

Policy Number: CP-IFP222-030A

Effective Date: January 1, 2024

## Children’s Therapeutic Services and Supports (CTSS)

The purpose of this policy is to provide clarity and specificity for coverage of Children’s therapeutic services and supports (CTSS), a site-based, structured mental health treatment program. It consists of psychotherapy and skills training services.

**The CTSS program is excluded from coverage for IFP.  
CTSS services are only covered under Medicaid/PMAP contracts.**

### DISCLAIMER

Coverage Policies are developed to assist in identifying coverage for UCare benefits under UCare’s health plans. They are intended to serve only as a general reference regarding UCare’s administration of health benefits and are not intended to address all issues related to coverage for health services provided to UCare members.

These services may or may not be covered by all UCare products (refer to product section of individual coverage policy for product-specific detail). Providers are encouraged to have their UCare patient refer to their UCare plan documents (Evidence of Coverage/Member Handbook/Member Contract) for specific coverage information. If there is a conflict between a coverage policy and the UCare plan documents, the UCare plan documents prevail.

Coverage Policies do not constitute medical advice. Providers are responsible for submission of accurate and compliant claims.

### Product Summary

This coverage policy applies to the following UCare products:

UCare product	Applies to
UCare Individual & Family Plans (IFP), UCare IFP with M Health Fairview	✓
UCare Medicare Plans, UCare Medicare with M Health Fairview & North Memorial Health, UCare Advocate Plus (HMO I-SNP), EssentiaCare	
UCare’s Minnesota Senior Health Options (MSHO) (HMO D-SNP)	
UCare Connect + Medicare (HMO D-SNP)	
UCare Connect (SNBC)	
Prepaid Medical Assistance Program (PMAP), MinnesotaCare	
Minnesota Senior Care Plus (MSC+)	

### Benefit category:

**Exclusions-Services not covered**

### Definitions or summary

CTSS is a combination of mental health services for children who require varying therapeutic and rehabilitative levels of intervention to treat a diagnosed emotional disturbance.

- Combines therapy with skills training to support children in reaching their appropriate developmental and social functioning levels.
- Provides varying levels of intervention services in their homes or elsewhere in the community.
- Range of mental health and rehabilitation services for children and youth (birth – 21 years) that focuses on the emotional conditions that impair the ability to function independently

**Mental Health Services for IFP members provided independent of a site-based, structured mental health treatment CTSS Program include:**

- Day treatment in a licensed program
- Diagnostic assessment
- Individual, group, and family therapy
- Intensive outpatient services
- Medication management
- Mental health crisis intervention
- Partial hospital program in a hospital or community mental health center
- Psychological and neuropsychological testing by a qualified licensed psychologist

### Coverage policy

**CTSS Programs and related services are excluded from coverage for IFP members. The services that are not covered include, but may not be limited to the following:**

- CTSS programs
- Skills training
- Crisis assistance
- Treatment plan development
- Mental Health Behavioral Aide

<b>CPT/ HCPCS/ICD-10 Codes</b>		
<i>*Note: If available, codes are listed below for informational purposes only, and do not guarantee member coverage or provider reimbursement. This list may not be all-inclusive.</i>		
<b>CPT®, HCPCS or ICD-10 CODES</b>	<b>Modifier</b>	<b>Narrative Description</b>
H2012	UA HK	Behavioral Health Day Treatment
H2012	UA HK U6	Behavioral Health Day Treatment
H2014	UA	Skills training and development, individual
H2014	UA HQ	Skills training and development, group
H2014	UA HR	Skills training and development, family
H2015	UA	Comp community support services – crisis assistance
H2019	UA	Therapeutic behavioral services- Level I MHBA
H2019	UA HM	Therapeutic behavioral services- Level II MHBA
H2019	UA HE	Therapeutic behavioral services- direction of MHBA
H0031	UA	CTSS administration and reporting standardized measures
H0032	UA	CTSS Service plan development; treatment plan development and review
90832	UA	Psychotherapy (with patient or family member or both)
90834	UA	Psychotherapy (with patient or family member or both)
90837	UA	Psychotherapy (with patient or family member or both)
90833	UA	E/M with psychotherapy add-on (with patient or family member or both)
90836	UA	E/M with psychotherapy add-on (with patient or family member or both)
90838	UA	E/M with psychotherapy add-on (with patient or family member or both)
90875	UA	Individual psychophysiological therapy incorporating biofeedback, with psychotherapy
90876	UA	Individual psychophysiological therapy incorporating biofeedback, with psychotherapy
90846	UA	Family psychotherapy without patient present
90847	UA	Family psychotherapy with patient present
90849	UA	Multiple family group psychotherapy
90853	UA	Group psychotherapy
90839	UA	Psychotherapy for crisis
90840	UA	Psychotherapy for crisis, clinical trainee

\*CPT is a registered trademark of the American Medical Association.

**Prior authorization**

Prior authorization for Children’s Therapeutic Services and Supports (CTSS) is not required for members covered under IFP because the program is excluded from coverage.

**Related policies and documentation**

*References to other policies or documentation that may be relevant to this policy*

Policy Number	Policy Description
None	

**References and source documents**

*Links to the UCare contracts, Center for Medicare, and Medicaid Services (CMS), MHCP, Minnesota statute and other relevant documents used to create this policy*

- [Individual & Family Plans Member Documents and Information](#)
- [Minnesota Statute 256B.0943 Children’s Therapeutic Services and Supports](#)
- [MH & SUD Services Requirements](#)
- [Minnesota Department of Human Services](#)
- [Mental Health Services - CTSS Children’s Day Treatment \(state.mn.us\)](#)
- [Mental Health Services - Children's Therapeutic Services and Supports \(CTSS\) \(state.mn.us\)](#)

**Coverage policy development and revision history**

Version	Date	Note(s)
V1	October 1, 2022	New policy
	October 20,2023	Annual Review: Code and modifier changes