

Adult Rehabilitative Mental Health Services (ARMHS)

Policy Number: SC15P0049A3

Effective Date: May 1, 2018

Last Update: September 19, 2022

PAYMENT POLICY HISTORY

DATE	SUMMARY OF CHANGE
September 19, 2022	Information regarding code-specific procedure CPT® or HCPCS was removed.
August 5, 2021	Annual policy review completed. Grammatical corrections were made to the policy. These changes did not impact the technical requirements of the document.
September 11, 2020	Annual policy review. No technical changes were made to the policy. Information was moved to the new UCare format, and as a result some information was reformatted.
June 24, 2019	Provider eligibility requirements for Level I and Level II Certified Peer Specialists were updated based on DHS requirements
May 1, 2019	Annual policy review. The –UD modifier was deleted from H0031 and H0032, and units were updated to indicate services are provided per session. Eligible provider requirements were updated.
May 1, 2018	The ARMHS policy is implemented by UCare.

APPLICABLE PRODUCTS

This policy applies to the products checked below:

UCARE PRODUCT	APPLIES TO
UCare MinnesotaCare	✓
UCare Minnesota Senior Care Plus (MSC+)	✓
UCare Prepaid Medical Assistance (PMAP)	✓
UCare Connect	✓
UCare Connect +Medicare (When MHCP is the primary payer)	✓
UCare Minnesota Senior Health Options (MSHO) (When MHCP is the primary payer)	✓

TABLE OF CONTENTS

TABLE OF CONTENTS	PAGE
PAYMENT POLICY HISTORY	1
APPLICABLE PRODUCTS	1
TABLE OF CONTENTS.....	2
PAYMENT POLICY OVERVIEW	5
POLICY DEFINITIONS	5
Certified Peer Specialist Level I.....	6
Certified Peer Specialist Level II	6
ENROLLEE ELIGIBILITY CRITERIA.....	11
ELIGIBLE PROVIDERS OR FACILITIES.....	11
Provider.....	11
Facility	12
Other and/or Additional Information	12
EXCLUDED PROVIDER TYPES	12
MODIFIERS, CPT, HCPCS, AND REVENUE CODES	12
General Information	12
Modifiers	12
CPT and/or HCPCS Code(s).....	13
Revenue Codes.....	14
PAYMENT INFORMATION	14
Covered Services	14
Non-Covered Services	14
Payment Increases and Reductions	14
Time Based Services.....	15
BILLING REQUIREMENTS AND DIRECTIONS.....	15

PRIOR AUTHORIZATION, NOTIFICATION AND THRESHOLD INFORMATION 16

 Prior Authorization and Notification Requirements 16

 Threshold Information 16

RELATED PAYMENT POLICY INFORMATION..... 16

SOURCE DOCUMENTS AND REGULATORY REFENCES..... 16

DISCLAIMER..... 17

This page was intentionally left blank

PAYMENT POLICY INSTRUCTIONS

A payment policy assists in determining provider reimbursement for specific covered services. To receive payment, the provider must be in a contractual relationship with UCare and provide services to a member enrolled in one of UCare’s products. This payment policy is intended to provide a foundation for system configuration, work instructions, call scripts, and provider communications. A payment policy describes the rules for payment, which include applicable fee schedules, additional payment rules by regulatory bodies, and contractual terms. This policy is a general guideline and may be superseded by specific provider contract language.

PAYMENT POLICY OVERVIEW

ARMHS services are rehabilitative and assists the patient to develop retain and enhance psychiatric stability, social competencies, personal and emotional adjust, and independent living and community skills impaired by the symptoms of mental illness. ARMHS also enable a patient to retain stability and functioning if a patient is at risk of losing significant functioning or being admitted to a more restrictive service.

This policy outlines the billing and payment guidelines associated with ARMHS services.

