

Diagnostic Assessments and Updates

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PAYMENT POLICY HISTORY		
VERSION	DATE	ACTION / DESCRIPTION
Version 2	5/1/2019	Annual policy review completed. Replaced deleted CPT codes 96101, 96102, 96103 psychiatric testing codes with 96130 and 96131. Internal links and the UCare logo were updated.
Version 1	5/1/2018	The Diagnostic Assessment and Updates policy is implemented by UCare.

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“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. In particular, 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.”*

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PAYMENT POLICY OVERVIEW**PRODUCT SUMMARY**

This Policy applies to the following UCare products:

- Minnesota Senior Care Plus (MSC Plus)
- UCare Connect (Special Needs Basic Care – SNBC)
- Prepaid Medical Assistance Program (PMAP)
- MinnesotaCare

PROVIDER SUMMARY

UCare recognizes the following mental health professionals as eligible to provide a diagnostic assessment:

- Clinical nurse specialist (CNS)
- Licensed independent clinical social worker (LICSW)
- Licensed marriage and family therapist (LMFT)
- Licensed professional clinical counselor (LPCC)
- Licensed psychologist (LP)
- Mental health rehabilitative professional
- Psychiatric nurse practitioner (NP)
- Psychiatry or an osteopathic physician
- Mental health practitioners who qualify as clinical trainees

POLICY STATEMENT

This Policy outlines the payment and billing guidelines associated with Diagnostic Assessments.

PATIENT ELIGIBILITY CRITERIA

In order for services to be covered by UCare the patient must be actively enrolled in an UCare MSC Plus, Connect, PMAP, or MinnesotaCare product.

DEFINITIONS	
TERM	NARRATIVE DESCRIPTION
Adult Diagnostic Assessment Update	Means an assessment for adults 18 years old or older, using an adult diagnostic assessment that revises a standard or extended diagnostic assessment that occurred: <ul style="list-style-type: none"> ▪ Within the past twelve (12) months ▪ Within the past twenty-four (24) months when a previous adult diagnostic assessment has occurred within the past twelve (12) months
Brief Diagnostic Assessment	Means an assessment that documents sufficient information to apply a clinical hypothesis that may be used to address the patient’s immediate needs or presenting problem, and typically includes information about the patient’s current life situation, including: <ul style="list-style-type: none"> ▪ Age ▪ Description of symptoms including reason for referral ▪ A mental status examination ▪ History of mental health treatment ▪ Cultural influences ▪ A clinical summary explaining the provisional diagnostic hypothesis
Clinical Supervision	Means the oversight responsibility for individual treatment plans and individual mental health service delivery, including that provided by the case manager. Clinical supervision must be accomplished by full or part-time employment of or contracts with mental health professionals. Clinical supervision must be documented by the mental health professional cosigning individual treatment plans and by entries in the client's record regarding supervisory activities.
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.
Explanation of Findings	Means the explanation of a client's diagnostic assessment, psychological testing, treatment program, and consultation with culturally informed mental health consultants or other accumulated data and recommendations to the patient patient's family, primary caregiver, or other responsible persons.
Extended Diagnostic Assessment	Means an assessment that includes all of the components of a standard diagnostic assessment usually gathered over three or more appointments. The patient requires additional assessment time due to their complex needs, caused by: <ul style="list-style-type: none"> ▪ Acuity of psychotic disorder ▪ Cognitive or neurocognitive impairment ▪ Consideration of past diagnoses and determining their current applicability ▪ Co-occurring substance abuse use disorder ▪ Disruptive or changing environments ▪ Communication barriers ▪ Cultural considerations

DEFINITIONS	
TERM	NARRATIVE DESCRIPTION
Individual Treatment Plan	Means the person-centered process that focuses on developing a written plan that defines the course of treatment for the patient. The plan is focused on collaboratively determining real-life outcomes with a patient and developing a strategy to achieve those outcomes. The plan establishes goals, measurable objectives, target dates for achieving specific goals, identifies key participants in the process, and the responsible party for each treatment component. In addition, the plan outlines the recommended services based on the patient’s diagnostic assessment and other patient specific data needed to aid the patient in their recovery and enhance resiliency. An individual treatment plan should be completed before mental health service delivery begins.
Mental Health Practitioner	Means a provider who is 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: <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 practitioners 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 In addition to the above criteria: <ul style="list-style-type: none"> ▪ A mental health practitioner for a child must have training working with children. ▪ A mental health practitioner for an adult must have training working with adults.
Notification	Means the process of informing UCare or their delegates of a specific medical treatment or service prior to billing for certain services. Services that require notification are not subject to review for medical necessity, but must be medically necessary and covered within the member’s benefit set. 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

DEFINITIONS	
TERM	NARRATIVE DESCRIPTION
	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.

