



CHAPTER 538 SCHOOL-BASED HEALTH SERVICES APPENDIX H

Chapter 538 School-Based Health Services

Appendix 538H

Targeted Case Management Billing Form

BMS Provider Manual Chapter 538 School-Based Health Services Appendix H, Targeted Case Management Billing Form

Effective 8/1/19

DISCLAIMER: This chapter does not address all the complexities of Medicaid policies and procedures and must be supplemented with all State and Federal Laws and Regulations. Contact BMS Fiscal Agent for coverage, prior authorization requirements, service limitations, and other practitioner information.

Progress Notes – School Based Targeted Case Management

Targeted Care Management MUST be identified on the Plan of Care. Maximum of five (5) units per instructional day. Unit is 15 minutes.

Medicaid Number	Last Name	First Name	•	Date of Birth
WVEIS Number	Diagnosis Code	County	School	Procedure Code
				T1017 SE
Targeted Case Mar	Month/Year Service Provided			
Types of Contact: 1. Face-to-Face 2. Correspondence 3. Telephone Contact				

Date of Service	Click here	Progress Note:
	to enter a	Activity: Choose an item.
	date.	
Type of Contact	Choose an	Purpose: Choose an item.
	item.	
TCM Activity	Choose an	
	item.	
Time In:		Individualized Service Note:
Time Out:		-
Total Minutes		_
Signature & Cred	entials:	Date: Click here to enter a date.

Date of Service	Click here	Progress Note:
	to enter a	Activity: Choose an item.
	date.	
Type of Contact	Choose an	Purpose: Choose an item.
	item.	
TCM Activity	Choose an	
	item.	
Time In:		Individualized Service Note:
Time Out:		
Total Minutes		
Signature & Cred	entials:	Date: Click here to enter a date.

Date of Service	Click here	Progress Note:
	to enter a	Activity: Choose an item.
	date.	
Type of Contact	Choose an	Purpose: Choose an item.
	item.	
TCM Activity	Choose an	
	item.	
Time In:		Individualized Service Note:
Time Out:		
Total Minutes		
Signature & Credentials:		Date: Click here to enter a date.

Date of Service	Click here	Progress Note:
	to enter a	Activity: Choose an item.
	date.	
Type of Contact	Choose an	Purpose: Choose an item.
	item.	
TCM Activity	Choose an	
	item.	
Time In:		Individualized Service Note:
Time Out:		
Total Minutes		
Signature & Cred	entials:	Date: Click here to enter a date.

Date of Service	Click here	Progress Note:
	to enter a	Activity: Choose an item.
	date.	
Type of Contact	Choose an	Purpose: Choose an item.
	item.	
TCM Activity	Choose an	
	item.	
Time In:		Individualized Service Note:
Time Out:		
Total Minutes		
Signature & Cred	entials:	Date: Click here to enter a date.