POLICY DEFINITIONS

TERM	NARRATIVE DESCRIPTION
Adult Rehabilitative Mental Health Services (ARMHS)	Means mental health services which are rehabilitative and enable the patient to develop and enhance psychiatric stability, social competencies, personal and emotional adjustment, and independent living and community skills, when these abilities are impaired by the symptoms of mental illness. The services also enable a patient to retain stability and functioning if the patient is at risk of losing significant functionality or being admitted to a more restrictive service setting without these services. In addition, the services instruct, assist, and support a patient in areas such as medication education and monitoring, and basic social and living skills in mental illness symptom management, household management, employment-related, or transitioning to community living.
Basic Living and Social Skills	Means activities that instruct, assist, and support skill areas essential for every day, independent living, including, but not limited to: <ul style="list-style-type: none"> • Interpersonal communications • Community resource utilization and integration • Crisis assistance

TERM	NARRATIVE DESCRIPTION
	<ul style="list-style-type: none"> • Relapse prevention • Budgeting, shopping and healthy lifestyle skills and practices • Cooking and nutrition • Transportation • Medication monitoring • Mental illness symptom management • Household management • Employment-related skills • Transitioning to community living
<p>Certified Peer Specialist (CPS)</p>	<p>Means a trained individual who uses a non-clinical approach that helps patients discover their strengths and develop their own unique recovery goals. The CPS models wellness, personal responsibility, self-advocacy, and hopefulness through appropriate sharing of his or her story based on lived experience. UCare recognizes two levels of certified peer specialists: Level I and Level II.</p> <p>Certified Peer Specialist Level I Level I peer specialists must meet the following criteria:</p> <ul style="list-style-type: none"> • Be at least 21 years of age; • Have or have had a primary diagnosis of mental illness; • Is a current or former recipient of mental health services; • Demonstrates leadership and advocacy skills; and • Successfully completes the Minnesota Department of Human Services (DHS) approved Certified Peer Specialist training and certification exam. <p>Certified Peer Specialist Level II Level II peer specialist must meet the following criteria:</p> <ul style="list-style-type: none"> • Be at least 21 years of age; • Have or have had a primary diagnosis of mental illness; • Is a current or former recipient of mental health services; • Demonstrates leadership and advocacy skills; • Successfully completes the Minnesota Department of Human Services (DHS) approved Certified Peer Specialist training and certification exam; • Is qualified as a mental health practitioner; and • A CPS on a crisis stabilization team must complete at least 30 hours of crisis intervention and stabilization training during their first two years on the team.
<p>Certified Peer Specialist Services (CPSS)</p>	<p>Means specific rehabilitative services emphasizing the acquisition, development, and enhancement of skills a person with a mental illness needs to move forward in his or her recovery.</p>

TERM	NARRATIVE DESCRIPTION
Community Intervention	<p>Means a service of strategies provided on behalf of a patient to do the following:</p> <ul style="list-style-type: none"> • Alleviate or reduce barriers to community integration or independent living • Minimize the risk of hospitalization or placement in a more restrictive living arrangement
Diagnostic Assessment	<p>Means functional face-to-face evaluation resulting in a complete written assessment that includes clinical considerations and severity of the client's general physical, developmental, family, social, psychiatric, and psychological history, and current condition. The Diagnostic Assessment will also note strengths, vulnerabilities, and needed mental health services.</p>
Individual Treatment Plan (ITP)	<p>Means the person-centered process that focuses on developing a written plan that defines the course of treatment for the patient. The plan is focused on collaboratively determining real-life outcomes with a patient and developing a strategy to achieve those outcomes. The plan establishes goals, measurable objectives, target dates for achieving specific goals, identifies key participants in the process, and the responsible party for each treatment component. In addition, the plan outlines the recommended services based on the patient's diagnostic assessment and other patient specific data needed to aid the patient in their recovery and enhance resiliency. An individual treatment plan should be completed before mental health service delivery begins.</p>
Interpretive Summary	<p>Means a summary used to synthesize the information obtained from the three-tier assessment process (diagnostic, functional and LOCUS) to prioritize direction for the upcoming individual treatment plan. It is an essential bridge or link from assessment to service planning.</p>
Level of Care Utilization System (LOCUS) Assessment	<p>Means a level of care tool to help determine the resource intensity needs of individuals who receive adult mental health services along a continuum of care. The assessment is used to ensure and support that an accurate level of care is being utilized for the considerations of an individual's needs. All LOCUS recording forms must be reviewed and signed by a clinical supervisor unless it is completed by a mental health professional or a Mental Health Rehabilitative Professional. The assessment form is not valid without all necessary signatures.</p>
Medication Education Services	<p>Means services provided individually or in groups which focus on educating the patient about:</p> <ul style="list-style-type: none"> • Mental illness and symptoms; • The role and effects of medications in treating symptoms of mental illness; and • The side effects of medications. Medication education is coordinated with medication management services and does not duplicate it. <p>Medication education services are provided by physicians, pharmacists, physician assistants, or registered nurses</p>

