

Family Psychoeducation

Policy Number: SC17P0055A3

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.
December 6, 2021	Annual policy review completed. No changes were made to the policy.
October 20, 2020	Annual policy review completed. No technical changes were made to the policy. The policy template was updated and as a result information in the policy was 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.
July 15, 2019	Annual policy review completed. The internal links and UCare logo were updated. Under the Related Policy Documentation portion of this policy Diagnostic Assessment was added as a related policy.
May 1, 2018	The Family Psychoeducation policy is published by UCare.

APPLICABLE PRODUCTS

This policy applies to the products checked 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 This policy is a general guideline and may be superseded by specific provider contract language.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

Family psychoeducation services are planned, structured, and face-to-face interventions focused on presenting or demonstration formation. The purpose of family psychoeducation is to prevent relapse or development of comorbid disorders and to achieve optimal mental health, supporting the patient and family to understand:

- The patient’s symptoms of mental illness
- The impact on the recipient's development
- Needed components of treatment
- Skill development

POLICY DEFINITIONS

TERM	NARRATIVE DESCRIPTION
Diagnostic Assessment	Means functional face-to-face evaluation resulting in a complete written assessment that includes clinical considerations and severity of the client's general physical, developmental, family, social, psychiatric, and psychological history, and current condition. The Diagnostic Assessment will also note strengths, vulnerabilities, and needed mental health services.
Emotional Disturbance	Means a child with an organic disorder of the brain, or a clinically significant disorder of thought, mood, perception, orientation, memory, or behavior that seriously limit’s a child’s ability to function in primary aspects of daily living, including, but not limited to personal relations, living arrangements, work, school, and recreation.
Family Member	Means a person identified by the patient (or patient’s parent or guardian) as being important to the patient’s mental health and may include, but is not limited to parents, children, spouse, committed partners, ex-spouses, persons related by blood or adoption, or

TERM	NARRATIVE DESCRIPTION
	<p>persons who are presently residing together as a family unit. Shift staff or other facility staff members at the patient’s residence are not considered a Family Member.</p>
<p>Family Psychoeducation</p>	<p>Means planned, structured and face-to-face interventions involving presenting or demonstrating information. The goal of family psychoeducation is to help prevent relapse or development of comorbid disorders and to achieve optimal mental health and long-term resilience. It supports the patient and family in understanding of:</p> <ul style="list-style-type: none"> • The patient’s symptoms of mental illness • The impact on the patient's development • The needed components of treatment • Skill development
<p>Mental Illness</p>	<p>Means an organic disorder of the brain or a clinically significant disorder of thought, mood, perception, orientation, memory, or behavior that meets both of the following:</p> <ul style="list-style-type: none"> • Is included in the diagnostic code list published by the Minnesota Commissioner of Health; and • Seriously limits a person’s capacity to function in primary aspects of daily living such as personal relations, living arrangements, work, and recreation.
<p>Mental Health Practitioner</p>	<p>Means a provider who are not eligible for enrollment, must be under clinical supervision of a mental health professional and must be qualified in at least one of the following five ways:</p> <ol style="list-style-type: none"> 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)

TERM	NARRATIVE DESCRIPTION
	<p>may be included in the 6,000 hours of experience for child patients.</p> <ol style="list-style-type: none"> 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 patient must have training working with children. • A mental health practitioner for an adult patient must have training working with adults.
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; 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
Mental Health Professional	<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

TERM	NARRATIVE DESCRIPTION
Notification	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.
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.

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 State Public Programs Product to eligible for this service and:

- Must have a diagnosis of emotional disturbance or mental illness as determined by a diagnostic assessment; and
- Be under the age of twenty-one (21).