MODIFIERS	
<p>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.</p> <p>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.</p>	
MODIFIER	NARRATIVE DESCRIPTION
52	Brief Diagnostic Assessment (Reduced Services)
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
TG	Extended Diagnostic Update/Psychiatric Consultation Complex/Lengthy
TS	Adult Diagnostic Update

CPT®/HCPCS Codes		
CPT®/HCPCS CODE	MODIFIER	NARRATIVE DESCRIPTION
90791		Diagnostic Assessment - Standard
90791	HN	Diagnostic Assessment - Standard, furnished by a qualified Clinical Trainee
90971	52	Diagnostic Assessment - Brief
90971	52, HN	Diagnostic Assessment - Brief furnished by a qualified Clinical Trainee when licensing and supervision requirements are met
90791	TG	Diagnostic Assessment – Extended
90791	TG, HN	Diagnostic Assessment - Extended furnished by a qualified Clinical Trainee when licensing and supervision requirements are met
90791	TS	Adult Diagnostic Assessment – Update
90791	TS, HN	Adult Diagnostic Assessment - Update furnished by a qualified Clinical Trainee when licensing and supervision requirements are met
90792		Diagnostic Assessment - Standard (with medical service)

CPT®/HCPCS Codes		
CPT®/HCPCS CODE	MODIFIER	NARRATIVE DESCRIPTION
90792	HN	Diagnostic Assessment – Standard (with medical service) furnished by a qualified Clinical Trainee when licensing and supervision requirements are met.
90792	52	Diagnostic Assessment - Brief (with medical service)
90792	52, HN	Diagnostic Assessment – Brief (with medical service) furnished by a qualified Clinical Trainee when licensing and supervision requirements are met.
90792	TG	Diagnostic Assessment – Extended (with medical service)
90792	TG, HN	Diagnostic Assessment – Extended (with medical service) furnished by a qualified Clinical Trainee when licensing and supervision requirements are met.
90792	TS	Adult Diagnostic Assessment - Update (with medical service)
90792	TS, HN	Adult Diagnostic Assessment - Update (with medical service) furnished by a qualified Clinical Trainee when licensing and supervision requirements are met.
90887		Explanation of Findings - Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient
90887	HN	Explanation of Findings - Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient furnished by a qualified Clinical Trainee when licensing and supervision requirements are met.
96130		Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour
96131		Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)
90785	HN	Interactive complexity furnished by a qualified Clinical Trainee (When appropriate bill in addition to 90791 or 90792)

CPT®/HCPCS Codes		
CPT®/HCPCS CODE	MODIFIER	NARRATIVE DESCRIPTION
90785		Interactive complexity (When appropriate bill in addition to 90791 or 90792)

PAYMENT AND BILLING INFORMATION

General Information

In order to be eligible for payment, a diagnostic assessment must:

- Specify the mental health diagnosis(s) of the patient and outline the recommended services, or determine that the patient does not meet the criteria for a mental health disorder;
- Include a face-to-face interview with the patient and a written evaluation; and
- Meet the conditions of one of the following diagnostic assessments:
 - Standard Diagnostic Assessment
 - Extended Diagnostic Assessment
 - Adult Diagnostic Assessment Update
 - Brief Diagnostic Assessment.
- If a diagnostic assessment does not result in a diagnosis of mental illness or emotional disturbance, the provider is allowed to provide and bill for the following if performed:
 - 90887 - One Explanation of Findings session
 - 96101, 96102, 96103 - Psychological Testing
- Do not bill for diagnostic assessment on the same day as:
 - E/M services provided by the same provider
 - Psychotherapy services (any type)
- A new patient may receive up to three sessions of a combination of individual or family psychotherapy, or family psychoeducation prior to completing the diagnostic assessment.

