

Bulletin

July 3, 2006

Minnesota Department of Human Services □ P.O. Box 64941 □ St. Paul, MN 55164-0941

OF INTEREST TO

- County Directors
- Social Services Supervisors and Staff
- Waiver Contacts for CAC, CADI, TBI, MR/RC, EW and AC Program Administrators
- County Public Health
- Managed Care Organizations

ACTION/DUE DATE

Conversion occurs on 7/25/06. Codes are effective 10/01/06.

EXPIRATION DATE

The policies in this bulletin are ineffective as of 10/01/07.

Phase 2 Conversion to National HIPAA Procedure Codes for Home Care, Waiver, AC Programs and DT&H (including ICF/MR)

TOPIC

Process for converting from local procedure codes to new national codes.

PURPOSE

Provide instructions to counties on what processes will be automated and what steps must be completed by county staff .

CONTACT

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For MA Home Care, MR/RC, CADI, CAC, TBI, contact Kristi Grunewald at (651) 431-2391 or kristi.grunewald@state.mn.us

SIGNED

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Background

Congress passed the federal Health Insurance Portability and Accountability Act (HIPAA) in 1996. The law adopts standards for the administration of health care. The Administrative Simplification provisions of HIPAA include standardizing code sets. The Minnesota Department of Human Services (DHS) is a covered entity and must comply with these administrative simplification provisions. Under HIPAA, all existing local codes will be replaced by national standard codes. Phase 1 to convert old local procedure codes to the new national HIPAA procedure codes was effective November 1, 2004.

This bulletin will address the second and final phase of the process for converting from the old local procedure codes to the new national HIPAA procedure codes for MA Home Care, Mental Retardation/Related Conditions Waiver (MR/RC), Community Alternatives for Disabled Individuals Waiver (CADI), Community Alternative Care Waiver (CAC), Traumatic Brain Injury Waiver (TBI), Elderly Waiver (EW), Alternative Care (AC) programs and Day Training and Habilitation (DT&H) including ICF/MR. The new codes are effective 10/01/06. This conversion will coincide with the work the counties must perform for the 10/01/06 COLA so that counties are not required to update the service agreements twice.

Impact on MA Home Care, HCBS Waiver, AC Program and DT&H Service Agreements

Attachments A-H contain the information for both the old and new procedure codes for Home Care, MR/RC, CADI, CAC, TBI, EW, AC and “Miscellaneous” codes used for DT&H, DD screening and ICF/MR referred to as “crosswalks”. The first 5 columns refer to the old local procedure code while the last 7 columns refer to the new HIPAA procedure code. These attachments contain information such as the procedure code, modifiers, procedure name, unit value and reference file rate limit as of 10/01/06 and whether a diagnosis is required when billing the new code. AC/EW rates will be published in their forthcoming COLA bulletin. **Note that some unit values have changed and therefore the reference file rate limit has changed to reflect that.** Many services are placed in the same category and will share the same HIPAA code across waiver and home care programs. A modifier may be needed to distinguish the difference between services in the same category.

Please note: the MA Home Care, Waiver, AC program, DT&H and ICF/MR service “names” or “categories” have *not* changed. Likewise, the services themselves have not been revised in any way and delivery must remain compliant with current program authority. This change effective 10/01/06 is only changing procedure codes and procedure code titles in MMIS in order to comply with the new federal requirements. In order to facilitate a better understanding of services incorporated into the new codes, DHS will refer to the old procedure code titles where possible.

DHS is also making system changes so that the MMIS service agreement screen and service agreement letters will display the old title when the new title might create confusion. However, there is one area that we are not allowed to change the title of the procedure code - the Reference

File in MMIS. When the PF4 key on the new procedure code on the service agreement line item is used, the new HIPAA compliant title will always display even if it differs from the line item.

Provider contracts need to refer to the MA Home Care, Waiver, or AC program service name. However, provider contracts may include the new federal procedure code title, but are not required to, as long as the procedure code and payment rate correspond with the crosswalk.

Diagnosis Code

Many services will now require a diagnosis code on the claim form when the new HIPAA procedure code is billed. The crosswalks also identify whether the new HIPAA procedure code will require a diagnosis when billed.

To assist providers who need the diagnosis code for claim payment, a field will display on specific service agreement letters for providers. This field will indicate the primary diagnosis of the individual as listed on the last approved screening document (or service agreement for MA home care service agreements). This information will only display on provider letters that contain one of the procedure codes that require the diagnosis code for payment. Providers may use this diagnosis code or another more current diagnosis code on the claim form.

Conversion for Waivers and AC Programs

MMIS will be programmed to partially adjust MR/RC, CAC, CADI, TBI, EW waiver, AC programs, DT&H and MA home care service agreement line items for procedure codes for the conversion. The conversion will be combined with the 10/01/06 COLA increase to accommodate counties not having to adjust service agreements twice during the same time frame. A separate bulletin will address the COLA process. DHS will allow counties nearly two months to make the adjustments needed for both processes. The adjustment will be similar to the COLA increases that have occurred in the past.

