

## Dialectical Behavior Therapy Intensive Outpatient Program (DBT IOP)

Policy Number: SC14P0031A2

Effective Date: May 1, 2018

Last Update: March 2, 2023

### PAYMENT POLICY HISTORY

DATE	SUMMARY OF CHANGE
March 2, 2023	Annual policy review is completed. Updates made to enrollee eligibility criteria (changes published by DHS January 2023). Policy definitions were also updated.
September 19, 2022	Information regarding code-specific procedure CPT® or HCPCS was removed.
October 25, 2021	A statement was added to the policy indicating that outpatient family therapy can be provided concurrently with DBT IOP.
August 5, 2021	The non-covered services section of the policy was updated to include a list of services that cannot be provided concurrently with DBT IOP.
April 7, 2021	Effective for claims with dates of service April 1, 2021 and thereafter the following updates are applicable to the Dialectical Behavior Therapy Intensive Outpatient Program policy: <ul style="list-style-type: none"> <li>• Adolescents between the ages of 12 -17 can receive DBT services</li> <li>• The HCPCS codes and required modifiers for adolescent DBT IOP services were added to the Policy.</li> <li>• The units of service and eligible providers for adolescent DBT IOP were added to the payment section of the Policy.</li> </ul>
October 15, 2020	Annual policy review is completed. Grammatical and punctuation changes were made to the policy. The following information was added to the Non-Covered section of the policy: DBT IOP cannot be provided concurrently with outpatient psychotherapy or group psychotherapy, partial hospitalization or day treatment. The policy was moved to UCare’s new branded 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. In addition, all internal links and the UCare logo have been updated.
May 1, 2018	The DBT IOP policy is published by UCare.

**APPLICABLE PRODUCTS**

This policy applies to the products checked below:

UCARE PRODUCT	APPLIES TO
UCare MinnesotaCare	✓
UCare Minnesota Senior Care Plus (MSC+)	✓
UCare Prepaid Medical Assistance (PMAP)	✓
UCare Connect	✓
UCare Connect +Medicare (When MHCP is the primary payer)	✓
UCare Minnesota Senior Health Options (MSHO) (When MHCP is the primary payer)	✓

**TABLE OF CONTENTS**

<b>TABLE OF CONTENTS</b>	<b>PAGE</b>
PAYMENT POLICY HISTORY .....	1
APPLICABLE PRODUCTS .....	2
TABLE OF CONTENTS.....	3
PAYMENT POLICY OVERVIEW .....	6
POLICY DEFINITIONS .....	6
ENROLLEE ELIGIBILITY CRITERIA.....	9
Adult DBT IOP.....	9
Adolescent DBT IOP .....	10
Adult and Adolescent Continued Participation Criteria.....	10
Discharge Criteria.....	11
ELIGIBLE PROVIDERS OR FACILITIES.....	11
Provider.....	11
Facility .....	12
Other and/or Additional Information .....	12
EXCLUDED PROVIDER TYPES .....	12
MODIFIERS, CPT, HCPCS, AND REVENUE CODES .....	13
General Information .....	13
Modifiers.....	13
CPT and/or HCPCS Code(s).....	13
Revenue Codes.....	14
PAYMENT INFORMATION .....	14
Covered Services.....	14
DBT Group Skills Training .....	15
Concurrent Services .....	16

Non-Covered Services .....	16
Payment Increases and Reductions .....	16
Time Based Services.....	17
BILLING REQUIREMENTS AND DIRECTIONS.....	17
PRIOR AUTHORIZATION, NOTIFICATION AND THRESHOLD INFORMATION .....	17
Prior Authorization, Notification and Threshold Requirements.....	17
RELATED PAYMENT POLICY INFORMATION.....	18
SOURCE DOCUMENTS AND REGULATORY REFENCES.....	18
POLICY QUESTION(S) AND ANSWER(S) .....	18
DISCLAIMER.....	18

This page was intentionally left blank

**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**

DBT IOP is a treatment program that uses a combination of individualized rehabilitative and psychotherapeutic interventions. DBT IOP involves weekly individual therapy, weekly group skills training, weekly consultation team meetings, and telephone coaching, as needed.

