

## Dialectical Behavior Therapy Intensive Outpatient Program (DBT IOP)

Policy Number: SC14P0031A2

Effective Date: May 1, 2018

Last Update: October 15, 2020

### PAYMENT POLICY HISTORY

DATE	SUMMARY OF CHANGE
October 15, 2020	Annual policy review is completed. Grammatical and punctuation changes were made to the policy, and the following information was added to the Non-Covered section of the policy: "DBT IOP cannot be provided concurrently with outpatient psychotherapy or group psychotherapy, partial hospitalization or day treatment. "  The policy was moved to UCare's an updated template, as a result some information may have been reformatted.
August 30, 2019	Information regarding comparison to the DHS MH Procedure CPT® or HCPCS Codes and Rates Chart and UCare fee schedules was removed from the document. The UCare Provider Manual contains information regarding how and when UCare updates fee schedules. A link to the UCare Provider Manual continues to be available within the document. In addition, all internal links and the UCare logo have been updated.
5/1/2018	The DBT IOP policy is published 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 PRODUCT	APPLIES TO
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 This policy is a general guideline and may be superseded by specific provider contract language.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**

DBT IOP is a treatment program that uses a combination of individualized rehabilitative and psychotherapeutic interventions. DBT IOP involves weekly individual therapy, weekly group skills training, weekly consultation team meetings, and telephone coaching, as needed.

**POLICY DEFINITIONS**

TERM	NARRATIVE DESCRIPTION
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.
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.

TERM	NARRATIVE DESCRIPTION
Dialectical Behavior Therapy Intensive Outpatient Program (DBT IOP)	Means a treatment program that uses a combination of individualized rehabilitative and psychotherapeutic interventions. A DBT IOP involves weekly individual therapy, weekly group skills training, and telephone coaching as needed and weekly consultation team meetings.
Mental Health Professional	<p>Means one of the following:</p> <ul style="list-style-type: none"> <li>• Clinical Nurse Specialist</li> <li>• Licensed Independent Clinical Social Worker (LICSW)</li> <li>• Licensed Marriage and Family Therapist (LMFT)</li> <li>• Licensed Professional Clinical Counselor (LPCC)</li> <li>• Licensed Psychologist (LP)</li> <li>• Mental Health Rehabilitative Professional</li> <li>• Psychiatric Nurse Practitioner (NP)</li> <li>• Psychiatry or an Osteopathic physician</li> </ul>
Mental Health Practitioner	<p>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:</p> <ol style="list-style-type: none"> <li>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"> <li>a. Has at least 2,000 hours of supervised experience in the delivery of mental health services to patients with mental illness</li> <li>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</li> </ol> </li> <li>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.</li> <li>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.</li> <li>4. Holds a masters or other graduate degree in one of the mental health professional disciplines from an accredited college or university.</li> <li>5. Is a tribally certified mental health practitioner who is serving a federally recognized Indian tribe.</li> </ol>

TERM	NARRATIVE DESCRIPTION
	In addition to the above criteria: <ul style="list-style-type: none"> <li>• A mental health practitioner for a child patient must have training working with children.</li> <li>• A mental health practitioner for an adult patient must have training working with adults.</li> </ul>
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. Services submitted prior to notification will be denied by UCare. UCare does update its’ authorization, notification, and threshold requirements from time-to-time.
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. UCare does update its’ authorization, notification, and threshold requirements from time-to-time.

**ENROLLEE ELIGIBILITY CRITERIA**  
**THIS SECTION OF THE POLICY PROVIDES INFORMATION THAT IS SPECIFIC TO THE UCARE MEMBER, INCLUDING INFORMATION ABOUT THE CRITERIA THE MEMBER MUST MEET IN ORDER FOR THE SERVICE(S) IN THE POLICY TO BE ELIGIBLE FOR PAYMENT**

An individual must be enrolled and eligible for coverage in an UCare MHCP product in order to eligible for this service.