Beginning Friday, July 21, 2006 counties **MUST NOT** make any changes to service agreements until the all clear message is sent. When the process is complete, an email will be sent to the DSD list serv informing counties that they may resume updating service agreements. A backup of the production file will be made before starting the automation process. This backup will be used to restore service agreements if an error occurs during the automation. Changes made to service agreements after the backup file is created cannot be restored in the event of an error with the conversion. It is anticipated that counties will be able to resume working with service agreements in MMIS beginning Wednesday, July 26, 2006.

Partial Automation for Adjusting Waiver, AC and DT&H Service Agreements

Waiver, DT&H, AC **and** MA home care service line items on waiver and AC service agreements will be partially adjusted by MMIS if all of the following criteria are met:

- The header is approved, suspended, pended or partially suspended.
- The header dates include or span the date of 10/01/06.

- The old local code has been identified on the crosswalks as being part of Phase 2 of the conversion.
- The line items have a status of approved, pending, or suspended.
- The line item dates include or span the date of 10/01/06.

A. For Lines With a Begin Date Prior to 10/01/06, MMIS will:

- Change the line item end dates to 09/30/06 and add reason code 984 to the line. Reason code 984 explains that the line has been ended due to the code being replaced by a national code.
- Create a second (new) line item for the new national procedure code with a begin date of 10/01/06 and an end date of the original line item if there are remaining units or dollars that have not been paid out on the line. The rate and units of service will be left blank (fields "Req Rate/Unit" and "Req Tot Units/Amount" will be blank). Reason code 985 will be added indicating that a new line was added due to changing to a national procedure code. If the procedure code requires manual pricing, an MM will be placed in the *Source (SRC)* field. Phase 2 procedure codes that require manual pricing are:
 - Assisted Living, Monthly (X5292/T2030)
 - Assisted Living Plus, Monthly (X5362/T2030 TG)
 - Residential Care, Monthly (X5291/T2032)
 - Supported Living Services (SLS), Monthly (X5398 & X5399/T2032)
 - Note: SLS must now be manually priced because it shares a code with Residential Care which must be manually priced
- Change the SA header status to a "T" (partially suspended) if it was originally an "A" (approved). Edit 380 (Automatic Line Adjustment) will post on the old and new line items that were affected by the procedure code changing.

B. For Lines With a Begin Date On or After 10/01/06, MMIS will:

- Change the line item status to suspend (if previously approved).
- Post edit 380 (Automatic Line Adjustment) indicating that the line was changed due to a new national procedure code.
- Add reason code 986 indicating that the procedure code is changing on the line.
- MMIS will leave the old, local procedure code, the existing "Requested Rate PerUnit" and the existing "Requested Total Units" on the line so that the county can determine what changes need to be made. Counties should keep in mind that unit values may have changed in addition to any COLA increases that should be addressed.

C. After the MMIS Partial Adjustment, County Waiver Staff Must:

- Use Infopac Reports MW2083: *Service Agreement/Procedure Code Rate Increase Report (see Attachment I)* to identify affected service agreements. Note: This report will include both the lines that are split for COLA (that were HIPAA Phase 1) and the lines that are split due to HIPAA phase 2. In order to determine if the line has been

split due to COLA or HIPAA, refer to the reason code on the line. Reason codes 984-986 are used for HIPAA whereas reason code 499 will display if the line was split due to COLA.

- Use the crosswalks to determine the new codes, unit values and if the rate has changed due to a change in the unit value.
- Review and adjust the “Requested Total Units” between the old and the new lines, keeping in mind that the unit value may have changed. For lines that begin 10/01/06 or later, the county must also review the “Requested Total Units” to ensure that the unit value did not change.
- Review and enter the appropriate “Requested Rate Per Unit” with the new COLA rate keeping in mind that the rate may have changed due to the unit value changing. For lines that begin 10/01/06 or later, the county may need to adjust the “Requested Rate Per Unit” if the unit value changed in addition to any COLA increase.
- Approve line items and change the header status to “A” (approved).
- Once lines are approved, a service agreement letter will be generated to the provider (s) indicating which codes to use effective 10/01/06. The provider’s service agreement letter will include the individual’s diagnosis if it is required for submitting a claim for a service they are providing.

Approving Rates Over the MMIS Reference File Limit

Service rates for the CAC, CADI, TBI, and MR/RC waivers are county negotiated **except** for case management, homemaker and home care services and DT&H. Counties wanting to approve a rate higher than the MMIS Reference File Limit for services other than case management, homemaker, home care services and DT&H, must manually price the line.

To manually price a line if entering a rate and a unit, counties must:

- Enter the higher rate in the *Requested Rate Per Unit (REQ RATE/UNIT)* field.
- Enter the number of units authorized in the *Requested Total Units (REQ TOT UNITS)* field.
- Enter the higher rate in the *Approved Rate Per Unit (APP RATE/UNIT)* field.
- Enter “MM” in the *Source (SRC)* field.

