

Children's Therapeutic Services and Supports (CTSS)

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- [Overview](#)
- [Eligible Providers](#)
- [Eligible Members](#)
- [Covered Services](#)
- [Noncovered Services](#)
- [Authorization Requirements](#)
- [Billing](#)
- [Legal References](#)

Overview

CTSS is a flexible package of mental health services for children who require varying therapeutic and rehabilitative levels of intervention. CTSS addresses the conditions of emotional disturbance 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 to:

- Restore a child or adolescent to an age-appropriate developmental trajectory that had been disrupted by a psychiatric illness; or
- Enable the child to self-monitor, compensate for, cope with, counteract, or replace psychosocial skills, deficits or maladaptive skills acquired over the course of a psychiatric illness.

Psychiatric rehabilitation services for children combine psychotherapy to address internal psychological, emotional and intellectual processing deficits with skills training to restore personal and social functioning to the proper developmental level. Providers deliver CTSS services using various treatment modalities and combinations of services designed to reach measurable treatment outcomes identified in an individual treatment plan (ITP).

Eligible Providers

[CTSS](#) providers are enrolled Minnesota Health Care Programs (MHCP) providers certified to provide CTSS mental health rehabilitation services. The following entities may request MHCP certification as CTSS providers:

- County-operated entities
- Community mental health centers (CMHCs)
- Hospital-based providers
- Indian health services and 638 facilities
- Non-county mental health rehabilitative providers
- School districts ([Individualized Education Program \(IEP\) Services](#))

School-based providers

Schools choose from one of the following two CTSS options:

- Contract CTSS - the school chooses to contract mental health services from a CTSS certified community provider
- School CTSS - the school employs mental health staff

IEP evaluation only: refer to [Individualized Education Program \(IEP\) Services](#) or [Notification of Intent to bill for Individual Education Plan \(IEP\) Mental Health Evaluations \(DHS-7840\) \(PDF\)](#)

Schools have differences in billing codes and the authorization process. Review the [IEP Billing and Authorization Requirements](#) section of the Provider Manual for more information.

Mental Health Professionals

The following mental health professionals can provide CTSS:

- [Licensed Psychologist \(LP\)](#)
- [Licensed Professional Clinical Counselor \(LPCC\)](#)
- [Licensed Independent Clinical Social Worker \(LICSW\)](#)
- [Licensed Marriage and Family Therapist \(LMFT\)](#)
- [Psychiatrist or an Osteopathic Physician](#)
- [Clinical Nurse Specialist \(CNS\)](#)
- [Psychiatric Nurse Practitioner \(NP\)](#)
- Tribally approved mental health care professional who meets the standards in [Minnesota Statutes, section 256B.02](#), subdivision 7, paragraphs (b) and (c), and who is serving a federally recognized Indian tribe.

Mental Health Clinical Trainees

Mental health [clinical trainees](#) may provide the following services under CTSS:

- Skills training
- Crisis planning
- Directing mental health behavioral aides
- Treatment plan development and review
- Administering and reporting standardized measures
- Psychotherapy
- Administering the diagnostic assessment

Mental Health Practitioners

[Mental health practitioners](#) may provide the following services under CTSS:

- Skills training
- Crisis assistance
- Directing mental health behavioral aides
- Treatment plan development and review
- Administering and reporting standardized measures

Requirements

Refer to [General MHCP Non-Enrollable Mental Health Provider Requirements](#) (review the Non-Enrollable Providers Training & Continuing Education Requirements section) for additional practitioner requirements.

CTSS Certification

Providers must be certified before delivering [CTSS](#) services. Certification involves approval and acceptance of the provider agency's application based on whether the agency meets the statutory standards. Initial certification may be for one to three years. Before applying for certification, potential CTSS agency providers must attend the following trainings:

- CTSS Administrative
- CTSS Clinical

Registration information, training dates and materials can be found under CTSS Applicant Provider Information Session on the [Children's Mental Health-Training Information](#) webpage.

