# Children's Mental Health Clinical Care Consults

Policy Number: SC17P0060A1

Effective Date: May 1, 2018

Last Update: January 9, 2024

## PAYMENT POLICY HISTORY

| DATE | SUMMARY OF CHANGE |
|---|---|
| January 9, 2024 | Corrected policy number from SC17P0061A3 to SC17P0060A1. No other changes. |
| June 8, 2023 | Annual policy review completed. Updates made to enrollee eligibility, provider eligibility, payment information, and billing requirements sections. |
| 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 Connect | √ |
| UCare Connect +Medicare (When MHCP is the primary payer) | √ |

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## 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 This policy is a general guideline and may be superseded by specific provider contract language.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 |
|---|---|
| Clinical Supervision | Means the oversight responsibility for individual treatment plans and individual mental health service delivery, including that provided by the case manager. Clinical supervision must be accomplished by full or part-time employment of or contracts with mental health professionals. Clinical supervision must be documented by the mental health professional co-signing individual treatment plans and by entries in the patient's medical record regarding supervisory activities. |
| Clinical Trainee | Means a mental health practitioner who meets the qualifications specified in Minnesota Rules, part 9505.0371, subpart 5, item C. |
| Complex Needs | Means needs caused by acuity of psychotic disorder; cognitive or neurocognitive |

| TERM | NARRATIVE DESCRIPTION |
|---|---|
| | 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 Assessment will also note strengths, vulnerabilities, and needed mental health services. |
| Mental Health Clinical Care Consultation | Means communication between a treating mental health professional and other providers or educators to discuss patient care focusing on:<br>• Issues related to the patient's symptoms<br>• Strategies for effective engagement, care, and intervention needs<br>• Treatment expectations across service settings<br>• Clinical service components provided to the patient and family/guardian |
| Mental Health Professional | Means one of the following:<br>• Clinical Nurse Specialist<br>• Licensed Independent Clinical Social Worker (LICSW)<br>• Licensed Marriage and Family Therapist (LMFT)<br>• Licensed Professional Clinical Counselor (LPCC)<br>• Licensed Psychologist (LP)<br>• Mental Health Rehabilitative Professional<br>• Psychiatric Nurse Practitioner (NP)<br>• Psychiatry or an Osteopathic physician<br>• Tribal-certified professional |
| Notification | Means the process of informing UCare or their delegates of a specific medical treatment or |

| TERM | NARRATIVE DESCRIPTION |
|---|---|
| | 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. |
| 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. |

## 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 a UCare MHCP product to eligible for this service. In addition, the following criteria must also be met:

- Be age 20 or under; and
- Have a diagnosis of mental illness determined by a diagnostic assessment that includes both of the following:
    - Meets the definition of complex, as defined in the Minnesota Statutes 256B.0671, subdivision 7, 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.**

### Provider

Only a Mental Health Professional or clinical trainee can bill for this service.

### 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 |
| 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's degree Level (Clinical Trainee) |
| 90899 | U9, HN | Clinical care Consultation, face-to-face 11 – 20 minutes furnished by MH Practitioner or bachelor's degree Level (Clinical Trainee |
| 90899 | UB, HN | Clinical Care Consultation, face-to-face 21 – 30 minutes furnished by MH Practitioner or bachelor's degree Level (Clinical Trainee) |
| 90899 | UC, HN | Clinical Care Consultation, face-to-face 31 minutes and above furnished by MH Practitioner or bachelor's degree Level (Clinical Trainee) |
| 90899 | U8, U4, HN | Clinical Care Consultation, non-face-to-face 5 – 10 minutes furnished by MH Practitioner or bachelor's degree Level (Clinical Trainee) |
| 90899 | U9, U4, HN | Clinical care Consultation, non-face-to-face 11 – 20 minutes furnished by MH Practitioner or bachelor's 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's degree Level (Clinical Trainee) |



### Revenue Codes

Not applicable.

## PAYMENT INFORMATION

### Covered Services

UCare 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

Two mental health professionals treating the same client may consult; however, they need to split the time into two billable amounts comprising the total amount of time.

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

### Payment - Increases and Reductions

Based on MHCP guidelines when certain mental services are furnished by a master's 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

Master's 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.
- 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

## PRIOR AUTHORIZATI0N, 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 REFERENCES

**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 Statutes 256B.0625, sub.62 Covered Services, Mental health clinical care consultation

Minnesota Statutes 245I, Mental Health Uniform Service Standards Act

## 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."