To manually price a line that is a lump sum amount, counties must:

- Enter the total amount in the *Requested Total Amount (REQ TOT AMT)* field.
- Enter the total amount in the *Approved Rate Per Unit (APP RATE/UNIT)* field.
- Enter “MM” in the *Source (SRC)* field.

Manually pricing the line with a rate that is higher than the Reference File Rate Limit will cause service agreement edit 321 (*Manual Price Greater Than the Allowed Charge*) to post. Counties are able to force edit 321.

Counties should only approve rates over the MMIS Reference File Rate Limits for services other than case management, homemaker, home care services and DT&H and only when the county can manage the cost within its aggregate budget.

Automated Adjustments for MA Home Care (Type B) Service Agreements

The adjustment process for Home Care service agreements will be fully automated by MMIS. MMIS will adjust lines if:

- The header is approved, suspended or partially suspended.
- The header dates include or span the date of 10/01/06.
- The old local code is Supervision of PCA (X4037).
- The line items dates include or span the date of 10/01/06.
- The line items have a status of approved, suspended or pending.

A. For Home Care (Type B) Service Agreement Lines With a Begin Date Prior to 10/01/06, MMIS will:

- Change the line item end date to 09/30/06 adding reason code 984 to the line. Reason code 984 explains that the line has been ended due to the code being replaced by a national code.
- Create a second (new) line item with the new national procedure code with a begin date of 10/01/06 and using the same end date as the original line item if there are remaining units or dollars that have not been paid out on the line.
- Prorate the units between the two line items.
- Enter the appropriate "Requested Rate Per Unit".
- Approve the new line item if the old line item status was previously approved.
- Add reason code 985 indicating that the line was added due to changing to a national procedure code.
- Generate a service agreement letter to the provider(s) indicating which codes to use effective 10/01/06. The provider's service agreement letter will include the individual's diagnosis as it is required for submitting a claim.

B. For Home Care (Type B) Service Agreement Lines With a Begin Date On or After 10/01/06, MMIS will:

- Change the procedure code on the line item to the new national code.
- Add reason code 986 indicating that the procedure code is changing to a new procedure code.
- Leave the "Requested Rate Per Unit" and "Requested Total Units" fields the same as the home care unit values are not changing.
- Approve the line if the line item status was previously approved.
- Generate a service agreement letter to the provider(s) indicating which codes to use effective 10/01/06. The provider's service agreement letter will include the individual's diagnosis as it is required for submitting a claim.

Attachments:

A. Elderly Waiver (EW) HIPAA National Code Crosswalk

B. Alternative Care (AC) HIPAA National Code Crosswalk

C. Community Alternative Care (CAC) HIPAA National Code Crosswalk

- D. Community Alternatives for Disabled Individuals (CADI) HIPAA National Code Crosswalk
- E. Mental Retardation/Related Condition (MR/RC) HIPAA National Code Crosswalk
- F. Traumatic Brain Injury (TBI) HIPAA National Code Crosswalk
- G. Home Care HIPAA National Code Crosswalk
- H. Miscellaneous HIPAA National Code Crosswalk
- I. Service Agreement/Procedure Code Rate Increase Report

Special Needs

This information is available in other forms to people with disabilities by contacting us at 651-431-2400 (voice), toll free at 1-800-747-5484 or through the Minnesota Relay Service at 1-800-627-3529 (TDD), 7-1-1 or 1-877-627-3848 (speech to speech relay service).

Elderly Waiver Program (EW) HIPAA Phase 2 National Code Crosswalk – Effective 10/01/06

Old Proc Code	Mod 1	Old Procedure Name	Old Unit Value	New Proc Code	Mod 1	Mod 2	New Procedure Name	New Unit Value	Diagnosis Required
X5292		Assisted Living Services	Monthly	T2030			Assisted Living, Waiver	Monthly	Y
X5362		Assisted Living Plus	Monthly	T2030	TG		Assisted Living, Waiver	Monthly	Y
X5476		Case Management	15 minutes	T1016	UC		Case Management	15 minutes	N
X5491		Case Management, Ongoing, by Paraprofessional	15 minutes	T1016	TF	UC	Case Management	15 minutes	N
X5467		Extended Home Health Medical Supplies and Equipment	Decrement	T2029			Specialized Medical Equipment, Not Otherwise Specified, Waiver		Y
X5363		Foster Care, Corporate	Monthly	S5141	HQ		Foster Care, Adult	Monthly	Y
X5291		Residential Care Services	Monthly	T2032			Residential Care, not otherwise specified, waiver	Monthly	Y
X5484		Respite Care Out-of-Home	30 minutes	S5150	UB		Unskilled Respite Care, Not Hospice	15 minutes	Y
X5294		Transportation	One way	T2003	UC		Non-Emergency Transportation; Encounter/Trip	One Way	N

Alternative Care Program (AC) HIPAA Phase 2 National Code Crosswalk – Effective 10/01/06

