

Explanation of Findings

Policy Number: SC15P0053A3

Effective Date: May 1, 2020

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.
November 29, 2021	Annual policy review is completed. No changes were made to the policy.
October 20, 2020	Annual policy review is completed. No technical changes were made to the policy. The policy was moved to UCare’s new branded template, and as a result some of the information may have been reformatted.
8/30/2019	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.
June 5, 2019	Annual policy review. The internal links within the policy were updated. The UCare logo was updated.
May 1, 2018	The Explanation of findings 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)	✓

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 This policy is a general guideline and may be superseded by specific provider contract language.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

Explanation of Findings services provide an opportunity for the patient, the patient’s family caregiver’s or others to discuss the results of the diagnostic assessment, psychological tests, and other data, and provide recommendations and insights necessary to carry out a treatment plan.

POLICY DEFINITIONS

TERM	NARRATIVE DESCRIPTION
Clinical Trainee	Means a mental health practitioner who meets the qualifications specified in Minnesota Rules, part 9505.0371 , subpart 5, item C.
Essential Community Provider	<p>Means a health care provider that serves high-risk, special needs, and underserved individuals that demonstrates the ability to integrate appropriate supportive and stabilizing services with medical services. In order to be designated as an ECP, a provider must demonstrate that it meets the requirements of Minnesota Statutes 62Q.19 and Minnesota Rules Chapter 4688. Those regulations require that ECPs:</p> <ul style="list-style-type: none"> • Provide or coordinate supportive and stabilizing services, such as transportation, childcare, linguistic services, and culturally sensitive and competent services to its clients; • Serve all Patient, regardless of their financial limitations; and • Charge the patient for their services based on a sliding fee schedule, if the ECP is a non-profit organization.
Explanation of Findings	Means the explanation of a client’s diagnostic assessment, psychological testing, treatment program, and consultation with culturally informed mental health consultants or other accumulated data and recommendations to the individual, the individual’s family, primary caregiver, or other responsible person.

TERM	NARRATIVE DESCRIPTION
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"> 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 Patient 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 Patient 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 Patient 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 Patient. 3. Is a graduate student in one of the mental health professional disciplines and an accredited college or university formally assigns the student to an agency or facility for clinical training 4. Holds a masters or other graduate degree in one of the mental health professional disciplines from an accredited college or university. 5. Is a tribally certified mental health practitioner who is serving a federally recognized Indian tribe <p>In addition to the above criteria:</p> <ul style="list-style-type: none"> • A mental health practitioner for a child Masters must have training working with children. • A mental health practitioner for an adult Masters must have training working with adults.
Mental Health Professional	<p>Means one of the following providers:</p> <ul style="list-style-type: none"> • Clinical nurse specialist (CNS) • Clinical nurse specialist (CNS) • Licensed independent clinical social worker (LICSW) • Licensed marriage and family therapist (LMFT) • Licensed professional clinical counselor (LPCC) • Licensed psychologist (LP)

TERM	NARRATIVE DESCRIPTION
	<ul style="list-style-type: none"> • Mental health rehabilitative professional • Psychiatric nurse practitioner (NP) • Psychiatry or an osteopathic physician

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

Any UCare member actively enrolled in an UCare State Public Programs product is eligible to receive these services.

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

The following mental health providers are eligible to furnish an explanation of findings:

- Clinical Nurse Specialist (CNS-MH-MH)
- Licensed Independent Clinical Social Worker
- Licensed Marriage and Family Therapist (LMFT)
- Licensed Professional Clinical Counselor
- Licensed Psychologist (LP)
- Mental Health Rehabilitative Professional
- Psychiatric Nurse Practitioner (NP)
- Psychiatrist
- Mental health practitioners working as a clinical trainee under the clinical supervision of a mental health professional who is authorized to provide psychotherapy and conduct a diagnostic assessment.

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
HN	For purposes of this policy, the –HN modifier indicates services were furnished by a Mental Health Practitioner or qualified Clinical Trainee when licensing and supervision requirements are met.

CPT and/or HCPCS Code(s)

CPT® AND/OR HCPCS CODE(S)	MODIFIER(S)	NARRATIVE DESCRIPTION
90887		Explanation of Findings
90887	HN	Explanation of Findings conducted by a Clinical Trainee

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

Revenue Codes

Not applicable.

PAYMENT INFORMATION

Covered Services

Explanation of findings is a face-to-face meeting between an eligible provider, patient and:

- Family
- Primary caregiver
- Other responsible individuals including, but not limited to:
 - Case manager
 - Child protection worker
 - Community corrections agency
 - Guardian
 - Health care provider
 - Local education agency representative
 - Qualified developmental disabilities professional (QDDP)
 - School
 - Vulnerable adult worker

Non-Covered Services

- Explanation of findings services do not include:
 - Providing clinical direction of employees of students who provide mental health services under the clinical supervision of the mental health professional conducting the explanation of findings.
 - Sharing information at regularly scheduled interagency coordination of care meetings where the client's care is discussed.
- Explanation of findings services are not paid separately when the results of the diagnostic assessment or psychological testing are explained as part of those services.

Payment Information

Based on MHCP guidelines when certain mental services are furnished by a Masters prepared provider a twenty percent (20%) reduction is applied to the allowed amount. Masters prepared providers are:

- Clinical Nurse Specialist (CNS-MH)
- Licensed Independent Clinical Social Worker (LICSW)

- Licensed Marriage and Family Therapist (LMFT)
- Licensed Professional Clinical Counselor (LPCC)
- Licensed Psychologist (LP) Master’s Level
- Psychiatric Nurse Practitioner
- Master’s Level enrolled provider

Masters level reductions are not applied to mental health services when they are furnished:

- In a Community Mental Health Center (CMHC); or
- By a Mental Health Practitioner qualified to work as a clinical trainee.

BILLING REQUIREMENTS AND DIRECTIONS

- Bill Explanation of Findings service using the 837P or the electronic equivalent.
- Append the –HN modifier when a mental health practitioner working as a qualified clinical trainee furnishes the service.

PRIOR AUTHORIZATION, NOTIFICATION AND THRESHOLD INFORMATION

Prior Authorization, Notification and Threshold Requirements

Explanation of Findings does not require prior authorization or notification. UCare does update its’ authorization, notification, and threshold requirements from time-to-time. The most current prior authorization requirements can be found [here](#).

RELATED PAYMENT POLICY INFORMATION

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

POLICY NUMBER	POLICY TITLE

UCare payment policies are updated from time to time. The most current UCare payment policies can be found [here](#).

SOURCE DOCUMENTS AND REGULATORY REFERENCES**LISTED BELOW ARE LINKS TO CMS, MHCP, AND STATUTORY AND REGULATORY REFERENCES USED TO CREATE THIS POLICY**

[MHCP Provider Manual, Mental Health Services, Explanation of Findings](#)

[MH Procedure CPT® or HCPCS Codes and Rates List](#)

[Minnesota Rule 9505.0370, subpart 13](#)

[Minnesota Rule 9505.0372, subpart 5](#)

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.”