The following two documents were developed for the CTSS application and certification process:

- [Children's Therapeutic Services and Supports Provider Application \(DHS-3610\) \(PDF\)](#)

- [Children's Therapeutic Services and Supports Provider Assurance Statements \(DHS-3610A\) \(PDF\)](#)

Providers must be certified and able to deliver these core services:

- Psychotherapy
- Skills training
- Crisis planning
- Treatment plan development and review
- Administering and reporting standardized measures

In addition, providers may be certified to provide:

- CTSS day treatment
- Mental health behavioral aide service

Initial certification may be limited to certification for core services. Day treatment or mental health behavioral aide services may be added later by submitting [CTSS Provider Application \(DHS-3610\) \(PDF\)](#).

DHS will provide the following to providers for the certification, recertification, and decertification processes:

- A listing of required provider certification or recertification applications
- A formal written letter with a determination of certification, recertification, or decertification, signed by the appropriate manager
- A formal written communication outlining the process for necessary corrective action, timeline for compliance, and commissioner action to suspend certification or decertify the provider for failure to comply with requirements in law or with clinical or administrative standards provided in the certification or recertification application process.

Schools seeking certification must also be certified for core services and follow criteria on the [IEP Billing and Authorization Requirements](#) MHCP Manual page.

Recertification

Recertification requires submitting a [Children's Therapeutic Services and Supports \(CTSS\) Provider Application \(DHS-3610\) \(PDF\)](#). Recertification will include a site review to examine policies and procedures and clinical documentation of CTSS services. A provider must be certified every three years and meet statutory standards. The commissioner must require corrective action upon determination that a provider fails to meet one or more requirements in law or fails to meet the clinical or administrative standards provided in the application and recertification process. The commissioner must establish a timeline for corrective action compliance, based upon standardized recertification criteria. When an agency fails to comply with corrective action, fails to meet one or more statutory standards, the commissioner will issue a provisional certification until the provider complies with corrective action and statutory standards, or initiate decertification proceedings and notify the provider. The commissioner must use the provider's certification anniversary date or calendar year end, whichever is greater, as the provider's recertification date; however, the commissioner may extend a recertification date to sustain services or to stagger recertification site visits across the calendar.

Decertification

Upon the commissioner's determination that a provider no longer meets the requirements in law or fails to meet the clinical quality standards or administrative standards provided in the application and certification process, the commissioner must require corrective action, Medical Assistance repayment or decertification of the provider.

Provider Responsibilities

The provider's caseload size should reasonably enable the provider to play an active role in service planning, monitoring and delivering services to meet the member's and family's needs, as specified in each member's individual treatment plan. Mental health professionals and practitioners providing CTSS must:

- Develop an ITP for necessary and appropriate care based on information in the child's standard diagnostic assessment and the documented input of the family and other authorized caregivers
- Ensure that the member approves of the individual treatment plan unless court orders the member's treatment plan under 253B
- Review the ITP at least every 180 days with the member and the member's parents or guardians, or primary caregivers
- Ensure that the services provided are designed to meet specific mental health needs of the child and the child's family according to the child's ITP
- [Coordinate](#) CTSS services
- Work with other health care providers (including multiple agencies, if for example, the child has an additional diagnosis of developmental disability, substance abuse or physical condition requiring regular medical care)
- Provide treatment supervision plans for staff according to [Minnesota Statutes 245I.06](#). A treatment supervisor must be available for urgent consultation as required by the individual client's needs or the situation

Eligible Members

To be eligible for CTSS, [MHCP members](#) must meet all of the following criteria:

- Be under 21 years old
- Have a diagnostic assessment that documents:
 - A diagnosis of an emotional disturbance for children under 18 years old or mental illness for young adults 18 through 20 years old
 - Medical necessity for CTSS
 - A completed CASII or ECSII; or other commissioner approved tool for adults 18 through 20 years old.
- Have a completed and signed individual treatment plan that:
 - Documents specific goals and objectives for CTSS services
 - Is signed by the supervising mental health professional and approved by the parent or guardian before service delivery

A [mental health professional](#) or [clinical trainee](#) must complete the diagnostic assessment to establish eligibility for CTSS within 365 days before CTSS services begin.

