

Children’s Mental Health Crisis Response Services

Policy Number: SC14P0033A5

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.
April 22, 2021	Effective for claims with dates of service May 1, 2021 and thereafter UCare will provide payment for children's crisis response services provided in an urgent care and outpatient hospital setting.
October 6, 2020	Annual policy review is completed. No technical changes were made to the document. The policy was moved to UCare’s updated branded document. As a result, portions of the policy may have been reformatted.
November 1, 2019	DHS has implemented a new code-set for Adult Crisis Response Services. Effective for claims with 2019 dates of service, received on or after November 1, 2019, UCare will require crisis response services to be submitted using HCPCS code H2011. One unit of service should be billed for each 15 minutes of care. Claims submitted with HCPCS code S9484 and any related modifiers will be denied.
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 1, 2019	Annual policy review completed. Other than updating hyperlinks and the UCare logo no other changes were made to the policy.
May 1, 2018	Children’s Mental Health Crisis Response Services policy is published 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)	✓

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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 crisis response services are intensive face-to-face, short-term mental health services initiated during a crisis to help the child or youth return to their baseline level of functioning provided by a mobile crisis team. A mobile crisis response team must provide children’s crisis response services outside of inpatient hospital settings. Services can be provided. Based on legislative changes children's crisis response services can be provided in urgent care and outpatient hospital setting. This policy provides UCare’s billing and payment guidelines for children’s crisis response services

POLICY DEFINITIONS

TERM	NARRATIVE DESCRIPTION
Children’s Mental Health Crisis Response Services	Means intensive face-to-face, short term mental health services initiated during crisis to help the child/youth return to their baseline level of functioning.
Crisis Assessment	Means an immediate, face-to-face evaluation by a physician, mental health professional or crisis-trained mental health practitioner, to: <ul style="list-style-type: none"> • Identify any immediate need for emergency services • Determine that the individual’s behavior is serious deviation from their baseline level of functioning and caused by either a mental health crisis or emergency • Provide immediate intervention to relieve the person’s distress • Evaluate, in a culturally appropriate way and as time permits, the:

TERM	NARRATIVE DESCRIPTION
	<ul style="list-style-type: none"> ○ Life situation ○ Sources of stress ○ Symptoms ○ Risk behaviors ○ Mental health problems ○ Strengths and vulnerabilities ○ Cultural considerations ○ Support network ○ Level of functioning ○ Whether the person will accept voluntary treatment ○ Whether the person has an advance directive ○ History and information obtained from family members
Crisis Intervention	<p>Means face-to-face, short-term, intensive mental health services provided during a mental health crisis or emergency. These services help to:</p> <ul style="list-style-type: none"> ● Cope with immediate stressors and lessen his/her suffering ● Identify patient strengths and use of available resources ● Avoid unnecessary hospitalization and loss of independent living ● Develop an action plan(s) ● Begin to return to the patient to their baseline level of functioning
Crisis Stabilization	<p>Means mental health services provided after crisis intervention that helps the individual return to the level of functioning prior to the crisis.</p>
Emotional Disturbance	<p>Means a child with an organic disorder of the brain, or a clinically significant disorder of thought, mood, perception, orientation, memory, or behavior that seriously limit's a child's ability to function in primary aspects of daily living, including, but not limited to personal relations, living arrangements, work, school, and recreation.</p>
Mental Health Crisis	<p>Means a behavioral, emotional, or psychiatric situation that would likely result in significantly reduced levels of functioning in primary activities of daily living or in the placement of the patient in a more restrictive setting (e.g., inpatient hospitalization)</p>
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 at least one 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:

TERM	NARRATIVE DESCRIPTION
	<ul 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 practitioners 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 <ol style="list-style-type: none"> 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 <p>In addition to the above criteria:</p> <ul style="list-style-type: none"> • A mental health practitioner for a child patient must have training working with children. • A mental health practitioner for an adult patient must have training working with adults.
<p>Mental Health Practitioner Qualified as a Clinical Trainee</p>	<p>Means a mental health practitioner working as a clinical trainee who meets the following criteria:</p> <ul style="list-style-type: none"> • Be complying with requirements for licensure or board certification as a mental health professional including supervised practice in the delivery of mental health services for the treatment of mental illness • Be a student in a bona fide field placement or internship under a program leading to completion of the requirements for licensure as a mental health professional <p>The clinical trainee’s clinical supervision experience helps the practitioner gain knowledge and skills necessary to practice effectively and independently. The experience gained by the clinical trainee during supervision may include:</p> <ul style="list-style-type: none"> • Direct practice

