

Children’s Mental Health Clinical Care Consults

Policy Number: SC17P0061A3

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.
November 23, 2021	An annual policy review was completed. No changes were made to the policy.
September 24, 2020	Annual review is completed. No technical changes were made to the document. Information was moved to the new UCare format, and as a result some information was reformatted.
August 30, 2019	Information regarding comparison to the DHS MH Procedure CPT® or HCPCS Codes and Rates Chart and UCare fee schedules was removed from the document. The UCare Provider Manual contains information regarding how and when UCare updates fee schedules. A link to the UCare Provider Manual continues to be available within the document.
January 30, 2019	Annual policy review completed. Other than updating the UCare logo and hyperlinks within policy no other changes were made.
May 1, 2018	The Children’s Mental Health Clinical Care Consultation policy is effective.

APPLICABLE PRODUCTS

This policy applies to the products listed below:

UCARE PRODUCT	APPLIES TO
UCare MinnesotaCare	✓
UCare Prepaid Medical Assistance (PMAP)	✓
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	4
POLICY DEFINITIONS	4
ENROLLEE ELIGIBILITY CRITERIA.....	6
ELIGIBLE PROVIDERS OR FACILITIES.....	6
Provider.....	6
Facility	7
Other and/or Additional Information	7
EXCLUDED PROVIDER TYPES	7
MODIFIERS, CPT, HCPCS, AND REVENUE CODES	7
General Information	7
Modifiers.....	7
CPT and/or HCPCS Code(s).....	8
Revenue Codes.....	8
PAYMENT INFORMATION	9
BILLING REQUIREMENTS AND DIRECTIONS.....	10
PRIOR AUTHORIZATION, NOTIFICATION AND THRESHOLD INFORMATION	11
Prior Authorization and Notification Requirements.....	12
Threshold Information.....	12
RELATED PAYMENT POLICY INFORMATION.....	12
SOURCE DOCUMENTS AND REGULATORY REFENCES.....	12
DISCLAIMER.....	12

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

Mental health clinical care consultation provides the UCare member and the mental health professional the opportunity to discuss:

- Issues about the recipient's symptoms
- Strategies for effective engagement, care, and intervention needs
- Treatment expectations across service settings
- Clinical service components provided to the recipient and family

POLICY DEFINITIONS

TERM	NARRATIVE DESCRIPTION
Complex Needs	Means needs caused by acuity of psychotic disorder; cognitive or neurocognitive impairment; a need to consider past diagnoses and determine their current applicability; co-occurring substance abuse use disorder; or disruptive or changing environments, communication barriers, or cultural considerations as documented in the assessment.
Diagnostic Assessment	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

TERM	NARRATIVE DESCRIPTION
	Assessment will also note strengths, vulnerabilities, and needed mental health services.
Mental Health Clinical Care Consultation	<p>Means communication between a treating mental health professional and other providers or educators to discuss patient care focusing on:</p> <ul style="list-style-type: none"> • Issues related to the patient's symptoms • Strategies for effective engagement, care, and intervention needs • Treatment expectations across service settings • Clinical service components provided to the patient and family/guardian
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>
Notification	<p>Means the process of informing UCare or their delegates of a specific medical treatment or service within a specific timeframe. 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.</p>
Prior Authorization	<p>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</p>

TERM	NARRATIVE DESCRIPTION
	professionals to determine if the service or treatment is medically necessary.

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

An individual must be enrolled and eligible for coverage in an UCare MHCP product to eligible for this service. In addition, the following criteria must also be met:

- Be between the ages of 0-21; and
- Have a diagnosis of mental illness determined by a diagnostic assessment that includes both of the following:
 - Meet the definition of complex needs, or co-occurs with other complex and chronic health conditions, and
 - Require consultation to other providers working with the patient to effectively treat the condition.

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

The following providers are eligible to furnish Children’s Mental Health Clinical Care Consultations:

- 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 practitioners working as clinical trainees

Facility

Not applicable.

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
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
U4	Clinical Care Consultation non-face-to-face
U8	Clinical Care Consultation, face-to-face 5 – 10 minutes

MODIFIER(S)	NARRATIVE DESCRIPTION
U9	Clinical care Consultation, face-to-face 11 – 20 minutes
UB	Clinical Care Consultation, face-to-face 21 – 30 minutes
UC	Clinical Care Consultation, face-to-face 31 minutes and above

CPT and/or HCPCS Code(s)

CPT AND/OR HCPCS CODE(S)	MODIFIER(S)	NARRATIVE DESCRIPTION
90899	U8	Clinical Care Consultation, face-to-face 5 – 10 minutes
90899	U9	Clinical care Consultation, face-to-face 11 – 20 minutes
90899	UB	Clinical Care Consultation, face-to-face 21 – 30 minutes
90899	UC	Clinical Care Consultation, face-to-face 31 minutes and above
90899	U8, U4	Clinical Care Consultation, non-face-to-face 5 – 10 minutes
90899	U9, U4	Clinical care Consultation, non-face-to-face 11 – 20 minutes
90899	UC, U4	Clinical Care Consultation, non-face-to-face 31 minutes and above
90899	U8, HN	Clinical Care Consultation, face-to-face 5 – 10 minutes furnished by MH Practitioner or Bachelor Degree Level (Clinical Trainee)
90899	U9, HN	Clinical care Consultation, face-to-face 11 – 20 minutes furnished by MH Practitioner or Bachelor Degree Level (Clinical Trainee)
90899	UB, HN	Clinical Care Consultation, face-to-face 21 – 30 minutes furnished by MH Practitioner or Bachelor Degree Level (Clinical Trainee)
90899	UC, HN	Clinical Care Consultation, face-to-face 31 minutes and above furnished by MH Practitioner or Bachelor Degree Level (Clinical Trainee)
90899	U8, U4, HN	Clinical Care Consultation, non-face-to-face 5 – 10 minutes furnished by MH Practitioner or Bachelor Degree Level (Clinical Trainee)
90899	U9, U4, HN	Clinical care Consultation, non-face-to-face 11 – 20 minutes furnished by MH Practitioner or Bachelor Degree Level (Clinical Trainee)
90899	UC, U4, HN	Clinical Care Consultation, non-face-to-face 31 minutes and above furnished by MH Practitioner or Bachelor Degree Level (Clinical Trainee)

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

Revenue Codes

Not applicable.

