Mental Health Provider Travel Time

Policy Number: SC15P0050A3 | 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.
August 8, 2021	Annual policy review is completed. Grammatical corrections were made to the policy. These changes did not impact any technical requirements within the policy.
September 25, 2020	Annual policy review completed. No technical changes were made to this document. Information was moved to the updated UCare branded document, and as a result some information 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.
May 1, 2019	Added information clarifying UCare's decision to require MH travel services to be billed with the mental health services that was provided. Updated the policy to include billing guidelines when billing multiple travel lines on the same claim. Added information about retrospective review of claims and take-back of travel claim payment that cannot be matched to an eligible mental health service. Links within the document were updated.
May 1, 2018	The Mental Health Provider Travel Time 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 PRODUCT	APPLIES TO
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

This policy outlines the billing and payment guidelines for travel time associated with mental health services.

POLICY DEFINITIONS

TERM	NARRATIVE DESCRIPTION
Individual Treatment Plan	Means a written plan that outlines and defines the course of treatment. It delineates the goals, measurable objectives, target dates for achieving specific goals, main participants in treatment process, and recommended services that are based on the client's diagnostic assessment and other meaningful data that are needed to aid the client's recovery and enhance resiliency.
Travel Time	Means the method that allows providers to bill for travel to the patient to provide covered mental health services in a place other than the provider's usual place of business. Provider travel time covers only the time the provider is in transit to and from the patient by the most direct route. It does not include any stops or variations in the route. Only variations resulting from posted detours or blocked routes may be included in provider travel 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

The member must be enrolled in an UCare product, to be eligible for payment the member must have an individual treatment plan that specifies why the provider must travel to the patient's home, place of employment, or other setting to provide 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

Mental health providers are eligible to bill for mental health provider travel time.

Facility

Not applicable.

Other and/or Additional Information

Not applicable.

EXLUDED PROVIDER TYPES

OUTLINED BELOW IS INFORMATION REGARDING PROVIDERS WHO ARE NOT ELIGIBLE TO FURNISH THE SERVICE(S) LISTED IN THIS POLICY.

The following providers cannot bill for mental health travel time:

- Case Managers
- Providers furnishing services related to Day Treatment

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

There are no specific mental health modifiers that must be appended to provider travel time services.

Under certain circumstances the -59 (Distinct Procedural Service) or –XE (Separate Encounter) modifier may need to be appended to the service. Refer to the Billing, General Information section of this policy for *detailed information.*

CPT and/or HCPCS Code(s)

CPT AND/OR HCPCS CODE(S)	MODIFIER(S)	NARRATIVE DESCRIPTION
H0046		Provider Travel Time

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

Revenue Codes

Not applicable.

PAYMENT INFORMATION

Covered Services

Provider Travel time is covered when:

- The patient has an individual treatment plan (ITP) in place; and
- The ITP states the need and reason for the mental health provider to travel to the patient, rather than furnishing services in their normal office location; and
- The services being furnished are covered by UCare. Refer to non-covered services listed below.

Payment Information

- Provider travel time covers only the time the provider is in transit to and from the patient's location by the most direct route. Except for posted detours or blocked routes, travel time does not include any stops or variation in route.
- If the provider begins their trip to the patient from their home miles submitted for payment should be based on the lesser of the distance between the provider's home and the patient's location and the distance between the provider's usual place of business and the patient's location.

Non-Covered Services

Mental health provider travel time is not covered for:

- Patient transport, even when travel is to and/or from a covered service
- Mental Health Targeted Case Management (MH-TCM). Travel time is included in the monthly rate for this service.
- Site based programs like day treatment
- Site-based providers (e.g., day treatment, assertive community treatment (ACT), crisis residential facilities, intensive residential treatment)
- Case managers or case manager associates
- Patient no-shows

BILLING REQUIREMENTS AND DIRECTIONS

General Information

- Bill travel time using the 837-P format or the electronic equivalent
- Bill the travel time on the same claim as the service the provider traveled to furnish. If travel time is billed alone the claim will be denied.
- Each claim line for provider travel time must correspond to an eligible mental health service submitted on the same claim. If the service is not eligible for payment travel time will be denied.
- UCare may retrospectively review claim submissions and take-back payment for any travel time that cannot be attributed to an eligible mental health service furnished to the patient for the same date of service.
- When submitting travel time for payment the preferred method of claim submission is to combine the total time traveling to and from the patient encounter on a single claim line. The total minutes billed should reflect travel time to and from the patient's location.
- If a provider chooses to bill one claim line for travel to the patient and another for travel from the patient to the office or other location either the -59 (Distinct Procedural Service) or –XE (Separate Encounter) modifier must be appended to the additional claim line. Do not submit both modifiers. If no modifier is appended to the claim line it will be denied as a duplicate.
- Enter the treating provider NPI number for each line item. If the individual provider is a mental health practitioner, MHBA, or mental health rehabilitation worker, bill using the NPI number of the supervising mental health professional with the appropriate modifier that identified the provider who furnished the service
- Submit the claim with the place of service code that most appropriately identifies the location where the services were furnished (e.g., POS 03 – school, POS 12 – home, POS 14 – group home)
- Do not round up; enter the actual number of minutes of travel time in the unit field.

Starting Location

If the provider begins their trip to the patient from their home, miles submitted for payment should be based on the lesser of the distance between the provider's home and the patient's location and the distance between the provider's usual place of business and the patient's location

Multiple Visits

When the provider travels to multiple consecutive visits on the same day, billing should be handled as outlined below:

- Billing for the first patient of day is based on the drive time from the provider's location (see above) and the patient's home
- Billing for each consecutive patient is based on the drive time from the previous patient's location to the next patient's location.
- If the provider is returning to their office from the last patient visit, drive time from the last patient to the provider's office may be billed.

Documentation Requirements

UCare does not require that documentation related to travel be submitted with the claim. However, when requested by UCare, the provider must provide documentation associated with travel time. Outlined below are the documentation requirements associated with provider travel time for mental health services:

- Start and stop time (with a.m. and p.m. notations)
- Printed name of the recipient
- Date the entry is made
- Date the service is provided
- Origination site and destination site
- Who provided the service?
- The electronic source used to calculate driving directions and distance between locations
- Linked to a medically necessary mental health service delivered in a location other than provider's usual place of business.

PRIOR AUTHORIZATI0N, NOTIFICATION AND THRESHOLD INFORMATION

Prior Authorization and Notification Requirements

At the time of this update there are no prior authorization requirements associated with travel time for mental health providers. 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

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, Mental Health Provider Travel Time

Minnesota Statutes 256B.0625, subd.43, Mental Health Provider Travel Time

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."