Old Proc Code	Mod 1	Old Procedure Name	Old Unit Value	New Proc Code	Mod 1	Mod 2	New Procedure Name	New Unit Value	Diagnosis Required
X5476		Case Management	15 minutes	T1016	UC		Case Management	15 minutes	N
X5491		Case Management, Ongoing, by Paraprofessional	15 minutes	T1016	TF	UC	Case Management	15 minutes	N
X5484		Respite Care Out-of-Home	30 minutes	S5150	UB		Unskilled Respite Care, Not Hospice	15 minutes	Y
X4037		Supervision of Personal Care Assistance	15 minutes	T1019	UA		Personal Care Services	15 minutes	Y
X5265		Transportation	Trip	T2003			Non-Emergency Transportation; Encounter/Trip	Trip	N

Community Alternative Care Program (CAC) HIPAA Phase 2 National Code Crosswalk – Effective 10/01/06

Old Proc Code	Mod 1	Old Procedure Name	Old Unit Value	Reference File Rate Limit Effective 10/01/06	New Proc Code	Mod 1	Mod 2	New Procedure Name	New Unit Value	Reference File Rate Limit Effective 10/01/06	Diagnosis Required
X5467		Supplies and Equipment, Extended	Item	\$ 3,757.00	T2029			Supplies and Equipment, Extended	Item	\$ 3,757.00	N
X5476		Case Management	15 Min	\$ 22.78	T1016	UC		Case Management	15 Min	\$ 22.78	N
X5484		Respite Care, Out-of-Home	30 Min	\$ 10.09	S5150	UB		Respite Care, Out-of-Home	15 Min	\$ 5.05	Y
X5491		Case Management, Paraprofessional	15 Min	\$ 8.74	T1016	TF	UC	Case Management, Paraprofessional	15 Min	\$ 8.74	N
X5601		Transportation, One Way Trip	One Way Trip	\$ 18.82	T2003	UC		Transportation, One Way Trip	One Way Trip	\$ 18.82	N
X5602		Transportation, Mileage (Commercial Vehicle)	Per Mile	\$ 1.46	S0215 ¹	UC		Transportation, Mileage (Commercial Vehicle)	Per Mile	\$ 1.46	N
X5602		Transportation, Mileage (Noncommercial Vehicle)	Per Mile	\$ 0.41	S0215 ¹	UC		Transportation, Mileage (Noncommercial Vehicle)	Per Mile	\$ 0.44	N
X5603		Transportation—Extra Attendant	Extra Attend.	\$ 12.25	T2001	UC		Transportation, Extra Attendant	Extra Attend.	\$ 12.25	N
X5677		CAC—Family Training	15 min	\$ 10.21	S5110	TF		CAC, Family Training	15 Min	\$ 10.21	N

¹Transportation, Mileage: Transportation provided in commercial vehicles (taxis, buses) is limited to the actual cost. For noncommercial vehicles, use the noncommercial vehicle mileage rate.

Community Alternatives for Disabled Individuals (CADI) HIPAA Phase 2 National Code Crosswalk – Effective 10/01/06

Old Proc Code	Mod 1	Old Procedure Name	Old Unit Value	Reference File Rate Limit Effective 10/01/06	New Proc Code	Mod 1	Mod 2	New Procedure Name	New Unit Value	Reference File Rate Limit Effective 10/01/06	Diagnosis Required
X5291		Residential Care Services	Monthly	County Negotiated	T2032			Residential Care Services	Monthly	County Negotiated	Y
X5292		Assisted Living Services	Monthly	County Negotiated	T2030			Assisted Living Services	Monthly	County Negotiated	Y
X5362		Assisted Living Plus	Monthly	County Negotiated	T2030	TG		Assisted Living Plus	Monthly	County Negotiated	Y
X5362	U9	Assisted Living Plus, Licensed Adult Foster Care	Monthly	County Negotiated	T2030	TG	U9	Assisted Living Plus, Licensed Adult Foster Care	Monthly	County Negotiated	Y
X5410		Supported Employment	30 Min	\$ 18.71	T2019 ¹			Supported Employment	15 Min	\$ 9.36	N
X5412		Supported Employment	Daily	\$ 108.47	T2018 ¹			Supported Employment	Daily	\$ 108.47	N
X5467		Supplies and Equipment, Extended	Item	\$ 3,757.00	T2029			Supplies and Equipment, Extended	Item	\$ 3,757.00	N
X5476		Case Management	15 Min	\$ 22.78	T1016	UC		Case Management	15 Min	\$ 22.78	N
X5484		Respite Care, Out of Home	30 Min	\$ 10.09	S5150	UB		Respite Care, Out of Home	15 Min	\$ 5.05	Y
X5491		Case Management, Paraprofessional	15 Min	\$ 8.74	T1016	TF	UC	Case Management, Paraprofessional	15 Min	\$ 8.74	N
X5507		Prevocational Services	30 Min	\$ 6.27	T2015 ¹			Prevocational Services	Hourly	\$ 12.54	N
X5508		Prevocational Services	Full Day	\$ 62.00	T2014 ¹			Prevocational Services	Full Day	\$ 62.00	N

Community Alternatives for Disabled Individuals (CADI) HIPAA Phase 2 National Code Crosswalk – Effective 10/01/06

