

## Children’s Therapeutic Support Services (CTSS)

Policy Number: SC17P0058A1

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.
September 1, 2021	Annual review completed. UCare Connect and Connect + Medicare were added as eligible products. Grammatical and typographical corrections were made to the policy. The changes did not impact the technical requirements of the policy.
October 8, 2020	Annual review is completed. No technical changes were made to the Policy. Information in the Policy was moved to the updated UCare template, and as a result some 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	The -UD modifier is deleted and is no longer required when billing H0031 and H0032, and the units of service were updated to reflect billing per session. Links within the document were updated.
May 1, 2018	The CTSS Policy is implemented by UCare.

### APPLICABLE PRODUCTS

This policy applies to the products checked below:

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

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 This policy is a general guideline and may be superseded by specific provider contract language.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

CTS is package of mental health services for children requiring variable therapeutic and rehabilitative levels of intervention. CTSS focuses on the conditions associated with emotional disturbance impairing and interfering with a person’s ability function independently. For children with emotional disturbances rehabilitation involves a multidisciplinary combination of psychiatric and psychosocial interventions to:

- Restore a child or adolescent to an age-appropriate developmental trajectory that had been disrupted by a psychiatric illness; or
- Enable the child to self-monitor, compensate for, cope with, counteract, or replace psychosocial skills, deficits or maladaptive skills acquired over the course of a psychiatric illness.

**POLICY DEFINITIONS**

TERM	NARRATIVE DESCRIPTION
Children’s Therapeutic Support Services	<p>Means a flexible package of mental health services for children who require varying therapeutic and rehabilitative levels of intervention. CTSS addresses the conditions of emotional disturbance that impair and interfere with an individual’s ability to function independently. For children with emotional disturbances, rehabilitation means a series or multidisciplinary combination of psychiatric and psychosocial interventions to:</p> <ul style="list-style-type: none"> <li>• Restore a child or adolescent to an age-appropriate developmental trajectory that had been disrupted by a psychiatric illness; or</li> <li>• Enable the child to self-monitor, compensate for, cope with, counteract, or replace psychosocial skills, deficits or</li> </ul>

TERM	NARRATIVE DESCRIPTION
	maladaptive skills acquired over the course of a psychiatric illness.
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.
Emotional Disturbance	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.
Individual Treatment Plan (ITP)	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.
Individualized Education Program (IEP) Services	Means a written statement for a child with a disability that is developed, reviewed, and revised in a meeting according to CFR 34 300.320 through 300.324 and that must include a statement of the special education and related services and supplementary aids and services to be provided.
Mental Health Behavioral Aide (MHBA)	Means a paraprofessional working under the clinical supervision of a mental health professionals (employed by the same CTSS provider or another CTSS agency). A MHBA implements the one-on-one MHBA services identified in a child's ITP and individual behavior plan (IBP).
Mental Health Behavioral Aide (MHBA) Services	Means medically necessary services designed to improve the functioning of the child in the progressive use of developmentally appropriate psychosocial skills. Activities involve working directly with the child, child-peer groupings, or child-family groupings to practice, repeat, reintroduce, and master the skills previously taught by a professional or clinical trainee or mental health practitioner including:

TERM	NARRATIVE DESCRIPTION
	<ul style="list-style-type: none"> <li>• Providing cues or prompts in skill-building peer-to-peer or parent-child interactions so that the child progressively recognizes and responds to the cues independently</li> <li>• Performing as a practice partner or role-play partner</li> <li>• Generalizing skill-building activities in the child's multiple natural settings</li> <li>• Assigning further practice activities</li> <li>• Intervening as necessary to redirect the child's target behavior and to de-escalate behavior that puts the child or other person at risk of injury</li> </ul> <p>All services provided by a MHBA must be identified in an individual behavior plan (IBP). The IBP must be developed by the mental health professional or clinical trainee or by a mental health practitioner providing direction for the mental health behavioral aide.</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"> <li>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"> <li>a. Has at least 2,000 hours of supervised experience in the delivery of mental health services to patients with mental illness</li> <li>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</li> </ol> </li> <li>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.</li> <li>3) Is a graduate student in one of the mental health professional disciplines and an accredited college or</li> </ol>

