

Children’s Therapeutic Support Services (CTSS)

Policy Number: SC17P0058A1

Effective Date: May 1, 2018

Last Update: May 11, 2023

PAYMENT POLICY HISTORY

DATE	SUMMARY OF CHANGE
May 11, 2023	Annual review complete in conjunction with updates from DHS publication dated 4/17/2023. Eligible providers, payment information, and documentation sections were updated to provide more information in alignment with Uniform Service Standards and general DHS guidance.
February 22, 2023	References to CPT® Code 99354 removed, as code was deleted eff. 1/1/2023.
February 16, 2023	Definition updates were completed to match other UCare MH policies.
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 PRODUCT	APPLIES TO
UCare Connect	✓
UCare Connect + Medicare (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 5

POLICY DEFINITIONS 5

ENROLLEE ELIGIBILITY CRITERIA..... 10

ELIGIBLE PROVIDERS OR FACILITIES..... 11

 Provider..... 11

 Facility 14

 Other and/or Additional Information 14

EXCLUDED PROVIDER TYPES 14

MODIFIERS, CPT, HCPCS, AND REVENUE CODES 14

 General Information 14

 Modifiers 15

 CPT and/or HCPCS Code(s)..... 15

 Revenue Codes..... 15

PAYMENT INFORMATION 16

 Covered Services 16

 Noncovered Services..... 18

Criteria for Concurrent Care in Partial Hospitalization and Other Group Settings..... 18

Payment Increases and Decreases..... 18

BILLING REQUIREMENTS AND DIRECTIONS..... 19

PRIOR AUTHORIZATION, NOTIFICATION AND THRESHOLD INFORMATION 22

 Prior Authorization and Notification Requirements 22

 Threshold Information 22

RELATED PAYMENT POLICY INFORMATION..... 23

SOURCE DOCUMENTS AND REGULATORY REFENCES..... 23

DISCLAIMER..... 23

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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

CTSS is a flexible 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.

Psychiatric rehabilitation services for children combine psychotherapy to address internal psychological, emotional, and intellectual processing deficits with skills training to restore personal and social functioning to the proper developmental level. Providers deliver CTSS services using various treatment modalities and combinations of services designed to reach measurable treatment outcomes identified in an individual treatment plan (ITP).

POLICY DEFINITIONS

TERM	NARRATIVE DESCRIPTION
Children’s Therapeutic Support Services	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

TERM	NARRATIVE DESCRIPTION
	<p>series or multidisciplinary combination of psychiatric and psychosocial interventions to:</p> <ul style="list-style-type: none"> • 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.
Diagnostic Assessment	<p>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.</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>
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>
Individualized Education Program (IEP) Services	<p>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.</p>
Mental Health Behavioral Aide (MHBA)	<p>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).</p>

TERM	NARRATIVE DESCRIPTION
Mental Health Behavioral Aide (MHBA) Services	<p>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:</p> <ul style="list-style-type: none"> • 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 • 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 <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 <i>at least one</i> of the following five ways:</p> <ul style="list-style-type: none"> • Practitioner is qualified through relevant coursework by completing at least 30 semester hours or 45 quarter hours in Behavioral Sciences or related fields and: <ul style="list-style-type: none"> ○ Has at least 2,000 hours of supervised experience in the delivery of services to adults or children with: <ul style="list-style-type: none"> ▪ Mental illness, substance use disorder, ▪ Traumatic brain injury or developmental disabilities and completes 30 hours of additional training on mental illness, recovery and resiliency, mental health de-escalation techniques, co-occurring mental illness and substance abuse, and psychotropic medications and side effects; or

