





AUC Claims DD TAG Workgroup March 16, 2011

Minutes By: Carolyn Anderson

FINAL

Agenda Item	Discussion	Action
Approve meeting minutes from 2/16/11	Approved	Dave will post on the MDH AUC website.
Industry Questions	NA	NA
5010 Companion Guide- Review Technical Comments	 TAG response to proposed tech ... Three comments were reviewed and details noted in spreadsheet. If any additional comments are sent to MDH, CEA will send out response/feedback via email on specifics.	NA
Best Practices	<p>-Admit/Statement Best Practice was approved by Claims Tag.</p> <p>-NTE/Attachment Best Practice DRAFT. Please forgive the formatting as we had some technical difficulty doing this. Review of content is needed and reformatting will occur after this is completed.</p>  NTE PWK BP 3-16-11.txt Table (2 nd Worksheet)  4 - FAQ Best Practice and Ques...	<p>-CEA to get Admit/Statement BP on Ops agenda for April for vote.</p> <p>-Please review BP (content) Table examples and come prepared to discuss and finalize at next meeting.</p> <p>If you want to call your organization out, please let CEA know and she will make updates.</p> <p>CEA working with Medica to ensure notations are correct.</p>
6020 Comment Matrix	<p>Standing agenda item to Claims Tag Agenda for potential addition of items for X12/6020 Review</p> <p>One item was added per 2/16/11 meeting.</p>  Running inventory of 6020 suggestions.doc	NA
Next Meeting	<p>April 20, 2011 Minnesota Room, SOP/Phone*</p> <p>*CEA to send out note closer to meeting date to indicate phone/or meeting at SOP</p>	Cancel meeting for April 6, 2011

Claims DD TAG – for 3-16-11 Meeting:

Tag Response To Review Of Proposed Technical Changes To V5010 Mn Uniform Companion Guides

GUIDES	COMMENT	DISCUSSION	TAG RESOLUTION 3/16/10
837I, 837P	<p>2330B/NM109 - I'm questioning the validity of this comment we have in the MN side. We could very well end up with two loops where the payer ID would be 00220/00720 - in the case of blue on blue contracts.</p> <p>NM109 Identification Code If multiple other insureds, the payer ID values contained in the 2320 loops must be unique within the claim.</p> <p>Also - in the above comment - shouldn't the 2320 really read as 2330B?</p>	<p>Example – 2 spouses working at same employer with same insurer</p> <p>Unless SVD unique, can't separate payments correctly between insurers</p> <p>BCBSM to review comment in more detail</p>	<p>No Follow Up Needed; Cathy B to follow up with BCBS MN folks with feedback received at meeting; if need to address she will send back to CEA by 3/21 so we can have Tag comment on via email.</p>

NTE/Attachment Best Practice --
 “TAG will use the technical update comment period to add information via an appendix to the Guide.
 Chip follow up question re. improper use of NTE for overflow diagnoses – will work with MDH to address via communications.”

TAG approved draft appendix as formatted at today’s meeting (3/16/11)

Appendix ____

The 5010 version of the 837 requires that certain information previously submitted in the NTE segment now be submitted in the SV, LIN, or HI segments. The table below is not an all-inclusive list but provides examples of scenarios in which data reporting has changed.

Table 1. Example data previously provided in NTE in 4010 with current 5010 usage

Data Description	Data provided in NTE in 4010	5010 Usage
Dental	Policy to include the diagnosis if the treatment is accident related, for cleft lip/palate or TMJ diagnosis	HI
Hearing Aids	Purchase requires the model number from the Hearing Aid contract to be sent to price	SV
Medical Supplies/Enteral Products	Description of supply for auto pricing	SV
Modifiers	5 + modifiers; use 99 in the fourth modifier position and list the additional modifiers	SV
NDC	Unlisted drug codes, compounded drugs, physician administered drugs	LIN
Unlisted codes	NOC HCPCS/CPT code, regardless of charge, needs a narrative description submitted. Miscellaneous CPT/CDT Codes require a description of service to determine if covered by our programs	SV

SV205 Note

Carolyn to follow up if needed re whether to eliminate note

Cathy B asked group if they felt note in SV205 was redundant? She was going to follow up with Shelagh to see if she remembered history behind note; if relevant will bring to CEA’s attention and she will address group if input is needed.