TERM	NARRATIVE DESCRIPTION
	<p>university formally assigns the student to an agency or facility for clinical training</p> <p>4) Holds a masters or other graduate degree in one of the mental health professional disciplines from an accredited college or university.</p> <p>5) Is a tribally certified mental health practitioner who is serving a federally recognized Indian tribe</p> <p>In addition to the above criteria:</p> <ul style="list-style-type: none"> <li>• A mental health practitioner for a child patient must have training working with children.</li> <li>• A mental health practitioner for an adult patient must have training working with adults.</li> </ul>
Mental Health Practitioner Qualified as a Clinical Trainee	<p>Means a mental health practitioner working as a clinical trainee who meets the following criteria:</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• 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</li> </ul> <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"> <li>• Direct practice</li> <li>• Treatment team collaboration</li> <li>• Continued professional learning</li> <li>• Job management</li> </ul>
Mental Health Professional	<p>Means one of the following:</p> <ul style="list-style-type: none"> <li>• Clinical nurse specialist (CNS)</li> <li>• Licensed independent clinical social worker (LICSW)</li> <li>• Licensed marriage and family therapist (LMFT)</li> <li>• Licensed professional clinical counselor (LPCC)</li> <li>• Licensed psychologist (LP)</li> <li>• Mental health rehabilitative professional</li> <li>• Psychiatric nurse practitioner (NP)</li> <li>• Psychiatry or an osteopathic physician</li> </ul>
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</p>

TERM	NARRATIVE DESCRIPTION
	for medical necessity but must be medically necessary and covered within the member's benefit set.
Psychiatric Rehabilitation Services	Means services for children that combines psychotherapy to address internal psychological, emotional, and intellectual processing deficits with skills training to restore personal and social functioning to the proper developmental level. Psychiatric rehabilitation services establish a progressive series of goals with each achievement building upon a prior achievement. Continuing progress toward goals is expected, and rehabilitative potential ceases when successive improvement is not observable over a period.
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.
Psychotherapy	Means a planned and structured, face-to-face treatment of a patient's mental illness that is provided using the psychological, psychiatric, or interpersonal method most appropriate to the needs of the patient according to current community standards of mental health practice and is directed to accomplish measurable goals and objectives specified in the patient's individual treatment plan (ITP).

**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, to be eligible to receive CTSS services all the criteria listed below must be met:

- Be under twenty-one (21) years of age;
- Have a diagnostic assessment that documents:
  - A primary diagnosis of an emotional disturbance for children under eighteen (18) years of age, or mental illness for young adults eighteen year of age and older;
  - The medical necessity for CTSS;
  - A completed CASII or ESCII
- Have a completed and signed individual treatment plan that:
  - Documents specific goals and objectives for CTSS services; and

- The mental health professional or practitioner must request that the patient, or for children the parent or legal guardian or other authorized individual sign the individual treatment plan (ITP) and revisions to the treatment plan. If the patient or authorized individual refuses to sign the ITP, the provider must document the refusal to sign and reason for refusal.

For a patient age 18 or older, the treatment team may disclose to a family member, other relative, or a close friend of the patient, or other person identified by the patient, the protected health information directly relevant to their involvement with the patient’s care.

If the patient is present, the treatment team should obtain the patient's agreement, provide the patient with an opportunity to object, or reasonably infer from the circumstances, based on their professional judgment, that the patient does not object. If the patient is not present or is unable, by incapacity or emergency circumstances, to agree or object, the treatment team may, based on their professional judgment, determine whether the disclosure is in the best interests of the patient. If so, they may disclose information that is directly relevant to the family member's, relative's, friend's, or patient-identified person's involvement with the patient's health care. The patient may orally agree or object to the disclosure and may prohibit or restrict disclosure to specific individuals.

