Intensive Residential Treatment Services (IRTS)

Policy Number: SC14P0025A4

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.
October 14, 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. The policy template was updated and as result information in the policy may have been formatted.
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.
June 17, 2019	Annual Policy Review Annual Policy review. IRTS provider requirements were updated. Internal links within the policy and the UCare logo were updated.
October 1, 2018	On 5/16/2018 the MHCP Provider Manual to clarify that providers may bill for the date of admission but cannot bill for the date of discharge. This requirement has been added to the UCare policy as well.
May 1, 2018	The IRTS policy is implemented 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)	√

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 This policy is a general guideline and may be superseded by specific provider contract language.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

IRTS are time-limited mental health services provided in a residential setting. Minnesota Health Care Programs (MHCP) members who receive IRTS need structure and assistance from 24-hour mental health staff and at risk of significant functional deterioration if they do not receive these services.

POLICY DEFINITIONS

TERM	NARRATIVE DESCRIPTION
Certified Peer Specialist	Means a trained individual who uses a non-clinical approach that helps patients discover their strengths and develop their own unique recovery goals. The CPS models wellness, personal responsibility, self-advocacy, and hopefulness through appropriate sharing of his or her story based on lived experience. UCare recognizes two levels of certified peer specialists: Level I and Level II. **Certified Peer Specialist Level I** Level I peer specialists must meet the following criteria: • Be at least 21 years of age; • Have or have had a primary diagnosis of mental illness; • Is a current or former recipient of mental health services; • Demonstrates leadership and advocacy skills; and • Successfully completes the Minnesota Department of Human Services (DHS) approved Certified Peer Specialist training and certification exam.

TERM	NARRATIVE DESCRIPTION
	Certified Peer Specialist Level II • Be at least 21 years of age; • Have or have had a primary diagnosis of mental illness; • Is a current or former recipient of mental health services; • Demonstrates leadership and advocacy skills; • Successfully completes the Minnesota Department of Human Services (DHS) approved Certified Peer Specialist training and certification exam; • Is qualified as a mental health practitioner; and A CPS on a crisis stabilization team must complete at least 30 hours of crisis intervention and stabilization training during their first two years on the team.
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.
Individual Treatment Plan	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.
Intensive Residential Treatment Services (IRTS)	Means time-limited mental health services provided in a residential setting. IRTS must be focused on a targeted discharge date aligned to specific patient outcomes consistent with evidence-based practices. IRTS are designed to develop and enhance the following: • Psychiatric stability • Personal and emotional adjustment • Skills to live in a more independent setting • Self-sufficiency
Level of Care Utilization System (LOCUS) Assessment	Means a level of care tool to help determine the resource intensity needs of individuals who receive adult mental health services along a continuum of care. The assessment is used to ensure and support that

TERM	NARRATIVE DESCRIPTION
	an accurate level of care is being utilized for the considerations of an individual's needs. All LOCUS recording forms must be reviewed and signed by a clinical supervisor unless it is completed by a mental health professional or a Mental Health Rehabilitative Professional. The assessment form is not valid without all necessary signatures.
Mental Health Practitioner	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: 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: 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. 5. Is a tribally certified mental health practitioner who is serving a federally recognized Indian tribe In addition to the above criteria: • A mental health practitioner for a child must have training working with children. • A mental health practitioner for an adult must have training working with adults.

TERM	NARRATIVE DESCRIPTION
Mental Health Professional	Means one of the following providers: • Clinical Nurse Specialist (CNS-MH) • 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
Mental Health Rehabilitation Worker	Means a staff person working under the direction of a mental health practitioner or mental health professional and under the clinical supervision of a mental health professional in the implementation of rehabilitative mental health services as identified in the patient's individual treatment plan who: (i) is at least 21 years of age; (ii) has a high school diploma or equivalent; (iii) has successfully completed 30 hours of training during the two years immediately prior to the date of hire, or before provision of direct services, in all of the following areas: patient rights, patient-centered individual treatment planning, behavioral terminology, mental illness, co-occurring mental illness and substance abuse, psychotropic medications and side effects, functional assessment, local community resources, adult vulnerability, patient confidentiality; and 4(iv) meets the qualifications in sub-item (A) or (B): (A) has an associate of arts degree or two years full-time postsecondary education in one of the behavioral sciences or human services; is a registered nurse without a bachelor's degree; or who within the previous ten years has: (1) three years of personal life experience with serious and persistent mental illness; (2) three years of life experience as a primary caregiver to an adult with a serious mental illness or traumatic brain injury; or

TERM	NARRATIVE DESCRIPTION
	(3) 4,000 hours of supervised paid work experience in the delivery of mental health services to adults with a serious mental illness or traumatic brain injury; or (B)(1) is fluent in the non-English language or competent in the culture of the ethnic group to which at least 20 percent of the mental health rehabilitation worker's clients belong; (2) receives during the first 2,000 hours of work, monthly documented individual clinical supervision by a mental health professional; (3) has 18 hours of documented field supervision by a mental health professional or practitioner during the first 160 hours of contact work with patients, and at least six hours of field supervision quarterly during the following year; (4) has review and co-signature of charting of patient contacts during field supervision by a mental health professional or practitioner; and (5) has 15 hours of additional continuing education
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. 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

For services to be covered by UCare the patient must meet the following:

- Be actively enrolled in an UCare MSC Plus, Connect, PMAP, or MinnesotaCare product;
- Be eighteen (18) years old or older; and
- Meet IRTS admission criteria.