Old Proc Code	Mod 1	Old Procedure Name	Old Unit Value	Reference File Rate Limit Effective 10/01/06	New Proc Code	Mod 1	Mod 2	New Procedure Name	New Unit Value	Reference File Rate Limit Effective 10/01/06	Diagnosis Required
X5590		Independent Living Skills Counseling	30 Min	\$ 28.95	H2032	TF		Independent Living Skills Counseling	15 Min	\$ 14.48	Y
X5601		Transportation, One Way Trip	One Way Trip	\$ 18.82	T2003	UC		Transportation, One Way Trip	One Way Trip	\$ 18.82	N
X5602		Transportation, Mileage (Commercial Vehicle)	Per Mile	\$ 1.46	S0215 ²	UC		Transportation, Mileage (Commercial Vehicle)	Per Mile	\$ 1.46	N
X5602		Transportation, Mileage (Noncommercial Vehicle)	Per Mile	\$ 0.41	S0215 ²	UC		Transportation, Mileage (Noncommercial Vehicle)	Per Mile	\$ 0.44	N
X5603		Transportation, Extra Attendant	Extra Attend.	\$ 12.25	T2001	UC		Transportation, Extra Attendant	Extra Attend.	\$ 12.25	N
X5604		Assisted Living Services	Daily	County Negotiated	T2031			Assisted Living Services	Daily	County Negotiated	Y
X5605		Residential Care Services	Daily	County Negotiated	T2033			Residential Care Services	Daily	County Negotiated	Y

¹Prevocational Services, Hourly, and Supported Employment, 15 Minutes: The total number of units provided during one calendar day may not exceed the full day rate for the service. A full day is equivalent to six or more hours of service provided during one calendar day.

² Transportation, Mileage: Transportation provided in commercial vehicles (taxis, buses) is limited to the actual cost. For noncommercial vehicles, use the noncommercial vehicle mileage rate.

Mental Retardation/Related Condition (MR/RC) HIPAA Phase 2 National Code Crosswalk – Effective 10/01/06

Old Proc Code	Mod 1	Old Procedure Name	Old Unit Value	Reference File Rate Limit Effective 10/01/06	New Proc Code	Mod 1	Mod 2	New Procedure Name	New Unit Value	Reference File Rate Limit Effective 10/01/06	Diagnosis Required
X5296		DT&H Pilot - Rate A	60 Min	Provider Specific	T2021	TG		DT&H Pilot - Rate A	15 Min	Provider Specific	N
X5297		DT&H Pilot - Rate B	60 Min	Provider Specific	T2021	TF		DT&H Pilot - Rate B	15 Min	Provider Specific	N
X5298		DT&H Pilot - Rate C	60 Min	Provider Specific	T2021	UB		DT&H Pilot - Rate C	15 Min	Provider Specific	N
X5299		DT&H Pilot - Rate D	60 Min	Provider Specific	T2021			DT&H Pilot - Rate D	15 Min	Provider Specific	N
X5398		Supported Living Services, Adult	Semi-Monthly	\$ 4,942.00	T2032			Supported Living Services, Adult	Semi-Monthly	\$ 4,942.00	Y
X5398		Supported Living Services, Adult	Monthly	\$ 9,884.00	T2032			Supported Living Services, Adult	Monthly	\$ 9,884.00	Y
X5398	U9	Supported Living Services, Adult, Corporate AFC	Semi-Monthly	\$ 5,087.00	T2032	U9		Supported Living Services, Adult, Corporate AFC	Semi-Monthly	\$ 5,087.00	Y
X5398	U9	Supported Living Services, Adult, Corporate AFC	Monthly	\$10,173.00	T2032	U9		Supported Living Services, Adult, Corporate AFC	Monthly	\$10,173.00	Y
X5399		Supported Living Services, Child	Semi-Monthly	\$ 5,087.00	T2032	HA		Supported Living Services, Child	Semi-Monthly	\$ 5,087.00	Y
X5399		Supported Living Services, Child	Monthly	\$10,173.00	T2032	HA		Supported Living Services, Child	Monthly	\$10,173.00	Y
X5410		Supported Employment	30 Min	\$ 18.71	T2019			Supported Employment	15 Min	\$ 9.36	N
X5411		Supported Employment	Partial Day	\$ 87.29	T2018	U5		Supported Employment	Partial Day	\$ 87.29	N
X5412		Supported Employ	Daily	\$ 108.47	T2018			Supported	Daily	\$ 108.47	N

Mental Retardation/Related Condition (MR/RC) HIPAA Phase 2 National Code Crosswalk – Effective 10/01/06

