

CTSS Children’s Day Treatment

Policy Number: SC14P0010A3

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.
August 23, 2021	A policy review was completed, and the policy was re-posted. Grammatical corrections were made to the policy. These changes did not impact the technical requirements of the policy. The policy was moved to a new UCare template and as a result some of the 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.
August 7, 2019	Annual policy review completed. Links within the policy and the UCare logo were updated. No other changes were made to the policy.
May 1, 2018	The CTSS Children’s Day Treatment policy is published by UCare.

APPLICABLE PRODUCTS

This policy applies to the products listed below:

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

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PAYMENT POLICY INSTRUCTIONS

A payment policy assists in determining provider reimbursement for specific covered services. To receive payment, the provider must be in a contractual relationship with UCare and provide services to a member enrolled in one of UCare’s products. This payment policy is intended to provide a foundation for system configuration, work instructions, call scripts, and provider communications. A payment policy describes the rules for payment, which include applicable fee schedules, additional payment rules by regulatory bodies, and contractual terms. This policy is a general guideline and may be superseded by specific provider contract language.

PAYMENT POLICY OVERVIEW

(CTSS) children’s day treatment is a site-based, structured mental health treatment program, consisting of psychotherapy and skills training services. This policy outlines UCare’s billing and payment guidelines.

POLICY DEFINITIONS

TERM	NARRATIVE DESCRIPTION
Children’s Therapeutic Services and Supports (CTSS)	<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"> • Restore a child or adolescent to an age-appropriate developmental trajectory that had been disrupted by a psychiatric illness; and • 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>

TERM	NARRATIVE DESCRIPTION
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 limits 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.
Mental Health Practitioner	<p>Means a provider who is 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: <ol 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 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 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.

TERM	NARRATIVE DESCRIPTION
	<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"> • 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 compliant 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; and • 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
<p>Mental Health Professional</p>	<p>Means one of the following:</p> <ul style="list-style-type: none"> • 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
<p>Notification</p>	<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. If claims are submitted to UCare and no notification has been received from the provider, the claim will be denied.</p>

TERM	NARRATIVE DESCRIPTION
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.
Psychiatric Rehabilitation Services	<p>Means services for children that 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.</p> <p>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.</p>
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).
Serious and Persistent Mental Illness (SPMI) or Serious Mental Illness	<p>Means a condition with a diagnosis of mental illness that meets at least one of the following and the patient:</p> <ul style="list-style-type: none"> • Had two or more episodes of inpatient care for mental illness within the past 24 months. • Had continuous psychiatric hospitalization or residential treatment exceeding six months' duration within the past 12 months • Has been treated by a crisis team two or more times within the past 24 months. • Has a diagnosis of schizophrenia, bipolar disorder, major depression, or borderline personality disorder; evidences a significant impairment in functioning; and has a written opinion from a mental health professional stating he or she is likely to have future episodes requiring inpatient or residential treatment unless community support program services are provided. • Has in the last three years, been committed by a court as a mentally ill person under Minnesota statutes, or the adult's commitment as a mentally ill person has been stayed or continued. • Was eligible under one of the above criteria, but the specified time period has expired.

TERM	NARRATIVE DESCRIPTION
	<ul style="list-style-type: none"> Was eligible as a child with severe emotional disturbance, and the patient has a written opinion from a mental health professional, in the last three years stating that he or she is reasonably likely to have future episodes requiring inpatient or residential treatment of a frequency described in the above criteria, unless ongoing case management or community support services are provided.

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

For services to be covered by UCare the patient must:

- Be actively enrolled in one of the UCare products listed above;
- Be under age eighteen (18) and diagnosed with an emotional disturbance or meet severe emotional disturbance criteria; or
- Between ages 18 and 21 and diagnosed with a mental illness or meet Serious and Persistent Mental Illness criteria; and
- Need the intensity level of day treatment as identified in the diagnostic assessment Patients admitted to Children’s Day Treatment must need and have the capacity to understand and benefit from the rehabilitative nature, structured setting and therapeutic components of the program’s psychotherapy and skills activities.

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

Entity Certification

Children’s and adult day treatment services have different certifications and standard

Certified entities include:

- Licensed outpatient hospitals with JCAHO accreditation

- MHCP enrolled community mental health centers
- County –operated entity certified by the state; or
- A non-county entity certified by the state

Children’s day treatment providers, including certified school districts must be certified by DHS to provide CTSS services

All DHS supervision requirements must be met.

CTSS Children’s Day Treatment Providers

Mental practitioners and professionals are eligible CTSS Children’s Day Treatment services.

