

CTSS Children's Day Treatment

Policy Number: SC14P0010A3 Effective Date: May 1, 2018

Last Update: October 3, 2025

PAYMENT POLICY HISTORY

DATE	SUMMARY OF CHANGE	
October 3, 2025	Changes made to definitions to clarify definition for Serious and Persistent	
	Mental Illness (SPMI) and to add definition for Serious Mental Illness (SMI).	
September 5, 2025	Clarification made to applicable products regarding policy application to	
	dually integrated products.	
May 13, 2025	Annual review complete. Updates made to definitions and payment	
	information sections. Additional grammar, formatting, and stylization	
	updates applied.	
July 12, 2024	Annual review complete. Clarification updates made to Payment Information	
	section. Additional grammar, formatting, and stylization updates applied.	
May 11, 2023	Annual review complete in conjunction with updates from DHS publication	
	dated 4/17/2023. Eligible providers, enrollee eligibility, payment	
	information, and documentation sections were updated to provide more	
	information in alignment with Uniform Service Standards and general DHS	
	guidance.	
September 19, 2022	Information regarding code-specific procedure CPT® or HCPCS was removed.	
August 23, 2021	A policy review was completed, and the policy was re-posted. Grammatical	
	corrections were made to the policy. These changes did not impact the	
	technical requirements of the policy. The policy was moved to a new UCare	
	template and as a result some of the 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.	
August 7, 2019	Annual policy review completed. Links within the policy and the UCare logo	
	were updated. No other changes were made to the policy.	
May 1, 2018	The CTSS Children's Day Treatment policy is published by UCare.	



APPLICABLE PRODUCTS

This policy applies to the products listed below:

UCARE PRODUCT	PRODUCT TYPE	APPLIES TO
UCare Connect + Medicare (When MHCP is the primary	Dually Integrated	✓
payment methodology)		
UCare Connect	Minnesota Health Care	√
	Programs (MHCP)	
UCare MinnesotaCare	Minnesota Health Care	√
	Programs (MHCP)	
UCare Prepaid Medical Assistance (PMAP)	Minnesota Health Care	√
	Programs (MHCP)	

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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

Children's Day Treatment for children's therapeutic services and supports (CTSS) is a site-based, structured mental health treatment program. It consists of individual or group psychotherapy for two or more individuals, and individual or group skills training provided by a team, under the treatment supervision of a mental health professional. A children's day treatment program must provide staffing and facilities to ensure the member's health, safety, and protection of rights, and that the programs are able to implement each member's individual treatment plan.

The goals of Day Treatment services are to:

- Stabilize the child's mental health status
- Develop and improve the child's independent living and socialization skills
- Reduce or relieve the effects of mental illness
- Provide training to enable the child to live in the community
- Are not part of inpatient or residential treatment services

POLICY DEFINITIONS

TERM	NARRATIVE DESCRIPTION
Children's Therapeutic	A flexible package of mental health services for children who require
Services and Supports	varying therapeutic and rehabilitative levels of intervention. CTSS
(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; and 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.
Clinical Trainee	A mental health practitioner who meets the qualifications specified in MN Statute 245I.04, subdivision 6.
Diagnostic Assessment	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.
Emotional Disturbance	A child with an organic disorder of the brain, or a clinically significant disorder of thought, mood, perception, orientation, memory, or behavior that seriously limits a child's ability to function in primary aspects of daily living, including, but not limited to personal relations, living arrangements, work, school, and recreation.
Individual Treatment Plan (ITP)	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	Mental health practitioners are people who provide services to adults with mental illness or children with emotional disturbance. Mental Health Practitioners are not eligible for enrollment. They must be under the treatment supervision of a mental health professional and qualified in at least one of the ways outlined in MN Statute 2451.04, Subdivision 4.
	In addition to the criteria outlined in MN Statute 2451.04, MHCP requires:



TERM	NARRATIVE DESCRIPTION	
	A mental health practitioner for a child member must have	
	training working with children.	
	 A mental health practitioner for an adult member must 	
	have training working with adults.	
Mental Health Practitioner	A mental health practitioner working as a clinical trainee who meets	
Qualified as a Clinical	the following criteria:	
Trainee	Be compliant with requirements for licensure or board	
	certification as a mental health professional including	
	supervised practice in the delivery of mental health services for the treatment of mental illness; and	
	Be a student in a bona fide field placement or internship under	
	a program leading to completion of the requirements for	
	licensure as a mental health professional.	
	The clinical trainee's clinical supervision experience helps the	
	practitioner gain knowledge and skills necessary to practice effectively	
	and independently. The experience gained by the clinical trainee during	
	supervision may include:	
	Direct practice	
	Treatment team collaboration	
	 Continued professional learning 	
	Job management	
Mental Health Professional	One of the following:	
	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	
Psychotherapy	A planned and structured, face-to-face treatment of a patient's mental	
	illness that is provided using the psychological, psychiatric, or	
	interpersonal method most appropriate to the needs of the patient	
	according to current community standards of mental health practice	
	and is directed to accomplish measurable goals and objectives specified	
0 1 14 1 111 (55.51)	in the patient's individual treatment plan (ITP).	
Serious Mental Illness (SMI)	When a child with emotional disturbance meets one of the following	
	criteria:	
	Has been admitted to inpatient or residential treatment within	
	the last three years or is at risk of being admitted	



