

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

Policy Number: S14P0009A2

Effective Date: May 1, 2018

Last Update: January 19, 2021

PAYMENT POLICY HISTORY

DATE	SUMMARY OF CHANGE
January 19, 2021	<p>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.</p> <p>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.</p> <p>The following updates were made to the policy and are effective 12/20/2020:</p> <ul style="list-style-type: none"> • The Youth ACT definition was deleted and replaced with a Youth ACT/IRMHS definition; • The Eligible Provider section of this policy was updated; and • Service standards were added to the Payment Section of this Policy.
August 30, 2019	<p>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.</p>
June 24, 2019	<p>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.</p>
May 1, 2018	<p>The Youth ACT policy was implemented by UCare.</p>

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)	
UCare Medicare Plans	
UCare EssentiaCare	
UCare Medicare M Health Fairview & North Memorial	
UCare Individual & Family Plans	
UCare Individual & Family Plans M Health Fairview	

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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 professional payment and billing guidelines associated with Youth Assertive Community Treatment / Intensive Rehabilitative Mental Health Services.

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.
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-

TERM	NARRATIVE DESCRIPTION
	<p>advocacy, and hopefulness through appropriate sharing of his or her story based on lived experience.</p> <p>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.</p> <p>UCare recognizes two levels of certified peer specialists: Level I and Level II.</p> <p><i>Certified Peer Specialist Level I</i></p> <p>Level I peer specialists must meet the following criteria:</p> <ul style="list-style-type: none"> • 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. <p><i>Certified Peer Specialist Level II</i></p> <p>Level II peer specialists must meet the following criteria:</p> <ul style="list-style-type: none"> • 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 <p>A certified peer specialist 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.</p>
<p>Children’s Therapeutic Services and Supports (CTSS)</p>	<p>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</p>

TERM	NARRATIVE DESCRIPTION
	<p>multidisciplinary combination of psychiatric and psychosocial interventions to:</p> <ul style="list-style-type: none"> • Restore a child or adolescent to an age-appropriate developmental trajectory that had been disrupted by a psychiatric illness; or • 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	<p>Means a provider who is not eligible for enrollment and must be under clinical supervision of a mental health professional and must be qualified in at least one of the following five ways:</p> <ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> 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 <p>In addition to the above criteria:</p> <ul style="list-style-type: none"> • A mental health practitioner for a child patient must have training working with children.

TERM	NARRATIVE DESCRIPTION
	<ul style="list-style-type: none"> • A mental health practitioner for an adult patient must have training working with adults.
Mental Health Professional	<p>For purposes of this policy Mental Health Professional means one of the following:</p> <ul style="list-style-type: none"> • Clinical Nurse Specialist • 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
Notification	<p>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.</p>
Prior Authorization	<p>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.</p>
Serious and Persistent Mental Illness (SPMI) or Serious Mental Illness	<p>Means a condition with a diagnosis of mental illness that meets at least one of the following, and the patient:</p> <ul style="list-style-type: none"> • Had two or more episodes of inpatient care for mental illness within the past 24 months. • Had continuous psychiatric hospitalization or residential treatment exceeding six months' duration within the past 12 months. • Has been treated by a crisis team two or more times within the past 24 months. • Has a diagnosis of schizophrenia, bipolar disorder, major depression or borderline personality disorder; evidences a significant impairment in functioning; and has a written opinion from a mental health professional stating he or she is likely to have future episodes requiring inpatient or residential treatment unless community support program services are provided.

