

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

Policy Number: SC14P0031A2

Effective Date: May 1, 2018

Last Update: July 10, 2025

### PAYMENT POLICY HISTORY

| DATE               | SUMMARY OF CHANGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| July 10, 2025      | Annual review complete. General clarifications, grammar, formatting, and stylization updates made.                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| July 24, 2024      | Annual policy review complete. Clarification updates made to definition, eligibility, and payment information sections. Additional grammar, formatting, and stylization updates applied.                                                                                                                                                                                                                                                                                                                                                             |
| March 2, 2023      | Annual policy review is completed. Updates made to enrollee eligibility criteria (changes published by DHS January 2023). Policy definitions were also updated.                                                                                                                                                                                                                                                                                                                                                                                      |
| September 19, 2022 | Information regarding code-specific procedure CPT® or HCPCS was removed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| October 25, 2021   | A statement was added to the policy indicating that outpatient family therapy can be provided concurrently with DBT IOP.                                                                                                                                                                                                                                                                                                                                                                                                                             |
| August 5, 2021     | The non-covered services section of the policy was updated to include a list of services that cannot be provided concurrently with DBT IOP.                                                                                                                                                                                                                                                                                                                                                                                                          |
| April 7, 2021      | Effective for claims with dates of service April 1, 2021 and thereafter the following updates are applicable to the Dialectical Behavior Therapy Intensive Outpatient Program policy: <ul style="list-style-type: none"> <li>• Adolescents between the ages of 12 -17 can receive DBT services</li> <li>• The HCPCS codes and required modifiers for adolescent DBT IOP services were added to the Policy.</li> <li>• The units of service and eligible providers for adolescent DBT IOP were added to the payment section of the Policy.</li> </ul> |
| October 15, 2020   | Annual policy review is completed. Grammatical and punctuation changes were made to the policy. 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 new branded template, and 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                                                                                                                                                                                                                                                                                                                                                                                                            |

| DATE        | SUMMARY OF CHANGE                                                                                                                                                                                                                                                     |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|             | 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. |
| May 1, 2018 | The DBT IOP policy is published by UCare.                                                                                                                                                                                                                             |

## APPLICABLE PRODUCTS

This policy applies to the products checked below:

| UCARE PRODUCT                                | Product Type                          | APPLIES TO |
|----------------------------------------------|---------------------------------------|------------|
| UCare Connect + Medicare                     | Dually Integrated                     | ✓          |
| UCare Minnesota Senior Health Options (MSHO) | Dually Integrated                     | ✓          |
| UCare Connect                                | Minnesota Health Care Programs (MHCP) | ✓          |
| UCare Minnesota Senior Care Plus (MSC+)      | 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**

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                                                | 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                                               | 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.                                                                                                    |
| Dialectical Behavior Therapy Intensive Outpatient Program (DBT IOP) | An evidence-based treatment approach that a mental health professional or clinical trainee provides to a client or a group of clients in an intensive outpatient treatment program using a combination of individualized rehabilitative and psychotherapeutic interventions. A dialectical behavior therapy program involves individual dialectical behavior therapy, group skills training, telephone coaching, and team consultation meetings.                           |

| TERM                       | NARRATIVE DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Mental Health Professional | <p>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> <li>• Tribal-certified professional</li> </ul>                                                                                                                                                                                                            |
| Mental Health Practitioner | <p>Mental health practitioners are people who provide services to adults with mental illness or children with emotional disturbance.</p> <p>Mental Health Practitioners are not eligible for enrollment.</p> <p>They must be under the treatment supervision of a mental health professional and qualified in at least one of the ways outlined in <a href="#">MN Statute 245I.04, Subdivision 4</a>.</p> <p>In addition to the criteria outlined in MN Statute 245I.04, MHCP requires:</p> <ul style="list-style-type: none"> <li>• A mental health practitioner for a child member must have training working with children.</li> <li>• A mental health practitioner for an adult member must have training working with adults.</li> </ul> |

## 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 a UCare MHCP product to be eligible for this service.

All eligible UCare members must:

- 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 level of care 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

### Adult DBT IOP

To be eligible for DBT an adult 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

### Adolescent DBT IOP

To receive DBT IOP services an adolescent must meet all the following criteria:

- Be 12-17 years of age.
- Have either:
  - A diagnosis of disruptive mood dysregulation disorder or borderline personality disorder; or
  - Other mental health diagnosis including, but not limited to, a substance-related and addictive disorder
- Have documented assessment information showing functional deficits in three of five of problem areas:
  - Emotional dysregulation
  - Impulsivity (including avoidance)
  - Interpersonal problems
  - Teenager and family challenges

