

## Family Psychoeducation

Policy Number: SC17P0055A3

Effective Date: May 1, 2018

Last Update: June 25, 2025

### PAYMENT POLICY HISTORY

DATE	SUMMARY OF CHANGE
June 25, 2025	Annual review complete. Standardization & wording clarifications applied.
April 14, 2025	Added Mental Health Practitioner to eligible providers section, per approved SPA 24-39, which took effect 1/1/2025.
March 31, 2025	Updated 'State Public Programs' to 'Minnesota Health Care Program (MHCP).'
May 17, 2024	Annual review complete. Standardization & wording clarifications applied.
May 25, 2023	Annual policy review completed. Updates made to applicable products, provider eligibility, and payment information sections.
February 16, 2023	Definition updates were completed to match other UCare MH policies.
September 19, 2022	Information regarding code-specific procedure CPT® or HCPCS was removed.
December 6, 2021	Annual policy review completed. No changes were made to the policy.
October 20, 2020	Annual policy review completed. No technical changes were made to the policy. The policy template was updated and as a result information in the policy was 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.
July 15, 2019	Annual policy review completed. The internal links and UCare logo were updated. Under the Related Policy Documentation portion of this policy Diagnostic Assessment was added as a related policy.
May 1, 2018	The Family Psychoeducation policy is published by UCare.

### APPLICABLE PRODUCTS

This policy applies to the products checked below:

UCARE PRODUCT	PRODUCT TYPE	APPLIES TO
UCare Connect	Minnesota Health Care Programs (MHCP)	✓

UCARE PRODUCT	PRODUCT TYPE	APPLIES TO
UCare MinnesotaCare	Minnesota Health Care Programs (MHCP)	✓
UCare Prepaid Medical Assistance (PMAP)	Minnesota Health Care Programs (MHCP)	✓

## TABLE OF CONTENTS

TABLE OF CONTENTS	PAGE
PAYMENT POLICY HISTORY .....	1
APPLICABLE PRODUCTS .....	1
TABLE OF CONTENTS.....	2
PAYMENT POLICY OVERVIEW .....	5
POLICY DEFINITIONS .....	5
ENROLLEE ELIGIBILITY CRITERIA.....	7
ELIGIBLE PROVIDERS OR FACILITIES.....	8
Provider.....	8
Facility .....	8
Other and/or Additional Information .....	8
EXCLUDED PROVIDER TYPES .....	8
MODIFIERS, CPT, HCPCS, AND REVENUE CODES .....	8
General Information .....	8
Modifiers.....	8
CPT and/or HCPCS Code(s).....	9
Revenue Codes.....	9
PAYMENT INFORMATION .....	9
Covered Services .....	9
Group Size .....	10
Non-Covered Services .....	10
Payment Adjustments.....	11

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BILLING REQUIREMENTS AND DIRECTIONS.....	11
Billing Guidelines.....	11
Time Based Services.....	11
PRIOR AUTHORIZATION, NOTIFICATION, AND THRESHOLD INFORMATION .....	12
Prior Authorization, Notification, and Threshold Requirements.....	12
RELATED PAYMENT POLICY INFORMATION.....	12
SOURCE DOCUMENTS AND REGULATORY REFERENCES .....	12
DISCLAIMER.....	13

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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

Family psychoeducation services are planned, structured, and face-to-face interventions focused on presenting or demonstrating information. The purpose of family psychoeducation is to prevent relapse or development of comorbid disorders and to achieve optimal mental health, supporting the member and family to understand:

- The member's symptoms of mental illness
- The impact on the recipient's development
- Needed components of treatment
- Skill development

## POLICY DEFINITIONS

TERM	NARRATIVE DESCRIPTION
Clinical Trainee	A mental health practitioner who meets the qualifications specified in <a href="#">MN Statute 245I.04, subdivision 6.</a>
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 limit's 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.
Family Member	A person identified by the patient (or patient's parent or guardian) as being important to the patient's mental health and may include, but

TERM	NARRATIVE DESCRIPTION
	<p>is not limited to parents, children, spouse, committed partners, ex-spouse(s), persons related by blood or adoption, or persons who are presently residing together as a family unit. Shift staff or other facility staff members at the patient's residence are not considered a Family Member.</p>
Family Psychoeducation	<p>Planned, structured and face-to-face interventions involving presenting or demonstrating information. The goal of family psychoeducation is to help prevent relapse or development of comorbid disorders and to achieve optimal mental health and long-term resilience. It supports the member and family in understanding of:</p> <ul style="list-style-type: none"> <li>• The member's symptoms of mental illness</li> <li>• The impact on the member's development</li> <li>• The needed components of treatment</li> <li>• Skill development</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>
Mental Health Practitioner Qualified as a Clinical Trainee	<p>Mental health practitioner working as a clinical trainee who meets the following criteria:</p> <ul style="list-style-type: none"> <li>• Be complying 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</li> <li>• 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.</li> </ul> <p>The clinical trainee's clinical supervision experience helps the practitioner gain knowledge and skills necessary to practice</p>