1. Title of best practice:

Examples for NTE and PWK usage

2. Who does the best practice apply to:

Providers, group purchasers

3. Narrative description as to what is being addressed by this best practice:

This best practice illustrates examples of where to populate data as appropriate in the NTE or PWK segments.

4. The loops, segments and elements, etc. that the best practice applies to:

[Carolyn to fill in line NTE and claim PWK]

5. Describe how to do the best practice:

See table for guidance for populating additional data on the 837.

6. Examples to illustrate best practice:

[Insert Table]

7. Effective date:

TBD

8. Last reviewed date:

3/16/11

Visit our website at: <http://www.health.state.mn.us/auc/index.html>

	4010 Usage	5010 Usage	To Do
Any unlisted or NOC HCPCS/CPT code, regardless of charge, needs a narrative description submitted. Miscellaneous CPT/CDT Codes require a description of service to determine if covered by our programs	NTE	SV	
Unlisted DME or supplies (such as K0108 or E1399) require submission of a narrative describing the equipment along with the Manufacturers Suggested Retail Price (MSRP)	NTE	SV for Procedure Code NTE for MSRP	
For Public Programs hearing aid claims, the manufacturer, model name and model # are needed because examiners have to obtain pricing from the DHS website	NTE	SV	
Need NDC #'s on PMAP claims. These are used to determine generic or brand for applying copays.	NTE	LIN	
Dosages for unlisted or not otherwise classified drug codes (Ex: H0047, J3490)	NTE	SV	
NDC for certain drugs (unlisted codes, also need this for billing of compounded drugs)	NTE	LIN	
Dental policy to include the diagnosis if the treatment is accident related, for cleft lip/palate or TMJ diagnosis or include the narrative	NTE	HI	
Home infusion nursing visits, provided in the infusion suite of a home infusion agency, and lasting up to two hours are coded using CPT code 99199, submitted with a narrative description	NTE	SV	
22 modifier - requires submission of an operative report, narrative and/or other relevant documentation that adequately describes what care/service was greater than usually required	NTE	NTE and/or attachment	
Certain revenue codes, such as 0942 or 0949, require a narrative (if no HCPCS is or can be submitted)	NTE	Claim level note - NTE	
H0046 - used for travel time for in-home services for Public Programs. A specific narrative description detailing exactly what the charge is for must be submitted with this code.	NTE	SV	
Place of service 99 (for type of place where service provided). We need to have the specific place where the service was rendered.	NTE	NTE	
Medical Supplies/ Enteral Products: Description of supply for auto pricing Manufacturer name, part name and part number to look up in one of our resources for any item that does not have a set reimbursement rate.	NTE	SV or attachment	DHS will revise column A -- review note language re. product info
Hearing Aids: Purchase requires the model number from the Hearing Aid contract to be sent to price Repairs require a note sent with expiration date of the warranty and type of hearing aid	NTE	SV or attachment	
Transportation claims with specific modifiers of where emergency transport to and from: Require the ground or air checklist components to be sent	NTE	NTE	DHS Review ambulance segment - still needed, but checklist will need less info
NTE*ADD*AMNISURE, ROM TEST~ When any hcpcs in the following list is present, this field is required for Medicaid. 2099, 3949, 39599, 44899, 54440, 5589, 55970, 55980, 58999, 59899, 76350, 77299, 77499, 81099, 84999, 85999, 86849, 86999, 87999, 88199, 882	NTE	SV	pull out unlisted, discuss listed at future mtg; Carolyn will incorp feedback into table
NTE*ADD*FAXED ITEMIZATION WISC MVA~ Medica	NTE	PWK	??

