APPROVED – 03-14-13

AUC Medical Code TAG
Thursday, February 14, 2013, 9 a.m. to 12 p.m.
Blue Cross Blue Shield of MN
Meeting Minutes
Minutes By: Faith Bauer

Agenda Item	Discussion	Action/Follow-up:
1. Welcome and Introductions • Attendance tracking	Introductions completed by members in attendance and those participants on the telephone. Deb Sorg tracks attendance. If calling into the meeting, please send an email to Deb Sorg @ deb.a.sorg@healthpartners.com. Include your name, organization and if you are calling in for another person within your organization	Completed.
2. Antitrust Statement	Reviewed – available on AUC website.	No discussion.
3. Review of last meeting's Minutes	Minutes were reviewed and approved.	Minutes will be sent to MDH for posting on AUC MCT website
4. Inreach service – DHS	Barb Hollerung reported that In-Reach Services applies to both 837I and 837P and U2 modifier = In-reach and U2 TS modifiers = In-reach, follow-up. Discussion regarding use of revenue codes **0984** medical fees, local and 045x = emergency room.	CLOSED See decision tree
5.APC CEUs – De Krengel, Medica	Discussion postponed	OPEN
6. Community Paramedic Services – De Krengel, Medica	Guests included Ambulance Association Director, Buck Alpen (also representing North Memorial), provided an overview and description of the community paramedic services program and requirements for community paramedics. He and other guests in attendance responded to questions from TAG members to determine appropriate coding for community paramedic services and both DHS and North Memorial (Buck McAlpen) clarified the following: • Federal approval in the process of approving the waiver; • Ambulance charges and community paramedic charges are separate; • Community paramedics - no mileage is billed; • If patient needs medical care outside of scope of patient's care plan or emergency, community paramedics call 911 to dispatch ambulance service;	OPEN Barb Hollerung developed a decision tree Issues to be resolved: Effective date of services and retro payment of community payment services – To be Determined by DHS

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	• There will be no paperwork or form for services completed or submitted by paramedics; community paramedics will document services provided electronically into patient's medical record; • Place of service will be considered the patient's home, even when care is provided in a residential facility; • Primary care physician and Hospital Medical Director (aka Ambulance Director) will determine community paramedic's scope of practice – community paramedic must be listed in patient care plan in order to provide community paramedic services; • Hospital-based ambulance providers will be contracted separately as professional community paramedic providers; fire-based ambulance services will also provide community paramedics; • Medical supplies will be billed separately from ambulance services. Supplies will vary depending on care and will be supplied through the ambulance or primary care provider; • Actual vaccines and drug products will be billed separately and the professional services for administering vaccinations and immunizations included in T1016; • One bill submitted; • No prior authorization required; and • Typical length of time in patient's home varies from 15 minutes to two hours. TAG determined the following billing for community paramedics services: • Professional claims only – 837P • Place of services – 12 (home) • Individual provider number – Medical director's • Code T1016 U3, 15 minutes increments (one billing, services all inclusive) • Code supplies and vaccines as appropriate TAG agreed that coding for community paramedics services will be included in the coding recommendation grid with the intent of adding to the Guide during the next update.	

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7. MFP Demonstration Project – Barb Hollerung, DHS	DHS guest provided an overview of the Money Follows the Person (MFP) demo project and indicated that DHS will change the program's name and is currently considering a new name for the project. The project is pending federal approval. Effective date has not been finalized. Barb H. discussed the MFP SBAR and sought agreement from the TAG: • MFP will be professional claim only. • Code U6 will identify MFP • Code T2038 transition o Community support services o Habilitation employment services o Supportive employment services TAG agreed that coding for MFP services will be included in the coding recommendation grid only because this is a demonstration project.	OPEN Issues to be resolved: **1.** Effective date of MFP **2.** If additional modifiers for Durable medical equipment (DME) are needed **3.** Transportation codes for recipient and social worker or escort **4.** Centers for Medicaid and Medical Services (CMS) need to approve MFP
8. AUC MCT Member List Clean-up – Deb Sorg, HealthPartners	Discussion Postponed	OPEN
9. CPT Physician Language Revision – JoAnne Wolf	Discussion Postponed	OPEN
10. Partial Hospitalization Revision - HCMC	Discussion Postponed	OPEN
11. Crisis Psych Codes	Discussion Postponed	OPEN
12. Newborn Screening - Barb Hollerung, DHS	Guests Patti Constant and BethAnn Bloom of MDH and Suzanne Bruning attended to provide information re Newborn Screening and assist TAG in resolving newborn screening coding issues/concerns. Barb H. discussed the Newborn Screening SBAR. The state requires all babies be tested. The card is purchased from the state. A blood drop is placed on the card and sent to the state for testing. The dried blood is screened for 50 disorders. Each state defines what tests are included in S3620. There may be times when retesting is needed – problem with specimen itself, anemia, mail delivery, etc. TAG agreed on the following:	CLOSED Barb Hollerung developed decision tree Question whether TAG agreed to use S3620 - Barb will clarify the screening versus diagnostic

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	• Inpatient services are billed on DRG payment methodology • Any newborn screening outside of inpatient (lab and birth centers) use code S3620 for initial screening and S3620-76 or 77 as needed, for retest newborn screening TAG approved Newborn Screening SBAR- Instructions to report newborn screening for lab and birth centers will be added to coding recommendation grid.	
13. Labor Epidural Billing – Gregory Maurer, Health Billing Systems – see SBAR	Greg Maurer discussed the Labor epidural SBAR requesting coding for "time present and immediately available" of currently billing methodology for most payers be standardized coding in the Claims companion guides for anesthesia. TAG agreed that there is no coding to identify specific standby services for anesthesia but the SBAR is out of scope for the Medical Code TAG and suggested that ASA make recommendation to CPT for national code(s) to address labor epidural anesthesiology billing "time present and immediately available."	CLOSED – no action
14. E-Visit Clarification – Robin Morphy, HCMC – see SBAR and issue 9	Discussion Postponed	OPEN
15. Coding for Intensive Management of Obesity – HealthPartners – see SBAR	Discussion Postponed pending Executive Committee's review and response	OPEN
16. MAT Billing – Methadone vs. Other – Barb Hollerung, DHS – see SBAR	Barb H reported the need to identify Methadone and other drugs: Responding to TAG questions Barb stated: • MAT billing would include therapy. • Coding for other drugs plus = UB and is effective March 1. • Modifiers will be required on all claims. TAG approved MAT billing SBAR for coding recommendation grid	CLOSED See decision tree
17. Additional Agenda Items Next Monthly meeting	Next regular monthly meeting scheduled for March 14, 2013 at SOP. TREATS: De Krengel volunteered.	CLOSED