**POLICY DEFINITIONS**

TERM	NARRATIVE DESCRIPTION
Clinical Supervision	Means the oversight responsibility for individual treatment plans and individual mental health service delivery, including that provided by the case manager. Clinical supervision must be accomplished by full or part-time employment of or contracts with mental health professionals. Clinical supervision must be documented by the mental health professional cosigning individual treatment plans and by entries in the client's record regarding supervisory activities.
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.
Dialectical Behavior Therapy Intensive Outpatient Program (DBT IOP)	Means a treatment program that uses a combination of individualized rehabilitative and psychotherapeutic interventions. A DBT IOP involves weekly individual therapy, weekly group skills training, and telephone coaching as needed and weekly consultation team meetings.
Mental Health Professional	Means one of the following: <ul style="list-style-type: none"> <li>• Clinical Nurse Specialist</li> <li>• Licensed Independent Clinical Social Worker (LICSW)</li> </ul>

TERM	NARRATIVE DESCRIPTION
	<ul style="list-style-type: none"> <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> <li>• Tribal-certified professional</li> </ul>
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> <ol style="list-style-type: none"> <li>1. Practitioner is qualified through relevant coursework by completing at least 30 semester hours or 45 quarter hours in Behavioral Sciences or related fields and:               <ol style="list-style-type: none"> <li>a. Has at least 2,000 hours of supervised experience in the delivery of services to adults or children with:                   <ol style="list-style-type: none"> <li>i. Mental illness, substance use disorder,</li> <li>ii. 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</li> <li>iii. 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</li> <li>iv. 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</li> <li>v. Is working in a MHCP-enrolled adult or children's day treatment program.</li> </ol> </li> </ol> </li> <li>2. Practitioner is qualified through work experience if the practitioner has either:               <ol style="list-style-type: none"> <li>a. At least 4,000 hours of experience in the delivery of services to adults or children with:                   <ol style="list-style-type: none"> <li>i. Mental illness, substance use disorder, or</li> </ol> </li> </ol> </li> </ol>

TERM	NARRATIVE DESCRIPTION
	<ul style="list-style-type: none"> <li>ii. 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;</li> </ul> <ul style="list-style-type: none"> <li>b. 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"> <li>i. Mental illness, or substance use disorder; or</li> <li>ii. 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;</li> </ul> </li> </ul> <p>3. Practitioner is qualified if they hold a master’s or other graduate degree in behavioral sciences or related fields.</p> <p>4. Practitioner is qualified as a vendor of medical care if the practitioner meets the definition of vendor of medical care in <a href="#">Minnesota Statutes, 256B.02</a>, subdivision 7, paragraphs (b) and (c), and is serving a federally recognized tribe.</p> <p>In addition to the above criteria:</p> <ul style="list-style-type: none"> <li>• A mental health practitioner for a child member must have training working with children.</li> <li>• A mental health practitioner for an adult member must have training working with adults.</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 for medical necessity but must be medically necessary and covered within the member’s benefit set. Services submitted prior to notification will be denied by UCare. UCare does update its’ authorization, notification, and threshold requirements from time-to-time.</p>
Prior Authorization	<p>Means an approval by UCare or their delegates prior to the delivery of a specific service or treatment. Prior authorization requests require a</p>



TERM	NARRATIVE DESCRIPTION
	clinical review by qualified, appropriate professionals to determine if the service or treatment is medically necessary. UCare requires certain services to be authorized before services begin. Services provided without an authorization will be denied. UCare does update its' authorization, notification, and threshold requirements from time-to-time.

**ENROLLEE ELIGIBILITY CRITERIA**

**THIS SECTION OF THE POLICY PROVIDES INFORMATION THAT IS SPECIFIC TO THE UCARE MEMBER, INCLUDING INFORMATION ABOUT THE CRITERIA THE MEMBER MUST MEET IN ORDER FOR THE SERVICE(S) IN THE POLICY TO BE ELIGIBLE FOR PAYMENT**

An individual must be enrolled and eligible for coverage in an UCare MHCP product to be eligible for this service.

**Adult DBT IOP**

To be eligible for DBT an Enrollee must meet all the following admission criteria:

- Be at least 18 years old;
- Meet one of the following criteria:
  - Have a diagnosis of borderline personality disorder
  - Have multiple mental health diagnoses; exhibit behaviors characterized by impulsivity, intentional self-harm behavior or both; and be at significant risk of death, morbidity, disability or severe dysfunction across multiple life areas
- Have mental health needs that cannot be met with other available community-based services or require services provided concurrently with other community-based services;
- Be at risk of one of the following, as documented in the patient’s record:
  - Have a need for a higher level of care, such as hospitalization or partial hospitalization
  - Intentional self-harm (suicidal and non-suicidal) or risky impulsive behavior or be currently having chronic self-harm thoughts or urges (suicidal or non-suicidal) although the patient has managed to not act on them. Patients with chronic self-harm thoughts and urges are at a greater risk of decompensation
  - A mental health crisis
  - Decompensation of mental health symptoms; a change in patient’s composite level of care score, though not required, demonstrates risk of decompensation;
- Understand and be cognitively capable of participating in DBT IOP as an intensive therapy program; and

- Be able and willing to follow program policies and rules assuring the safety of self and others

### Adolescent DBT IOP

To receive DBT IOP services an adolescent must meet all the following criteria:

