



## Mental Health Codes, Maximum FFS Rates, and Eligible Providers

[This chart provides the current fee for service rates for mental health services.](#) The chart is split between two different groups of providers. The right side of the chart is for providers who received legislated rate enhancements on 7/1/2007, including psychiatrists, Advanced Practice Registered Nurses (APRNs), CMHCs and Rule 29 and hospital outpatient psychiatric departments designated as essential community providers (see note B below). The left side of the chart is for all other mental health providers. The chart is divided into groupings of mental health services. The first group of services listed includes some evaluation and management services that only show rates for mental health providers who are eligible to use these codes.

The rates posted in these charts are the current maximum allowed, fee-for-service, rate for the code. However, services may be reimbursed at an adjusted rate when one or more of the following apply:

- A. **Services marked with an (a)** are subject to a “cutback” when provided by a master’s level enrolled provider (80% of maximum allowed rate) or a mental health practitioner working as a clinical trainee (100% of the clinical supervisor’s allowed amount). The master’s level cutback does not apply to services provided in a Community Mental Health Center (CMHC).
- B. Some services are adjusted in accordance with legislated rate enhancements. Effective 7/1/07, **services marked with (b)** are reimbursed at 23.7% over the posted rate when the service is provided by one of the provider types listed below and the increased rates are on the right side of the chart (except for CTSS providers):
  - 1) Psychiatrists and Advanced Practice Registered Nurses (APRNs)
  - 2) Community Mental Health Centers (CMHC);
  - 3) Mental health clinics and centers certified under DHS Rule 29 and designated by the MN Department of Health (MDH) as essential community providers (ECP); or,
  - 4) Hospital outpatient psychiatric departments designated by MDH as an ECP; or
  - 5) CTSS providers who did not qualify for the 23.7% rate increase on July 1, 2007 received the 23.7% increase on January 1, 2008 for certain approved services. See [Provider Update MHS-08-01](#) for more details.
- C. Evaluation and Management (E/M) **services marked with a (c)** are paid at 90% of the maximum allowed rate when provided by an advanced practice registered nurse (APRN) with a psychiatric specialty (psychiatric nurse practitioner or clinical nurse with specialty in mental health). E/M services are general health care services, not exclusive to mental health.

Other general notes:

- 1 Starting in January 2011, many rates for CPT codes (those not starting with an “H” or “S”) were recalculated based on the Center for Medicare and Medicaid (CMS) [Resource Based Relative Value Scale \(RBRVS\)](#).
- 2 An additional 2% over the rate shown is added to cover the MinnesotaCare provider tax unless the service or the agency providing the service is exempt.
- 3 All listed services if provided by the Indian Health Service are reimbursed at the Federal encounter rate. Qualified Tribal Agencies (638) can choose to either receive the Federal encounter rate or the listed rate ([MHCP Manual](#)). Federally Qualified Health Centers (FQHC) reimbursement for a mental health encounter is at the facility specific FQHC medical rate.



Minnesota Department of **Human Services**

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<b>Modifier</b>	<b>Definition (Some services require one or more modifiers)</b>
HA	Child or Adolescent
HE	Mental Health
HK	Intensive or Children's Day Treatment
HN	Mental Health Practitioner or Clinical Trainee
HM	Adult MH Rehabilitation Worker or Mental Health Behavioral Aide Level II
HO	Master's Level- Optional Code- no impact on billing
HQ	Group Modality
HR	Family/Couple with Client Present
UA	CTSS service package
U1	Dialectical Behavior Therapy (DBT)
U4	Telephone Contact for Case Management
U5	Certified Peer Specialist Level II/ Psychiatric Consultation, intermediate
U6	Psychiatric Consultation, complex or lengthy
U7	Physician Extender
52	Brief Diagnostic Assessment

<b>Abbreviation</b>	<b>Definition</b>
CNS-MH	Clinical Nurse Specialist in Mental Health
CM	Case Manager
CMA	Case Manager Associate
ED	Emergency Department
LICSW	Licensed Independent Clinical Social Worker
LMFT	Licensed Marriage and Family Therapist
LP	Licensed Psychologist
LPCC	Licensed Professional Clinical Counselor
LPP	Licensed Psychological Practitioner
MH	Mental Health
NP	Nurse Practitioner with psychiatric specialty
POS	Place of Service
SED	Severe emotional disturbance
SPMI	Serious and persistent mental illness