# Youth Assertive Community Treatment (ACT) / Intensive Rehabilitative Mental Health Services (IRMHS)

Policy Number: S14P0009A3

Effective Date: May 1, 2018

Last Update: June 8, 2023

## PAYMENT POLICY HISTORY

| DATE | SUMMARY OF CHANGE |
|---|---|
| June 8, 2023 | Annual policy review completed. Updates made to enrollee eligibility, provider eligibility, payment information, and billing requirements 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. |
| May 25, 2021 | The title was changed to the title listed above. The title of the policy was previously titled Youth Assertive Community Treatment ACT). Any reference to Youth ACT was updated to Youth ACT/IRMHS. The policy format was updated and as a result some of the information may have been reformatted. The title change was based on a change made in the MHCP Provider Manual. Typographical and grammatical corrections were made. The following updates were made to the policy and are effective 12/20/2020:<br>• The Youth ACT definition was deleted and replaced with a Youth ACT/IRMHS definition;<br>• The Eligible Provider section of this policy was updated; and<br>• Service standards were added to the Payment Section of this Policy. |
| 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 24, 2019 | Annual policy review completed. All internal links and the UCare logo were updated. Provider eligibility requirements for Level I and Level II Certified Peer Specialists were updated based on DHS requirements. |
| May 1, 2018 | The Youth Assertive Community Treatment payment policy was published by UCare. |

## APPLICABLE PRODUCTS

This policy applies to the products checked below:

| UCARE PRODUCT | APPLIES TO |
|---|---|
| UCare MinnesotaCare | √ |
| UCare Prepaid Medical Assistance (PMAP) | √ |
| UCare Connect | √ |
| UCare Connect + Medicare (When MHCP is the primary payer) | √ |

## TABLE OF CONTENTS

**TABLE OF CONTENTS** **PAGE**

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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

Youth Assertive Community Treatment (Youth ACT)/Intensive Rehabilitative Mental Health Services (IRMHS) is an intensive, comprehensive, and nonresidential rehabilitative mental health service. Services are delivered using a multidisciplinary team approach and are available 24 hours a day, 7 days per week, Youth ACT/IRMHS teams work intensively with youth with severe mental health or co-occurring mental health and substance use issues to assist them with remaining in their community while reducing the need for residential or inpatient placements. Teams also work with youth leaving these placements to ensure a smooth transition back to their home, family, and community. Services are delivered in an age-appropriate and culturally sensitive manner designed to meet the specific needs of each client.

## POLICY DEFINITIONS

| TERM | NARRATIVE DESCRIPTION |
|---|---|
| Adult Rehabilitative Mental Health Services (ARMHS) | Means mental health services which are rehabilitative and enable the patient to develop and enhance psychiatric stability, social competencies, personal and emotional adjustment, and independent living and community skills, when these abilities are impaired by the symptoms of mental illness. The services also enable a patient to retain stability and functioning if the patient is at risk of losing significant functionality or being admitted to a more restrictive service setting without these services. In addition, the services instruct, assist, and support a patient in areas such as medication education and monitoring, and basic social and living skills in mental illness symptom management, household management, employment-related, or transitioning to community living. |

| 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.<br><br>**Qualifications**<br>**Certified Peer Specialist Level I**<br><br>Level I peer specialists must meet the following criteria:<br><br>• Be at least 21 years old<br>• Have or have had a primary diagnosis of mental illness<br>• Is a current or former recipient of mental health services<br>• Be willing to share their experience of recovery<br>• Successfully completes the DHS approved Certified Peer Specialist training and certification exam<br>• Be certified by the Department of Human Services.<br><br>**Certified Peer Specialist Level II**<br><br>Level II peer specialists must meet all requirement of a Level I CPS and one or more of the following criteria:<br>• Is qualified at the Mental Health Practitioner level as defined by Minnesota Statute 245.462, subdivision 17<br>• Has at least 6,000 hours of supervised experience in the delivery of peer services to persons with mental illness<br>• Has at least 4,000 hours of supervised experience in the delivery of services to persons with mental illness and an additional 2,000 hours of supervised experience in the delivery of peer services to persons with mental illness. |
| Children's Therapeutic Services and Supports (CTSS) | Means a flexible package of mental health services for children who require varying therapeutic and rehabilitative levels of intervention. CTSS addresses the conditions of emotional disturbance that impair and interfere with an individual's ability to function independently. For children with emotional disturbances, rehabilitation means a series or multidisciplinary combination of psychiatric and psychosocial interventions to: |