- Be 12-17 years of age.
- Have either:
  - A diagnosis of disruptive mood dysregulation disorder or borderline personality disorder; or
  - Other mental health diagnosis including, but not limited to, a substance-related and addictive disorder
- Have documented assessment information showing functional deficits in three of five of problem areas:
  - Emotional dysregulation
  - Impulsivity (including avoidance)
  - Interpersonal problems
  - Teenager and family challenges
  - Reduced awareness and focus

### Adult and Adolescent Continued Participation Criteria

To remain in DBT IOP a patient must meet all the following continued-stay criteria:

- Be actively participating and engaged in the DBT IOP program, its treatment components and its guidelines in accordance with treatment team expectations;
- Made demonstrable progress as measured against the patient's baseline level of functioning before the DBT IOP intervention. Examples of demonstrable progress include:
  - Decreased self-destructive behaviors
  - Decreased acute psychiatric symptoms with increased functioning in activities of daily living
  - Objective signs of increased engagement
  - Reduced number of acute care services, such as emergency department (ED) visits, crisis services and hospital admissions;
- Decreased acute psychiatric symptoms with increased functioning in activities of daily living
- Objective signs of increased engagement;
- Reduced number of acute care services, such as emergency department (ED) visits, crisis services and hospital admissions;
- Application of skills learned in DBT to life situations;
- Continue to make progress toward goals but have not fully demonstrated an internalized ability to self-manage and use learned skills effectively;

- Be actively working toward discharge, including concrete planning for transition and discharge; and
- Have a continued need for treatment as indicated in the preceding continued-stay criteria and by ongoing documented evidence in the member’s record

### Discharge Criteria

To be discharged from DBT IOP, one of the following discharge criteria must be met:

- The individual treatment plan goals and objectives have been met, or the patient no longer meets continuing-stay criteria.
- The individual’s thoughts, mood, behavior or perception has improved to a level for which a lesser level of service is indicated.
- The patient chooses to discontinue treatment.
- The provider concludes the client will no longer benefit from DBT IOP services after a clinical assessment.

### **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

Certified DBT IOP teams and their affiliated individual DBT IOP providers are eligible providers. To be eligible to bill for DBT IOP services, each DBT IOP team must be certified through the Department of Human Services’ application process. At a minimum, each team is comprised of:

- A team leader who is an enrolled mental health professional with a specialty in DBT IOP
- Other individual treating providers trained in DBT

To maintain eligibility, certified DBT IOPs must meet all ongoing certification standards and submit to DHS proof through an application and onsite review to obtain a recertification.

### *Eligible Team Members*

To provide individual DBT services, the provider must be one of the following:

- Mental health professional
- Qualified mental health practitioner clinical trainee

- Mental health practitioner

### ***Qualifications – Individual Providers***

#### **Team Members**

A team member must meet all the following requirements:

- Be employed by, affiliated with, or contracted by a DHS-certified DBT program;
- Have appropriate competencies and knowledge of DBT principles and practices, or obtain these competencies and knowledge within the first six months of becoming part of a DBT program;
- Have knowledge of and the ability to apply the principles and practices of DBT consistent with evidence-based practices, or obtain the knowledge and ability within the first six months of becoming part of a DBT program;
- Participate in DBT consultation team meetings for the recommended duration of 90 minutes per week; and
- If the team member is a mental health practitioner or mental health practitioner clinical trainee, they must receive ongoing clinical supervision from a qualified clinical supervisor who has appropriate competencies and working knowledge of DBT principles and practices.

#### **Team Leaders**

A team leader must:

- Be an enrolled mental health professional;
- Be employed by, affiliated with, or contracted by a DHS-certified DBT program;
- Have competencies and working knowledge of DBT principles and practices; and
- Have knowledge of and the ability to apply the principles and DBT practices that are consistent with evidence-based practices.

#### **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
HA	Adolescent
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
U1	Dialectical Behavior Therapy (DBT)

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

CPT AND/OR HCPCS CODE(S)	MODIFIER(S)	NARRATIVE DESCRIPTION
<i>Adult DBT IOP Services</i>		
H2019	U1	Individual DBT therapy
H2019	U1, HN	Individual DBT therapy by clinical trainee
H2019	U1, HQ	Group DBT skills training
H2019	U1, HQ, HN	Group DBT skills training by clinical trainee

<i>Adolescent DBT IOP Services</i>		
<b>CPT AND/OR HCPCS CODE(S)</b>	<b>MODIFIER(S)</b>	<b>NARRATIVE DESCRIPTION</b>
H2019	U1, HA	Individual DBT therapy for adolescents
H2019	U1, HN, HA	Individual DBT therapy for adolescents by a clinical trainee
H2019	U1, HQ, HA	Group DBT skills training for adolescents
<b>CPT AND/OR HCPCS CODE(S)</b>	<b>MODIFIER(S)</b>	<b>NARRATIVE DESCRIPTION</b>
H2019	U1, HQ, HN, HA	Group DBT skills training for adolescents by a clinical trainee

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

**Revenue Codes**

Not applicable.