TERM	NARRATIVE DESCRIPTION
	effectively and independently. The experience gained by the clinical trainee during supervision may include: <ul style="list-style-type: none"> <li>• Direct practice</li> <li>• Treatment team collaboration</li> <li>• Continued professional learning</li> <li>• Job management</li> </ul>
Mental Health Professional	One of the following: <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 Illness	An organic disorder of the brain or a clinically significant disorder of thought, mood, perception, orientation, memory, or behavior that meets both of the following: <ul style="list-style-type: none"> <li>• Is included in the diagnostic code list published by the Minnesota Commissioner of Health; and</li> <li>• Seriously limits a person's capacity to function in primary aspects of daily living such as personal relations, living arrangements, work, and recreation.</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 an applicable UCare Minnesota Health Care Program (MHCP) listed above and:

- Must have a diagnosis of emotional disturbance or mental illness as determined by a diagnostic assessment; and
- Be under the age of twenty-one (21).

**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**

UCare participating mental health professionals, qualified clinical trainees, or mental health practitioners may provide family psychoeducation.

Providers must follow [Clinical Supervision of Outpatient Mental Health Services \(Rule 47\)](#) guidelines

**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
HN	For purposes of this policy, the –HN modifier indicates services were furnished by a Mental Health Practitioner or a Qualified Clinical Trainee when licensing and supervision requirements are met.
HQ	Group Modality
HR	Family/Couple with client present
HS	Family/Couple without client Present

## CPT and/or HCPCS Code(s)

CPT AND/OR HCPCS CODE(S)	MODIFIER(S)	NARRATIVE DESCRIPTION
H2027		Family Psychoeducation (single member)
H2027	HN	Family Psychoeducation Individual (single member) (qualified clinical trainee or MH practitioner)
H2027	HQ	Family Psychoeducation Group (multiple members)
H2027	HR	Family Psychoeducation (single member & their family)
H2027	HS	Family Psychoeducation (single family, member not present)
H2027	HQ, HR	Family Psychoeducation Family Group (with multiple families with members present)
H2027	HQ, HS	Family Psychoeducation Family Group (with multiple families, members not present)

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

## Revenue Codes

Not applicable.

## PAYMENT INFORMATION

### Covered Services

Family psychoeducation services can be provided for any of the following when directed toward meeting the identified treatment needs of each participating member as indicated in the member's treatment plan:

- The member (individual)
- A member's family (with or without the member present)

- Groups of members (peer group)
- Multiple families (family group)

If you believe the member's absence from a family psychoeducation session is necessary, document the length of time and reason for the member to be absent. Family members or primary caregivers do not need to be eligible for MHCP to participate.

### **Group Size**

#### ***Peer Group***

A peer group must be at least three (3), but no more than twelve (12) members. The following criteria for groups apply:

- For groups of three (3) to eight (8) members, at least one mental health professional or clinical trainee must conduct the group.
- For groups of nine (9) to twelve (12) members, any combination of at least two mental health professionals or clinical trainees must co-conduct the group.

#### ***Family Group***

The following criteria applies to family groups:

- A family group must be at least two (2) but no more than five (5) families.
- For groups of five (5) to ten (10) families, any combination of at least two mental health professionals or clinical trainees must co-conduct the group

### **Non-Covered Services**

Family psychoeducation does not include the following:

- Communication between the treating mental health professional and a person under the clinical supervision of the treating mental health professional
- Written communication between providers
- Documenting, reporting, charting, and record keeping (These activities are the responsibility of the provider.)
- Mental health services not related to the member's diagnosis or treatment for mental illness
- Communication provided while performing any of the following mental health services:
  - Mental health case management
  - In-reach services
  - Youth ACT
  - Intensive treatment services in foster care

## 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

- Regardless of the number of other family or group members participating in a session, submit claims only for the member who is the primary subject of the family psychoeducation session(s).
- When more than one family member is a member (such as two or three siblings, each receiving treatment within a specific timeframe), bill only for the time spent conducting family psychoeducation with each member.
- When two professionals provide group family psychoeducation, submit only one claim for each member. Treating professionals must determine which member each will bill for, or one professional may claim for all members and reimburse the other professional for their services.
- When billing, use the following guidelines:
  - Bill using MN-ITS 837P
  - Enter the treating provider NPI number on each claim line

### 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 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
SC14P0004A2	Diagnostic Assessment

## 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, Family Psychoeducation](#)

[Minnesota Statutes, section 256B.0625](#), Subdv.61

## 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.”