	4010 Usage	5010 Usage	To Do
5 + modifiers; use 99 modifier and list in SVC NTE	NTE	SV	
Zero Pay requires NTE (WPS COB)	NTE		Jody follow up -- is still a req. for 5010?
Kidney transplants require Donor's name and address. All other transplants require Donor's name.	NTE		review for more information (Jody and Carolyn)
Attachment			
The other third party insurance has not responded to my 3 billing attempts within 90 days		PWK	
The claim is over one year old (provider error does not qualify)		PWK	
Service requires specific attachment (sterilization consent, hysterectomy statement, abortion statement)		PWK	
Individualized Education Program (IEP) provider billing assistive technology device(s) -- provider to send MSRP and IEP		PWK	
Dental services were started but not completed		PWK	
DT&H services approved after graduation and before 21st birthday		PWK	
Hearing aid repair for non-contracted hearing aid/shells; re-casing; miscellaneous hearing aid services -- provider sends invoice		PWK	
Medicare Part A benefits are exhausted --		follow-up	national concern for MA -- check for relevant "value code" alternative option being reviewed by DHS -- follow up at next meeting
Multiple emergency department (ED) visits for the same recipient to the same facility on the same day; last visit results in admit		PWK	
Overlapping MHCP and managed care organization (MCO) coverage		PWK	
Therapeutic leave days added for ICF/MR recipients		PWK	
Workorders for foreign language interpreter services		follow up later	Follow Up?
66 Modifier - Team Surgeons. Services Per CPT, team surgeons are described as three or more surgeons (with different or same specialties) working together during an operative session in the management of a specific surgical procedure. -Modifier 66 id		PWK	
Unlisted surgical code - need op report & procedure/progress notes		PWK	
Air ambulance - need ambulance run report including origin and destination		PWK	
Private room rate - need notes, doctors order, letter of medical necessity		PWK	
Medical necessity - need medical records, rationale for service		PWK	
Surgical complications - need op report, chart notes, rationale for complication		PWK	
62 Modifier (two surgeons) - documentation to support need for two primary surgeons (all surgeons must submit their individual dictatus of op report)		PWK	
Potential Cosmetic Procedures requires medical necessity documentation.		PWK	
Potential Experimental-Investigative procedures		PWK	

Type	Submitter	Example	Comments	Segment
Note: This grid only contains info which should be populated in the PWK or NTE segment, not items populated in the SV segment. The final				
NTE	BCBS MN Medica Mayo (MED B)	Any unlisted or NOC HCPCS/CPT code, regardless of charge, needs a narrative description submitted.		SV
NTE	BCBS MN Medica	Unlisted DME or supplies (such as K0108 or E1399) require submission of a narrative describing the equipment along with the Manufacturers Suggested Retail Price (MSRP)	Narrative description for DME is N/A. MSRP: Refer to contract for all payers	NTE for MSRP
Attach	Medica	Need hearing aid manufacturer's Invoice when model number is not on approved DHS list		
NTE	BCBS MN	For Public Programs hearing aid claims, the manufacturer, model name and model # are needed because examiners have to obtain pricing from the DHS website	N/A, this requirement will move to the SV segment.	SV
	BCBS MN	Need NDC #'s on PMAP claims. These are used to determine generic or brand for applying copays.	N/A - NDC required in LIN	LIN
NTE	BCBS MN Mayo (MED B)	Dosages for unlisted or not otherwise classified drug codes (Ex: H0047, J3490)		SV
NTE	BCBS MN	NDC for certain drugs (unlisted codes, also need this for billing of compounded drugs)	NDC will be reported in the LIN and further discussion will occur related to LIN segment	LIN
NTE	BCBS MN	Narrative or description or dosage for codes per contract or policy (for example, as part of our opioid maintenance drug therapy policy, H0047 must be billed with a narrative and dosage)	The situation to the left will not be included in the table, and will be used instead as an example for the situation in #7 above.	N/A
NTE	BCBS MN	Dental policy to include the diagnosis if the treatment is accident related, for cleft lip/palate or TMJ diagnosis or include the narrative		
NTE	BCBS MN Medica	Unlisted DME or supplies (such as K0108 or E1399) require submission of a narrative describing the equipment along with the Manufacturers Suggested Retail Price (MSRP)		
NTE	BCBS MN	Home infusion nursing visits, provided in the infusion suite of a home infusion agency, and lasting up to two hours are coded using CPT code 99199, submitted with a narrative description		
NTE	BCBS MN	99000 - if the lab test with the -90 modifier is not submitted on the claim, the narrative indicating the test sent to the lab must be submitted		
NTE	BCBS MN Mayo (MED B)	22 modifier - requires submission of an operative report, narrative and/or other relevant documentation that adequately describes what care/service was greater than usually required		
NTE	BCBS MN	Certain revenue codes, such as 0942 or 0949, require a narrative (if no HCPCS is or can be submitted)		
NTE	BCBS MN	H0046 - used for travel time for in-home services for Public Programs. A specific narrative description detailing exactly what the charge is for must be submitted with this code.		
NTE	BCBS MN	99499 -used for psychiatric consultations to primary care practitioners. A narrative must be submitted as well as the time spent for this service as "(amount of time) spent in telephone consultation with (name of psychiatrist)".		