TERM	NARRATIVE DESCRIPTION
	<ul style="list-style-type: none"> • Treatment team collaboration • Continued professional learning • Job management
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
Mental Illness	<p>Means an organic disorder of the brain or a clinically significant disorder of thought, mood, perception, orientation, memory, or behavior that meets both of the following:</p> <ul style="list-style-type: none"> • Is included in the diagnostic code list published by the Minnesota Commissioner of Health; and • Seriously limits a person’s capacity to function in primary aspects of daily living such as personal relations, living arrangements, work, and recreation.
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. UCare does update its’ authorization, notification, and threshold requirements from time-to-time.</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. UCare does update its’ authorization, notification, and threshold requirements from time-to-time.</p>

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 be eligible to receive Children's Crisis Response Services, a patient must be:

- Be under the age of twenty-one (21);
- Be experiencing a mental health crisis or emergency; and
- Meet the criteria for emotional disturbance (age 0-18) or mental illness (age 18 to 21).

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

General Qualifying Information

- An agency must be approved for primary certification by DHS.
- The Crisis Response Services provider is responsible to provide and ensure that all the Crisis Response components of care are available when the patient needs them.

Eligible Mental Health Agencies

- County-operated agency
- Community Mental Health Center
- Indian Health Services / 638 facility
- Provider under contract with a county to provide crisis response services

Eligible Mental Health Professionals

- Licensed Psychologist (LP)
- Licensed Professional Clinical Counselor (LPCC)
- Licensed Independent Clinical Social Worker (LICSW)
- Licensed Marriage Family Therapist (LMFT)
- Clinical Nurse Specialist (CNS)
- Nurse Practitioner
- Psychiatrist
- Mental Health Practitioner

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
UA	CTSS service package / Children’s crisis service package
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.

CPT and/or HCPCS Code(s)

CPT AND/OR HCPCS CODE(S)	MODIFIER(S)	NARRATIVE DESCRIPTION
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H2011	UA	Crisis Intervention Mental Health Service
H2011	UA, HN	Health Services

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

Revenue Codes

Not applicable.

PAYMENT INFORMATION

Covered Services

Effective May 1, 2021, children's crisis response services can be provided in urgent care and outpatient hospital setting.

Crisis response services include:

- Crisis Assessment;
- Crisis Intervention; and
- Crisis Stabilization.

Non-Covered Services

The following services are not covered as crisis response services:

- Transporting patients;
- Crisis response services performed by volunteers;
- Providers performing household tasks, housekeeping, chores, or related activities, such as laundering clothes, moving the patient's household, and grocery shopping for the patient;
- Time spent "on call" and not delivering services to the patient(s);
- Activities that are primarily social or recreational in nature, rather than rehabilitative;
- Job specific skills services like on the job training;
- Case management;
- Outreach services to potential patients;
- Crisis response services provided by a hospital, board and lodging, or residential facility to a patient of that facility;
- Room and board.

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

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

Additional information regarding UCare fee schedule updates can be found in the [UCare Provider Manual](#) (Section 10-20 Fee Schedule Updates).

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 requirements associated with Children’s Crisis Response Services:

- Claims should be submitted using the 837P (professional) format or the electronic equivalent
- Bill for direct, face to face service(s) provided to an eligible child by a qualified staff person;
- Enter the actual place of service code (POS) that best indicates where the service was performed
- Enter the individual treating provider NPI
- Each team member providing on-site, face-to-face services may separately bill for the services they provide;
- When an off-site team member (professional) works with an on-site team member, the professional may bill for time spent working directly with the eligible on-site staff member.

PRIOR AUTHORIZATION, NOTIFICATION AND THRESHOLD INFORMATION

Prior Authorization and Notification Requirements

Children’s Mental Health Crisis Response Services do not require an authorization. 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 REFERENCES**LISTED BELOW ARE LINKS TO CMS, MHCP, AND STATUTORY AND REGULATORY REFERENCES USED TO CREATE THIS POLICY**

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

[Minnesota Statutes 245.487 – 245.4887](#) (Minnesota Comprehensive Children's Mental Health Act)

[Minnesota Statutes 256B.0943](#) (Children's Therapeutic Services and Supports)

[Minnesota Statutes 256B.0944](#) (Children's Mental Health Crisis Response Services)

MCP Provider Manual, Mental Health Services, Children's [Crisis Response Services](#)

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.”