Meeting Materials

AU Medical Code TAG Meeting

May 9, 2013

1. Agenda AUC Medical Code TAG 051913
2. March 14, 2013 Meeting Minutes
3. AUC MCT Agenda for AAPC
4. AUC MFP Decision Tree – Revised 032713
5. SBAR E-visit Clarification 011513
6. SBAR Telephone and E-visits 011013
7. Coding Recommendation Grid Revised 040513 - Clean Version

Administrative Uniformity Committee

AGENDA – MEDICAL CODE TECHNICAL ADVISORY GROUP (MCT)
Thursday, May 9, 2013
9 a.m. to 12 p.m.

- **Location: HealthPartners, 8170 Building, Bloomington, St. Croix room – 1st Floor**

Webex Information

Teleconference Information:

Call-in line: 1-605-475-5950

Participant Access Code: 337213#

Callers are responsible for any long distance charges.

1. To start the webex session, go to: https://health-state-mn-ustraining.webex.com.
2. Under "Attend a Session "click "Live Sessions"
3. Click on the session for "AUC Medical Code TAG"
4. Provide your name, email address, and the following password: Mct2010! (Note: the password must be typed in; it cannot be cut and pasted. The exclamation point is part of the password)
5. Click "Join now"

1. Welcome and Introductions

- **Attendance tracking: Deb Sorg**
  deb.a.sorg@healthpartners.com

2. Review of Antitrust Statement

3. Review of last meeting's minutes

4. AAPC CEUs – De Krengel, Medica

5/10/12 Minutes: De inquired about the process to evaluate the possibility for AUC attendees to earn AAPC CEUs for attending the monthly 3 hour meetings. Below is the response from the CUE Vendor Dept Rep at AAPC. A few questions, first are you affiliated/employed with the MN-AUC? To clarify the reason for this question is that we cannot do an approval for a company/organization without their knowledge. Another question is are these meetings free to anyone, is it a membership organization, or is their a fee to attend? This question will assist us in explaining the application process due to any possible fees assessed. Once we have these questions answered I will be able to provide you with specific information about the approval process. You can also review our guidelines and FAQ page at this link: http://www.aapc.com/CEUVendors/guidelines-for-ceu-approval.aspx ACTION: De will work with Joann Wolf and Carolyn Larson. Our mission, agenda example, and additional information will be submitted to the AAPC.	OPEN
7/12/12: ACTION: Carolyn Larson and De Krengel will complete application to provide information that this activity is not a vendor activity.	OPEN
8/9/12, 9/13/12, 10/11/12, 12/13/12: Per Carolyn Larson, the AAPC is still pushing for vendor status. ACTION: Carolyn Larson will work with Dave to include additional information and resubmit the request.	OPEN
1/10/13: Carolyn Larson reported that we should know by next month whether we are getting "vendor status".	OPEN
2/14/13: Discussion postponed	OPEN
3/14/13: MDH has their vendor status so that TAG may begin to receive CEUs for their participation on the Medical Code TAG meetings. Dave will schedule a teleconference meeting with AAPC so that he, Carolyn and De will understand fully the process and have their questions and/or concerns addressed. Outcome will be reported at next MCT meeting.	OPEN

5. MFP Demonstration Project – Barb Hollerung, DHS

DHS has a new 'Money Follows the Person' (MFP) demonstration project (Deficit Reduction Act and Affordable Care Act) that we are implementing. MFP promotes and enables the movement of Medicaid beneficiaries with disabling and chronic conditions from institutions into the community. The demonstration "reflects consensus that long-term supports must be transformed from being institutionally based and provider-driven to "person-centered" consumer directed and community-based." The services will be available via fee-for-service and managed care. We plan to use the U6 modifier to differentiate services related to the MFP demonstration from other waiver services. Some examples of the array of home and community based services

- Planning and coordination of community living arrangements – searching for and securing housing,
- moving,
- securing household goods – furniture, bedding, etc.,
- arranging for supportive housing, employment and environmental services.