- Reduced awareness and focus

### **Adult and Adolescent Continued Participation Criteria**

To remain in DBT IOP a patient must meet all 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;
- 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 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 preceding continued-stay criteria and by ongoing documented evidence in the member's record

### **Discharge Criteria**

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

- The individual treatment plan goals and objectives have been met, or the individual no longer meets continuing-stay criteria.
- The individual's thoughts, mood, behavior, or perception has improved to a level for which a lesser level of service is indicated.
- The individual chooses to discontinue treatment.
- The provider concludes the individual will no longer benefit from DBT IOP services after a clinical assessment.
- The provider will complete the required paperwork and refer the member to needed 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.****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
- Two 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, a team member must be one of the following:

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

***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®), 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                                                                                                                                                                                |
|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HA          | Child or Adolescent                                                                                                                                                                                  |
| HN          | For purposes of this policy, the –HN modifier indicates services were furnished by a qualified Mental Health Practitioner or a 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                                                                         |
|------------------------------------|----------------|-----------------------------------------------------------------------------------------------|
| <i>Adult DBT IOP Services</i>      |                |                                                                                               |
| H2019                              | U1             | Individual DBT therapy                                                                        |
| H2019                              | U1, HN         | Individual DBT therapy by a mental health practitioner or clinical trainee                    |
| H2019                              | U1, HQ         | Group DBT skills training                                                                     |
| H2019                              | U1, HQ, HN     | Group DBT skills training by a mental health practitioner or clinical trainee                 |
| <i>Adolescent DBT IOP Services</i> |                |                                                                                               |
| CPT AND/OR HCPCS CODE(S)           | MODIFIER(S)    | NARRATIVE DESCRIPTION                                                                         |
| H2019                              | U1, HA         | Individual DBT therapy for adolescents                                                        |
| H2019                              | U1, HN, HA     | Individual DBT therapy for adolescents by a mental health practitioner or clinical trainee    |
| H2019                              | U1, HQ, HA     | Group DBT skills training for adolescents                                                     |
| CPT AND/OR HCPCS CODE(S)           | MODIFIER(S)    | NARRATIVE DESCRIPTION                                                                         |
| H2019                              | U1, HQ, HN, HA | Group DBT skills training for adolescents by a mental health practitioner or clinical trainee |

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

### 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, sequencing, 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 adaptive skills modules.

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).

### ***Adult***

Adult DBT Training Skills Groups consist of 2-10 members. The standard treatment for adults includes the completion of two cycles. One cycle lasts 24-26 weeks. Groups consist of one cycle which includes the following four modules:

- Mindfulness
- Personal effectiveness
- Emotion regulation
- Distress tolerance

### ***Adolescent***

Adolescent DBT Training Skills Groups consist of 3 to 5 families. The standard treatment for adolescents includes the completion of one cycle which lasts 24-26 weeks and contains five modules listed below. Parenting DBT Skills Groups are included in the treatment for adolescents.

- Mindfulness
- Interpersonal effectiveness
- Emotional regulation
- Distress tolerance
- Walking the Middle Path (specific for parents and adolescents)

### **Concurrent Services**

Outpatient family therapy can be provided concurrently with DBT IOP.

### **Non-Covered Services**

DBT IOP cannot be provided concurrently with any of the services listed below:

### ***Adults***

- Outpatient individual therapy
- Partial hospitalization
- Day treatment

### *Adolescents*

- Outpatient individual psychotherapy (including under CTSS umbrella)
- Partial Hospitalization
- CTSS Children's Day Treatment
- Children's Intensive Behavioral Health Services (Formerly: Intensive Treatment in Foster Care)
- Youth ACT

### **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**

Use the 837P (Professional) format or the electronic equivalent when submitting claims to UCare.

### **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)    |

## 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 |

## SOURCE DOCUMENTS AND REGULATORY REFERENCES

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

[Mental Health Services -Dialectical Behavior Therapy Intensive Outpatient Program \(DBT IOP\) \(state.mn.us\)](#)

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

[Minnesota Statutes 256B.0671, subdivision 6 Dialectical behavior therapy](#)

[Minnesota Statutes 245I.10, Assessment and Treatment Planning](#)

[Minnesota Statutes 245I.20, Mental Health Clinic](#)

## 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.”