**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**

CTSS must be certified to furnish CTSS mental health rehabilitation service. The following entities are eligible for certification:

- County-operated entities
- Community Mental Health Centers (CMHC)
- Hospital-based providers
- Non-County mental health rehabilitative providers
- School districts (only Option 2 and 3)
  - Option 1: IEP notification (not a CTSS certification process)
  - Option 2: Contract CTSS – the school chooses to contract mental health services from a CTSS certified community provider
  - Option 3: School CTSS – the school employs mental health staff

The providers listed below are eligible to furnish CTSS services:

- Mental Health Professionals

- Clinical Nurse Specialist
- 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
- Qualified Clinical Trainees furnishing eligible services within their scope of practice
- Mental Health Practitioner
  - A Mental Health Practitioner is limited to furnishing the following services:
    - Skills training;
    - Crisis Assistance;
    - Direction of Mental Health Behavioral Aides (MHBA);
    - Development and review of the patient's treatment plan; and
    - Administering and reporting standardized measures.
    - Mental health practitioners who are qualified as clinical trainees may also furnish psychotherapy.
- Mental Health Behavioral Aide (MHBA)
  - MHBAs are limited to furnishing specific services, including:
    - Providing cues or prompts in skill-building peer-to-peer or parent-child interactions so that the child progressively recognizes and responds to the cues independently
    - Performing as a practice partner or role-play partner
    - Reinforcing the child's accomplishments
    - Generalizing skill-building activities in the child's multiple natural settings
    - Assigning further practice activities
    - Intervening as necessary to redirect the child's target behavior and to de-escalate behavior that puts the child or other person at risk of injury

All services provided by a MHBA must be identified in an individual behavior plan (IBP). The IBP must be developed by the mental health professional or clinical trainee or by a mental health practitioner providing direction for the mental health behavioral aide.

A MHBA must furnish services under the supervision of a mental health professional who is employed by the certified CTSS agency or other provider or other provider certified to furnish CTSS services.

- Mental Health Practitioners

Providers must be certified before delivering CTSS services.

**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
HE	Mental Health
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
HR	Family / Guardian/Couple with patient present
UA	CTSS service package / Children’s crisis service package

When an eligible service is provided by a qualified clinical trainee the –HN modifier must be appended to the service.

**CPT and/or HCPCS Code(s)**

CPT AND/OR HCPCS CODE(S)	MODIFIER(S)	NARRATIVE DESCRIPTION
90832	UA	Psychotherapy, (with patient and/or family member)
90833 and appropriate Evaluation and Management Service	UA	Psychotherapy, (with patient and / or family member when performed with an E&M services)
90834	UA	Psychotherapy, (with patient and / or family member)
90836 and appropriate Evaluation and Management Service	UA	Psychotherapy, (with patient and / or family member when performed with an E&M services)
90837	UA	Psychotherapy (with patient or family member or both present),
90838 and appropriate Evaluation and Management service	UA	E/M with psychotherapy add-on (with patient or family member or both present)
90839	UA	Psychotherapy for crisis
90840	UA	Psychotherapy for crisis, (add on to CPT® code 90839)
90846	UA	Family psychotherapy without the patient present
90847	UA	Family psychotherapy with the patient present
90849	UA	Multiple family group psychotherapy
90853	UA	Group psychotherapy
90875	UA	Biofeedback training
90876	UA	Individual psychophysiological therapy, with psychotherapy
99354	UA	Prolonged Service Code (add on to CPT® code 90837)
H0031	UA	Administering and reporting standardized measures

CPT AND/OR HCPCS CODE(S)	MODIFIER(S)	NARRATIVE DESCRIPTION
H0032	UA	Treatment Plan Development and Review
H2014	UA	Skills training & development - individual
H2014	UA, HQ	Skills training & development - group
H2014	UA, HR	Skills training & development - family
H2015	UA	Comp community support services – crisis assistance
H2019	UA	Therapeutic behavioral services – Level I MHBA
H2019	UA, HE	Therapeutic behavioral services (Direction of MHBA)
H2019	UA, HM	Therapeutic behavioral services – Level II MHBA

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### Revenue Codes

Not applicable.