In addition to the general MHCP requirements for a [Diagnostic Assessment](#) (DA), CTSS requires that the DA document CTSS as medically necessary rehabilitation to address an identified disability or functional impairment, and the member's needs and goals.

Covered Services

The following services are billable as CTSS. Certified CTSS providers must provide or offer the following core services as prescribed in the child's ITP. Required **core services** must be provided or offered by a certified community and school providers:

- [Psychotherapy](#) - with patient or family member (or both), family, group and psychotherapy for crisis
- [Skills training](#) - individual, family or group
- [Crisis planning](#)
- Treatment plan development and review

- Administering and reporting standardized measures

Optional services may be offered according to the following requirements:

- MHBA services, including direction of the mental health behavioral aide
- [Children's day treatment](#), a combination of psychotherapy and skills training

Psychotherapy

[Psychotherapy](#) to address the child's underlying mental health disorder must be documented as part of the child's ongoing treatment. A provider must deliver, or arrange, medically necessary psychotherapy, unless the child's parent or caregiver chooses not to receive it or the provider determines by an updated diagnostic assessment, as required in [Minnesota Statutes 245I.10](#), subdivision 2, paragraph (f) and level of care assessment, that it is no longer medically necessary. When a provider determines that psychotherapy is no longer medically necessary, the provider must update required documentation, including, but not limited to, the individual treatment plan, the functional assessment, the child's medical record, or other authorizations, to include the determination. When a provider determines that a child needs psychotherapy, but psychotherapy cannot be delivered due to a shortage of licensed mental health professionals in the child's community, the provider must document the lack of access in the child's medical record. Refer to [Psychotherapy](#) for additional information about this service.

Skills Training

Skills training facilitates the acquisition of behavioral, functional, or psychosocial skills that are medically necessary to rehabilitate the child to an age-appropriate developmental trajectory that has been disrupted by a diagnosed mental health disorder, according to [Minnesota Statutes 256B.0943](#), subdivision 1, paragraph (s). Skills training may also be delivered to help the child or youth to self-monitor, compensate for, cope with, counteract, or replace skill deficits or maladaptive skills acquired during the course of a mental illness. Unlike a thought, feeling or perception, a skill is observable by others. It is an activity that must be practiced to master and maintain.

Skills training is subject to the following requirements:

- A mental health professional clinical trainee or a mental health practitioner must provide skills training
- Skills training delivered to children or their families must be targeted to the specific deficits or maladaptations of the child's mental health disorder and must be prescribed in the child's individual treatment plan
- Group skills training may be provided to multiple members who, because of the nature of their emotional, behavioral, or social dysfunction, can derive mutual benefit from interaction in a group setting, which must be staffed as follows:
 - One professional or one clinical trainee or one practitioner under clinical supervision of a licensed mental health professional must work with a group of three to eight members
 - Two professionals or two clinical trainees or two practitioners under clinical supervision of a licensed mental health professional, or one professional or one clinical trainee plus one practitioner must work with a group of nine to 12 members
- A mental health professional, clinical trainee or mental health practitioner must have taught the psychosocial skill before a mental health behavioral aide may practice that skill with the client

Crisis Planning

Crisis planning is for the child, the child's family and all providers of services to the child to:

- Recognize factors precipitating a mental health crisis
- Identify behaviors related to the crisis

- Be informed of available resources to resolve the crisis

Crisis planning requires the development of a written plan that addresses prevention and intervention strategies in a potential crisis, including plans for:

- Actions the family should be prepared to take to resolve or stabilize a crisis
- Acute care
- Crisis placement
- Community resources for follow-up
- Emotional support to the family during crisis

Mental Health Behavioral Aide (MHBA)

A [MHBA](#) is a paraprofessional working under the supervision of mental health professionals (employed by the same CTSS provider or another CTSS agency). A MHBA implements the one-on-one MHBA services identified in a child's ITP. An MHBA provides MHBA services.