TERM	NARRATIVE DESCRIPTION
Mental Health Practitioner	<p>Means a provider who are not eligible for enrollment, must be under clinical supervision of a mental health professional and must be qualified in <i>at least one</i> of the following five ways:</p> <ol style="list-style-type: none"> 1. Holds a bachelor’s degree in a behavioral science or a related field, from an accredited college or university and meets either a or b: <ol style="list-style-type: none"> a. Has at least 2,000 hours of supervised experience in the delivery of mental health services to patients with mental illness b. Is fluent in a non-English language of a cultural group to which at least 50% of the practitioner’s patients belong, completes 40 hours of training in the delivery of services to patients with mental illness, and receives clinical supervision from a mental health professional at least once a week until the requirements of 2,000 hours of supervised experience are met 2. Has at least 6,000 hours of supervised experience in the delivery of mental health services to patients with mental illness. Hours worked as a mental health behavioral aide I or II under Children’s Therapeutic Services and Supports (CTSS) may be included in the 6,000 hours of experience for child patients. 3. Is a graduate student in one of the mental health professional disciplines and an accredited college or university formally assigns the student to an agency or facility for clinical training 4. Holds a masters or other graduate degree in one of the mental health professional disciplines from an accredited college or university. 5. Is a tribally certified mental health practitioner who is serving a federally recognized Indian tribe
Mental Health Professional	<p>Means one of the following providers:</p> <ul style="list-style-type: none"> • Clinical nurse specialist (CNS) • Licensed independent clinical social worker (LICSW) • Licensed marriage and family therapist (LMFT) • Licensed professional clinical counselor (LPCC) • Licensed psychologist (LP) • Mental health rehabilitative professional • Psychiatric nurse practitioner (NP) • Psychiatry or an osteopathic physician
Mental Health Rehabilitation Worker	<p>Means a staff person working under the direction of a mental health practitioner or mental health professional and under the clinical supervision of a mental health professional in the implementation of rehabilitative mental health services as identified in the patient's individual treatment plan who:</p> <ul style="list-style-type: none"> • Is at least 21 years of age; • Has a high school diploma or equivalent;

TERM	NARRATIVE DESCRIPTION
	<ul style="list-style-type: none"> • Has successfully completed 30 hours of training during the two years immediately prior to the date of hire, or before provision of direct services, in all the following areas: patient rights, patient-centered individual treatment planning, behavioral terminology, mental illness, co-occurring mental illness and substance abuse, psychotropic medications and side effects, functional assessment, local community resources, adult vulnerability, patient confidentiality; and • meets the one of the following qualifications: <ul style="list-style-type: none"> ○ Has an associate of arts degree or two years full-time postsecondary education in one of the behavioral sciences or human services; or ○ Is a registered nurse without a bachelor's degree; or who within the previous ten years has: <ul style="list-style-type: none"> ▪ Three years of personal life experience with serious and persistent mental illness; ▪ Three years of life experience as a primary caregiver to an adult with a serious mental illness or traumatic brain injury; or ▪ 4,000 hours of supervised paid work experience in the delivery of mental health services to adults with a serious mental illness or traumatic brain injury; or <ul style="list-style-type: none"> • Is fluent in the non-English language or competent in the culture of the ethnic group to which at least 20 percent of the mental health rehabilitation worker's clients belong; • Receives during the first 2,000 hours of work, monthly documented individual clinical supervision by a mental health professional; • Has 18 hours of documented field supervision by a mental health professional or practitioner during the first 160 hours of contact work with patients, and at least six hours of field supervision quarterly during the following year; • Has review and co-signature of charting of patient contacts during field supervision by a mental health professional or practitioner; and • Has 15 hours of additional continuing education on mental health topics during the first year of employment and 15 hours during every additional year of employment.