To be eligible for DBT an Enrollee must meet all the following admission criteria:

- Be at least 18 years old;
- Meet one of the following criteria:
  - Have a diagnosis of borderline personality disorder
  - Have multiple mental health diagnoses; exhibit behaviors characterized by impulsivity, intentional self-harm behavior or both; and be at significant risk of death, morbidity, disability or severe dysfunction across multiple life areas

- Have mental health needs that cannot be met with other available community-based services or require services provided concurrently with other community-based services;
- Be at risk of one of the following, as documented in the patient's record:
  - Have a need for a higher level of care, such as hospitalization or partial hospitalization
  - Intentional self-harm (suicidal and non-suicidal) or risky impulsive behavior or be currently having chronic self-harm thoughts or urges (suicidal or non-suicidal) although the patient has managed to not act on them. Patients with chronic self-harm thoughts and urges are at a greater risk of decompensation
  - A mental health crisis
  - Decompensation of mental health symptoms; a change in patient's composite LOCUS score, though not required, demonstrates risk of decompensation;
- Understand and be cognitively capable of participating in DBT IOP as an intensive therapy program; and
- Be able and willing to follow program policies and rules assuring the safety of self and others

#### **Continued Participation Criteria**

To remain in DBT IOP a patient must meet all of the following continued-stay criteria:

- Be actively participating and engaged in the DBT IOP program, its treatment components, and its guidelines in accordance with treatment team expectations;
- Have made demonstrable progress as measured against the patient's baseline level of functioning before the DBT IOP intervention. Examples of demonstrable progress include:
  - Decreased self-destructive behaviors
  - Decreased acute psychiatric symptoms with increased functioning in activities of daily living
  - Objective signs of increased engagement
  - Reduced number of acute care services, such as emergency department (ED) visits, crisis services and hospital admissions;
- Application of skills learned in DBT IOP to life situations;
- Continue to make progress toward goals but have not fully demonstrated an internalized ability to self-manage and use learned skills effectively;
- Be actively working toward discharge, including concrete planning for transition and discharge; and
- Have a continued need for treatment as indicated in the above criteria and by ongoing documented evidence in the patient's record.



### Discharge Criteria

To be discharged from DBT IOP, one of the following discharge criteria must be met:

- The patient's individual treatment plan goals and objectives have been met, or the patient no longer meets continuing-stay criteria.
- The patient's thought, mood, behavior, or perception has improved to a level for which a lesser level of service is indicated.
- The patient chooses to discontinue treatment.
- The provider concludes the client will no longer benefit from DBT IOP services after a clinical 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. THE SERVICE(S) IN THE POLICY TO BE ELIGIBLE FOR PAYMENT**

### Provider

Certified DBT IOP teams and their affiliated individual DBT IOP providers are eligible providers. To be eligible to bill for DBT IOP services, each DBT IOP team must be certified through the Department of Human Services' application process. At a minimum, each team is comprised of:

- A team leader who is an enrolled mental health professional with a specialty in DBT IOP
- Other individual treating providers trained in DBT

To maintain eligibility, certified DBT IOPs must meet all ongoing certification standards and submit to DHS proof through an application and onsite review to obtain a recertification.

### *Eligible Team Members*

To provide individual DBT services, the provider must be one of the following:

- Mental health professional
- Qualified mental health practitioner clinical trainee
- Mental health practitioner

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### *Qualifications – Individual Providers*

#### Team Members

A team member must meet all the following requirements:

- Be employed by, affiliated with, or contracted by a DHS-certified DBT program;
- Have appropriate competencies and knowledge of DBT principles and practices, or obtain these competencies and knowledge within the first six months of becoming part of a DBT program;
- Have knowledge of and the ability to apply the principles and practices of DBT consistent with evidence-based practices, or obtain the knowledge and ability within the first six months of becoming part of a DBT program;
- Participate in DBT consultation team meetings for the recommended duration of 90 minutes per week; and
- If the team member is a mental health practitioner or mental health practitioner clinical trainee, they must receive ongoing clinical supervision from a qualified clinical supervisor who has appropriate competencies and working knowledge of DBT principles and practices.

#### Team Leaders

A team leader must:

- Be an enrolled mental health professional;
- Be employed by, affiliated with, or contracted by a DHS-certified DBT program;
- Have competencies and working knowledge of DBT principles and practices; and
- Have knowledge of and the ability to apply the principles and DBT practices that are consistent with evidence-based practices.

#### Facility

Not applicable.

#### 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
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.
HQ	Group Modality
U1	Dialectical Behavior Therapy (DBT)

**CPT and/or HCPCS Code(s)**

CPT AND/OR HCPCS CODE(S)	MODIFIER(S)	NARRATIVE DESCRIPTION
H2019	U1	Individual DBT therapy
H2019	U1, HN	Individual DBT therapy by clinical trainee
H2019	U1, HQ	Group DBT skills training
H2019	U1, HQ, HN	Group DBT skills training by clinical trainee

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### Revenue Codes

Not applicable.

## PAYMENT INFORMATION

### Covered Services

Individual and group DBT services are eligible for coverage.