MHBA Requirements

- Mental health behavioral aide (MHBA) requirements are on the [General MHCP Non-Enrollable Mental Health Provider Requirements](#) section of the MHCP Provider Manual. This section also includes a scope of practice section.
- MHBA supervision: In addition to other supervision requirements, CTSS entities that elect to provide MHBA services also must provide direction for MHBAs as described under Direction to a Mental Health Behavioral Aide.
- The provider must ensure the immediate accessibility of a mental health professional, clinical trainee, or mental health practitioner to the behavioral aide during service delivery

MHBA Services

MHBA services are medically necessary services identified in the child's individual treatment plan designed to improve the functioning of the child in the progressive use of developmentally appropriate behavioral, functional, and psychosocial skills. Activities involve working directly with the child, child-peer groupings, or child-family groupings to practice, repeat, reintroduce and master the skills previously taught by a [professional](#) or clinical trainee or mental health [practitioner](#). Specific activities under the MHBA's scope of practice, according to [Minnesota Statutes 245I.04](#), subdivision 17, may include:

- Providing cues or prompts in skill-building peer-to-peer or parent-child interactions so that the child progressively recognizes and responds to the cues independently
- Performing as a practice partner or role-play partner
- Reinforcing the child's accomplishments
- Generalizing skill-building activities in the child's multiple natural settings
- Assigning further practice activities
- Intervening as necessary to redirect the child's target behavior and to de-escalate behavior that puts the child or other person at risk of injury

The child's ITP must:

- Identify the need for MHBA services
- Determine the scope, duration and frequency of services required for the child and child's family

Before an MHBA provides services, the mental health professional, clinical trainee, or mental health practitioner must instruct the MHBA on the following:

- Services the MHBA is expected to provide
- Time allocated to each service

- Methods of documenting the child's behavior
- Methods of monitoring the progress of the child in reaching objectives
- Goals to increase or decrease targeted behavior as identified in the ITP

Under direction of a Mental Health Professional or Mental Health Practitioner, the MHBA must:

- Implement activities in the child's IBP
- Document the delivery of services and progress on objectives in progress notes

MHBA Supervision and Direct Observation Requirements

A mental health behavioral aide must receive direct observation from a mental health professional, clinical trainee, certified rehabilitation specialist, or mental health practitioner while the mental health behavioral aide or mental health rehabilitation worker provides treatment services to clients, no less than twice per month for the first six months of employment and once per month thereafter. The staff person performing the direct observation must approve of the progress note for the observed treatment service, according Minnesota Statutes 245I.06, subdivision 3, paragraph (a).

In addition to other supervision requirements, CTSS entities that elect to provide MHBA services also must provide direction for MHBAs as described under Direction to a Mental Health Behavioral Aide.

Direction to a Mental Health Behavioral Aide

Direction must be provided to an MHBA in the performance of their scope of practice, according to Minnesota Statutes 245I.04, subdivision 17, by a mental health professional, clinical trainee, or mental health practitioner. Direction is more instructional than is supervision and requires the professional, clinical trainee, or practitioner providing it to continuously evaluate the mental health behavioral aide's ability to carry out the MHBA activities in the individualized treatment plan. When providing direction, the professional, clinical trainee, or practitioner must:

- instruct the mental health behavioral aide about the client's diagnosis, functional status, and other characteristics affecting service delivery
- instruct the mental health behavioral aide on how to implement therapeutic activities and interventions
- review progress notes
- identify changes in treatment strategies
- continuously determine that the MHBA has the skills to effectively interact with the client and the client's family in ways that convey personal and cultural respect
- continuously determine that the MHBA actively collaborate with the family on skills acquisition

Service Plan Development

Service plan development covers two separately billable activities:

- Individual treatment plan (ITP) development, and revision
- Functional assessment administration and outcomes reporting

Mental health service plan development must be performed in consultation with the child's family and, when appropriate, with other key participants in the child's life by the child's treating mental health professional or clinical trainee or by a mental health practitioner and approved by the treating mental health professional, according to [Minnesota Statutes 256B.0943](#), subdivision 9, paragraph (b), clause (5).

