

Children’s Mental Health Residential Treatment

Policy Number: SC17P0062A2

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.
July 28, 2021	The Enrollee Section of the policy was updated. The age for service eligibility is eighteen (18) years of age.
October 6, 2020	Annual Policy review was completed. No technical changes were made. This Policy was moved to UCare’s updated branded template. As a result, information may have been 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.
May 1, 2019	Annual policy review complete. The following changes were made to the Policy: <ul style="list-style-type: none"> • The UCare logo was replaced; • All hyperlinks within the document were updated; and • Updated the reference indicating room and board is not the responsibility of UCare. The reference was updated to the 2019 MN DHS contract for PMAP and MnCare was updated to section 6.10.11.
May 1, 2018	The Children’s Mental Health Residential Treatment Policy is published by UCare.

APPLICABLE PRODUCTS

This policy applies to the products checked below:

UCARE PRODUCT	APPLIES TO
UCare MinnesotaCare	✓
UCare Prepaid Medical Assistance (PMAP)	✓

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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 This policy is a general guideline and may be superseded by specific provider contract language.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

Children’s mental health residential treatment is a 24-hour-a-day program with services provided under the clinical supervision of a mental health professional in a community setting, rather than an acute-care hospital or regional treatment center. Children’s residential treatment must be designed to:

- Prevent placement in a more intensive, costly, or restrictive than necessary and appropriate to the child’s needs;
- Help the child improve family living and social interaction skills;
- Help the child gain the necessary skills to return to the community;
- Stabilize crisis admissions; and
- Work with families throughout the placement to improve the ability of the families to care for children with severe emotional disturbance in the home.

POLICY DEFINITIONS

TERM	NARRATIVE DESCRIPTION
Children’s Mental Health Residential Treatment	<p>Means a 24-hour-a-day program where services are provided under the clinical supervision of a mental health professional in a community setting, other than an acute-care hospital or regional treatment center with services designed to:</p> <ul style="list-style-type: none"> • Prevent placement in settings that are more intensive, costly, or restrictive than necessary and appropriate to meet the child’s needs;

TERM	NARRATIVE DESCRIPTION
	<ul style="list-style-type: none"> • Help the child improve family living and social interaction skills; • Help the child gain the necessary skills to return to the community; • Stabilize crisis admissions; and • Work with families throughout the placement to improve the ability of the families to care for children with severe emotional disturbance in the home.
Mental Health Professional	<p>Means one of the following:</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
Notification	<p>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. Services submitted prior to notification will be denied by UCare.</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 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.</p>
Severe Emotional Disturbance	<p>Means a child with emotional disturbance that meets at least one of the following criteria:</p>

TERM	NARRATIVE DESCRIPTION
	<ul style="list-style-type: none"> • Has been admitted to inpatient or residential treatment within the last three years or is at risk of being admitted. • Is a Minnesota resident and receiving inpatient or residential treatment for an emotional disturbance through the interstate compact. • Has been determined by a mental health professional to meet one of the following criteria: <ul style="list-style-type: none"> ○ Has psychosis or clinical depression ○ Is at risk of harming self or others because of emotional disturbance ○ Has psychopathological symptoms because of being a victim of physical or sexual abuse or psychic trauma within the past year ○ Has a significantly impaired home, school, or community functioning lasting at least one year or presents a risk of lasting at least one year because of emotional disturbance, as determined by a mental health professional.

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 be eligible for this service. In addition, to receive Children’s Mental Health Residential Treatment a patient must:

- Be eighteen years of age or younger
- Meet the criteria for Severe Emotional Disturbance (SED); and

- Have met UCare’s pre-screening requirements as applicable to the patient before placement in the residential facility for services.
- Meet the criteria for severe emotional disturbance (SED); and
- Meet UCare’s pre-screening requirements before placement in the residential facility for services.

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

Not applicable.

Facility

An eligible provider must be facility that is:

- Licensed by the state of Minnesota to provide children’s mental health residential treatment services;
- Under clinical supervision of a mental health professional;
- Under contract with a lead county; and
- Enrolled with UCare as a provider.

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

There are no required modifiers associated with Children’s Mental Health Residential Treatment.

CPT and/or HCPCS Code(s)

CPT® AND/OR HCPCS CODE(S)	MODIFIER(S)	NARRATIVE DESCRIPTION
H0019		Children’s Mental Health Residential Treatment

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

Revenue Codes

Not applicable.

BILLING REQUIREMENTS AND DIRECTIONS

- Claims must be submitted using the 837-P (professional) format or the electronic equivalent.
- Enter a span of dates within a month; for example, if billing for services during May and June, bill May dates on one claim and bill June dates on another claim.
- Use procedure code H0019 for the monthly negotiated rate.
- Enter the place of service code 99.
- Enter the number of units (1 unit = 1 day) based on the dates of service.
- Enter the facility’s NPI number as the rendering/treating provider.
- Enter the county mental health program’s NPI or UMPI number as the pay-to-provider.

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](#).

**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

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, Children's Mental Health Residential Treatment](#)

[DHS MHCP Procedure CPT or HCPCS Codes and Rates Chart](#)

[MS 256B.0945](#) Services for Children with Emotional Disturbance

[MS 245.4882](#) Residential Treatment Services

[MS 245.4885](#) Screening for Inpatient and Residential Treatment

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.”