TERM	NARRATIVE DESCRIPTION
Notification	Means the process of informing UCare or their delegates of a specific medical treatment or service prior to billing for certain services. Services that require notification are not subject to review for medical necessity but must be medically necessary and covered within the member’s benefit set.
Prior Authorization	Means an approval by UCare or their delegates prior to the delivery of a specific service or treatment. Prior authorization requests require a clinical review by qualified, appropriate professionals to determine if the service or treatment is medically necessary. UCare requires certain services to be authorized before services begin. Services provided without an authorization will be denied.
Serious and Persistent Mental Illness or Serious Mental Illness	<p>Means a condition with a diagnosis of mental illness that meets at least one of the following and the patient:</p> <ul style="list-style-type: none"> • Had two or more episodes of inpatient care for mental illness within the past 24 months. • Had continuous psychiatric hospitalization or residential treatment exceeding six months’ duration within the past 12 months. • Has been treated by a crisis team two or more times within the past 24 months. • Has a diagnosis of schizophrenia, bipolar disorder, major depression, or borderline personality disorder; evidences a significant impairment in functioning; and has a written opinion from a mental health professional stating he or she is likely to have future episodes requiring inpatient or residential treatment unless community support program services are provided. • Has in the last three years, been committed by a court as a mentally ill person under Minnesota statutes, or the adult’s commitment as a mentally ill person has been stayed or continued. • Was eligible under one of the above criteria, but the specified time period has expired. • Was eligible as a child with severe emotional disturbance, and the patient has a written opinion from a mental health professional, in the last three years, stating that he or she is reasonably likely to have future episodes requiring inpatient or residential treatment of a frequency described in the above criteria, unless ongoing case management or community support services are provided.
Transition to Community Living Services	Means services which maintain continuity of contact between the rehabilitation services provider and the patient, and which facilitate discharge from a hospital, residential treatment program under Minnesota Rules, chapter 9505, board and lodging facility, or nursing home.

ENROLLEE ELIGIBILITY CRITERIA

THIS SECTION OF THE POLICY PROVIDES INFORMATION THAT IS SPECIFIC TO THE UCARE MEMBER, INCLUDING INFORMATION ABOUT THE CRITERIA THE MEMBER MUST MEET IN ORDER FOR THE SERVICE(S) IN THE POLICY TO BE ELIGIBLE FOR PAYMENT

The member must be enrolled in an UCare MHCP product, and meet the following requirements:

- Be 18 years old or older;
- Have a primary diagnosis of a serious mental illness as determined by a Diagnostic Assessment;
- Have a completed [LOCUS](#) assessment that indicates a Level 3 or Level 2; and
- Have a significant impairment in functioning in three or more areas of the [Functional Assessment](#) domains specified in statute.

ELIGIBLE PROVIDERS OR FACILITIES

OUTLINED BELOW IS THE SPECIFIC CRITERIA A PROVIDER MUST MEET IN ORDER FOR THE SERVICE(S) IN THIS POLICY TO BE ELIGIBLE FOR PAYMENT. THE SERVICE(S) IN THE POLICY TO BE ELIGIBLE FOR PAYMENT

Provider***Agencies / Entities***

- Each ARMHS provider entity must be certified to provide ARMHS. County-operated entities must receive additional certification from any other counties in which they will provide services.
- Non-county entities must receive additional certification from each county where they provide services.
- Entities providing ARMHS services must be recertified every three (3) years.

Eligible ARMHS Providers

The providers listed below are eligible to furnish ARMHS:

- Clinical nurse specialist in mental health
- Licensed independent clinical social worker (LICSW)
- Licensed marriage and family therapist (LMFT)
- Licensed psychologist (LP)
- Licensed professional clinical counselor (LPCC)
- Mental health rehabilitation professional
- Nurse practitioner with psychiatric specialty (NP)

- Psychiatrist
- Mental health practitioner
- Mental health rehabilitation worker
- Certified peer specialist
- Mental health rehabilitation workers cannot develop a functional assessment, LOCUS, interpretive summary, or individual treatment plan.
- Mental health rehabilitation workers can implement individual treatment plan interventions and develop progress notes that must be co-signed by the clinical supervisor or treatment director.