Interactive Complexity

Submit the CPT® code 90785 (Interactive Complexity add-on code) to indicate interactive complexity when any of the following exist during the visit:

- Communication difficulties among participants that complicate care delivery, related to issues including, but not limited to:
 - High anxiety
 - High reactivity
 - Repeated questions

- Disagreement
- Caregiver emotions or behaviors that interfere with implementing the treatment plan
- Evidence is discovered or discussed relating to an event that must be reported to a third party. This may include events such as abuse or neglect that require a mandatory report to the state agency
- The mental health provider overcomes communication barriers by using any of the following methods:
 - Play equipment
 - Physical devices
 - An interpreter
 - A translator for patients who:
 - Are not fluent in the same language as the mental health provider
 - Have not developed or have lost the skills needed to use or understand typical language

Payment Decreases and Increases Impacting Mental Health Services

Based on MHCP guidelines when certain mental services are furnished by a Master's level provider a twenty percent (20%) reduction is applied to the allowed amount. Master's level providers are:

- Clinical Nurse Specialist (CNS-MH)
- Licensed Independent Clinical Social Worker (LICSW)
- Licensed Marriage and Family Therapist (LMFT)
- Licensed Professional Clinical Counselor (LPCC)
- Licensed Psychologist (LP) Master's Level
- Psychiatric Nurse Practitioner
- Master's Level enrolled provider

UCare follows MHCP guidelines when applying Master's level provider reductions to eligible mental health services. Impacted services are identified by indicator "(a)" in the DHS MH Procedure CPT or HCPC Codes and Rates Chart. A link to this chart is available in the References and Sources section of this Policy.

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 mental health services identified with a "b" in the DHS MH Procedure CPT or HCPC Codes and Rates Chart. A link to this chart is available in the References and Sources section of this Policy. This increase is applied to behavioral health services when performed by:

- 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.

UCare will utilize the above-referenced MHCP list to determine whether the decrease to Master’s level providers or a Mental Health Practitioner working as a clinical trainee should be applied, and/or determine if the 23.7% legislative increase will be applied to behavioral health services. If there is a discrepancy between how DHS adjudicates claims and the chart published in the MHCP provider manual, UCare will adjudicate claims based on the chart published by DHS. When DHS updates the published chart, UCare will update payment requirements within forty (40) business days of receipt of the change. Claims previously paid will not be adjusted. Additional information regarding UCare fee schedule updates can be found in the [UCare Provider Manual](#) (Section 10-20, Fee Schedule Updates).

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

CPT® / HCPCS CODES						
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
90791		Diagnostic Assessment - Standard	1 Session	Yes	Yes	<ul style="list-style-type: none"> ▪ CNS-MH ▪ LICSW ▪ LMFT ▪ LPCC ▪ LP ▪ NP ▪ Psychiatrist
90791	HN	Diagnostic Assessment - Standard, furnished by a qualified Clinical Trainee		Yes	Yes	<ul style="list-style-type: none"> ▪ Qualified Clinical Trainee
90791	52	Diagnostic Assessment - Brief		Yes	Yes	<ul style="list-style-type: none"> ▪ CNS-MH ▪ LICSW

CPT® /HCPCS CODES						
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
						<ul style="list-style-type: none"> ▪ LMFT ▪ LPCC ▪ LP ▪ NP ▪ Psychiatrist
90791	52, HN	Diagnostic Assessment - Brief furnished by a qualified Clinical Trainee when licensing and supervision requirements are met		Yes	Yes	<ul style="list-style-type: none"> ▪ Qualified Clinical Trainee
90791	TG	Diagnostic Assessment – Extended		Yes	Yes	<ul style="list-style-type: none"> ▪ CNS-MH ▪ LICSW ▪ LMFT ▪ LPCC ▪ LP ▪ NP ▪ Psychiatrist
90791	TG, HN	Diagnostic Assessment - Extended furnished by a qualified Clinical Trainee when licensing and supervision requirements are met		Yes	Yes	<ul style="list-style-type: none"> ▪ Qualified Clinical Trainee
90791	TS	Adult Diagnostic Assessment – Update		Yes	Yes	<ul style="list-style-type: none"> ▪ CNS-MH ▪ LICSW ▪ LMFT ▪ LPCC ▪ LP ▪ NP ▪ Psychiatrist
90791	TS, HN	Adult Diagnostic Assessment - Update furnished by a qualified Clinical Trainee when licensing and supervision requirements are met		Yes	Yes	<ul style="list-style-type: none"> ▪ Qualified Clinical Trainee