**PAYMENT INFORMATION**

**Covered Services**

Individual and group DBT services are eligible for coverage.

**Individual DBT IOP**

Individual DBT IOP is a combination of individualized rehabilitative and psychotherapeutic interventions to treat suicidal and other dysfunctional coping behaviors and to reinforce the use of adaptive skillful behaviors by:

- Identifying, prioritizing and sequencing behavioral targets, and treating behavioral targets
- Generalizing dialectical behavior therapy skills to the patient’s natural environment by providing DBT IOP telephone coaching outside of scheduled office hours, 24 hours a day, 7 days per week while observing therapist’s limits
- Measuring progress toward dialectical behavior therapy targets
- Managing crisis and life-threatening behaviors
- Helping patients learn and apply effective behaviors in working with other providers furnishing treatment. (If someone other than the individual therapist provides phone coaching, that person must be another member of the DBT IOP team trained in phone coaching protocol).

DBT IOP must be by a qualified member of the certified team for the recommended duration of one hour per week. Services must be furnished by one of the following qualified providers:

- Mental health professional
- Mental health practitioner clinical trainee

### **DBT Group Skills Training**

#### ***Adult***

DBT IOP group skills training is a combination of individualized psychotherapeutic and psychiatric rehabilitative interventions conducted in a group format to reduce suicidal and other dysfunctional coping behaviors and restore function through teaching the following adaptive skills modules:

- Mindfulness
- Personal effectiveness
- Emotion regulation
- Distress tolerance

DBT IOP must provide group skills training by qualified members of the certified team for a minimum of two hours a week with the option to last up to two and a half hours. A combination of any of the following qualified team members may provide group skills training:

- Two mental health professionals
- One mental health professional co-facilitating with one mental health practitioner
- One mental health professional with one mental health practitioner clinical trainee

A mental health professional or mental health practitioner clinical trainee must determine the need for individual DBT skills training (delivered outside of the group setting).

#### ***Adolescent***

Adolescent DBT Training Skills Groups consist of one cycle which includes the following five modules listed below. The standard treatment for adolescents includes the completion of one cycle which lasts 24-26 weeks. Parenting DBT Skills Groups are included in the treatment for adolescents.

- Mindfulness
- Interpersonal effectiveness
- Emotional regulation
- Distress tolerance
- Walking the Middle Path (specific for parents and adolescents)

DBT IOP must provide group skills training by qualified members of the certified team for a minimum of two hours a week with the option to last up to two and a half hours. A combination of any of the following qualified team members may provide group skills training:

- Two mental health professionals
- One mental health professional co-facilitating with one mental health practitioner
- One mental health professional with one mental health practitioner clinical trainee

A mental health professional or mental health practitioner clinical trainee must determine the need for individual DBT skills training (delivered outside a group setting).

### **Concurrent Services**

Outpatient family therapy can be provided concurrently with DBT IOP.

### **Non-Covered Services**

DBT IOP cannot be provided concurrently with any of the services listed below:

#### ***Adults***

- Outpatient individual therapy
- Partial hospitalization
- Day treatment

#### ***Adolescents***

- Outpatient individual psychotherapy (including under CTSS umbrella)
- Partial Hospitalization
- CTSS Children's Day Treatment
- Intensive Treatment in Foster Care
- Youth ACT

### **Payment Increases and Reductions**

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. Master's 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.

**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
<b>Fifteen (15) Minute Increments</b>	
0 – 7 minutes	0 (no billable unit of service)
8 – 15 minutes	1 (unit of billable service)
<b>Sixty (60) Minute Increments</b>	
0 – 30 minutes	0 (no billable unit of service)
31 – 60 minutes	1 (unit of billable service)

**BILLING REQUIREMENTS AND DIRECTIONS**

Use the 837P (Professional) format or the electronic equivalent when submitting claims to UCare.

**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 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**

[Mental Health Services -Dialectical Behavior Therapy Intensive Outpatient Program \(DBT IOP\) \(state.mn.us\)](#)

[Minnesota Statutes 256B.0625, subd. 5I \(Intensive mental health outpatient treatment\)](#)

[Minnesota Statues 256B.0671, subdivision 6 Dialectical behavior therapy](#)

[Minnesota Statutes 245I.10, Assessment and Treatment Planning](#)

[Minnesota Statutes 245I.20, Mental Health Clinic](#)

**POLICY QUESTION(S) AND ANSWER(S)**

Q1:

A1:

**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.”