

REIMBURSEMENT POLICY

Children’s Therapeutic Services & Supports (CTSS) Skills Training/ Development and Day Treatment

Active

Policy Number: Behavioral Health – 002
Policy Title: CTSS Skills Training/Development and Day Treatment
Section: Behavioral Health
Effective Date: 05/19/15

Description

Children’s Therapeutic Services and Supports (CTSS) is a combination of mental health services for children who require varying therapeutic and rehabilitative levels of intervention. CTSS addresses the emotional conditions 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 including Skills Training/Development and Day Treatment. CTSS children’s day treatment is a site-based, structured mental health treatment program. It consists of psychotherapy, and skills training and development services.

Definitions

CTSS providers should bill HCPCS code H2014, for skills training and development services provided to Public Program subscribers. These services are used exclusively for Minnesota Health Care Program (**MHCP**) subscribers **under the age of 21**.

Policy Statement

The appropriate number of units must be billed with H2014. Each unit equals 15 minutes of service. Providers billing code H2014 must include the following modifier(s):

- UA for individual skills
- UA, HR for family skills
- UA, HQ for group skills

While the majority of CTSS providers specialize in providing in-home work, they can also provide services in the office. H2014 is only one of many services under the CTSS umbrella. CTSS providers can bill all the codes that any other licensed mental health professional can bill. The Skills Training service will often be done by a non-licensed practitioner but should always be billed under the supervising professional’s provider number or NPI.

Code	Restriction
H0032-UA UD	Treatment Plan Development and Review.
H0046	Mental health services, not otherwise specified. Use for travel time for in-home services. Bill 1 unit per 1 minute. A specific narrative description detailing exactly what the charge is for must be submitted with this code.
H2012-UA HK	Behavioral Health Day Treatment.

H2012-UA HK U6	Behavioral Health Day Treatment – Interactive.
H2014-UA	Skills training and development, per 15 minutes. Use for CTSS individual skills training and development services. This code is covered for Public Program subscribers under age.
H2014-U9	Use for TSFC (Therapeutic Support of Foster Care) service package.
H2014-UA, HR	Use for CTSS, family skills.
H2014-UA, HQ	Use for CTSS, group skills.
H2015	Comprehensive community support services, per 15 minutes. Submit with UA modifier for CTSS Crisis Intervention.
H2019-UA	Therapeutic behavioral services, per 15 minutes. Use for CTSS Behavioral Aide level I.
H2019-UA, HM	Therapeutic behavioral services, per 15 minutes. Use for CTSS Behavioral Aide level II.
H2019-UA, HE	Therapeutic behavioral services, per 15 minutes. Use for mental health practitioner direction (Supervision of CTSS).

Timed Unit Reporting

When a procedure/service indicates time, more than half of the designated time must be spent performing the service in order for a unit to be billed. In the case of a 60-minute service, at least 31 minutes of the service must be performed.

Eligible Providers

The Mental Health Professional must meet the Minnesota Department of Human Services qualification, as set forth in Minn.Stat. §245.462, subd. 18 (2016) or Minn.Stat. §245.4871, subd. 27. Providers outside Minnesota must be appropriately licensed according to applicable state law.

Documentation Submission

Documentation must identify and describe the procedures performed, including total time of the service and level of service. Unlisted codes must be submitted with a narrative description. If a denial is appealed, this documentation must be submitted with the appeal.

Coverage

Eligible services will be subject to the subscriber benefits, Blue Cross fee schedule amount and any coding edits.

The following applies to all claim submissions.

All coding and reimbursement is subject to all terms of the Provider Service Agreement and subject to changes, updates, or other requirements of coding rules and guidelines. All codes are subject to federal HIPAA rules, and in the case of medical code sets (HCPCS, CPT, ICD), only codes valid for the date of service may be submitted or accepted. Reimbursement for all Health

Services is subject to current Blue Cross Medical Policy criteria, policies found in the Provider Policy and Procedure Manual sections, Reimbursement Policies and all other provisions of the Provider Service Agreement (Agreement).

In the event that any new codes are developed during the course of Provider's Agreement, such new codes will be paid according to the standard or applicable Blue Cross fee schedule until such time as a new agreement is reached and supersedes the Provider's current Agreement.

All payment for codes based on Relative Value Units (RVU) will include a site of service differential and will be calculated using the appropriate facility or non-facility components, based on the site of service identified, as submitted by Provider.

Coding

The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply subscriber coverage or provider reimbursement.

CPT/HCPCS Modifier: U6, U9, UA, UD, UK, HE, HK, HM, HR, HQ

ICD Diagnosis: N/A

ICD Procedure: N/A

HCPCS: H0046, H2014-H2015, H2019-H2020, H2032

Revenue Codes: N/A

Deleted Codes: N/A

Policy History

Initial Committee Approval Date: May 19, 2015

Code Update: N/A

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Cross Reference: N/A

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