TERM	NARRATIVE DESCRIPTION
	<ul style="list-style-type: none"> <ul style="list-style-type: none"> ▪ Is fluent in the non-English language of the ethnic group to which at least 50 percent of the practitioner's clients belong, and completes 30 hours of additional training on mental illness, recovery and resiliency, mental health de-escalation techniques, co-occurring mental illness and substance abuse, and psychotropic medications and side effects; or ▪ Has completed a practicum or internship that required direct interaction with adults or children served, and was focused on behavioral sciences or related fields; or ▪ Is working in a MHCP-enrolled adult or children's day treatment program. • Practitioner is qualified through work experience if the practitioner has either: <ul style="list-style-type: none"> ○ At least 4,000 hours of experience in the delivery of services to adults or children with: <ul style="list-style-type: none"> ▪ Mental illness, substance use disorder, or ▪ Traumatic brain injury or developmental disabilities and completes 30 hours of additional training on mental illness, recovery and resiliency, mental health de-escalation techniques, co-occurring mental illness and substance abuse, and psychotropic medications and side effects; ○ At least 2,000 hours of work experience and receives treatment supervision at least once per week until meeting the requirement of 4,000 hours in the delivery of services to adults or children with: <ul style="list-style-type: none"> ▪ Mental illness, or substance use disorder; or ▪ Traumatic brain injury or developmental disabilities and completes 30 hours of additional training on mental illness, recovery and resiliency, mental health de-escalation techniques, co-occurring mental illness and substance abuse, and psychotropic medications and side effects; • Practitioner is qualified if they hold a master's or other graduate degree in behavioral sciences or related fields.

TERM	NARRATIVE DESCRIPTION
	<ul style="list-style-type: none"> Practitioner is qualified as a vendor of medical care if the practitioner meets the definition of vendor of medical care in Minnesota Statutes, 256B.02, subdivision 7, paragraphs (b) and (c), and is serving a federally recognized tribe.
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"> 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 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 Tribal-certified professional
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.</p>
Psychiatric Rehabilitation Services	<p>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</p>

TERM	NARRATIVE DESCRIPTION
	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 21 years old;
- Have a diagnostic assessment that documents:
 - A primary diagnosis of an emotional disturbance for children under 18 years old, or mental illness for adults 18 through 20 years old;
 - Medical necessity for CTSS;
 - A completed CASII, ESCII, or other commissioner approved tool for adults 18 through 20 years old.
- 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.

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**

CTSS providers 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
- Indian health services and 638 facilities
- Non-County mental health rehabilitative providers
- School districts

School-based providers

- Schools choose from one of the following two CTSS options:
 - Contract CTSS- the school chooses to contract mental health services from a CTSS certified community provider.
 - School CTSS- the school employs mental health staff
- IEP evaluation only: refer to [Individualized Education Program \(IEP\) Services](#) or [Notification of Intent to bill for Individual Education Plan \(IEP\) Mental Health Evaluations \(DHS-7840\) \(PDF\)](#)

Mental Health Professionals

- The following mental health professionals can provide CTSS:
 - Licensed Psychologist (LP)
 - Licensed Professional Clinical Counselor (LPCC)
 - Licensed Independent Clinical Social Worker (LICSW)
 - Psychiatrist or an Osteopathic Physician
 - Clinical Nurse Specialist (CNS)
 - Psychiatric Nurse Practitioner
 - Tribally approved mental health care professional who meets the standard in [Minnesota Statutes, section 256B.02, subdivision 7, paragraphs \(b\) and \(c\)](#), and who is serving under a federally recognized Indian Tribe.
 - Qualified Clinical Trainees furnishing eligible services within their scope of practice

Mental Health Clinical Trainees

- Mental health clinical trainees may provide the following services under CTSS:
 - Skills training
 - Crisis planning
 - Directing mental health behavioral aides
 - Treatment plan development and review
 - Administering and reporting standardized measures
 - Psychotherapy
 - Administering the diagnostic assessment

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)

- A MHBA is a paraprofessional working under the supervision of 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.
- MHBA's are limited to furnishing specific services under the scope of practice according to Minnesota Statutes 2451.04, which may include:
 - 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
- The child's ITP must:
 - Identify the need for MHBA services
 - Determine the scope, duration and frequency of services required for the child and child's family.
- Before an MHBA provides services: the mental health professional, clinical trainee, or mental health practitioner must instruct the MHBA on the following:

- Services the MHBA is expected to provide
- Time allocated to each service
- Methods of documenting the child's behavior
- Methods of monitoring the progress of the child in reaching objectives
- Goals to increase or decrease targeted behavior as identified in the ITP
- Under the direction of a Mental Health Professional or Mental Health Practitioner, the MHBA must:
 - Implement activities in the child's IBP
 - Document the delivery of services and progress on objectives in progress notes.
- Supervision and Direct Observation Requirements:
 - A mental health behavioral aide must receive direct observation from a mental health professional, clinical trainee, certified rehabilitation specialist, or mental health practitioner while the mental health behavioral aide or mental health rehabilitation worker provides treatment services to clients, no less than twice per month for the first six months of employment and once per month thereafter. The staff person performing the direct observation must approve of the progress note for the observed treatment service, according to Minnesota Statutes 245I.06, subdivision 3, paragraph (a).
 - In addition to other supervision requirements, CTSS entities that elect to provide MHBA services also must provide direction for MHBAs as described under Direction to a Mental Health Behavioral Aide
- Direction to a Mental Health Behavioral Aide
 - Direction must be provided to an MHBA in the performance of their scope of practice, according to Minnesota Statutes 245I.04, subdivision 17, by a mental health professional, clinical trainee, or mental health practitioner. Direction is more instructional than is supervision and requires the professional, clinical trainee, or practitioner providing it to continuously evaluate the mental health behavioral aide's ability to carry out the MHBA activities in the individualized treatment plan. When providing direction, the professional, clinical trainee, or practitioner must:
 - instruct the mental health behavioral aide about the client's diagnosis, functional status, and other characteristics affecting service delivery
 - instruct the mental health behavioral aide on how to implement therapeutic activities and interventions
 - review progress notes
 - identify changes in treatment strategies
 - continuously determine that the MHBA has the skills to effectively interact with the client and the client's family in ways that convey personal and cultural respect
 - continuously determine that the MHBA actively collaborate with the family on skills acquisition

Provider Responsibilities

- The provider's caseload size should reasonably enable the provider to play an active role in service planning, monitoring, and delivering services to meet the member's and family's needs,

as specified in each member’s individual treatment plan. Mental health professionals and practitioners providing CTSS must:

- Develop an ITP for necessary and appropriate care based on information in the child’s standard diagnostic assessment and the documented input of the family and other authorized caregivers
- Ensure that the member approves of the individual treatment plan unless court orders the members treatment plan under 253B
- Review the ITP at least every 180 days with the member and the member’s parents or guardians, or primary caregivers
- Ensure that the services provided are designed to meet specific mental health needs of the child and the child’s family according to the child’s ITP
- Coordinate CTSS services
- Work with other health care providers (including multiple agencies, if for example, the child has an additional diagnosis of developmental disability, substance abuse or physical condition requiring regular medical care)
- Provide treatment supervision plans for staff according to Minnesota Statutes 245I.06. A treatment supervisor must be available for urgent consultation as required by the individual client’s needs or the situation

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)

See Billing Requirements and Directions for complete list of billable code and modifier combinations.

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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 provided or offered by a certified community and school providers:

- 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 planning
- 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

Psychotherapy

Psychotherapy to address the child's underlying mental health disorder must be documented as part of the child's ongoing treatment. A provider must deliver, or arrange, medically necessary psychotherapy, unless the child's parent or caregiver chooses not to receive it or the provider determines by an updated diagnostic assessment, as required in [Minnesota Statutes 245I.10](#), subdivision 2, paragraph (f) and level of care assessment, that it is no longer medically necessary. When a provider determines that psychotherapy is no longer medically necessary, the provider must update required documentation, including, but not limited to, the individual treatment plan, the functional assessment, the child's medical record, or other authorizations, to include the determination. When a provider determines that a child needs psychotherapy, but psychotherapy cannot be delivered due to a shortage of licensed mental health professionals in the child's community, the provider must document the lack of access in the child's medical record.

Skills Training

Skills training facilitates the acquisition of behavioral, functional, or psychosocial skills that are medically necessary to rehabilitate the child to an age-appropriate developmental trajectory that has been disrupted by a diagnosed mental health disorder, according to [Minnesota Statutes 256B.0943](#), subdivision 1, paragraph (s). Skills training may also be delivered to help the child or youth to self-monitor, compensate for, cope with, counteract, or replace skill deficits or maladaptive skills acquired during the course of a mental illness. Unlike a thought, feeling or perception, a skill is observable by others. It is an activity that must be practiced to master and maintain.

