Intensive Residential Treatment Services (IRTS)

Policy Number: SC14P0025A4

Effective Date: May 1, 2018

Last Update: July 28, 2023

PAYMENT POLICY HISTORY

DATE	SUMMARY OF CHANGE
July 28, 2023	Formatting and grammatical changes made to bring this policy in line with other UCare policies. No technical changes made.
February 16, 2023	Annual policy review is completed. Updates made to enrollee eligibility criteria (changes published by DHS October 17, 2022). Policy definitions were also updated.
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 PRODUCT	APPLIES TO
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

Intensive residential treatment services (IRTS) are a community-based medically monitored level of care for an adult client that uses established rehabilitative principles to promote a client's recovery and to develop and achieve psychiatric stability, personal and emotional adjustment, self-sufficiency, and other skills that help a client transition to a more independent setting. IRTS are provided by qualified mental health staff on-site 24 hours a day. IRTS are time-limited, directed to a targeted date of discharge with specific member outcomes. IRTS are consistent with evidence-based practices.

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. Qualifications Certified Peer Specialist Level I Level I peer specialists must meet the following criteria: • Be at least 21 years old • Have or have had a primary diagnosis of mental illness • Is a current or former recipient of mental health services • Be willing to share their experience of recovery

TERM	NARRATIVE DESCRIPTION
	• Successfully completes the DHS approved Certified Peer Specialist training and certification exam • Be certified by the Department of Human Services. Certified Peer Specialist Level II Level II peer specialists must meet all requirement of a Level I CPS and one or more of the following criteria: • Is qualified at the Mental Health Practitioner level as defined by Minnesota Statute 245.462, subdivision 17 • Has at least 6,000 hours of supervised experience in the delivery of peer services to persons with mental illness • Has at least 4000 hours of supervised experience in the delivery of services to persons with mental illness and an additional 2000 hours of supervised experience in the delivery of peer services to persons with mental illness.
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

TERM	NARRATIVE DESCRIPTION
	• Self-sufficiency
Mental Health Practitioner	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: 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: a. Has at least 2,000 hours of supervised experience in the delivery of services to adults or children with: i. Mental illness, substance use disorder, 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 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 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 v. Is working in a MHCP-enrolled adult or children's day treatment program. 2. Practitioner is qualified through work experience if the practitioner has either: a. At least 4,000 hours of experience in the delivery of services to adults or children with: i. Mental illness, substance use disorder, or 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

TERM	NARRATIVE DESCRIPTION
	substance abuse, and psychotropic medications and side effects; 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: i. Mental illness, or substance use disorder; or 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; 3. Practitioner is qualified if they hold a master's or other graduate degree in behavioral sciences or related fields. 4. Practitioner is qualified as a vendor of medical care if the practitioner meets the definition of vendor of medical care in Minnesota Statutes, 256B.02, subdivision 7, paragraphs (b) and (c), and is serving a federally recognized tribe. In addition to the above criteria: • A mental health practitioner for a child member must have training working with children. • A mental health practitioner for an adult member must have training working with adults.
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 • Tribal-certified professional
Mental Health Rehabilitation Worker	Mental Health Rehabilitation workers must have a high school diploma or equivalent and meet one of the following:

TERM	NARRATIVE DESCRIPTION
	• Be 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, or • Have an associate of arts degree, or • Have two years of full-time postsecondary education or a total of 15 semester hours or 23 quarter hours in behavioral sciences or related fields, or • Be a registered nurse, or • Have, within the previous 10 years, three years of personal life experience with mental illness, or • Have, within the previous 10 years, three years of life experience as a primary caregiver to an adult with a mental illness, traumatic brain injury, substance use disorder, or developmental disability, or • Have, within the previous 10 years, 2,000 hours of work experience providing health and human services to individuals Mental health rehabilitation workers under the treatment supervision of a mental health professional or certified rehabilitation specialist may provide rehabilitative mental health services to an adult client according to the client's treatment plan.
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 17 years old and transitioning to adult mental health services may be considered for IRTS if the service is determined to best meet their needs. IRTS providers must secure a licensing variance before admitting the member.

IRTS Admission Criteria

An eligible IRTS member must meet the following:

- Diagnosed with a mental illness
- Functional impairment because of mental illness, in three or more areas, utilizing the functional assessment
- One or more of the following:
    - History of recurring or prolonged inpatient hospitalizations in the past year
    - Significant independent living instability
    - Homelessness
    - Frequent use of mental health and related services yielding poor outcomes
    - Has the need for mental health services that cannot be met with other available community-based services, or is likely to experience a mental health crisis or require a more restrictive setting if intensive rehabilitative mental health services are not provided as determined by the written opinion of a mental health professional

The program may consult with the member's:

- Mental health case manager
- County advocate
- Member's family or other natural supports (with member's consent)

Members may receive IRTS instead of hospitalization, if appropriate.

IRTS Continuing Stay Criteria

Continue the member's stay in IRTS when a mental health professional determines the member meets all the following criteria:

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

IRTS Discharge Criteria

Discharge a member from IRTS and categorize the discharge by one of the following:

Successful discharge when all the following are met:

- Substantially meets the treatment plan goals and objectives
- Discharge plan is completed with the treatment team
- Continuing care at a less intensive level of care after discharge is arranged

Discharge summary, written in plain language, must be completed prior to discharge and include the following:

- Review of problems, strengths during the IRTS stay
- Member's response to the treatment plan
- Recommended goals and objectives the provider recommends being addressed during the first three months after discharge
- Recommended actions, supports, and services that will assist the client with successful transition
- Crisis plan
- Member's forwarding address and telephone number

Non-program-initiated discharge when the following is met:

- Competent member withdraws consent for treatment and does not meet the criteria for an emergency hold

- Member leaves against medical advice for an extended period (determined by written procedures of provider agency)
- Legal authority removes the member
- Source of payment for the services is no longer available

Discharge summary, written in plain language, must be completed within 10 days, and including the following:

- Reason for discharge
- Provider attempts to engage the member to continue or consent to treatment
- Recommended actions, supports, and services that will assist the client with successful transition

Program-initiated discharge when the following is met:

- Level of care is ineffective or unsafe because a competent member has not participated or has not followed program rules or regulations. Multiple attempts to address the lack of participation in treatment must be documented.
- Progress toward the treatment goals and objectives has not been made despite efforts to engage the member, and there is no reasonable expectation that progress will be made at the IRTS level of care nor does the member require the IRTS level of care to maintain current functioning
- Court order or legal status requires the member to participate, but the member leaves against medical advice
- A more intensive level of care is needed and available

Before a program-initiated discharge, a discharge review process not exceeding five working days must be completed and must include the following:

- Consultation with the member, member's family, or other natural supports (with member consent), and case manager (if applicable), to review the program's decision to discharge
- Determine whether additional strategies can be developed to resolve the issues leading to discharge to permit the member to continue services

Discharge summary, written in plain language, including the following:

- Reason for discharge
- Alternatives to discharge considered or attempted to be implemented

- Names of individuals involved in the decision to discharge and a description of the individual's involvement
- Recommended actions, supports, and services that will assist the client with successful transition

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.

Provider

IRTS facilities must:

- Licensed by DHS to provide residential crisis stabilization according to Minnesota Statutes 245I;
- Not exceed 16 beds and an institution for mental disease (IMD);
- 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

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

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

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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

Master's 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 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

Minnesota Statues 245I.01 to 245I.13 and 245I.23, Mental Health Uniform Service Standards

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."