

# **Psychiatric Consultations to Primary Care Providers**

Policy Number: SC17P0064A3 Effective Date: May 1, 2018

Last Update: September 5, 2025

# **PAYMENT POLICY HISTORY**

DATE	SUMMARY OF CHANGE	
September 5, 2025	Clarification made to applicable products regarding policy application to	
	dually integrated products.	
June 25, 2025	Annual review complete. Standardization & wording clarifications applied.	
February 19, 2025	Policy updated to reflect change to legislated payment adjustment outlined	
	on Approved SPA 24-44.	
May 31, 2024	Annual review complete. Standardization & wording clarifications applied.	
May 11, 2023	Annual review completed. No content changes, only minor formatting	
	updates addressed.	
September 19, 2022	Information regarding code-specific procedure CPT® or HCPCS was removed.	
April 22, 2021	A review of the policy was completed. The policy was moved to a new	
	format and as a result some information may have relocated or 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 20, 2019	Annual policy update. All the internal links and the UCare logo were	
	updated. No other updates were made to the document.	
May 1, 2018	The Psychiatric Consultations to Primary Care Providers policy was published	
	by UCare	

# **APPLICABLE PRODUCTS**

This policy applies to the products checked below:

UCARE PRODUCT	PRODUCT TYPE	APPLIES TO
UCare Connect + Medicare (When MHCP is the primary	Dually Integrated	√
payment methodology)		

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UCARE PRODUCT	PRODUCT TYPE	APPLIES TO
UCare Minnesota Senior Health Options (MSHO) (When	Dually Integrated	√
MHCP is the primary payment methodology)		
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)	

# **TABLE OF CONTENTS**

TABLE OF CONTENTS

PAYMENT POLICY HISTORY	1
APPLICABLE PRODUCTS	
TABLE OF CONTENTS	
PAYMENT POLICY OVERVIEW	5
POLICY DEFINITIONS	5
ENROLLEE ELIGIBILITY CRITERIA	6
ELIGIBLE PROVIDERS OR FACILITIES	6
Provider	6
EXCLUDED PROVIDER TYPES	7
MODIFIERS, CPT, HCPCS, AND REVENUE CODES	
General Information	7
Modifiers	7
CPT and/or HCPCS Code(s)	7
Revenue Codes	8
PAYMENT INFORMATION	8





Covered Services	8
Payment Adjustments	8
BILLING REQUIREMENTS AND DIRECTIONS	9
Billing Guidelines	9
PRIOR AUTHORIZATION, NOTIFICATION, AND THRESHOLD INFORMATION	10
Prior Authorization, Notification, and Threshold Requirements	10
RELATED PAYMENT POLICY INFORMATION	10
SOURCE DOCUMENTS AND REGULATORY REFERENCES	10
DISCLAIMER	10



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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**

Outlined below are the billing and payment guidelines associated with Psychiatric Consultations to Primary Care Providers.

# **POLICY DEFINITIONS**

TERM	NARRATIVE DESCRIPTION
Physician Extender	<ul> <li>An eligible provider furnishing services under the supervision of a physician. For purposes of this Policy, eligible providers are: <ul> <li>Physician Assistants or Advance Practice Registered Nurses who choose not to enroll with UCare:</li> <li>Genetic counselors who are board certified by the American Board of Genetic Counseling (ABGC);</li> <li>Registered nurses licensed under and within the scope of Minnesota statutes;</li> <li>Licensed acupuncturist; or</li> <li>Pharmacist</li> </ul> </li></ul>
	Eligible providers must be furnishing services in one of the following professional environments:  • Employed by a physician provider  • Employed by the same provider organization that employs the physician  • Supervised by a physician



#### **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.

The member must be actively enrolled in a UCare product.

#### **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**

# Providers Who Can Provide Psychiatric Consultations

The following providers can provide psychiatric consultation to primary care providers:

- Psychiatrist
- Licensed Psychologist (LP) (working within the scope of practice)
- Licensed Independent Clinical Social Worker (LICSW) (working within the scope of practice)
- Licensed Marriage and Family Therapist (LMFT) (working within the scope of practice)
- Psychiatric Nurse Practitioner (NP)
- Clinical Nurse Specialist (CNS)

#### Providers Who May Request a Psychiatric Consultation

The following Primary Care providers are eligible to request a psychiatric consultation:

- Certified nurse midwives
- Clinical nurse specialists
- Nurse practitioners
- Physician's assistants
- Registered nurse acting as a physician extender in a physician-directed clinic
- Pediatricians
- Family practice physicians



- Psychiatrist
- Any other prescriber

#### **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	
AG	Primary Care Provider Receiving Psychiatric Consultation	
AM	Consulting Psychiatrist to a Primary Care Provider	
HE	Mental Health	
U4	Service provided via non face-to-face contact	
U7	Physician Extender	

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



CPT AND/OR HCPCS CODE(S)	MODIFIER(S)	NARRATIVE DESCRIPTION
Primary Care Pr	ovider Receiving	Psychiatric Consultation
99499	HE, AG	Communication between a consulting professional and a primary care provider, for consultation or medical management; or behavioral health care and treatment of a patient.
Consulting Psychiatric Provider		
99499	HE, AM	Communication between a consulting professional and a primary care provider, for consultation or medical management; or behavioral health care and treatment of a patient.

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

#### **Revenue Codes**

Not applicable.

# **PAYMENT INFORMATION**

#### **Covered Services**

Consultation includes communication between a consulting professional and a primary care provider for the purpose of medical management, behavioral health care and treatment of a recipient. A psychologist, independent clinical social worker and marriage and family therapist may provide consultation about alternatives to medication, medication combined with psychosocial treatments and potential results of medication usage. The provider may conduct the consultation without the recipient present.

# **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

#### **Payment Enhancements**

In addition to the master's level provider reduction, UCare also applies a legislated adjustment to specific mental health services when furnished by the providers listed below.

July 2007 through December 2024, the legislated adjustment was 23.7%. Effective January 2025, the legislated adjustment is 11.85%.

- Psychiatrists;
- Advance Practice Nurses;
  - Clinical Nurse Specialist
  - Nurse Practitioner
- Community Mental Health Centers;
- Mental health clinics and centers certified under Rule 29 and designated by the Minnesota Department of Mental Health as an essential community provider;
- Hospital outpatient psychiatric departments designated by the Minnesota Department of Mental Health as an essential community provider; and
- Children's Therapeutic Services and Supports (CTSS) providers for services identified as CTSS in the DHS mental health procedure CPT or HCPCs codes and rates chart.

Information on UCare fee schedule updates can be found in the UCare Provider Manual.

#### **BILLING REQUIREMENTS AND DIRECTIONS**

# **Billing Guidelines**

- Submit claims using the 837-P format or the electronic equivalent.
- The primary care provider and consulting professional may bill separately for this service.
- Primary care providers may bill an office visit and a consultation, when appropriate.
- Primary care providers and consulting professionals may bill services provided on the same day.
   The modifiers associated with the consultation services must be appended to the service provided.



# 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 <a href="https://example.com/here.co

#### **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

# 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, <u>Psychiatric Consultations to Primary Care Providers</u>

Minnesota Statute 256B.0625 subd., 48

#### **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."