Type	Submitter	Example	Comments	Segment
NTE	BCBS MN	Place of service 99. We need to have the specific place where the service was rendered.		
NTE	BCBS MN	We receive a lot of institutional and professional claims where the NTE segment is filled in with our Name, Name and Address, Payer number - misc information that is not needed to process the claim and actually slows down the processing.		
NTE	DHS	Medical Supplies/ Enteral Products: Description of supply for auto pricing Manufacturer name, part name and part number to look up in one of our resources for any item that does not have a set reimbursement rate.		
NTE	DHS	Hearing Aids: Purchase requires the model number from the Hearing Aid contract to be sent to price Repairs require a note sent with expiration date of the warranty and type of hearing aid		
NTE	DHS	Transportation claims with specific modifiers of where emergency transport to and from: Require the ground or air checklist components to be sent		
NTE	DHS	Miscellaneous CPT/CDT Codes require a description of service to determine if covered by our programs		
Attach	DHS	The other third party insurance has not responded to my 3 billing attempts within 90 days		
Attach	DHS	The claim is over one year old (provider error does not qualify)		
Attach	DHS	Service requires specific attachment (such as sterilization consent, hysterectomy statement, medical necessity statement)		
Attach	DHS	Individualized Education Program (IEP) provider billing assistive technology device(s)		
Attach	DHS	Dental services were started but not completed		
Attach	DHS	DT&H services approved after graduation and before 21st birthday		
Attach	DHS	Hearing aid repair for non-contracted hearing aid/shells; re-casing; miscellaneous hearing aid services		
Attach	DHS	Medicare Part A benefits are exhausted ("J" claims)		
Attach	DHS	Multiple emergency department (ED) visits for the same recipient to the same facility on the same day; last visit results in admit		
Attach	DHS	Overlapping MHCP and managed care organization (MCO) coverage		
Attach	DHS	Therapeutic leave days added for ICF/MR recipients		