## PAYMENT INFORMATION

### Covered Services

The following services are billable as CTSS. Certified CTSS providers must provide or ensure the following services as prescribed in the child’s Individual Treatment Plan. Required core services must be rendered or offered by a certified community provider, while a school CTSS provider may choose which of the core services to deliver:

- Psychotherapy - with patient or family member / legal guardian (or both), family, group, and psychotherapy for crisis
- Skills training - individual, family / legal guardian, or group
- Crisis assistance
- Treatment plan development and review
- Administering and reporting standardized measures
- Optional services may be offered according to requirements below:
  - MHBA services, including direction of the mental health behavioral aide
  - Children’s day treatment, a combination of psychotherapy and skills training

### Excluded Services

The following services are excluded:

- When CTSS services are provided by more than one provider or entity UCare prior authorization and notification requirements for those services must be adhered to. Current UCare and prior authorization and notification requirements can be found [here](#).
- Treatment by multiple providers within the same agency at the same clock time
- Children's therapeutic services and supports that do not meet the provisions outlined in Minnesota Rules, part 9505.0220
- Mental health behavioral aide services provided by a personal care assistant who is not qualified as a mental health behavioral aide and employed by a certified CTSS provider entity
- Service components of CTSS that are the responsibility of a residential or program license holder including foster care providers under the terms of a service agreement or administrative rules governing licensure
- Consultation with other providers or service agency staff about the care or progress of a child
- Adjunctive activities that may be offered by a provider entity but are not otherwise covered by UCare, including:
  - A service that is primarily recreational in nature or provided in a setting that is not medically supervised. This includes sports activities, exercise groups, activities such as craft hours, leisure time, social hours, meal or snack time, trips to community activities, and tours;
  - Social or educational services that do not have or cannot reasonably be expected to have a therapeutic outcome related to the client's emotional disturbance;
  - Prevention or education programs provided to the community; and
  - Treatment for clients with primary diagnoses of alcohol or other drug abuse.

### Criteria for Concurrent Care in Partial Hospitalization and Other Group Settings

CTSS may also be provided when the service components of CTSS are identified in the discharge plan and are provided within a six-month time period if the child participates in a partial hospitalization program or resides in one of the following:

- Hospital
- Group home
- Residential treatment facility or regional treatment center
- Other institutional group settings
- UCare prior authorization and notification requirements must be adhered to. Current UCare and prior authorization and notification requirements can be found [here](#).

### Payment Increases and Decreases

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**

When submitting claims to UCare follow the billing guidelines outlined below:

- Bill CTSS services using 837P (Professional) format or the electronic equivalent.
- Enter the treating provider NPI number on each claim line.
- Providers should follow NCCI standards when submitting claims. UCare does apply [NCCI](#) standards when adjudicating claims.
- No interval is required between sessions
- When services are furnished by a qualified clinical trainee the –HN modifier must be appended to the service that was provided. Payment for allowed services will be made at the same rate as that of the supervising provider.

CPT® or HCPCS CODES	MODIFIER	NARRATIVE DESCRIPTION	UNIT OF SERVICE	THRESHOLDS / ADDITIONAL INFORMATION
90832	UA	Psychotherapy, (with patient and/or family member)	30 Minutes (16 – 37 minutes)	<p><b>Billing Guidelines</b></p> <p>Interactive complexity add-on code (90785) may be used with:</p> <ul style="list-style-type: none"> <li>• Psychotherapy (90832, 90834 or 90837)</li> </ul>

CPT® or HCPCS CODES	MODIFIER	NARRATIVE DESCRIPTION	UNIT OF SERVICE	THRESHOLDS / ADDITIONAL INFORMATION
				<ul style="list-style-type: none"> <li>E/M with psychotherapy add-on codes (90833, 90836, 90838)</li> </ul> <p><b>Threshold</b></p> <p>UCare’s Group and Individual Psychotherapy threshold applies to this service.</p>
90833 and appropriate Evaluation and Management Service	UA	Psychotherapy, (with patient and / or family member when performed with an E&M services	30 Minutes (16 – 37 minutes)	
90834	UA	Psychotherapy, (with patient and / or family member)	45 Minutes (38 – 52 minutes)	<p><b>Billing Guidelines</b></p> <p>Interactive complexity add-on code (90785) may be used with:</p> <ul style="list-style-type: none"> <li>Psychotherapy (90832, 90834 or 90837)</li> <li>E/M with psychotherapy add-on codes (90833, 90836, 90838)</li> </ul> <p><b>Threshold</b></p> <p>UCare’s Group and Individual Psychotherapy threshold applies to this service.</p>
90836 and appropriate Evaluation and Management Service	UA	Psychotherapy, (with patient and / or family member when performed with an E&M services	45 Minutes (38 – 52 minutes)	
90837	UA	Psychotherapy (with patient or family member or both present),	60 Minutes (53 minutes or greater)	<p><b>Billing Guidelines</b></p> <p>Interactive complexity add-on code (90785) may be used with:</p>