Crisis Planning

Crisis planning is for the child, the child's family and all providers of services to the child to:

- Recognize factors precipitating a mental health crisis
- Identify behaviors related to the crisis
- Be informed of available resources to resolve the crisis
- Crisis planning requires the development of a written plan that addresses prevention and intervention strategies in a potential crisis, including plans for:

Actions the family should be prepared to take to resolve or stabilize a crisis

- Acute care
- Crisis placement
- Community resources for follow-up
- Emotional support to the family during crisis

Service Plan Development

Service plan development covers two separately billable activities:

- Individual treatment plan (ITP) development, and revision
- Functional assessment administration and outcomes reporting

Mental health service plan development must be performed in consultation with the child's family and, when appropriate, with other key participants in the child's life by the child's treating mental health professional or clinical trainee or by a mental health practitioner and approved by the treating mental health professional, according to [Minnesota Statutes 256B.0943](#), subdivision 9, paragraph (b), clause (5).

Individual treatment plan development, review, and revision consists of drafting and communicating by face-to-face or electronic communication. The provider must document events, including the time spent with the family and other key participants in the child's life to approve the individual treatment plan. Medical assistance covers service plan development before completion of the child's individual treatment plan. Service plan development is covered only if a treatment plan is completed for the child. If upon review it is determined that a treatment plan was not completed for the child, the commissioner shall recover the payment for the service plan development. Individual treatment plan review must be conducted according to [Minnesota Statutes 256B.0943](#), subdivision 6, paragraph (b), clause (7).

Administering and reporting standardized outcome measures consists of conducting the functional assessment tool, according to [Minnesota Statutes 245I.02, subdivision 17](#), and the level of care decision support tool appropriate to the client's age, according to [Minnesota Statutes 245I.02](#), subdivision 19, and the reporting of standardized measures to Children's Mental Health Outcome Measures Reporting System or other system required by the commissioner.

Noncovered Services

The following services are excluded:

- 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

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
- Psychiatric Residential Treatment Facility
- Children's residential treatment facility or state inpatient psychiatric hospital for children
- Other institutional group settings

Payment Increases and Decreases

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

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>Billing Guidelines</p> <p>Interactive complexity add-on code (90785) may be used with:</p> <ul style="list-style-type: none"> • Psychotherapy (90832, 90834 or 90837) • E&M with psychotherapy add-on codes (90833, 90836, 90838)

CPT® or HCPCS CODES	MODIFIER	NARRATIVE DESCRIPTION	UNIT OF SERVICE	THRESHOLDS / ADDITIONAL INFORMATION
				<p>Threshold</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 service	30 Minutes (16 – 37 minutes)	
90834	UA	Psychotherapy, (with patient and / or family member)	45 Minutes (38 – 52 minutes)	<p>Billing Guidelines</p> <p>Interactive complexity add-on code (90785) may be used with:</p> <ul style="list-style-type: none"> • Psychotherapy (90832, 90834 or 90837) • E&M with psychotherapy add-on codes (90833, 90836, 90838) <p>Threshold</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 service	45 Minutes (38 – 52 minutes)	
90837	UA	Psychotherapy (with patient or family member or both present),	60 Minutes (53 minutes or greater)	<p>Billing Guidelines</p> <p>Interactive complexity add-on code (90785) may be used with:</p> <ul style="list-style-type: none"> • Psychotherapy (90832, 90834 or 90837)

CPT® or HCPCS CODES	MODIFIER	NARRATIVE DESCRIPTION	UNIT OF SERVICE	THRESHOLDS / ADDITIONAL INFORMATION
				<ul style="list-style-type: none"> E&M with psychotherapy add-on codes (90833, 90836, 90838) <p>Threshold 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>Threshold 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>Threshold 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)	Threshold UCare’s Group and Individual Psychotherapy threshold applies to this service.
90876	UA	Individual psychophysiological therapy, with psychotherapy	45 Minutes (38 – 52 minutes)	Threshold UCare’s Group and Individual Psychotherapy threshold applies to this service.
H0031	UA	Administering and reporting standardized measures	1 Session	Treatment plan development and review services count toward the 200-hour CTSS threshold. Threshold 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

The most current prior authorization requirements can be found [here](#).

Threshold Information

Refer to the Billing Section of this Policy for threshold information.

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 REFERENCES

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

[Minnesota Statutes 245I](#) Mental Health Uniform Service Standards Act

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.”