TERM	NARRATIVE DESCRIPTION	
Serious and Persistent Mental Illness (SPMI)	 Is a Minnesota resident and receiving inpatient or residential treatment for an emotional disturbance through the interstate compact Has been determined by a mental health professional to meet one of the following criteria: Has psychosis or clinical depression Is at risk of harming self or others as a result of emotional disturbance Has psychopathological symptoms as a result of being a victim of physical or sexual abuse or psychic trauma within the past year Has a significantly impaired home, school or community functioning lasting at least one year or presents a risk of lasting at least one year, as a result of emotional disturbance, as determined by a mental health professional A condition with a diagnosis of mental illness that meets at least one of the following: 	
INICITIAL IIIIIESS (SFIVII)	A condition with a diagnosis of mental illness that meets at least one of	



TERM	NARRATIVE DESCRIPTION
	residential treatment of a frequency described in the above
	criteria, unless ongoing case management or community
	support services are provided.

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.

For services to be covered by UCare the member must:

- Be actively enrolled in one of the UCare products listed above;
- Be under age eighteen (18) and diagnosed with an emotional disturbance or meet severe emotional disturbance criteria; or
- Between ages 18 and 21 and diagnosed with a mental illness or meet Serious and Persistent Mental Illness (SPMI) criteria; and
- Need the intensity level of day treatment as identified in the diagnostic assessment
- Be eligible for up to five days of day treatment based on a hospital's medical history and presentation examination of the member according to Minnesota Statute 256B.0943, subdivision 3(b).

Members admitted to Children's Day Treatment must need and have the capacity to understand and benefit from the rehabilitative nature, structured setting and therapeutic components of the program's psychotherapy and skills activities.

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.

Entity Certification

Children's and adult day treatment services have different certifications and standards and limitations.

Certified entities include:

- Licensed outpatient hospitals with JCAHO accreditation
- MHCP enrolled community mental health centers



- County –operated entity certified by the state; or
- A non-county entity certified by the state
- IHS or 638 facilities
- Children's day treatment providers, including school districts must be certified by DHS to provide CTSS services

All DHS staffing requirements must be met.

Treatment Supervision

For children's day treatment programs, the treatment supervisor must do the following:

- Be a licensed mental health professional
- With the staff person supervised by the treatment supervisor, develop a written treatment supervision plan and implement a new staff person's treatment supervision plan within 30 days of employment, and review and update each staff person's treatment supervision plan annually.
- Focus supervision on each member's treatment needs and the ability of the staff person under treatment supervision to provide services to each client, according to <u>Minnesota Statutes</u>
 2451.06, subdivision 1(b), including these topics:
 - o review and evaluation of the interventions that staff delivers to each client
 - o instruction on alternative strategies if a member is not achieving treatment goals
 - a review and evaluation of each member's assessments, treatment plans, and progress notes for accuracy and appropriateness
 - instruction on the cultural norms or values of the clients and communities that the license holder serves and the impact that a member's culture has on providing treatment
 - o evaluation of and feedback regarding a direct-service staff areas of competency, and
 - o coaching, teaching, and practicing skills with staff.
- Approve and sign the member's diagnosis, ITP, and any change to either
- Be available for urgent consultation as required by the member's needs or situation

Treatment supervision must be provided according to Minnesota Statutes, Section 245I.06.

CTSS Children's Day Treatment Providers

Mental health practitioners, mental health professionals, and clinical trainees are eligible to provide CTSS Children's Day Treatment services.



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®), Healthcare Common Procedure Coding System (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	
HK	Intensive or Children's Day Treatment	
UA	CTSS Service Package / Children's Crisis Service Package	
U6	Interactive Behavioral Health Day Treatment	

CPT and/or HCPCS Code(s)

CPT AND/OR HCPCS CODE(S)	MODIFIER(S)	NARRATIVE DESCRIPTION
H2012	UA, HK	Behavioral Health Day Treatment
H2012	UA, HK, U6	Behavioral Health Day Treatment (Interactive)

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

Revenue Codes



Not applicable.