CPT® or HCPCS CODES	MODIFIER	NARRATIVE DESCRIPTION	UNIT OF SERVICE	THRESHOLDS / ADDITIONAL INFORMATION
				<ul style="list-style-type: none"> <li>• Psychotherapy (90832, 90834 or 90837)</li> <li>• E/M with psychotherapy add-on codes (90833, 90836, 90838)</li> </ul> <p><b>Threshold</b></p> <p>UCare’s Group and Individual Psychotherapy threshold applies to this service.</p>
90838 and appropriate appropriate Evaluation and Management service	UA	E/M with psychotherapy add-on (with patient or family member or both present)	60 Minutes (53 minutes or greater)	
90839	UA	Psychotherapy for crisis	60 Minutes (53 minutes or greater)	
90840	UA	Psychotherapy for crisis, (add on to CPT code 90839)	30 Minutes (16 – 37 minutes)	
90846	UA	Family psychotherapy without the patient present	1 Session	<p><b>Threshold</b></p> <p>UCare’s Family Psychotherapy thresholds are applied to these services.</p>
90847	UA	Family psychotherapy with the patient present	1 Session	
90849	UA	Multiple family group psychotherapy	1 Session	
90853	UA	Group psychotherapy	1 Session	<p>As appropriate the Interactive complexity add-on code (90785) may be appended when 90853 is billed.</p> <p><b>Threshold</b></p> <p>UCare’s Group and Individual Psychotherapy threshold applies to this service.</p>

CPT® or HCPCS CODES	MODIFIER	NARRATIVE DESCRIPTION	UNIT OF SERVICE	THRESHOLDS / ADDITIONAL INFORMATION
90875	UA	Biofeedback training	30 Minutes (16 – 37 minutes)	<b>Threshold</b> UCare’s Group and Individual Psychotherapy threshold applies to this service.
90876	UA	Individual psychophysiological therapy, with psychotherapy	45 Minutes (38 – 52 minutes)	<b>Threshold</b> UCare’s Group and Individual Psychotherapy threshold applies to this service.
99354	UA	Prolonged Service Code (add on to CPT code 90837)	60 min	
99354	UA, HN	Prolonged Service Code (add on to CPT code 90837, furnished by a qualified clinical trainee)	60 min	
H0031	UA	Administering and reporting standardized measures	1 Session	<b>Treatment plan development and review services count toward the 200-hour CTSS threshold.</b>  <b>Threshold</b> 300 hours (1200 units) of any combination of H2014, H2015, H2019, H0031 and H0032 per calendar year  Level I and Level II MHBA services cannot be furnished as part of the same clock time.  MHBA services count toward the 200-hour CTSS threshold.
H0032	UA	Treatment Plan Development and Review	1 Session	
H2014	UA	Skills training & development - individual	15 Minutes	
H2014	UA, HQ	Skills training & development - group	15 Minutes	
H2014	UA, HR	Skills training & development - family	15 Minutes	
H2015	UA	Comp community support services – crisis assistance	15 Minutes	
H2019	UA	Therapeutic behavioral services – Level I MHBA	15 Minutes	
H2019	UA, HE	Therapeutic behavioral services (Direction of MHBA)	15 Minutes	
H2019	UA, HM	Therapeutic behavioral services – Level II MHBA	15 Minutes	

**PRIOR AUTHORIZATION, NOTIFICATION AND THRESHOLD INFORMATION**

**Prior Authorization and Notification Requirements**

CTSS services do not require a prior authorization. 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**

Refer to the Billing Section of this Policy for threshold information. CTSS services do not require a prior 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
SC14P0043A3	Psychotherapy
SC14P0004A1	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, CTSS](#)

[MN Statutes 256B.0943](#) CTSS

MN Rules 9505.0370, [9505.0371](#) and [9505.0372](#) definitions of clinical supervision, mental health professionals, [diagnostic](#) assessment

MN Rules [9505.2175](#) case documentation

**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.”