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
HK	Intensive or Children’s Day Treatment

UA	CTSS Service Package / Children’s Crisis Service Package
U6	Interactive Behavioral Health Day Treatment

CPT and/or HCPCS Code(s)

CPT AND/OR HCPCS CODE(S)	MODIFIER(S)	NARRATIVE DESCRIPTION
H2012	UA, HK	Behavioral Health Day Treatment
H2012	UA, HK, U6	Behavioral Health Day Treatment (Interactive)

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Revenue Codes

Not applicable.

PAYMENT INFORMATION

Payment Information

General Information

Day treatment is distinguished from day care by the structured therapeutic program that uses CTSS service components:

- Psychotherapy - provided by a mental health professional or a mental health practitioner qualified as a clinical trainee
- Skills training - individual or group, provided by a mental health professional or mental health practitioner

The day treatment program must be available:

- No less than:
 - One day per week
 - Two hours per day
- No more than:
 - Three hours per day
- Fifteen hours per week
- As described in the patient’s Individual Treatment Plan

Per available day, psychotherapy must be provided for:

- No less than one hour
- No more than 2 hours, with the remaining time including skills training

Interactive children's day treatment may use physical aids and nonverbal communication to overcome communication barriers because the patient demonstrates one of the following:

- Has lost or has not yet developed either the expressive language communication skills to explain his/her symptoms and response to treatment.
- Does not possess the receptive communication skills needed to understand the mental health professional if he/she were to use adult language for communication.
- Needs an interpreter, whether due to hearing impairment or because the patient's language is not the same as the providers.

Non-Covered Services

CTSS day treatment does not cover mental health behavioral aide (MHBA) services. MHBAs are not an eligible provider of CTSS day treatment services.

CTSS does not cover services that are:

- The responsibility of a residential or program license holder, including foster care.
- Treatment by multiple providers within the same agency at the same clock time.
- MHBA services provided by a personal care assistant who is not qualified as a MHBA and employed by a certified CTSS provider entity.
- Primarily recreation oriented or provided in a setting that is not medically supervised (such as sports activities, exercise groups, craft hours, leisure time, social hours, meal or snack time, trips to community activities, and tours).
- A social or educational service that does not have or cannot reasonably be expected to have a therapeutic outcome related to the child's emotional disturbance.
- Consultation with other providers or service agency staff about the care or progress of a child
- Prevention or education programs provided to the community.
- Treatment for patients with primary diagnoses of alcohol or other drug abuse or traumatic brain injury.

UCare follows MHCP guidelines when applying Master's level provider reductions to eligible mental health services. Master's level provider reductions are not applied to mental health services when they are furnished in a Community Mental Health Center (CMHC).

In addition to the Master's level provider reduction, UCare also applies a 23.7% increase to specific mental health services when furnished by the providers listed below:

- Psychiatrists;

- Advance Practice Nurses;
 - Clinical Nurse Specialist
 - Nurse Practitioner
- Community Mental Health Centers;
- Mental health clinics and centers certified under Rule 29 and designated by the Minnesota Department of Mental Health as an essential community provider;
- Hospital outpatient psychiatric departments designated by the Minnesota Department of Mental Health as an essential community provider; and
- Children’s Therapeutic Services and Supports (CTSS) providers for services identified as CTSS in the DHS mental health procedure CPT or HCPCS codes and rates chart.

Additional information regarding UCare fee schedule updates can be found in the [UCare Provider Manual](#) (Section 9-18 Fee Schedule Updates).

BILLING REQUIREMENTS AND DIRECTIONS

Billing Guidelines

- Bill children’s day treatment services online using 837P format or the electronic equivalent.
- Enter the treating provider NPI number on each claim line.
- Append the –HK modifier to indicate children’s day treatment, when appropriate.
- Append the -UA to indicate CTSS services are being provided, when appropriate.

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)

PRIOR AUTHORIZATION, NOTIFICATION AND THRESHOLD INFORMATION**Prior Authorization, Notification, and Threshold Requirements**

UCare does update its' authorization, notification and threshold requirements from time-to-time. The most current prior authorization requirements can be found [here](#).

RELATED PAYMENT POLICY INFORMATION

OUTLINED BELOW ARE OTHER POLICIES THAT MAY RELATE TO THIS POLICY AND/OR MAY HAVE AN IMPACT ON THIS POLICY.

POLICY NUMBER	POLICY TITLE
SC14P0004A3	Diagnostic Assessments and Updates
SC14P0043A2	Psychotherapy

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

[MCHP Provider Manual, Mental Health Services, Children's Day Treatment](#)

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

[Minnesota Rules 9535.4068](#) Continuing education for practitioner

[Minnesota Rules 9505.0370](#), [9505.0371](#), [9505.3072](#) Outpatient Mental Health 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.”