Old Proc Code	Mod 1	Old Procedure Name	Old Unit Value	Reference File Rate Limit Effective 10/01/06	New Proc Code	Mod 1	Mod 2	New Procedure Name	New Unit Value	Reference File Rate Limit Effective 10/01/06	Diagnosis Required
								Employment			
X5413		Supported Living Services, Child	30 Min	\$ 22.11	T2017	HA		Supported Living Services, Child	15 Min	\$ 11.22	Y
X5414		Supported Living Services, Child	Daily	\$ 334.47	T2016	HA		Supported Living Services, Child	Daily	\$ 334.47	Y
X5415		Supported Living Services, Adult	30 Min	\$ 31.18 ¹	T2017			Supported Living Services, Adult	15 Min	\$ 15.59 ¹	Y
X5415	U9	Supported Living Services, Adult, Corporate AFC	30 Min	\$ 31.18 ¹	T2017	U9		Supported Living Services, Adult, Corporate AFC	15 Min	\$ 15.59 ¹	Y
X5416		Supported Living Services, Adult	Daily	\$ 324.95	T2016			Supported Living Services, Adult	Daily	\$ 324.95	Y
X5416	U9	Supported Living Services, Adult, Corporate AFC	Daily	\$ 334.47	T2016	U9		Supported Living Services, Adult, Corporate AFC	Daily	\$ 334.47	Y
X5476		Case Management	15 Min	\$ 21.58	T1016	UC		Case Management	15 Min	\$ 21.58	N
X5484		Respite Care, out of Home	30 Min	\$ 12.46	S5150	UB		Respite Care, out of Home	15 Min	\$ 6.23	Y
X5502		Consumer Training and Education	Per Session	\$ 2,730.00	S5109 ²			Consumer Training and Education	Per Session	\$ 2,730.00	N
X5601		Transportation, Trip	Trip	\$ 36.68	T2003 ³	UC		Transportation, One Way Trip	Trip	\$ 36.68	N

Mental Retardation/Related Condition (MR/RC) HIPAA Phase 2 National Code Crosswalk – Effective 10/01/06

Old Proc Code	Mod 1	Old Procedure Name	Old Unit Value	Reference File Rate Limit Effective 10/01/06	New Proc Code	Mod 1	Mod 2	New Procedure Name	New Unit Value	Reference File Rate Limit Effective 10/01/06	Diagnosis Required
X5602		Transportation, Mileage (Commercial Vehicle)	Per Mile	\$ 1.46	S0215 ⁴	UC		Transportation, Mileage (Commercial Vehicle)	Per Mile	\$ 1.46	N
X5602		Transportation, Mileage (Noncommercial Vehicle)	Per Mile	\$ 0.41	S0215 ⁴	UC		Transportation, Mileage (Noncommercial Vehicle)	Per Mile	\$ 0.44	N
X5666		Housing Access Coordination	60 Min	N/A	None			Discontinued	N/A	N/A	
X5667		Housing Access Coordination	Occurrence	\$ 1,147.00	T2038	TF		Housing Access Coordination	Occurrence	\$ 1,147.00	N
X5671		Assistive Technology	Item	\$ 2,385.00	T2029			Assistive Technology	Item	\$ 2,385.00	N
X5674		Specialist Service	60 Min	\$ 124.71	T2013			Specialist Service	Hourly	\$ 124.71	N
X5679		DT&H Waiver, Non-Pilot, Partial Day	Partial Day	Provider Specific	T2020	U5		DT&H Waiver, NonPilot, Part Day	Partial Day	Provider Specific	N
X5680		DT&H Waiver, Non-Pilot, Full Day	Full Day	Provider Specific	T2020			DT&H Waiver, NonPilot, Full Day	Full Day	Provider Specific	N
X5681		DT&H Waiver, Non-Pilot, Transportation	Daily	Provider Specific	T2002			DT&H Transportation, NonPilot	Daily	Provider Specific	N

¹Supported Living Services: This rate has been adjusted (decreased) by DHS.

Mental Retardation/Related Condition (MR/RC) HIPAA Phase 2 National Code Crosswalk – Effective 10/01/06

²Consumer Training: The unit of service is defined by the Individual Service Plan or contract.

³Transportation: The unit of service is defined by the Individual Service Plan or contract.

⁴Transportation, Mileage: Transportation provided in commercial vehicles (taxis, buses) is limited to the actual cost. For noncommercial vehicles, use the noncommercial vehicle mileage rate.

Traumatic Brain Injury (TBI) HIPAA Phase 2 National Code Crosswalk – Effective 10/01/06

Old Proc Code	Mod 1	Old Procedure Name	Old Unit Value	Reference File Rate Limit Effective 10/01/06	New Proc Code	Mod 1	Mod 2	New Procedure Name	New Unit Value	Reference File Rate Limit Effective 10/01/06	Diagnosis Required
X5291		Residential Care Services	Monthly	County Negotiated	T2032			Residential Care Services	Monthly	County Negotiated	Y
X5292		Assisted Living Services	Monthly	County Negotiated	T2030			Assisted Living, Monthly	Monthly	County Negotiated	Y
X5362		Assisted Living Plus	Monthly	County Negotiated	T2030	TG		Assisted Living Plus	Monthly	County Negotiated	Y
X5362	U9	Assisted Living Plus, Licensed Adult Foster Care	Monthly	County Negotiated	T2030	TG	U9	Assisted Living Plus, Licensed Adult Foster Care	Monthly	County Negotiated	Y
X5410		Supported Employment	30 Min	\$ 18.71	T2019 ¹			Supported Employment	15 Min	\$ 9.36	N
X5412		Supported Employment	Daily	\$ 108.47	T2018 ¹			Supported Employment	Daily	\$ 108.47	N
X5467		Supplies and Equipment, Extended	Item	\$ 3,613.00	T2029			Supplies and Equipment, Extended	Item	\$ 3,613.00	N
X5476		Case Management	15 Min	\$ 22.78	T1016	UC		Case Management	15 Min	\$ 22.78	N
X5484		Respite Care, out of Home	30 Min	\$9.62	S5150	UB		Respite Care, out of Home	15 Min	\$ 4.81	Y
X5491		Case Management, Paraprofessional	15 Min	\$ 8.74	T1016	TF	UC	Case Management Paraprofessional	15 Min	\$ 8.74	N
X5507		Prevocational Services	30 Min	\$ 6.27	T2015 ¹			Prevocational Services	Hourly	\$ 12.54	N
X5508		Prevocational Services	Daily	\$ 62.00	T2014 ¹			Prevocational Services	Daily	\$ 62.00	N