9/13/12: John Anderson from DHS provided following information regarding the program. This is a federal Medicaid project that will include managed care. Looking for coding suggestions. The coding would identify services for federal funding. DHS has to submit and have the program approved through CMS. This is a five year demo project with 2,000 participants, with potential for 10-years. Most participants will be transitioning out a nursing home, ICF population and physically disabled. Need to identify eligible members. The coding recommendations will **not** be put in the guide but will be added to the coding recommendation grid. Who is the provider – transition coordinator (case managers) to begin with? Will they need to be credentialed? Will need an NPI to bill. Is DHS looking for payers to use their staff to provide case management? Billed on a professional claim. Some of the transitional services could be billed with others. Some are fragmented to account to reporting services. The U6 modifier will distinguish this program from others. Proposed coding below: • Transition Planning and Transition (90%) Coordination Services – T2038 with U6 modifier + UD Also used to purchase "stuff", for example, move; setup UD = transitioning to community/community living services • Comprehensive Community Support – home visits, wellness checks, assistance with budgeting, etc. Billed in 15 min. increments. H2015 with U6 modifier • Specialist services – additional clinical services to care coordination team for adult foster care. Billed hourly. T2013 with U6 modifier. • Supported employment – job coaching, work with employers to resolve problems—support employer o 15 minute code – T2019 o Per diem code T2018 • Self-help peer services – delivered by specialist with required training and certification; develop wellness and recovery plan for persons with mental illness. Code H0038 modifier U6, billed in 15 min. increments • Psycho-education Services – Code H2027, U6 modifier • Case consultation and collaboration – pay experts to participate in treatment planning process and to collaborate with provider – Need help in determining code • Therapeutic foster care – Code S5145 with U6 modifier. Paid per diem • Respite services – Codes o S5150 with U6 modifier In home 15 minutes o S5151 with U6 in home daily o S5150, U6+UB Out of home – 15 minutes o H0045, with U6 modifier out of home - daily DHS, John will clarify where out of home will take place • Text messaging – use technology to prompt certain behaviors for people with chemical dependency – Code H0047 (U6) - TAG felt should not be billed separately, but with comprehensive services • Environmental modifications for safety and accessible not otherwise covered S5165 U6 modifier, per service Difference between transition and home modifications? TAG chance of double-dipping: Will services be itemized? Who will bill? Care coordinator • Personal emergence response system Code S5162 U6 for purchase Code S5161 U6 monthly • Tools, equipment and clothing necessary for employment - Code T1999 • Durable Medical equipment and assistive technology –cover items that waivers will not pay for Code E1399 • Non-medical transportation to find housing and employment – care coordinator will provide transportation	OPEN John Anderson and Barb Hollerung will forward additional information to Faith Faith will distribute upon receipt