CPT® /HCPCS CODES						
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
90792		Diagnostic Assessment - Standard (with medical service)	1 Session	Yes	Yes	<ul style="list-style-type: none"> ▪ Psychiatrist ▪ NP ▪ CNS-MH
90792	HN	Diagnostic Assessment – Standard (with medical service) furnished by a qualified Clinical Trainee when licensing and supervision requirements are met.		Yes	Yes	<ul style="list-style-type: none"> ▪ Qualified Clinical Trainee
90792	52	Diagnostic Assessment - Brief (with medical service)		Yes	Yes	<ul style="list-style-type: none"> ▪ Psychiatrist ▪ NP ▪ CNS-MH
90792	52, HN	Diagnostic Assessment – Brief (with medical service) furnished by a qualified Clinical Trainee when licensing and supervision requirements are met.		Yes	Yes	<ul style="list-style-type: none"> ▪ Qualified Clinical Trainee
90792	TG	Diagnostic Assessment – Extended (with medical service)		Yes	Yes	<ul style="list-style-type: none"> ▪ Psychiatrist ▪ NP ▪ CNS-MH
90792	TG, HN	Diagnostic Assessment – Extended (with medical service) furnished by a qualified Clinical Trainee when licensing and supervision requirements are met.		Yes	Yes	<ul style="list-style-type: none"> ▪ Qualified Clinical Trainee
90792	TS	Adult Diagnostic Assessment - Update (with medical service)		Yes	Yes	<ul style="list-style-type: none"> ▪ Psychiatrist ▪ NP ▪ CNS-MH
90792	TS, HN	Adult Diagnostic Assessment - Update (with medical service) furnished by a qualified Clinical Trainee when licensing and		Yes	Yes	<ul style="list-style-type: none"> ▪ Qualified Clinical Trainee

CPT® /HCPCS CODES						
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
		supervision requirements are met.				
90785		Interactive Complexity (When appropriate bill in addition to 90791 or 90792)	1 Session	No	Yes	<ul style="list-style-type: none"> ▪ CNS-MH ▪ LICSW ▪ LMFT ▪ LPCC ▪ LP ▪ NP ▪ Psychiatrist
90785	HN	Interactive complexity furnished by a qualified Clinical Trainee (When appropriate bill in addition to 90791 or 90792)		No	Yes	<ul style="list-style-type: none"> ▪ Qualified Clinical Trainee
90887		Explanation of Findings - Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient		Yes	Yes	<ul style="list-style-type: none"> ▪ CNS-MH ▪ LICSW ▪ LMFT ▪ LPCC ▪ LP ▪ NP ▪ Psychiatrist
90887	HN	Explanation of Findings - Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient furnished by a qualified Clinical Trainee when	Per Session	No	Yes	<ul style="list-style-type: none"> ▪ Qualified Clinical Trainee

CPT® /HCPCS CODES						
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
		licensing and supervision requirements are met.				
96130		Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	1 hour	No	Yes	<ul style="list-style-type: none"> ▪ LP ▪ Clinically supervised clinical psychology trainee
96131		Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)	Each add'l hour	No	Yes	<ul style="list-style-type: none"> ▪ LP ▪ Clinically supervised clinical psychology trainee

In the event that other government-based adjustments are required, UCare will implement those changes that apply to managed care organizations. The impact will be reflected in the providers' final payment. When DHS updates the published list of impacted services / fee schedule, UCare will update

payment requirements within forty (40) business days of receipt of the change. Claims previously paid will not be adjusted. Additional information regarding UCare fee schedule updates can be found in the [UCare Provider Manual](#) (Section 10-20 Fee Schedule Updates).

Billing Guidelines

The following guidelines apply to Diagnostic Assessments and Updates:

- A diagnostic assessment cannot be billed when performed on the same day as:
 - An Evaluation and Management service furnished by the same provider
 - Any type of psychotherapy service;
- All components of the diagnostic assessment must be completed in order to bill UCare
- When submitting claims, follow the guidelines outlined below:
 - Claims should be submitted using MN-ITS 837P (Professional) format or its electronic equivalent
 - The date of service entered on the claim is the date the written diagnostic assessment is completed
 - Enter the NPI number on each claim line
 - When applicable, append appropriate modifiers to the service(s) furnished.

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)

PRIOR AUTHORIZATION, NOTIFICATION AND THRESHOLD LIMITS

UCare’s prior authorization and/or notification requirements and threshold limits may be updated from time to time. The most current information can be found [here](#).

RELATED PAYMENT POLICY DOCUMENTATION

REFERENCES TO OTHER PAYMENT POLICY DOCUMENTATION THAT MAY BE RELEVANT TO THIS POLICY.

POLICY NUMBER	POLICY DESCRIPTION AND LINK

REFERENCES AND SOURCE DOCUMENTS

LINKS TO CMS, MHP, MINNESOTA STATUTE AND OTHER RELEVANT DOCUMENTS USED TO CREATE THIS POLICY.

- [DHS MH Procedure CPT or HCPC Codes and Rates Chart](#)
- [MHCP Provider Manual, Mental Health Services, Diagnostic Assessment](#)
- [Minnesota Rules 9505.0370, 9505.0371, 9505.0372](#) Mental Health Services
- [Minnesota Department of Health](#) Definition of Essential Community Providers