CARE MANAGEMENT (TCM) BILLING:

- Providers will be assigned members who are eligible for TCM services
- In order to receive payment for providing TCM Services, providers must submit a Professional claim to the appropriate LME/MCO that the member is assigned
- Providers must deliver at least one qualifying care management contact during the month for a beneficiary in order to submit a claim
    - A qualifying contact is the delivery of one or more of the six health home services through phone/video/in-person with the member/guardian
- Claims should be submitted after the initial care management contact has been made and only one claim should be submitted per member per month

WHAT INFORMATION SHOULD BE ON THE CLAIM:

- TCM Services should be billed using the CPT code T1017 with modifier HT for members who do not have Innovations Waiver OR
- TCM Services for members with Innovations Waiver Add-On should be billed using CPT Code T1017 with modifiers HT and CG
- Providers can submit a TCM claim with CPT code T1017 modifier HT **and** T1017 modifier U4 on the same claim to receive an add-on payment for members deemed eligible for 1915i services by the Department
- Effective 5/15/2024, TCM Providers who have opted in to Healthy Opportunities Pilot (HOP) and have a TCM member receiving HOP services may bill an add-on for these members with the regular TCM claim. This code is T1017 modifier HA and **must** be included on the same claim as T1017 HT or T1017 HT CG
- Providers should submit a claim for the member's first TCM interaction of month based on Date of Service (DOS)
- Claims from AMH+ providers should include the NPI of the provider that furnished the services as the billing and rendering provider for TCM claims

- Claims from CMA providers should include the NPI for the Administrative Site of the provider that furnished the services as the billing and rendering provider for TCM Claims
- Claims from AMH+/CMA providers should include the appropriate taxonomy for which you are enrolled with NC Medicaid
- AMH+/CMAs should submit the Place of Service Code (POS) for the location where the service was rendered, such as School, Home, Office, etc. **Please note that telehealth is not a valid billable service or Place of Service Code if the service was performed in-person.**
- Resource for CMS Place of Service codes: https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set
- TCM claims should include a valid ICD-10 NC Medicaid covered diagnosis code
- TCM claims should be billed at the approved blended rate for all members for DOS
- 12/1/2022-12/31/2024

HOW TO SUBMIT A CLAIM FOR RENDERING TCM SERVICES:

- Professional Claims should be submitted to the LME/MCO that the member is assigned
- Providers have the following options for submitting professional claims to Trillium:
  - 837P File upload to Provider Direct
  - 837P File Transmission using a clearinghouse
    - Trillium uses Change Healthcare (formerly Emdeon) and The SSI Group
    - Trillium's Payer ID for Change Healthcare is 56089
    - Trillium's Payer ID for The SSI Group is 43071
  - Via SFTP site
  - Direct Data Entry using our secure provider portal – Provider Direct