TERM	NARRATIVE DESCRIPTION
	<ul style="list-style-type: none"> • Has in the last three years, been committed by a court as a mentally ill person under Minnesota statutes, or the adult’s commitment as a mentally ill person has been stayed or continued. • Was eligible under one of the above criteria, but the specified time period has expired. • Was eligible as a child with severe emotional disturbance, and the patient has a written opinion from a mental health professional, in the last three years, stating that he or she is reasonably likely to have future episodes requiring inpatient or residential treatment of a frequency described in the above criteria, unless ongoing case management or community support services are provided.
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

In order 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 sixteen (16) – twenty (20) years of age;
- Have a diagnosis of serious mental illness or co-occurring mental illness and substance abuse addiction;
- Have a CAS II 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. THE SERVICE(S) IN THE 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 a:
 - Mental Health Professional
 - Licensed alcohol and drug counselor trained in mental health interventions
 - Certified Peer Specialist
 - And, one of the following, credentialed 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
 - Case management service provider
 - A housing access specialist
 - A family peer specialist

A Youth ACT/IRMHS team must include the following staff:

- Mental Health Professional
- Licensed alcohol and drug counselor trained in mental health interventions
- Certified Peer Specialist Level I or II
- One of the following providers licensed to prescribe medication:
 - Advance Practice Registered Nurse (APRN) certified in psychiatric or mental health care
 - Board certified child and adolescent psychiatrist
- In addition, based on patient needs the team may also include:
 - Additional Mental Health Professionals
 - A vocational specialist
 - A child and adolescent psychiatrist retained on a consultant basis
 - Mental Health Practitioners
 - Mental Health Case Manager
 - A housing access specialist
 - Other individuals as needed to meet the patient's specific needs. These individuals must be under contract with the Youth ACT/IRMHS program. Patient specific team members include:
 - The Mental Health Professional (including therapist and/or psychiatrist treating the patient prior to entering the Youth ACT/IRMHS program.
 - The patient's current substance abuse counselor
 - A lead member of the patient's individual education program or school-based mental health provider
 - A representative from the patient's Tribe
 - The patient's probation agent or other juvenile justice representative
 - The patient's current vocational or employment counselor.

Additional Team Members

- 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

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

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

Revenue Codes

Not applicable.

PAYMENT INFORMATION

General Information

Payment for Youth ACT/IRMHS services is based on one all-inclusive daily rate paid to one provider per day with face-to-face contact between the Youth ACT/IRMHS team and the patient.

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

- Psycho-education 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 client.

Service Standards

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;

- Be signed by the clinical supervisor and by the client or by the client's parent or other people authorized by statute to consent to mental health services for the client. A client's parent may approve the client's individual treatment plan by secure electronic signature or by documented oral approval that is later verified by written signature;
- Be completed in consultation with the client's current therapist and key providers and provide for ongoing consultation with the client's current therapist to ensure therapeutic continuity and to facilitate the client's return to the community. For clients under the age of 18, the treatment team must consult with parents and guardians in developing the treatment plan.

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?	SERVICE LIMITATIONS
Mental Health Targeted Case Management	Yes	No	Case management functions are bundled in the Youth ACT/IRMHS rate. Community Mental Health – Total Case Management is covered only in the month of admission or discharge from Youth ACT/IRMHS. Prior authorization must be requested for services other than those provided during the month of admission/discharge.
Children's Mental Health Day Treatment	No	When authorized	The Day Treatment program must be prior authorized. The Youth ACT/IRMHS program must agree with the need for day treatment and must provide a statement to the day treatment provider. This documentation must be included with the prior authorization request. Day treatment providers cannot be additional Youth ACT/IRMHS team members. Day treatment providers must accept