Type	Submitter	Example	Comments	Segment
NTE	Regions	NTE*ADD*AMNISURE, ROM TEST~ When any hcpcs in the following list is present, this field is required for Medicaid. 2099, 3949, 39599, 44899, 54440, 5589, 55970, 55980, 58999, 59899, 76350, 77299, 77499, 81099, 84999, 85999, 86849, 86999, 87999, 88199, 88299, 90899, 92508, 93660, 93762, 95999, 97039, 97139, 97150, 97799, 99070, 99199, 99420, 99429, 99499, A4321, A4570, A4641, A4643-A4646, A4649, A6023, A6198, A6221, A6230, A6239, A6256, A6261, A6404, B4085, B9998-B9999, D9610, J3490, J7191, J7599, J7699, J8499, J9999, L1499, L2999, L3649, L8130, L8140, L8150, L8160, L8170, L8180, L8190, L8195, L8200, L8210, L8220, L8230, L8239, L8499, L8699, L9900, Q0181, Q3001, V0066, V2399, V2499, V2599, V2610, V2615, V2799, V5299, W7001, X4511, X5091, X5249, Y4640, Z0999		
NTE	Regions	NTE*ADD*UNLISTD MOD FLUIDOTHERAPY~ Medicaid		
NTE	Regions	NTE*ADD*VARENICILINE ~ Medicaid		
NTE	Regions	NTE*ADD*UNLISTD MOD FLUIDOT~ Medicaid		
NTE	Regions	NTE*ADD*FLUIDOTHERAPY~ Medicaid		
NTE	Regions	NTE*ADD*THERAPEUTIC EXERCISE~ Medicaid		
NTE	Regions	NTE*ADD*AMNISURE, ROM TEST ~ Medicaid		
NTE	Regions	NTE*ADD*CORREDED CLAIM~ Medica		
NTE	Regions	NTE*ADD*FAXED ITEMIZATION WISC MVA~ Medica		
NTE	Regions	NTE*ADD*FAXED ITEMIZATION~ Medica		
NTE	Regions	NTE*ADD*FAXED AUTO INFO~ Medica		
NTE	Regions	NTE*ADD*E1399 ANKLE STRETCHER~ HealthPartners		
NTE	Regions	NTE*ADD*NO FAULT PAYMENT SENT TO PT~ HealthPartners		
NTE	Mayo	AutoAdd Svc Nte "Reduced Services" Proc Code: 10040-89399, 90000-90730. 90732-90800, 90802-96999 Modifier: 52 MN MA		
NTE	Mayo (MED B)	5 + modifiers; use 99 modifier and list in SVC NTE		
NTE	Mayo (MED B)	Zero Pay requires NTE (WPS COB)		
NTE	Mayo (MED B)	Hemophilia J7187 Use NTE if units exceeds 999 or line item billed exceeds \$99,999.99		
NTE	Mayo (MED B)	Kidney transplants require Donor's name and address. All other transplants require Donor's name.		
Attach	Medica	Hearing aid manufacturer's invoice when when the hearing aid make model is not on approved DHS list.		
NTE/Attach	Medica	Potential Cosmetic Procedures requires medical necessity documentation.		
NTE/Attach	Medica	Potential Experimental-Investigative procedures		
Attach	Medica	Workorders for foreign language interpreter services		
Attach	Medica	Services eligible for additional reimbursement with modifier 22 are limited to CPT & HCPCS surgical codes and certain codes in the Medicine section of CPT. In order to qualify for additional reimbursement, claims submitted with this modifier must include medical record documentation which supports the use of modifier 22.		

Type	Submitter	Example	Comments	Segment
Attach	Medica	<p>66 Modifier - Team Surgeons. Services Per CPT, team surgeons are described as three or more surgeons (with different or same specialties) working together during an operative session in the management of a specific surgical procedure.</p> <p>Modifier 66 identifies team surgeons involved in the care of a patient during surgery. Each team surgeon should submit the same CPT code with the modifier 66.</p> <p>Each team surgeon is required to submit written medical documentation describing the specific surgeon's involvement in the total procedure.</p>		

Situation	Guide (P, I and/or D)	NTE Claim Level	NTE Line Level (For 837P only)	SV	Attachment (PWK)	Misc	Additional Information for Population
Any unlisted or NOC HCPCS/CPT code, regardless of charge, needs a narrative description submitted.	P, I and D			X			Add to BP Narrative/Tips in future: General instructions for use, and when to use attachment (PWK) over other fields
Unlisted DME or prosthetic orthotics require the Manufacturers Suggested Retail Price (MSRP)							