o Code A0160 U6 – nonemergency transportation, per mile (Does it include miles case worker get to client or miles with client in vehicle—face-to-face time; what standards will be used? Might be based on federal standards for per mile.) o A0170 U6 – transportation ancillary; parking fees, tolls, other o A0180 U6 Non-emergency transportation: ancillary lodging recipient; o A0190 U6 Meals, recipient o A0210 U6 meals, escort • Membership fees for exercise classes or Y membership fees TAG members will review list of services and submit comments/suggestions/concerns to Judy at judy.edwards@state.mn.us by October 1. Judy will organize and collect to Faith. Contact John at 651-431-2240 and john.a.anderson@state.mn.us for additional info or questions. Dave Haugen forwarded the following links for more information: http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Support/Balancing/Money-Follows-the-Person.html http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_162194	
10/11/12: MFP part of MCO contract? -- most likely. Federally funded project to provide "gap" services (services missing from the current system). E.g., comprehensive supportive services to move individuals from institutional settings into the community. This is as demonstration project/grant. Still working on some aspects – e.g., text messaging: will be like a subscription service, paid monthly. Works like this: in the old days a client would call a therapist. Now you can make the connection more quickly via interactive texting. Focus at this time is on people with chemical dependency issues. One issue is coding (no HCPCS level 2 codes). Goal of MCT discussion? Not an item for the companion guide (doesn't relate to commercial business, relates to small DHS population at this time). Possible coding clarification grid item. Questions to determine MFP coding: **Is this 837P?** Yes (will never be 837I) **Billing provider?** Case mgr., transition coordinator. Will they be identified via NPI? (These are independent practitioners. They are not clinics. Most of the work to be done will be transition planning – "moving people". The target providers are those doing "case management" – e.g., employees of counties, tribes, health plans.) Need some way to identify practitioners. **Place of service?** Clients transitioning from institutional setting. Medicare place of service requirements come into play? John to get back to MCT re place of service. Need some way to identify place of service. Some codes still being decided. E.g. supported employment: • Supported employment – job coaching, work with employers to resolve problems—support employer o 15 minute code – T2019 o Per diem code T2018 DHS seeks input, including from MCT. Will finalize input at Dec. MCT meeting. MDH to develop/modify "decision tree" for helping determine coding issues. Process going forward on MFP coding: Can do interim processing of issues, questions, etc. via email, with "final" MCT review at Dec. MCT meeting. For more info see website: http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Support/Balancing/Money-Follows-the-Person.html Within next 3 weeks DHS will have a final list of MFP services and codes, will have info on case managers (who they are, how they are enrolled), place of service. Effective date January 1, 2013.	OPEN John Anderson will forward any updates. Barb Hollerung will work on SBAR and decision tree.
12/13/12: Barb Hollerung will work on the SBAR for the coding recommendation. Barb supplied a revised code list that will be sent to members. Additional discussion: This is a five year demonstration project (may be renewed for an additional five years). This is for a select Medicaid population. Requirements include patients who have been in a facility for 90 days or more (hospital, SNF, CFMR, IMD [Institution for Mental Disease]). Note that IMD patients have an age restriction of under age 21 or over 65. There is no age restriction for patients coming from other institutions. Commercial payers contracting with Medicaid will be responsible for administering/paying this service. MFP will coordinate/educate lead agencies (including MCO, Tribal and counties). This should be rolled out first quarter 2013, with an anticipated April implementation.	OPEN Barb Hollerung will work on SBAR and decision tree.
1/10/13: MFP will use codes discussed previously. ACTION: Barb Hollerung will prepare SBAR and decision tree.	OPEN
2/14/13: 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	OPEN

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. Issues to be resolved: 1.Effective date of MFP 2.If additional modifiers for DME are needed 3.Transportation codes for recipient and social worker or escort 4.CMS need to approve MFP	
3/14/13: Additional modifiers were added to the MFB SBAR decision's tree by DHS and unanimously approved via Email vote by the Medical Code TAG. DHS still has no effective date for this program's billing. Barb Hollerung stated a new issue arose with MFP and she needs to find modifier to accommodate rental. DHS is considering use of code T2038 + one additional modifier for community transition deposits.	OPEN

6. AUC MCT Member List Clean-up – Deb Sorg, HealthPartners

A number of 'failed' email delivery responses for people previously on the AUC MCT email list have been received. We need to "clean-up" our membership to only include active members or participants.

1/10/13: Dave Haugen noted that there are two different lists. It is a condition of AUC membership that there are two TAG members representing their organization. Then each TAG has a list of members and contact. ACTION: Send AUC MCT list to Faith for list clean up.	OPEN
2/14/13: Discussion postponed	OPEN
3/14/13: Deb Sorg has done some clean-up and is still working on the MCT member list. She will send email to individuals on distribution list to confirm their membership in TAG.	OPEN