Old	Mod	Old Procedure	Old	Reference	New	Mod	Mod	New Procedure	New	Reference	Diagnosis
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Traumatic Brain Injury (TBI) HIPAA Phase 2 National Code Crosswalk – Effective 10/01/06

Proc Code	1	Name	Unit Value	File Rate Limit	Proc Code	1	2	Name	Unit Value	File Rate Limit Effective 10/01/06	Required
X5570		Behavior Programming by Analyst	30 Min	\$ 22.18	H0025			Behavior Programming by Analyst	15 Min	\$ 11.09	Y
X5582		Behavior Programming by Specialist	15 Min	\$ 5.54	H0025	TF		Behavior Programming by Specialist	15 Min	\$ 5.54	Y
X5583		Behavior Programming by Professional	30 Min	\$ 42.08	H0025 ²	TG		Behavior Programming by Professional	15 Min	\$ 21.04	Y
X5590		Independent Living Skills, Counseling	30 Min	\$ 28.95	H2032	TF		Independent Living Skills, Counseling	15 Min	\$ 14.48	Y
X5591		Independent Living Skills, Maintenance	30 Min	\$ 14.48	H2032			Independent Living Skills, Maintenance	15 Min	\$ 7.24	Y
X5592		Independent Living Skills, Individual Therapy	30 Min	\$ 34.60	H2032	TG		Independent Living Skills, Individual Therapy	15 Min	\$ 17.30	Y
X5593		Independent Living Skills, Therapy Group	30 Min	\$ 17.28	H2032	HQ		Independent Living Skills, Group Therapy	15 Min	\$ 8.64	Y
X5599		Structured Day Program	30 Min	\$ 20.22	T2021			Structured Day Program	15 Min	\$10.11	N
X5600		Structured Day Program	Daily	\$ 117.34	T2020			Structured Day Program	Daily	\$ 117.34	N

Traumatic Brain Injury (TBI) HIPAA Phase 2 National Code Crosswalk – Effective 10/01/06

Old Proc Code	Mod 1	Old Procedure Name	Old Unit Value	Reference File Rate Limit	New Proc Code	Mod 1	Mod 2	New Procedure Name	New Unit Value	Reference File Rate Limit Effective 10/01/06	Diagnosis Required
X5601		Transportation, One Way	One Way Trip	\$ 18.82	T2003	UC		Transportation, One Way	One Way Trip	\$ 18.82	N
X5602		Transportation, Mileage (Commercial Vehicle)	Per Mile	\$ 1.46	S0215 ³	UC		Transportation, Mileage (Commercial Vehicle)	Per Mile	\$ 1.46	N
X5602		Transportation, Mileage (Noncommercial Vehicle)	Per Mile	\$ 0.41	S0215 ³	UC		Transportation, Mileage (Noncommercial Vehicle)	Per Mile	\$ 0.44	N
X5603		Transportation, Extra Attendant	Extra Attend.	\$ 12.25	T2001	UC		Transportation, Extra Attendant	Extra Attend.	\$ 12.25	N
X5604		Assisted Living Services	Daily	County Negotiated	T2031			Assisted Living Services	Daily	County Negotiated	Y
X5605		Residential Care Services	Daily	County Negotiated	T2033			Residential Care Services	Daily	County Negotiated	Y

¹Prevocational Services, Hourly, and Supported Employment, 15 Minutes: The total number of units provided during one calendar day may not exceed the full day rate for the service. Full day is equivalent to six or more hours of service provided during one calendar day.

²Behavior Program by Professional: Master prepared professionals may be reimbursed at 80% of the maximum rate.

³Transportation, Mileage: Transportation provided in commercial vehicles (taxis, buses) is limited to the actual cost. For noncommercial vehicles, use the noncommercial vehicle mileage rate.