FAQ Examples ---Usage Change for NTE or Attachment to SV, LIN, or HI

	4010 Usage	5010 Usage
Unlisted codes: or NOC HCPCS/CPT code, regardless of charge, needs a narrative description submitted. Miscellaneous CPT/CDT Codes require a description of service to determine if covered by our programs	NTE	SV
NDC for certain drugs (e.g., unlisted drug codes, compounded drugs, physician administered drugs)	NTE	LIN
Dental policy to include the diagnosis if the treatment is accident related, for cleft lip/palate or TMJ diagnosis	NTE	HI
Hearing Aids: Purchase requires the model number from the Hearing Aid contract to be sent to price	NTE	SV
Modifiers: 5 + modifiers; use 99 in the fourth modifier position and list the additional modifiers	NTE	SV
Medical Supplies/ Enteral Products: Description of supply for auto pricing	NTE	SV
The 5010 version of the 837 requires that certain information previously submitted in the NTE segment now be submitted in the SV, LIN, or HI segments. The table below is not an all-inclusive list but provides examples of scenarios in which data reporting has changed.		

	MN Licensed Payer						
	BCBS MN	Medica	HeathPartners Insurance	DHS	5010 Usage		
22 modifier - requires submission of an operative report, narrative and/or other relevant documentation that adequately describes what care/service was greater than usually required	X	X	X		NTE and/or attachment		
62 Modifier (two surgeons) - documentation to support need for two primary surgeons (all surgeons must submit their individual dictatus of op report)	X		X		PWK		
66 Modifier - Team Surgeons. Services Per CPT, team surgeons are described as three or more surgeons (with different or same specialties) working together during an operative session in the management of a specific surgical procedure. -Modifier 66 id	X	X	X		PWK		
Air ambulance - need ambulance run report including origin and destination	X				PWK		
Claim is over one year old (provider error does not qualify)/past timely filing limit	X		X	X	PWK		
Dental services were started but not completed				X	PWK		
Hearing aid repair for non-contracted hearing aid/shells; re-casing; miscellaneous hearing aid services -- provider sends invoice				X	PWK		
Hearing aid repairs require a note sent with expiration date of the warranty and type of hearing aid				X	NTE or PWK		
DT&H services approved after graduation and before 21st birthday				X	PWK		
Individualized Education Program (IEP) provider billing assistive technology device(s) -- provider to send MSRP and IEP				X	PWK		
Medical necessity - need medical records, rational for service	X		X		PWK		
Medicare Part A benefits are exhausted --				X	PWK		
Multiple emergency department (ED) visits for the same recipient to the same facility on the same day; last visit results in admit				X	PWK		
Other third party insurance has not responded to my 3 billing attempts within 90 days				X	PWK		
Overlapping MHCP and managed care organization (MCO) coverage				X	PWK		

	MN Licensed Payer						
	BCBS MN	Medica	HeathPartners Insurance	DHS	5010 Usage		
Place of service 99 (for type of place where service provided). We need to have the specific place where the service was rendered.	X		X		NTE		
Potential Cosmetic Procedures requires medical necessity documentation.		X	X		PWK		
Potential Experimental-Investigative procedures		X	X		PWK		
Private room rate - need notes, doctors order, letter of medical necessity	X				PWK		
Revenue codes, such as 0942 or 0949, require a narrative (if no HCPCS is or can be submitted)	X		X		NTE or PWK		
Service requires specific attachment (sterilization consent, hysterectomy statement, abortion statement)	X			X	PWK		
Surgical complications - need op report, chart notes, rationale for complication	X		X		PWK		
Therapeutic leave days added for ICF/MR recipients				X	PWK		
Unlisted surgical code - need op report & procedure/progress notes	X		X		PWK		
Unlisted DME or supplies (such as K0108 or E1399) require the Manufacturers Suggested Retail Price (MSRP), require invoice or catalog page		X		X	NTE or PWK		
Transportation claims with specific modifiers of where emergency transport to and from: Require the ground or air checklist components to be sent				X	NTE		

Running inventory of 6020 suggestions

Suggestion	Date/notes
Need for additional modifiers	Submitted by Chip Evelsizer, 2-16-11