Individual treatment plan development, review, and revision consists of drafting and communicating by face-to-face or electronic communication. The provider must document events, including the time spent with the family and other key participants in the child's life to approve the individual treatment plan. Medical assistance covers service plan development before completion of the child's individual treatment plan. Service plan development is covered only if a treatment plan is completed for the

child. If upon review it is determined that a treatment plan was not completed for the child, the commissioner shall recover the payment for the service plan development. Individual treatment plan review must be conducted according to [Minnesota Statutes 256B.0943](#), subdivision 6, paragraph (b), clause (7).

Administering and reporting standardized outcome measures consists of conducting the functional assessment tool, according to [Minnesota Statutes 245I.02, subdivision 17](#), and the level of care decision support tool appropriate to the client's age, according to [Minnesota Statutes 245I.02](#), subdivision 19, and the reporting of standardized measures to Children's Mental Health Outcome Measures Reporting System or other system required by the commissioner.

Individual treatment plan (ITP) and treatment plan review

An individual treatment plan (ITP) is a written plan that documents the treatment strategy, the schedule for accomplishing the goals and objectives, and the responsible party for each treatment component. An individual treatment plan review (ITP review) must determine, as necessary, the extent to which the services have met each of the goals and objectives in the treatment plan. The review must assess the client's progress and ensure that services and treatment goals continue to be necessary and appropriate to the client and the client's family or foster family, according to [Minnesota Statutes 245I.10, subdivision 8](#).

An ITP for any CTSS service is based on a standard diagnostic assessment. It documents the plan of care and guides treatment interventions. Development of the ITP includes involvement of the client, the client's parents or guardian who must consent to the mental health services for the client, caregivers or others that the family determines should be included in ITP development and review. ITP development includes arrangement of treatment and support activities consistent with the client's cultural and linguistic needs.

The ITP focuses on the youth's treatment needs, the family's vision and desires for recovery according to their personal and cultural values, family-driven and child-focused priority treatment goals and objectives, and the interventions that will help meet those goals and objectives. The plan must be written in a way that facilitates a clear understanding of the services being offered, that describes how the services will address client and family concerns, and that establishes goals and objectives that can be objectively measured for treatment outcomes. The child or youth and family must participate in developing the ITP to ensure the treatment is relevant to their priorities and incorporates their strengths and values.

The following components must be on the individual treatment plan:

- Specific treatment needs identified in the diagnostic assessment to be addressed
- Measurable treatment goals and objectives, including baselines and expected changes from baselines
- Strategies for meeting the goals and objectives
- Specific staff responsible for implementing and monitoring each goal and objective
- Type, frequency and duration of the services that will be provided under the ITP, including need for provider travel or add-ons such as interactive complexity. If psychotherapy is not going to be provided in the next 90 to 180 days, the plan should explain why
- Cultural considerations and how they will impact the service plan and service delivery
- Client and family participation, including time spent with the family to develop the ITP and the documentation of any family concerns related to ITP implementation
- Approval of the mental health professional and the parent or guardian or other adult authorized by law to provide consent for treatment
 - Approvals must be dated

- A client's parent or guardian may approve the ITP by secure electronic signature or by documented oral approval

The following components must be present in the individual treatment plan review, whether appended to the ITP or as a separate document:

- Additional treatment needs that have been identified after the implementation of the ITP. This may be related to changes in the client's situation or the result of newly discovered information
- Progress made on each existing ITP goal and objective, documented by changes in the measures established for the objectives, such as changes in the baselines for targeted behaviors, or increases in the use of trained skills. If objectives have not been achieved or related services have not been implemented, reasons should be identified
- Revised and new measurable treatment goals and objectives, including baselines and expected changes that providing the services will achieve in the baselines. Strategies for meeting the goals and objectives should be identified
- Type, frequency and duration of services to be provided under the revised ITP. If psychotherapy is not going to be provided in the next 90 to 180 days, the ITP should explain why it will not be provided
- Client and family participation, including time spent with the family to develop the ITP and documentation of any family concerns related to ITP implementation
- A client's parent or guardian may approve the revised ITP by secure electronic signature or by documented oral approval

Provide a copy of the approved ITP or ITP review to the parent or guardian and the youth, if the youth is legally able to consent for his or her own mental health treatment.

Administering and reporting standardized measures

CTSS providers are expected to administer (and bill separately for) standardized functional outcome measures and report resulting individual data as part of functional assessment and outcome evaluation. Instruments currently approved by the Commissioner of Human Services are:

- The Child and Adolescent Service Intensity Instrument (CASII) for persons 6 years old until 21 years old
- The Early Childhood Service Intensity Instrument (ECSII) for children 5 years old or younger
- The Child Behavior Checklist (CBCL) for children 5 years old or younger when receiving CTSS from an agency with a DHS Early Childhood Mental Health Grant

Document in progress notes the activities associated with administering and reporting of these instruments to Minnesota Department of Human Services, including time associated with data entry into MN-ITS, according to [Minnesota Rules 9505.2175](#). The documentation must include date of the service, start and stop time of the activity, date of entry into the record and signature of the person writing the note, including title and credentials. Do not include time spent in writing reports or interpreting the results for families or other providers.

Timeframes

Service plan development services are the only CTSS covered services that may be billed before the approval and signature of the ITP. Complete a standard diagnostic assessment before claiming any CTSS covered services.

Children's Day Treatment

Refer to [Children's Day Treatment](#) for documentation standards applicable to this service.

Noncovered Services

The following services are not covered:

- Service components of CTSS simultaneously provided by more than one provider entity unless prior authorization is obtained
- Treatment by multiple providers within the same agency at the same clock time
- Children's therapeutic services and supports provided in violation of Medical Assistance policy in [Minnesota Rules, part 9505.0220](#)
- Mental health behavioral aide services provided by a personal care assistant who is not qualified as a mental health behavioral aide and employed by a certified CTSS provider entity
- Service components of CTSS that are the responsibility of a residential or program license holder including foster care providers under the terms of a service agreement or administrative rules governing licensure
- Consultation with other providers or service agency staff about the care or progress of a child
- For children or adolescents with co-occurring substance use disorders, CTSS services should be directed to restore a child or adolescent to an age-appropriate developmental trajectory that had been disrupted by a psychiatric illness. The child or adolescent may require additional services, covered outside of CTSS, to address the substance use disorder.
- Adjunctive activities that may be offered by a provider entity but are not otherwise covered by Medical Assistance, including:
 - A service that is primarily recreation oriented or that is provided in a setting that is not medically supervised. This includes sports activities, exercise groups, activities such as craft hours, leisure time, social hours, meal or snack time, trips to community activities, and tours
 - A social or educational service that does not have or cannot reasonably be expected to have a therapeutic outcome related to the client's emotional disturbance
 - Prevention or education programs provided to the community

Criteria for Concurrent Care in Partial Hospitalization and Other Group Settings

Up to 15 hours of CTSS may also be provided when the service components of CTSS are identified in the discharge plan and are provided within a six-month time period if the child participates in a partial hospitalization program or resides in one of the following:

- [Hospital](#)
- [Psychiatric Residential Treatment Facility](#)
- [Children's residential treatment facility](#) or [state inpatient psychiatric hospital for children](#)
- Other institutional group setting

Documentation

A provider entity must document each CTSS service it provides. The provider must ensure that documentation complies with Minnesota Statutes 245I.08. Services billed under CTSS that are not documented according to this section shall be subject to monetary recovery by the commissioner.