Home Care HIPAA Phase 2 National Code Crosswalk – Effective 10/01/06

Old Proc Code	Mod 1	Old Procedure Name	Old Unit Value	Reference File Rate Limit Effective 10/01/06	New Proc Code	Mod 1	Mod 2	New Procedure Name	New Unit Value	Reference File Rate Limit Effective 10/01/06	Diagnosis Required
X4037		Supervision of Personal Care Assistant	15 Min	\$6.86	T1019	UA		Supervision of PCA (PCPO)	15 Min	\$6.86	Y

Miscellaneous HIPAA Phase 2 National Code Crosswalk – Effective 10/01/06

Old Proc Code	Mod 1	Old Procedure Name	Old Unit Value	Reference File Rate Limit	New Proc Code	Mod 1	Mod 2	New Procedure Name	New Unit Value	Reference File Rate Limit	Diagnosis Required
X5296		DT&H Pilot – Rate A	60 Min	Provider Specific	T2021	TG		DT&H Pilot – Rate A	15 Min	Provider Specific	N
X5297		DT&H Pilot – Rate B	60 Min	Provider Specific	T2021	TF		DT&H Pilot – Rate B	15 Min	Provider Specific	N
X5298		DT&H Pilot – Rate C	60 Min	Provider Specific	T2021	UB		DT&H Pilot – Rate C	15 Min	Provider Specific	N
X5299		DT&H Pilot – Rate D	60 Min	Provider Specific	T2021			DT&H Pilot – Rate D	15 Min	Provider Specific	N
X5400		DD Screening	Per Screen	\$1,247.00	T2024			DD Screening	Per Screen	\$1,247.00	N
X5628		DT&H Practitioner/ Professional Consultant— Special Needs	Hourly	Provider Specific	X5628			No Change	Hourly	Provider Specific	N
X5630		MR Pre- Admission Screening (PASRR)	15 Min	N/A	None			Discontinued	N/A	N/A	N
X5635		ICF/MR Direct Care Staff— Special Needs	Decremental	Provider Specific	X5635			No Change	Decremental	Provider Specific	N
X5638		ICF/MR Practitioner/ Professional Consultant— Special Needs	Decremental	Provider Specific	X5638			No Change	Decremental	Provider Specific	N

Miscellaneous HIPAA Phase 2 National Code Crosswalk – Effective 10/01/06

Old Proc Code	Mod 1	Old Procedure Name	Old Unit Value	Reference File Rate Limit	New Proc Code	Mod 1	Mod 2	New Procedure Name	New Unit Value	Reference File Rate Limit	Diagnosis Required
X7000		DT&H Non-Waiver, Full Day	Per Day	Provider Specific	T2020			DT&H Non-Waiver, Non-Pilot, Full Day	Per Day	Provider Specific	N
X7001		DT&H Non-Waiver, Partial Day	Per Day	Provider Specific	T2020	U5		DT&H Non-Waiver, Non-Pilot, Part Day	Per Day	Provider Specific	N
X7002		DT&H Non-Waiver Transportation	Per Day	Provider Specific	T2002			DT&H Non-Waiver Transportation	Per Day	Provider Specific	N
X7010		DT&H Direct Care Staff	Decremental	Provider Specific	X7010			No Change	Decremental	Provider Specific	N
X7020		DT&H Equipment	Decremental	Provider Specific	X7020			No Change	Decremental	Provider Specific	N

ROUTE: PWMW9999
 PROC: PWMW9R4A
 REPT: PWMW941A-R2083
 FICHE:

MINNESOTA DEPARTMENT OF HUMAN SERVICES
 MEDICAID MANAGEMENT INFORMATION SYSTEM (MMIS)

PROCESSING DATE 10/07/2004
 PROCESSING TIME 02:09:36
 PAGE 434

SERVICE AGREEMENT / PROCEDURE CODE RATE INCREASE REPORT
 RATE UPDATE DATE 09/12/2005

999 COUNTY NAME

SERV AGMNT NUMBER	RECIPIENT NAME	RECIP ID	CLERK ID	PROVIDER NUMBER	START DATE	END DATE	PROC CODE	MODS:1-4	RQSTD UNITS	F	REMAING UNITS
00000000000	MOUSE	MINNIE	M 00000000	0000000	000000000	11/01/05	11/30/05	T1021	2	-	2
00000000000	MOUSE	MINNIE	M 00000000	0000000	000000000	02/27/05	10/31/05	X5264	278		186
00000000000	MOUSE	MINNIE	M 00000000	0000000	000000000	02/27/05	10/31/05	X5284	38		5
00000000000	MOUSE	MINNIE	M 00000000	0000000	000000000	02/27/05	10/31/05	X5285	110		36
00000000000	MOUSE	MINNIE	M 00000000	0000000	000000000	02/27/05	10/31/05	X5655	360		168
00000000000	MOUSE	MICKEY	M 00000000	0000000	000000000	11/01/05	12/28/05	S5130	2		2
00000000000	MOUSE	MICKEY	M 00000000	0000000	000000000	11/01/05	02/28/06	T1030	2		2
00000000000	MOUSE	MICKEY	M 00000000	0000000	000000000	03/01/05	10/31/05	X5284	53		53
00000000000	MOUSE	MICKEY	M 00000000	0000000	000000000	03/01/05	10/31/05	X5655	960		888