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

UCare participating mental health professionals, or an eligible qualified clinical trainee may provide family psychoeducation. Mental health professionals are defined as:

- Clinical nurse specialist in mental health (CNS)

- Licensed independent clinical social worker (LICSW)
- Licensed marriage and family therapist (LMFT)
- Licensed professional clinical counselor (LPCC)
- Licensed psychologist (LP)
- Psychiatric nurse practitioner (NP)
- Psychiatrist

Providers must follow [Clinical Supervision of Outpatient Mental Health Services \(Rule 47\)](#) guidelines

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.
HQ	Group Modality
HR	Family/Couple with patient present
HS	Individual(s) not present

CPT and/or HCPCS Code(s)

CPT AND/OR HCPCS CODE(S)	MODIFIER(S)	NARRATIVE DESCRIPTION
H2027	HN	Family Psychoeducation Individual (with a single patient) (qualified clinical trainee)
H2027	HQ	Family Psychoeducation Group (per patient)
H2027	HQ, HN	Family Psychoeducation Group (per patient) (qualified clinical trainee)
H2027	HQ, HR	Family Psychoeducation (multiple families w/ patients)
H2027	HQ, HR, HN	Family Psychoeducation (multiple families w/ patients) (qualified clinical trainee)
H2027	HQ, HS	Family Psychoeducation Family (multiple families w/o patients present)
H2027	HQ, HS, HN	Family Psychoeducation Family (multiple families w/o patients present) (qualified clinical trainee)
H2027	HR	Family Psychoeducation (family w/ patient)
H2027	HR, HN	Family Psychoeducation (family w/ patient) (qualified clinical trainee)
H2027	HS	Family Psychoeducation (family w/o patient)
H2027	HS, HN	Family Psychoeducation (family w/o patient) (qualified clinical trainee)
H2027		Family Psychoeducation (individual)

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

Revenue Codes

Not applicable.

PAYMENT INFORMATION

Covered Services

Family psychoeducation services can be provided in an ambulatory setting for any of the following in when directed toward meeting the identified treatment needs of each participating patient as indicated in the patient's treatment plan:

- The patient (individual)
- A patient's family (with or without the patient present)
- Groups of patients (peer group)
- Multiple families (family group)

Non-Covered Services

Family psychoeducation does not include the following:

- Communication between the treating mental health professional and a person under the clinical supervision of the treating mental health professional
- Written communication between providers
- Documenting, reporting, charting, and record keeping (These activities are the responsibility of the provider.)
- Mental health services not related to the patient's diagnosis or treatment for mental illness
- Communication provided while performing any of the following mental health services:
 - Mental health case management
 - In-reach services
 - Youth ACT
 - Intensive treatment services in foster care

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.

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)

BILLING REQUIREMENTS AND DIRECTIONS

Group Size

Peer Group

A peer group must be at least three (3), but no more than twelve (12) patients. The following criteria for groups apply:

- For groups of three (3) to eight (8) patients, at least one mental health professional or clinical trainee must conduct the group.
- For groups of nine (9) to twelve (12) patients, any combination of at least two mental health professionals or clinical trainees must co-conduct the group.

Family Group

The following criteria applies to family groups:

- A family group must be at least two (2) but no more than five (5) families.
- For groups of five (5) to ten (10) families, any combination of at least two mental health professionals or clinical trainees must co-conduct the group

Billing Guidelines

- Regardless of the number of other family or group members participating in a session, submit claims only for the patient who is the primary subject of the family psychoeducation session(s).
- When more than one family member is a patient (such as two or three siblings, each receiving treatment within a specific timeframe), bill only for the time spent conducting family psychoeducation with each patient.
- When two professionals provide group family psychoeducation, submit only one claim for each patient. Treating professionals must determine which patient each will bill for, or one professional may claim for all patients and reimburse the other professional for their services.
- When billing, use the following guidelines:
 - Enter the treating provider NPI number on each claim line
 - Append the -HN modifier for services performed by a qualified clinical trainee

PRIOR AUTHORIZATION, NOTIFICATION AND THRESHOLD INFORMATION

Prior Authorization, and Notification Requirements

Family psychoeducation services do not require a 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](#).

Threshold Information

Not applicable.

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
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SC14P0004A2	Diagnostic Assessment
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UCare payment policies are updated from time to time. The most current UCare payment policies can be found [here](#).

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

[MHCP Provider Manual, Mental Health, Family Psychoeducation](#)

[Minnesota Statutes, section 256B.0625](#), Subdv.61

[Minnesota Rules 9505.0370–9505.0372](#)

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.”