SERVICE	SERVICE INCLUDED AS PART OF YOUTH ACT?	CAN THE SERVICE BE FURNISHED IN ADDITION TO YOUTH ACT?	SERVICE LIMITATIONS
			clinical direction from the Youth ACT/IRMHS team.
Children’s Residential Treatment Services	No	No	Cannot be billed separately.
Partial Hospitalization	No	Yes	Notification within twenty-four hours (24) of intake is required and concurrent review for additional services will be done.
IRTS	No	Yes	Youth ACT/IRMHS and IRTS may be provided concurrently.
CTSS and ARMHS	Yes	No	Rehabilitative skills training is a component of Youth ACT/IRMHS services and are not separately billable.
Mental Health Behavioral Aide Services	No	No	Cannot be billed separately.
Crisis Assessment & Intervention (mobile)	Yes	No	Cannot be billed separately. Considered a component of Youth ACT/IRMHS. Team must provide or contract with a crisis provider for this service.
Crisis Stabilization (non-residential)	Yes	No	Cannot be billed separately. Considered a component of Youth ACT/IRMHS.
Crisis Stabilization - Residential	No	Yes	Notification within twenty-four hours (24) hours of intake is required and concurrent review for additional services will be done.
Medication Management	Yes	No	Services must be provided by a physician or advanced practice registered nurse who are part of the Youth ACT/IRMHS team.
Outpatient Psychotherapy	Yes	No	Cannot be billed separately. Considered a component of Youth ACT/IRMHS.
Inpatient Hospitalization	No	Yes	Inpatient hospitalization services are reimbursed separately from Youth ACT/IRMHS. Notification within twenty-four hours (24) of admission is required and concurrent review for additional services will be done.

SERVICE	SERVICE INCLUDED AS PART OF YOUTH ACT?	CAN THE SERVICE BE FURNISHED IN ADDITION TO YOUTH ACT?	SERVICE LIMITATIONS
Waivered Services	No	Yes	Concurrent care services must be approved.
Other medical services (e.g., PCA)	No	Yes	Service must a covered service, and service limits for the specific service apply.

Payment Information

Payment for Youth ACT/IRMHS services is 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.

The grid below identifies whether the Master’s level provider reduction and/or 23.7% increase applies to service(s) associated with Youth ACT/IRMHS.

CPT® or HCPCS CODES	MODIFIER	NARRATIVE DESCRIPTION	UNIT OF SERVICE	APPLY MASTER’S LEVEL REDUCTION	DOES 23.7% INCREASE APPLY?	PROVIDERS ELIGIBLE TO PERFORM SERVICE
H0040	HA	Assertive Community Treatment - Children	Per Diem	No	No	• County contracted

CPT® or HCPCS CODES	MODIFIER	NARRATIVE DESCRIPTION	UNIT OF SERVICE	APPLY MASTER'S LEVEL REDUCTION	DOES 23.7% INCREASE APPLY?	PROVIDERS ELIGIBLE TO PERFORM SERVICE
						multidisciplinary teams

Additional information regarding UCare fee schedule updates can be found in the [UCare Provider Manual](#) (Section 10-20 Fee Schedule Updates).

BILLING REQUIREMENTS AND DIRECTIONS

Billing Guidelines

- Submit claims using the 837P format or the electronic equivalent;
 - Billing for Youth ACT services are based on one, all-inclusive daily rate
 - Enter each date of service on a separate line, reporting one unit of service per day
 - Payment is made to one provider per day. Only one agency may bill when team members are from more than one agency. The billing provider is accountable to reimburse other contributing agencies; and
- 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 psycho-education
 - Family psychotherapy
 - Clinical consultation to the patient’s school or employer.

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
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 Services, Youth ACT/IRMHS Services](#)

[Minnesota Statutes 256B.0947](#)

**SEARCH TERMS
LISTED BELOW ARE TERMS ON WHICH A SEARCH MAY BE PERFORMED IN A DATABASE
APPLICATION**

POLICY RELATED COMMUNICATOIN AND WORK DOCUMENTATION LISTED BELOW IS DOCUMENTATION RELEVANT TO THE DEVELOPMENT OF THIS PAYMENT POLICY. AS NEEDED, THESE DOCUMENTS WILL ALSO BE UPDATED WHEN THIS POLICY IS UPDATED.

DOCUMENTATION TYPE	DOCUMENTATION LINK
Functional Configuration Requirements	
Configuration RTTM	
Provider Manual References	
Claims Work Instructions	
Call Center Documentation	

POLICY QUESTION(S) AND ANSWER(S)

Q1:

A1:

Q2:

A2:

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.”