| TERM | NARRATIVE DESCRIPTION |
|---|---|
| | • Restore a child or adolescent to an age-appropriate developmental trajectory that had been disrupted by a psychiatric illness; or<br>• Enable the child to self-monitor, compensate for, cope with, counteract, or replace psychosocial skills, deficits or maladaptive skills acquired over the course of a psychiatric illness. |
| 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:<br><br>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:<br>a. Has at least 2,000 hours of supervised experience in the delivery of services to adults or children with:<br>i. Mental illness, substance use disorder,<br>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<br>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<br>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<br>v. Is working in a MHCP-enrolled adult or children's day treatment program.<br>2. Practitioner is qualified through work experience if the practitioner has either:<br>a. At least 4,000 hours of experience in the delivery of services to adults or children with:<br>i. Mental illness, substance use disorder, or |

| TERM | NARRATIVE DESCRIPTION |
|---|---|
| | 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;<br>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:<br>i. Mental illness, or substance use disorder; or<br>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;<br>3. Practitioner is qualified if they hold a master's or other graduate degree in behavioral sciences or related fields.<br>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.<br><br>In addition to the above criteria:<br><br>• A mental health practitioner for a child member must have training working with children.<br>• A mental health practitioner for an adult member must have training working with adults. |
| Mental Health Professional | Means one of the following providers:<br>• Clinical nurse specialist (CNS)<br>• Licensed independent clinical social worker (LICSW)<br>• Licensed marriage and family therapist (LMFT)<br>• Licensed professional clinical counselor (LPCC)<br>• Licensed psychologist (LP)<br>• Mental health rehabilitative professional<br>• Psychiatric nurse practitioner (NP)<br>• Psychiatry or an osteopathic physician |

| TERM | NARRATIVE DESCRIPTION |
|---|---|
| | • Tribal-certified professional |
| 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' benefit set. If claims are submitted to UCare and no notification has been received from the provider, the claim will be denied. |
| 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. |
| Youth Assertive Community Treatment (Youth ACT)/Intensive Rehabilitative Mental Health Services (IRMHS) | Means intensive, comprehensive, and non-residential rehabilitative mental health service. Services are delivered using a multidisciplinary team approach and are available 24 hours a day, 7 days per week, Youth ACT/IRMHS services are delivered in an age-appropriate and culturally sensitive manner to meet the needs of each specific client and teams work intensively with youth with severe mental health or co-occurring mental health and substance use issues to assist them with remaining in their community while reducing the need for residential or inpatient placements. Teams also work with youth discharging from these placements to ensure a smooth transition back to their home, family, and community. |

## 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**

**Effective August 1, 2022, to be eligible for Youth Act/IRMHS, UCare members must:**

- Be actively enrolled in one of the UCare products listed above;
- Be 8 years old or older and under 21 years old;
- Be diagnosed with serious mental illness or co-occurring mental illness and substance abuse addiction
- Receive a level of care determination of Level 4 on the CASII for ages 8 up to 18 and Level 4 on the LOCUS for ages 18 up to 21. The level of care must indicate a need for intensive integrated

intervention without 24-hour monitoring and a need for extensive collaboration among multiple providers.
- Have a functional impairment and a history of difficulty in functioning safely and successfully in the community, school, home, or job.
- Have likely need for services from the adult mental health system during adulthood.
- Have a current diagnostic assessment indicating the need for intensive nonresidential rehabilitative mental health services.

**Effective July 1, 2021, the eligibility criteria below applies to UCare members:**

To be eligible for Youth Act/IRMHS, UCare members must be:

- Be actively enrolled in one of the UCare products listed above;
- Be 8 years old or older and under 26 years old;
- Be diagnosed with serious mental illness or co-occurring mental illness and substance abuse addiction;
- Receive a level of care determination of Level 4 on the CASII for ages 8 up to 18 and Level 4 on the LOCUS for ages 18 up to 26. The level of care must indicate a need for intensive integrated intervention without 24-hour monitoring and a need for extensive collaboration among multiple providers;
- Have a functional impairment and a history of difficulty in functioning safely and successfully in the community, school, home, or job;
- Have a likely need for services from the adult mental health system during adulthood;
- Have a current diagnostic assessment indicating the need for intensive nonresidential rehabilitative mental health services.