PAYMENT INFORMATION

Covered Services

Day treatment is distinguished from day care by the structured therapeutic program that uses CTSS service components:

- Psychotherapy provided by a mental health professional or a clinical trainee
- Skills training individual or group, provided by a mental health professional, or mental health practitioner
- The program must be available year-round at least three to five days per week, two or three hours per day, unless the normal five-day school week is shortened by a holiday, weather-related cancellation, or other districtwide reduction in a school week. A child transitioning into or out of day treatment must receive a minimum treatment of one day a week for a two-hour time block. The two-hour time block must include at least one hour of patient or family or group psychotherapy. The remainder of the structured treatment program may include patient or family or group psychotherapy, and individual or group skills training, if included in the client's individual treatment plan.
- Minimum group size for day treatment is two individuals. When a day treatment group that
 meets the minimum group size requirement temporarily falls below the minimum group size
 because of a member's temporary absence, including absence due to a declared public
 emergency, medical assistance covers a group session conducted for the group members in
 attendance.

The day treatment program must be available as described in the member's ITP.

Interactive children's day treatment may use physical aids and nonverbal communication to overcome communication barriers because the patient demonstrates one of the following:

- Has lost or has not yet developed either the expressive language communication skills to explain his/her symptoms and response to treatment.
- Does not possess the receptive communication skills needed to understand the mental health professional if he/she were to use adult language for communication.
- Needs an interpreter, whether due to hearing impairment or because the patient's language is different from the providers.



Coordination of Services

Providers are responsible to ask UCare MHCP members if they are currently receiving the same health care services from another provider. If the member is receiving the same services from another provider, the providers must <u>coordinate the services</u> and document in the member's record how the services were coordinated.

Documentation Standards

A children's day treatment provider must ensure that all documentation required by <u>Minnesota Statutes</u> <u>2451.08</u>:

- is legible
- identifies the applicable client and staff on each page; and
- is signed and dated by the staff persons who provided services to the client or completed the documentation, including staff credentials.

Documenting approval

All diagnostic assessments, functional assessments, level of care assessments, and treatment
plans completed by a clinical trainee or mental health practitioner must contain documentation
of approval by a treatment supervisor within five business days of initial completion by the staff
person under treatment supervision, according to Minnesota Statutes 2451.08, subdivision 2.

Non-Covered Services

CTSS children's day treatment services cannot be provided at the same time as the following services:

- Dialectical Behavior Therapy (DBT)
- Early Intensive Developmental and Behavioral Intervention (EIDBI)
- Children's Behavioral Health Services

Do not bill the following services as CTSS children's day treatment:

- Mental health behavioral aide (MHBA) services. MHBAs are not an eligible provider of CTSS Day Treatment services.
- Service components of CTSS simultaneously provided by more than one provider unless prior authorization is obtained
- Treatment by multiple providers within the same agency at the same clock time
- Children's therapeutic services and supports provided in violation of Medical Assistance policy in Minnesota Rules (part 9505.0220)



- Mental health behavioral aide services provided by a personal care assistant who is not qualified
 as a mental health behavioral aide and employed by a certified children's therapeutic services
 and supports provider
- Service components of CTSS that are the responsibility of a residential or program license holder, including foster care providers under the terms of a service agreement or administrative rules governing licensure
- For children or adolescents with co-occurring substance use disorders, CTSS services should be
 directed to restore a child or adolescent to an age-appropriate developmental trajectory that
 had been disrupted by a psychiatric illness. The child or adolescent may require additional
 services, covered outside of CTSS, to address the substance use disorder.
- Additional activities that may be offered by a provider but are not otherwise covered by Medical Assistance, including:
 - A service that is primarily recreation oriented or that a provider performs in a setting without medical supervision. This includes sports activities, exercise groups, activities such as craft hours, leisure time, social hours, meal or snack time, trips to community activities and tours
 - A social or educational service that does not have or cannot reasonably be expected to have a therapeutic outcome related to the client's emotional disturbance
 - o Prevention or education programs provided to the community

Payment Adjustments

Payment Reductions

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

- 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

Master's 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

BILLING REQUIREMENTS AND DIRECTIONS

Billing Guidelines



- Bill children's day treatment services online using 837P format or the electronic equivalent.
- Enter the treating provider NPI number on each claim line.
- Append the –HK modifier to indicate children's day treatment, when appropriate.
- Append the -UA to indicate CTSS services are being provided, when appropriate.

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 INFORMATION

Prior Authorization, Notification, and Threshold Requirements

UCare does update 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 Assessments and Updates
SC14P0043A2	Psychotherapy



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

MCHP Provider Manual, Mental Health Services, Children's Day Treatment

Minnesota Statutes 256B.0943 CTSS

Minnesota Statutes 2451 Mental Health Uniform Service Standards Act

Minnesota Rules 9535.4068 Continuing education for practitioner

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."