Facility

Not applicable. This policy outlines the professional billing and payment guidelines associated with ARMHS.

Other and/or Additional Information

Not applicable.

EXCLUDED PROVIDER TYPES

OUTLINED BELOW IS INFORMATION REGARDING PROVIDERS WHO ARE NOT ELIGIBLE TO FURNISH THE SERVICE(S) LISTED IN THIS POLICY.

Not applicable.

MODIFIERS, CPT, HCPCS, AND REVENUE CODES

General Information

The Current Procedural Terminology (CPT®) HCPCS, and Revenue codes listed in this policy are for reference purposes only. Including information in this policy does not imply that the service described by a code is a covered or non-covered health service. The inclusion of a code does not imply any right to reimbursement or guarantee of claim payment.

Modifiers

The modifiers listed below are not intended to be a comprehensive list of all modifiers. Instead, the modifiers that are listed are those that must be appended to the CPT® / HCPCS codes listed below. Based on the service(s) provided, and the circumstances surrounding those services it may, based on correct coding, be appropriate to append an additional modifier(s) to the CPT® / HCPCS code.

When a service requires multiple modifiers, the modifiers must be submitted in the order listed below. If it is necessary to add additional modifiers they should be added after the modifiers listed below.

MODIFIER(S)	NARRATIVE DESCRIPTION
HM	Adult Mental Health Rehabilitation Worker or Mental Health Behavioral Aide Level II
HN	For purposes of this policy, the –HN modifier indicates services were furnished by a Mental Health Practitioner or qualified Clinical Trainee when licensing and supervision requirements are met.
HQ	Group Modality
TS	Adult Diagnostic Update
U3	ARMHS transitioning to community living

CPT and/or HCPCS Code(s)

CPT AND/OR HCPCS CODE(S)	MODIFIER(S)	NARRATIVE DESCRIPTION
H2017		Basic living and social skills – individual mental health professional or practitioner
H2017	HM	Basic living and social skills - individual; mental health rehabilitation worker
H2017	HQ	Basic living and social skills - group; mental health professional, practitioner, or rehabilitation worker
H2017	U3	Basic living and social skills, transitioning to community living (TCL), mental health professional or practitioner
H2017	U3, HM	Basic skills, transitioning to community living (TCL) by a mental health rehabilitation worker, less than bachelor's degree level
90882		Environmental or community intervention, mental health professional or practitioner
90882	HM	Environmental or community intervention, mental health rehabilitation worker
90882	U3	Environmental or community intervention; transition to community living (TCL) intervention
90882	U3, HM	Environmental or community intervention; transition to community living intervention, less than bachelor's degree level, mental health rehabilitation worker
H0031		Mental health assessment, by non-physician
H0031	TS	Mental health assessment, by non-physician, follow-up service (review or update)
H0032		Mental health service plan development by non-physician

CPT AND/OR HCPCS CODE(S)	MODIFIER(S)	NARRATIVE DESCRIPTION
H0032	TS	Mental health service plan development by non-physician, follow-up services (review or update)
H0034		Medication education, individual: MD, RN, PA, or pharmacist
H0034	HQ	Medication education, group setting

CPT® is a registered trademark of the American Medical Association.

Revenue Codes

Not applicable. This policy addresses the professional billing of ARMHS.

PAYMENT INFORMATION

Covered Services

The following services are considered billable ARMHS services:

- Basic living and social skills
- Certified peer specialist services
- Community intervention
- Individual treatment plan
- Medication education
- Transition to community living services

Except for community intervention services all services must be provided face-to-face.