**Prior to July 1, 2021, the eligibility requirements are applicable to UCare members:**

To be eligible for Youth ACT /IRMHS services the patient must meet the following criteria:

- Be actively enrolled in one of the UCare products listed above;
- The patient must be 16 years old or older and under 21 years old;
- Have a diagnosis of serious mental illness or co-occurring mental illness and substance abuse addiction; Have a CASII level of care determination of level 4 or above indicating a need for intensive integrated intervention without 24-hour monitoring;
- Functional impairment and a history of difficulty functioning safely and successfully in the community, school, home, or job;
- Probable need for services from the adult mental health system within the next two years; and mental health services; and
- Have a current diagnostic assessment indicating the need for intensive nonresidential rehabilitative mental health 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.**

### Provider

**An eligible Youth ACT/IRMHS program must:**

- Hold a contract with the Minnesota Department of Human Services (DHS);
- Have a memorandum of understanding with the county(s) they service;
- Follow all Minnesota Youth ACT/IRMHS Treatment Standards;

**A core Youth ACT/IRMHS team must maintain at least four full-time equivalent direct care staff which must include:**

- Mental Health Professional
- Licensed alcohol and drug counselor trained in mental health interventions
- Certified Peer Specialist, and one of the following, credentialed providers to prescribe medications:
    - Advanced practice registered nurse certified in psychiatric or mental health care
    - Board-certified child and adolescent psychiatrist

**Based on member needs, the team may also include:**

- Additional mental health professionals
- A vocational specialist
- An educational specialist
- A child and adolescent psychiatrist retained on a consultant basis
- Mental health practitioners
- Clinical trainees
- Case management service provider
- A housing access specialist
- A family peer specialist

**Additional Team Members**

- A treatment team may include, in addition to the at least four full-time equivalent direct care staff and others based on member needs, the following:

  - A treatment team may include, in addition to those listed above, ad hoc members not employed by the team who consult on a specific client and who must accept overall clinical direction from the treatment team for the duration of the client's placement with the treatment team and must be paid by the provider agency at the rate for a typical session by that provider with that client or at a rate negotiated with the client-specific member. Client-specific treatment team members may include, but are not limited to, the mental health professional treating the member before entering the Youth ACT/IRMHS team (includes therapist or psychiatrist)
  - The current substance abuse counselor
  - A lead member of the member's individualized education program or school-based mental health provider
  - A representative from the member's Tribe
  - The member's probation agent or other juvenile justice representative
  - The member's current vocational or employment counselor
  - Clinical trainee
- The Youth ACT/IRMHS team may only bill for services provided by these additional team members when the services are not reimbursed through another funding source. For example, the team may not bill for services provided by the school district through the individualized education plan (IEP), as these services are reimbursed separately.

## Facility

Not applicable; this policy applies to professional services.

## 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 |
|---|---|
| HA | Child or Adolescent |

## CPT and/or HCPCS Code(s)

| CPT AND/OR HCPCS CODE(S) | MODIFIER(S) | NARRATIVE DESCRIPTION |
|---|---|---|
| H0040 | HA | Assertive Community Treatment - Children |

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## Revenue Codes

Not applicable.

## PAYMENT INFORMATION

### *Covered Services*

- The Youth ACT/IRMHS team provides the following services: Individual, family, and group psychotherapy
- Individual, family, and group skills training
- Crisis assistance
- Medication management

- Mental health case management
- Medication education
- Care coordination with other care providers
- Psychoeducation to, and consultation and coordination with, the patient's support network (with or without patient present)
- Clinical consultation to the patient's employer or school
- Coordination with, or performance of, crisis intervention and stabilization services
- Assessment of the patient's treatment progress and effectiveness of services using outcome measurements
- Transition services
- Integrated dual disorders treatment
- Housing access support

Services must be age-appropriate and meet the specific cultural needs of the patient.

## Service Standards

An individual treatment team must serve youth who are either:

- At least 8 years old and under 21 years old;
- The treatment team must have specialized training in providing services to the specific age group of youth that the team serves.

UCare members and/ or family members must receive at least three face-to-face contacts per week that meet the following criteria:

- Face-to face contacts must total a minimum of 85 minutes of service;
- The treatment team must use team treatment, not an individual treatment model;
- Services must be age-appropriate and meet the specific needs of the client; and
- The initial functional assessment must be completed within ten (10) days of intake and updated at least every six (6) months or prior to discharge from the service, whichever comes first.