#### *Individual DBT IOP*

Individual DBT IOP is a combination of individualized rehabilitative and psychotherapeutic interventions to treat suicidal and other dysfunctional coping behaviors and to reinforce the use of adaptive skillful behaviors by:

- Identifying, prioritizing, and sequencing behavioral targets, and treating behavioral targets
- Generalizing dialectical behavior therapy skills to the patient's natural environment by providing DBT IOP telephone coaching outside of scheduled office hours, 24 hours a day, 7 days per week while observing therapist's limits
- Measuring progress toward dialectical behavior therapy targets
- Managing crisis and life-threatening behaviors
- Helping patients learn and apply effective behaviors in working with other providers furnishing treatment. (If someone other than the individual therapist provides phone coaching, that person must be another member of the DBT IOP team trained in phone coaching protocol).

DBT IOP must be by a qualified member of the certified team for the recommended duration of one hour per week. Services must be furnished by one of the following qualified providers:

- Mental health professional
- Mental health practitioner clinical trainee

#### *DBT Group Skills Training*

DBT IOP group skills training is a combination of individualized psychotherapeutic and psychiatric rehabilitative interventions conducted in a group format to reduce suicidal and other dysfunctional coping behaviors and restore function through teaching the following adaptive skills modules:

- Mindfulness

- Personal effectiveness
- Emotion regulation
- Distress tolerance

DBT IOP must provide group skills training by qualified members of the certified team for a minimum of two hours a week with the option to last up to two and a half hours. A combination of any of the following qualified team members may provide group skills training:

- Two mental health professionals
- One mental health professional co-facilitating with one mental health practitioner
- One mental health professional with one mental health practitioner clinical trainee

A mental health professional or mental health practitioner clinical trainee must determine the need for individual DBT skills training (delivered outside of the group setting) and indicate that need on the prior authorization form

#### **Non-Covered Services**

DBT IOP cannot be provided concurrently with outpatient psychotherapy or group psychotherapy, partial hospitalization, or day treatment.

#### **Payment Increases and Reductions**

Based on MHCP guidelines when certain mental services are furnished by a Masters prepared provider a twenty percent (20%) reduction is applied to the allowed amount. Masters prepared 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

Masters level reductions are not applied to mental health services when they are furnished:

- In a Community Mental Health Center (CMHC)
- By a Mental Health Practitioner qualified to work as a clinical trainee.

The reduction percentage listed below is applied when mental health services are furnished. If clinical services like Evaluation and Management services are provided to a patient by an eligible provider, the clinical reduction applicable to that provider specialty will be applied to the service.

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
H2019	U1	Individual DBT therapy	15 Min	No	No	<ul style="list-style-type: none"> <li>DHS Certified DBT Providers</li> </ul>
H2019	U1, HN	Individual DBT therapy by clinical trainee	15 Min	No	No	<ul style="list-style-type: none"> <li>Clinical Trainee (same rate as clinical supervisor)</li> </ul>
H2019	U1, HQ	Group DBT skills training	15 Min	No	No	<ul style="list-style-type: none"> <li>DHS Certified DBT Providers</li> </ul>
H2019	U1, HQ, HN	Group DBT skills training by clinical trainee	15 Min	No	No	<ul style="list-style-type: none"> <li>Clinical Trainee (same rate as clinical supervisor)</li> </ul>

### 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
<b>Fifteen (15) Minute Increments</b>	
0 – 7 minutes	0 (no billable unit of service)
8 – 15 minutes	1 (unit of billable service)
<b>Sixty (60) Minute Increments</b>	
0 – 30 minutes	0 (no billable unit of service)
31 – 60 minutes	1 (unit of billable service)

**BILLING REQUIREMENTS AND DIRECTIONS**

When submitting DBT IOP claims, use the 837P (Professional) format the electronic equivalent.

**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
SC14P0004A3	Diagnostic Assessment

UCare payment policies are updated from time to time. The most current UCare payment policies can be found [here](#).

**SOURCE DOCUMENTS AND REGULATORY REFERENCES  
LISTED BELOW ARE LINKS TO CMS, MHCP, AND STATUTORY AND REGULATORY  
REFERENCES USED TO CREATE THIS POLICY**

[MHCP Provider Manual, Mental Health Service, DBT IOP](#), Last Revised 03/03/2017

[Minnesota Statutes 256B.0625, subd. 5I \(Intensive mental health outpatient treatment\)](#)

[Minnesota Rule 9505.0370, Subd. 12](#) (Definitions)

[Minnesota Rule 9505.0372, Subd. 10](#) (Covered Services)

**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.”