

Mental Health Targeted Case Management Notification Form

Member Name: _____

PMI Number: _____

Facility/Provider Name: _____

Facility/Provider NPI Number: _____

Case Manager: _____

Case Manager Phone: _____ Fax: _____

Case Manager E-Mail: _____

CPT Code and Modifiers Used: _____

Initial Notification Start Date: _____

MH-TCM Case Manager Transfer or Change Notification Dates: _____

- For members who change MH-TCM Case Managers within the same MH-TCM Agency, please complete the form and include the new MH-TCM Case Manager's information.

Discharge/Termination Date: _____

Discharge/Termination Notification Dates Include:

- Members who are discharged from MH-TCM
- Members who transfer to another MH-TCM Agency or from one case manager to another within the same agency
- Members who terminate from MHP's Health Plan
- Member denials

Fax this form to Hennepin Health's Medical Administration: 612-677-6222
Questions? Call Provider Services at 612-596-1036.

Background:

Mental Health Targeted Case Management (MH-TCM) changes from a prior authorization to prior notification

Effective Aug. 1, 2010, MHP no longer requires a prior authorization for MH-TCM services.

In lieu of requesting prior authorization, Hennepin Health Mental Health Targeted Case Management (MH-TCM) providers are required to submit a Notification Form at the following times:

- **Prior to delivery of MH-TCM services**
- **When the MH-TCM case is closed**
- **When MH-TCM services end through MHP**
- **When the MH-TCM case manager changes within the same agency**

Notification also is required for members who are discharged from MH-TCM, transferred to another MH-TCM agency, transferred from one case manager to another within the same agency, terminated from MHP, or denied MH-TCM services.

After Aug. 1, 2010, requests that are submitted for prior authorization will be treated as a notification if the information required on the Notification Form is included in the request for prior authorization.

In lieu of prior authorization, MHP Medical Administration will be conducting periodic audits of providers' compliance with this requirement and other federal and state MH-TCM requirements.

Member Types	CPT Codes	Modifiers	Telephone Modifiers
Adult (PMAP)	T2023	HE	U4
Adult (FQHCF)*	T1017	HE	N/A
Adult MN Care (FQHCF)*	T2023	HE	N/A
Child (PMAP)	T2023	HE HA	N/A
Child (FQHCF)*	T1017	HE HA	N/A
Child MN Care (FQHCF)*	T2023	HE HA	N/A

PMAP: Prepaid Medical Assistance Program

FQHCF: Federally Qualified Health Care Facilities

* Includes Indian Health Services/Tribally Owned and Operated Facilities (IHS/638 Facilities)