PAYMENT INFORMATION

Covered Services

MHCP covers mental health clinical care consultation between the treating mental health professional and another provider or educator. Examples of appropriate providers and educators who may receive a consultation include the following:

- Home health care agencies
- Childcare providers
- Children's mental health case managers
- Educators
- Probation agents
- Adoption or guardianship workers
- Guardians' ad litem
- Child protection workers
- Pediatricians
- Nurses
- After-school program staff
- Mentors

Services may be furnished face-to-face, including telemedicine, or by telephone.

Non-Covered Services

Mental Health Clinical Care Consultation does not include the following:

- Communication between the treating mental health professional and a person under the clinical supervision of the treating mental health professional
- Written communication between providers
- Reporting, charting, and record keeping (These activities are the responsibility of the provider)
- Mental health services not related to the patient's diagnosis or treatment for mental illness
- Communication provided during the performance of any of the following mental health services:
 - Mental health case management
 - In-reach services
 - Youth ACT
 - Intensive treatment services in foster care

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

Masters level reductions are not applied to mental health services when they are furnished:

- In a Community Mental Health Center (CMHC)
- By a Mental Health Practitioner qualified to work as a clinical trainee

BILLING REQUIREMENTS AND DIRECTIONS

General Information

- Services should be submitted using the 837-P (Professional) format or the electronic equivalent.
- Two mental health professionals treating the same patient may consult. When this situation occurs, the providers will need to split the time into two billable amounts comprising the total amount of time spent in consultation.
- Mental health clinical care consultation may be done by telephone or face-to-face
- Submit one claim line per day for each service (Add up all the minutes of service provided for face-to-face or non-face-to-face services for each client for that day and submit a single claim regardless of the number of consultations)
- Enter the treating provider NPI number on each claim line
- Children’s Mental Health Clinical Case Management services are outpatient services and cannot be billed under CTSS.

Code Specific Units of Service

CPT® or HCPCS CODES	MODIFIER	NARRATIVE DESCRIPTION	UNIT OF SERVICE
90899	U8	Clinical Care Consultation, face-to-face 5 – 10 minutes	5 – 10 Min

CPT® or HCPCS CODES	MODIFIER	NARRATIVE DESCRIPTION	UNIT OF SERVICE
90899	U9	Clinical care Consultation, face-to-face 11 – 20 minutes	11 – 20 Min
90899	UB	Clinical Care Consultation, face-to-face 21 – 30 minutes	21 – 30 Min
90899	UC	Clinical Care Consultation, face-to-face 31 minutes and above	31 Min or greater
90899	U8, U4	Clinical Care Consultation, non-face-to-face 5 – 10 minutes	5 – 10 Min
90899	U9, U4	Clinical care Consultation, non-face-to-face 11 – 20 minutes	11 – 20 Min
90899	UC, U4	Clinical Care Consultation, non-face-to-face 31 minutes and above	31 Min or greater
90899	U8, HN	Clinical Care Consultation, face-to-face 5 – 10 minutes furnished by MH Practitioner or Bachelor Degree Level (Clinical Trainee)	5 – 10 Min
90899	U9, HN	Clinical care Consultation, face-to-face 11 – 20 minutes furnished by MH Practitioner or Bachelor Degree Level (Clinical Trainee)	11 – 20 Min
90899	UB, HN	Clinical Care Consultation, face-to-face 21 – 30 minutes furnished by MH Practitioner or Bachelor Degree Level (Clinical Trainee)	21 – 30 Min
90899	UC, HN	Clinical Care Consultation, face-to-face 31 minutes and above furnished by MH Practitioner or Bachelor Degree Level (Clinical Trainee)	31 Min or greater
90899	U8, U4, HN	Clinical Care Consultation, non-face-to-face 5 – 10 minutes furnished by MH Practitioner or Bachelor Degree Level (Clinical Trainee)	5 – 10 Min
90899	U9, U4, HN	Clinical care Consultation, non-face-to-face 11 – 20 minutes furnished by MH Practitioner or Bachelor Degree Level (Clinical Trainee)	11 – 20 Min
90899	UC, U4, HN	Clinical Care Consultation, non-face-to-face 31 minutes and above furnished by MH Practitioner or Bachelor Degree Level (Clinical Trainee)	31 Min or greater

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

UCare does not apply thresholds to Children’s Mental Health Clinical Care Consults.

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

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, Children’s Mental Health Clinical Care Consultations,](#)

[DHS MH Procedure CPT or HCPC Codes and Rates Chart.](#)

[Minnesota Rule 9505.0371](#) Medical Assistance Coverage Requirements for Outpatient Mental Health Services

[Minnesota Statutes 256B.0625](#), sub.62 Covered Services, Mental health clinical care consultation

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.”