Non-Covered Services

The following services are not covered Adult Rehabilitative Mental Health Services:

- Patient transporting services
- Services provided and billed by providers not enrolled to provide ARMHS
- ARMHS performed by volunteers
- Provider performance of household tasks, chores, or related activities, such as laundering clothes, moving the patient’s household, housekeeping, and grocery shopping for the patient
- Time spent “on call” and not delivering services to patients

Payment Increases and Reductions

Based on MHCP guidelines when certain mental services are furnished by a Masters prepared provider a twenty percent (20%) reduction is applied to the allowed amount. Masters prepared providers are:

- Clinical Nurse Specialist (CNS-MH)
- Licensed Independent Clinical Social Worker (LICSW)
- Licensed Marriage and Family Therapist (LMFT)
- Licensed Professional Clinical Counselor (LPCC)
- Licensed Psychologist (LP) Master’s Level
- Psychiatric Nurse Practitioner
- Master’s Level enrolled provider

Time Based Services

When billing for services that include time as part of their definition, follow HCPCS and CPT guidelines to determine the appropriate unit(s) of service to report. Based on current guidelines, providers must spend more than half the time of a time-based code performing the service to report the code. If the time spent results in more than one- and one-half times the defined value of the code, and no additional time increment code exists, round up to the next whole number. Outlined below are the billable units of service based on whether the description of the service includes the unit of measurement of 15 minutes or 60 minutes:

MINUTES	BILLABLE UNITS
Fifteen (15) Minute Increments	
0 – 7 minutes	0 (no billable unit of service)
8 – 15 minutes	1 (unit of billable service)
Sixty (60) Minute Increments	
0 – 30 minutes	0 (no billable unit of service)
31 – 60 minutes	1 (unit of billable service)

BILLING REQUIREMENTS AND DIRECTIONS

Outlined below are the billing guidelines for ARMHS services:

- Submit claims using the 837-P format or the electronic equivalent;
- Enter the treating provider’s NPI number on each claim line; and
- Use appropriate CPT modifiers if an ARMHS service is provided on the same day but at different times by any of the following:
 - The same ARMHS provider

- Different ARMHS providers within the same ARMHS provider organization
- Different ARMHS provider organizations working concurrently with an ARMHS recipient.

PRIOR AUTHORIZATION, NOTIFICATION AND THRESHOLD INFORMATION

Prior Authorization and Notification Requirements

UCare does update its’ authorization, notification, and threshold requirements from time-to-time. The most current prior authorization requirements can be found [here](#).

Threshold Information

Not applicable.

**RELATED PAYMENT POLICY INFORMATION
OUTLINED BELOW ARE OTHER POLICIES THAT MAY RELATE TO THIS POLICY AND/OR
MAY HAVE AN IMPACT ON THIS POLICY.**

POLICY NUMBER	POLICY TITLE
SC14P0026A3	Certified Peer Specialist
SC14P0004A3	Diagnostic Assessment

UCare payment policies are updated from time to time. The most current UCare payment policies can be found [here](#).

**SOURCE DOCUMENTS AND REGULATORY REFENCES
LISTED BELOW ARE LINKS TO CMS, MHCP, AND STATUTORY AND REGULATORY
REFERENCES USED TO CREATE THIS POLICY**

[MHCP Provider Manual, Mental Health Services, ARMHS](#)

[Minnesota Statutes 256B.0623](#)

[Minnesota Rule 9505.2175, subpart 1 & 2](#)

DISCLAIMER

“Payment Policies assist in administering payment for UCare benefits under UCare’s health benefit Plans. Payment Policies are intended to serve only as a general reference resource regarding UCare’s administration of health benefits and are not intended to address all issues related to payment for health care services provided to UCare members. When submitting claims, all providers must first identify member eligibility, federal and state legislation, or regulatory guidance regarding claims submission, UCare provider participation agreement contract terms, and the member-specific Evidence of Coverage (EOC) or other benefit document. In the event of a conflict, these sources supersede the Payment Policies. Payment Policies are provided for informational purposes and do not constitute coding or compliance advice. Providers are responsible for submission of accurate and compliant claims. In addition to Payment Policies, UCare also uses tools developed by third parties, such as the Current Procedural Terminology (CPT®*), InterQual guidelines, Centers for Medicare, and Medicaid Services (CMS), the Minnesota Department of Human Services (DHS), or other coding guidelines, to assist in administering health benefits. References to CPT® or other sources in UCare Payment Policies are for definitional purposes only and do not imply any right to payment. Other UCare Policies and Coverage Determination Guidelines may also apply. UCare reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary and to administer payments in a manner other than as described by UCare Payment Policies when necessitated by operational considerations.”