Each client must have an individualized treatment plan and it must:

- Be based on the information in the client's diagnostic assessment and baselines;
- Identify goals and objectives of treatment, a treatment strategy, a schedule for accomplishing treatment goals and objectives and the individuals responsible for providing treatment services and supports;
- Be developed after completion of the client's diagnostic assessment by a mental health professional or clinical trainee and before providing children's therapeutic services and supports;

- Be developed through a child-centered, family-driven, culturally appropriate planning process, including allowing parents and guardians to observe or participate in individual and family treatment services, assessments, and treatment planning;
- Be reviewed at least once every six (6) months and revised to document treatment progress on each treatment objective and next goals or, if progress is not documented, document changes in treatment;
- Ensure that the client approves of the client's individual treatment plan unless a court orders the client's treatment plan under Minnesota Statutes 253B.
- If the client disagrees with the client's treatment plan, the license holder must document in the client file the reasons why the client does not agree with the treatment plan. If the license holder cannot obtain the client's approval of the treatment plan, a mental health professional must make efforts to obtain approval from a person who is authorized to consent on the client's behalf within 30 days after the client's previous individual treatment plan expired. A license holder may not deny a client service during this time period solely because the license holder could not obtain the client's approval of the client's individual treatment plan. A license holder may continue to bill for the client's otherwise eligible services when the client

## Concurrent Services

- Youth ACT/IRMHS Team allows for additional providers to participate in the team program as needed to meet the patient's needs. The Youth ACT/IRMHS program may only bill for these additional services when the services are not reimbursed through another funding source.
- When concurrent services are furnished, the Youth ACT/IRMHS Team must coordinate all concurrent services. Specific services are included in the Youth ACT/IRMHS rate and are not separately billable. The grid below outlines the services that are included as part of the Youth ACT/IRMHS rate.

| SERVICE | SERVICE INCLUDED AS PART OF YOUTH ACT? | CAN THE SERVICE BE FURNISHED IN ADDITION TO YOUTH ACT? |
|---|---|---|
| Mental Health Targeted Case Management | Yes | No |
| Children's Mental Health Day Treatment | No | When authorized |
| Children's Residential Treatment Services | No | No |
| Partial Hospitalization | No | Yes |

| SERVICE | SERVICE INCLUDED AS PART OF YOUTH ACT? | CAN THE SERVICE BE FURNISHED IN ADDITION TO YOUTH ACT? |
|---|---|---|
| IRTS | No | Yes |
| CTSS and ARMHS | Yes | No |
| Mental Health Behavioral Aide Services | No | No |
| Crisis Assessment & Intervention (mobile) | Yes | No |
| Crisis Stabilization -Non-Residential | Yes | No |
| Crisis Stabilization - Residential | No | Yes |
| Medication Management | Yes | No |
| Outpatient Psychotherapy | Yes | No |
| Inpatient Hospitalization | No | Yes |
| Waivered Services | No | Yes |
| Other medical services (e.g., PCA) | No | Yes |

## *Payment Information*

Payment for Youth ACT/IRMHS services are based on an all-inclusive daily rate. 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.

## BILLING REQUIREMENTS AND DIRECTIONS

### Billing Guidelines

- Submit claims using the 837P format or the electronic equivalent;
- Enter each date of service on a separate line, reporting one unit of service per day
- UCare will reimburse Youth ACT/IRMHS Services:
  - Based on one, all-inclusive daily rate
  - To one provider per day.
- Youth ACT/IRMHS requires face-to-face contact. Count the following services as face-to-face when the need for the patient's absence is documented:
  - Family psychoeducation
  - Family psychotherapy
  - Clinical consultation to the patient's school or employer.
- Only one agency may bill when team members are from more than one agency. The billing provider reimburses other contributing agencies. Mental Health professionals acting as team members may not bill their services separately from the Youth ACT team. Travel is billed separately.

## PRIOR AUTHORIZATI0N, 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 |
|---|---|
| SC15P0050A4 | Adult Rehabilitative Mental Health Services (ARMHS |
| SC14P0026A4 | Certified Peer Specialist |
| SG14P0010A3 | CTSS |
| SC14P0010A3 | CTSS Children's Day Treatment |
| SC17P0062A3 | Children's Mental Health Residential Treatment |
| SC14P0034A3 | Mental Health Partial Hospitalization |
| SC14P0025A5 | IRTS |

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, Youth ACT/IRMHS

Minnesota Statute 256B.0947

## 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."