A children's day treatment provider must ensure that all documentation required by [Minnesota Statutes 245I.08](#):

- is legible;
- identifies the applicable client and staff person on each page; and
- is signed and dated by staff who provided services to the client or completed the documentation, including the staff's credentials.

Documenting approval

All [diagnostic assessments](#), functional assessments, [level of care assessments](#), and treatment plans completed by a clinical trainee or mental health practitioner must contain documentation of approval by a treatment supervisor within five business days of initial completion by the staff person under treatment supervision, according to [Minnesota Statutes 245I.08](#), subdivision 2.

Progress notes

A children's day treatment provider must use a progress note to **document each occurrence of a mental health service** that a staff person provides to a client, according to [Minnesota Statutes 245I.08](#), subdivision 3. A progress note must include the following:

- the type of service;
- the date of service;
- the start and stop time of the service;
- the location the service was performed;
- the scope of the service, including:
 - the targeted goal and objective;
 - the intervention that the staff person provided to the client and the methods that the staff person used;
 - the client's response to the intervention;
 - the staff person's plan to take future actions, including changes in treatment that the staff person will implement if the intervention was ineffective; and
 - the service modality;
- the signature and credentials of the staff person who provided the service to the client;
- the mental health provider travel documentation required by [Minnesota Statutes 256B.0625](#), if applicable; and
- significant observations by staff, if applicable, including:
 - the member's current risk factors;
 - emergency interventions by staff;
 - consultations with or referrals to other professionals, family, or significant others; and
 - changes in the member's mental or physical symptoms.

Authorization Requirements

Refer to [Authorization](#) for general authorization policy and procedures. For CTSS services authorization is required to exceed:

- 200 cumulative hours per calendar year for any combination of:
 - Psychotherapy (with patient or family member or both)
 - Skills training
 - Crisis planning
 - Mental health behavioral aide (MHBA) services
 - Service plan development
- 52 cumulative sessions per calendar year of group psychotherapy, including outpatient group psychotherapy services
- 26 cumulative sessions per calendar year of family psychotherapy, including outpatient family psychotherapy services
- 10 cumulative sessions per calendar year of multiple family group psychotherapy
- Up to 24 sessions per calendar year of Service plan development

Children's day treatment hours are not included in the 200-hour threshold. Refer to [Children's Day Treatment](#) for additional authorization criteria.

When requesting authorization for services that are to be performed with interactive complexity, include the interactive complexity add-on code on the authorization request.

Billing

Follow these billing guidelines:

- Bill CTSS services using [MN-ITS 837P](#)
- Follow [NCCI](#) standards
- No interval is required between sessions
- Enter the treating provider NPI number on each claim line
- County contracted mental health rehabilitation providers must contact MHCP to verify that their profile allows for billing services outside the CTSS benefit package

Use the following table for billing services:

Children's Therapeutic Services and Supports (CTSS) for children under 21 years old				
Procedure Code	Modifier	Brief Description	Unit (*Per CPT Time Rule)	Service Limitation
90832	UA	Psychotherapy (with patient or family member or both)	30 (16-37*) min.	Interactive complexity add-on code (90785) may be used with: <ul style="list-style-type: none"> • Psychotherapy (90832, 90834 or 90837) • E/M with psychotherapy add-on codes (90833, 90836, 90838)
90834	UA	Psychotherapy (with patient or family member or both)	45 (38-52*) min.	
90837	UA	Psychotherapy (with patient or family member or both)	60 (53+*) min.	
Appropriate E/M and 90833	UA	E/M with psychotherapy add-on (with patient or family member or both)	30 (16-37*) min.	Use the UA modifier on interactive complexity add-on codes when reporting with CTSS services.
Appropriate E/M and 90836	UA	E/M with psychotherapy add-on (with patient or family member or both)	45 (38-52*) min.	E/M with psychotherapy add-on limited to: <ul style="list-style-type: none"> • Clinical nurse specialist-mental health (CNS-MH) • Psychiatric nurse practitioner (NP) • Psychiatrist
Appropriate E/M and 90838	UA	E/M with psychotherapy add-on (with patient or family member or both)	60 (53+*) min.	
90875	UA	Individual psychophysiological therapy incorporating biofeedback, with psychotherapy	30 (16-37) min.	Calendar year threshold, refer to Authorization - Psychotherapy (with patient or family member or both) counts toward the 200-hour CTSS authorization threshold (includes biofeedback and E/M with psychotherapy add-on).
90876	UA	Individual psychophysiological therapy incorporating biofeedback, with psychotherapy	45 (38-52) min.	
90846	UA	Family psychotherapy without patient present	50 (26+) min.	Calendar year thresholds, refer to Authorization : <ul style="list-style-type: none"> • 26 sessions of family psychotherapy (including outpatient family psychotherapy) • 10 sessions of multiple family group psychotherapy
90847	UA	Family psychotherapy with patient present	50 (26+) min.	
90849	UA	Multiple family group psychotherapy	1 session	

90853	UA	Group psychotherapy	1 session	Interactive complexity add-on code (90785) may be used with 90853. Calendar year threshold, see Authorization - 52 sessions of group psychotherapy (including outpatient group psychotherapy).
90839	UA	Psychotherapy for crisis	60 (53+*) min.	CNS-MH; LICSW; LMFT; LPCC; LP; NP; psychiatrist; clinical trainee. Does not count toward the 200-hour CTSS authorization threshold.
90840 (add on to 90839)	UA	Psychotherapy for crisis, clinical trainee	30 (16-37) min.	CNS-MH; LICSW; LMFT; LPCC; LP; NP; psychiatrist. Does not count toward the 200-hour CTSS authorization threshold.
H0031	UA	Administering and reporting standardized measures	1 session	Calendar year threshold, see Authorization - Administering and Reporting Standardized Measures services count toward the 200-hour CTSS authorization threshold.
H0032	UA	Treatment plan development and review	1 session	Calendar year threshold, refer to Authorization : – Up to 24 sessions of service plan development per calendar year – Treatment Plan Development and Review services count toward the 200-hour CTSS authorization threshold.
H2012	UA HK	Behavioral Health Day Treatment	1 hour	Refer to Children's Day Treatment section of the MHCP Provider Manual for service limitation and authorization.
H2012	UA HK U6	Behavioral Health Day Treatment	1 hour	
H2014	UA	Skills training & development - individual	15 min.	Only one type of skills training delivered to a member during the same clock time will be reimbursed. Calendar year threshold, refer to Authorization - Skills Training & Development counts toward the 200-hour CTSS authorization threshold.
	UA HQ	Skills training & development - group		
	UA HR	Skills training & development - family		
H2015	UA	Comp community support services – crisis	15 min.	Calendar year threshold, refer to Authorization - Crisis Assistance

		assistance		counts toward the 200-hour CTSS authorization threshold.
H2019	UA	Therapeutic behavioral services – Level I MHBA	15 min.	Level I and Level II MHBA services cannot be delivered at same clock time. Calendar year threshold, refer to Authorization - Mental Health Behavioral Aide (MHBA) services count toward the 200-hour CTSS authorization threshold.
	UA HM	Therapeutic behavioral services – Level II MHBA		
	UA HE	Therapeutic behavioral services – direction of MHBA		

Legal References

[Minnesota Statutes 245I](#) Mental Health Uniform Service Standards Act

[Minnesota Statutes 256B.0943](#) CTSS

[Minnesota Rules 9505.2175](#) case documentation