Individuals who are seventeen (17) years old and are transitioning to adult mental health services may be considered for IRTS if it is determined this will best meet their needs. In this situation a Rule 36 licensing variance is required.

IRTS Admission Criteria

To qualify for IRTS the patient must meet the following criteria:

- Based on diagnostic assessment the patient has a primary diagnosis of a mental illness;
- A functional assessment has been administered using the domains specified in statute, identifying at least three (3) or more areas of significant functional impairment;
- A LOCUS assessment has been completed and a Level 5 is indicated;
- IRTS is reasonably expected to begin or resume illness management and recovery skills or strategies;
- Requires a 24-hour supervised, monitored, and focused and treatment approach to improve functioning and avoid relapse that would require a higher level of treatment;
- Has not been responsive to an adequate trial of active treatment at a less intensive level of care;
- Is at risk of significant functional deterioration if IRTS is not received; and
- Has one or more of the following:
  - History or two or more inpatient hospitalizations in the past year
  - Significant independent living instability
  - Homelessness
  - Frequent use of mental health and related services resulting in poor outcomes in outpatient or community support treatment.

IRTS Continuing Stay Criteria

IRTS may continue when a mental health professional determines the patient meets all the following criteria:

- The patient's mental health needs cannot be met by other less intensive community-based services;
- The patient continues to meet admission criteria as evidenced by active psychiatric symptoms and continued functional impairment;
- Documentation indicates symptoms are reduced, but discharge criteria have not been met;
- Essential goals are expected to be accomplished within the outlined time frame; and
- Attempts to coordinate care and transition the patient to other services have been documented.

IRTS Discharge Criteria

IRTS discharge should take place when the patient meets at least one of the following:

- No longer meets continuing stay criteria.
- Individual treatment plan goals and objectives have been met.
- Evidence of decreased impairment, and less restrictive community-based alternatives exist.
- Symptoms and needs that allow for a lesser level of service and adequate supports are in place.
- Is voluntarily involved in their individual treatment plan and agrees to no longer participate in IRTS.
- Based on severe exacerbation of symptoms, decreased functioning or disruptive or dangerous behaviors indicate a more intensive level of service is needed.
- Has physical or medical needs that exceed what can be incorporated into the residential treatment setting.
- There is an unwillingness to participate in the program despite multiple attempts to engage and address nonparticipation with the patient.
- Does not make progress toward treatment goals and there is no reasonable expectation progress will be made.
- Leaves against medical advice for an extended period as determined by written procedures of the provider agency.

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

IRTS facilities must:

- Be licensed with the Rule 36 Variance (PDF);
- Not exceed 16 beds;
- Have a rate approved by Minnesota Department of Human Services (DHS); and
- Have a Statement of Need provided by the local mental health authority of a Need Determination from the DHS Commissioner.

IRTS treatment team members must be qualified in one of the following roles:

- Mental health professional
- Mental health practitioner
- Certified peer specialist
- Mental health rehabilitation worker

Facility

Not applicable. IRTS services are submitted as a professional claim.

Other and/or Additional Information

EXLUDED 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

There are no required modifiers that must be submitted with IRTS.

CPT and/or HCPCS Code(s)

CPT AND/OR HCPCS CODE(S)	MODIFIER(S)	NARRATIVE DESCRIPTION
H0019		Behavioral health; long-term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem

Revenue Codes

Not applicable. IRTS services are submitted as professional services.

PAYMENT INFORMATION

Based on MHCP guidelines when certain mental services are furnished by a Master's level provider a twenty percent (20%) reduction is applied to the allowed amount. Master's level 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

- When submitting IRTS services use the 837P (Professional) format or the electronic equivalent.
- UCare should be billed only for direct mental health services. UCare should not be billed for days where no direct services were provided to the patient.
- Providers may bill for the date of admission but cannot bill for the date of discharge.

PRIOR AUTHORIZATI0N, NOTIFICATION AND THRESHOLD INFORMATION

Prior Authorization and Notification Requirements

IRTS services require Notification within 24 hours of intake, and concurrent review for additional days. 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
SC14P0026A3	Certified Peer Specialist
SC14P0004A2	Diagnostic Assessments and Updates

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

DHS MH Procedure CPT or HCPC Codes and Rates Chart.

MHCP Provider Manual, Mental Health Services, IRTS

MHCP Procedure CPT® or HCPCS Codes and Rates List.

MHCP Provider Manual, Mental Health Services, IRTS, Rule 36 Variance

Minnesota Statutes 256B.0622, Intensive Rehabilitative Mental Health Services
Minnesota Statutes 245.461 to 245.486, Adult Mental Health Act
Minnesota Rules 9505.0322, Mental Health Case Management 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."