

Psychotherapy for Crisis

Policy Number: SC17P0066A2

Effective Date: May 1, 2018

Last Update: May 25, 2023

PAYMENT POLICY HISTORY

DATE	SUMMARY OF CHANGE
May 25, 2023	Annual policy review completed. Updates made to provider eligibility and billing guidelines sections.
February 16, 2023	Definition updates were completed to match other UCare MH policies.
September 19, 2022	Information regarding code-specific procedure CPT® or HCPCS was removed.
January 6, 2022	Annual review of the payment policy was completed. No changes were made to the policy.
February 22, 2021	The policy was moved to an updated template and as a result some the information may have been reformatted. A policy review was done, and no changes were needed.
July 15, 2019	Annual policy review. The internal links and the UCare logo were updated.
May 1, 2018	The Psychotherapy for Crisis policy was 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 This policy is a general guideline and may be superseded by specific provider contract language.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

Psychotherapy for crisis services aid in addressing a mental health crisis through immediate assessment and psychotherapeutic intervention. This policy outlines UCare’s billing and payment guidelines for psychotherapy for crisis services.

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.
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.
Mental Health Crisis	Means a behavioral, emotional, or psychiatric situation that would likely result in significantly reduced levels of functioning in primary activities of daily living or in the placement of the patient in a more restrictive setting (e.g., inpatient hospitalization)
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 <i>at least one</i> of the following five ways:

TERM	NARRATIVE DESCRIPTION
	<ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> a. Has at least 2,000 hours of supervised experience in the delivery of services to adults or children with: <ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> a. At least 4,000 hours of experience in the delivery of services to adults or children with: <ol style="list-style-type: none"> 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 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:

TERM	NARRATIVE DESCRIPTION
	<p>i. Mental illness, or substance use disorder; or</p> <p>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;</p> <p>3. Practitioner is qualified if they hold a master’s or other graduate degree in behavioral sciences or related fields.</p> <p>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.</p> <p>In addition to the above criteria:</p> <ul style="list-style-type: none"> • 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.
<p>Mental Health Practitioner Qualified as a Clinical Trainee</p>	<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 • 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
<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>

TERM	NARRATIVE DESCRIPTION
Psychotherapy for Crisis	Means services that help reduce a patient’s mental health crisis through immediate assessment and psychotherapeutic interventions. An intervention for crisis diminishes of the patient in crisis and help restore life functioning.

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

To receive psychotherapy for crisis services the enrolled UCare member must:

- Have a diagnosis of mental illness as determined by an emergency assessment; and
- Need immediate response, due to an increase of mental illness symptoms that put the recipient at risk of one of the following:
 - Experiencing a life-threatening mental health crisis
 - Needing a higher level of care
 - Worsening of symptoms without mental health intervention
 - Harm to self, others, or property damage
 - Significant disruption of normal functioning in at least one life area, such as self-care or housing

An UCare member may receive one session of psychotherapy (including psychotherapy for crisis) prior to receiving a diagnostic assessment.

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

The following providers may provide psychotherapy for crisis services:

- 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
- Tribal mental health professional
- Mental health practitioners working as clinical trainees

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.

UA	CTSS service package/Children's crisis service package
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CPT and/or HCPCS Code(s)

CPT AND/OR HCPCS CODE(S)	MODIFIER(S)	NARRATIVE DESCRIPTION
90839		Psychotherapy for Crisis
90839	HN	Psychotherapy for Crisis furnished by a qualified Clinical Trainee
90840		Psychotherapy for Crisis, each additional thirty (30) minutes
90840	HN	Psychotherapy for Crisis, each additional thirty (30) minutes, furnished by a qualified Clinical Trainee

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Revenue Codes

Not applicable.

PAYMENT INFORMATION

Covered Services

Psychotherapy for crisis must include:

- Emergency assessment of the crisis (this does not take the place of a diagnostic assessment);
- Mental status exam;
- Psychotherapeutic interventions to reduce the crisis; and
- Development of a post-crisis plan addressing the patient’s coping skills and community resources.

Payment Information

UCare follows MHCP guidelines when applying Master’s level provider reductions to eligible mental health services. Master’s level provider reductions are not applied to mental health services when they are furnished in a Community Mental Health Center (CMHC).

In addition to the Master’s level provider reduction, UCare also applies a 23.7% increase to specific mental health services when furnished by the providers listed below:

- Psychiatrists;
- Advance Practice Nurses;
 - Clinical Nurse Specialist
 - Nurse Practitioner
- Community Mental Health Centers;
- Mental health clinics and centers certified under Rule 29 and designated by the Minnesota Department of Mental Health as an essential community provider;
- Hospital outpatient psychiatric departments designated by the Minnesota Department of Mental Health as an essential community provider; and
- Children’s Therapeutic Services and Supports (CTSS) providers for services identified as CTSS in the DHS mental health procedure CPT or HCPCS codes and rates chart.

Additional information regarding UCare fee schedule updates can be found in the [UCare Provider Manual](#).

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

Billing Guidelines

The guidelines outlined below should be followed when submitting psychotherapy for crisis services:

- Bill appropriate psychotherapy for crisis CPT code(s);
- Use modifier -UA when services are provided as a CTSS service;
- Enter the rendering provider NPI on each service line; and
- Append the -HN modifier for services performed by a clinical trainee; and
- Use modifier -UA when services are provided as a CTSS service.

PRIOR AUTHORIZATION, NOTIFICATION AND THRESHOLD INFORMATION

Prior Authorization, Notification, and Threshold Requirements

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
SC17P00558A1	Psychotherapy
SC14P0043A2	CTSS

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 Services, [Psychotherapy for Crisis](#)

MS [245.461 to 245.468](#) Minnesota Comprehensive Adult Mental Health Act

MS [245.462](#) Definitions

MS [256B.0625](#), subd. 20 Mental Health Case Management

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 others.”