7. CPT Physician Language Revision – JoAnne Wolf

1/10/13: CPT changed language in E/M codes to delete "physician". Changes will be needed to the guide for 98960 and 99444. ACTION: SBAR will be written and submitted on this issue by Hennepin County.	OPEN
2/14/13: Discussion postponed See SBAR & E-Visit Clarification issue	OPEN
3/14/13: NOTE: Issue similar to E-Visit Clarification SBAR Lisa Kanivetsky will research E/M language and distribute to TAG members) – Coding description language is confusing and needs to be clarified.	OPEN

8. Partial Hospitalization Revision – HCMC

1/10/13: Partial hospitalization – inpatient codes for E/M prof services and psych have changed. ACTION: Pending SBAR	OPEN
2/14/13: Discussion postponed	OPEN
3/14/13: Has not been assigned to TAG; still under review by AUC Executive Committee	OPEN

9. E-Visit Clarification – Robin Morphy, HCMC – see SBAR and CPT Physician Language Revision issue

2/14/13: Discussion postponed	OPEN
3/14/13: NOTE: Issue similar to CPT Physician Revision Language SBAR The E-visit clarification SBAR was discussed in tandem with the CPT physician language SBAR - Lisa Kanivetsky will research.	OPEN

10. Coding Clarification Guide Update – Faith Bauer, BCBSMN

3/14/13: Faith Bauer led TAG through review and discussion of revisions she made to the coding recommendation grid currently posted on the AUC web	OPEN

site. De suggested that the acronyms listed in the grid be spelled out when they are used for the first time with the acronyms in parentheses. The update will be Version 3, motioned and approved pending minor revisions and AUC Ops approval. Another suggestion was to change language from 5010 Minnesota Companion guide to Applicable MN companion guide. Faith will update with changes and forward to MDH for Ops approval. Will request email votes from Ops for SBARs.	

11. MCT Information Page – Barb Hollerung, DHS

3/14/13: Update AUC web page to provide instructions how to submit issue to AUC. Barb and Faith will draft language. Review goal and mission statement.	OPEN See copy of MCT home page

12. Additional Agenda Items

- Next meeting scheduled for June 13, 2013, 9:00-12:00, BCBSMN, Minnehaha and Sky Hill Parks, Yankee N., 1750 Yankee Drive, Eagan
- TREATS:
- Meeting rooms for remaining 2013:

Date	Time	Location
July 11	10:00-1:00	6W Birch, HealthPartners, 8170 Building, Bloomington
August 8	9:00-12:00	Lake of the Woods, HealthPartners, 8170 Building, Bloomington
September 12	10:00-1:00	St. Croix – 1st Floor, HealthPartners, 8170 Building, Bloomington
October 10	9:00-12:00	6W Birch, HealthPartners, 8170 Building, Bloomington
November 14	9:00-12:00	Minnesota Room HealthPartners, 8170 Building, Bloomington
December 12	8:00-11:00	6W Sequoia, HealthPartners, 8170 Building, Bloomington

Title of Meeting: AUC Medical Code TAG
Date and Time of Meeting – Thursday, March 14, 2013, 9 a.m. to 12 p.m.
Location of Meeting – MN Department of Health
Meeting Minutes

Minutes By: Judy Edwards and 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 approved with corrections.	Minutes will be sent to MDH for posting on AUC MCT website
4.APC CEUs – De Krengel, Medica	MDH has their vendor status so that TAG may begin to receive CEUs for their participation on the Medical Code TAG meetings. Dave will schedule a teleconference meeting with AAPC so that he, Carolyn and De will understand fully the process and have their questions and/or concerns addressed. Outcome will be reported at next MCT meeting.	OPEN
5. Community Paramedic Services – De Krengel, Medica	DHS coding for recommendations for Community Paramedic services were agreed upon by the TAG as well as recommendations to include it in the coding recommendations grid at February's Medical Code TAG meeting. The outstanding issue was an effective date for billing, which Barb Hollerung. reported today, is July 1, 2012. Discussion re: managed care effective date and DHS's effective date. Barb explained DHS's effective date of 7/1/12 DHS' date of request for federal approval of the program. Barb will confirm federal approval date for contractors. In response to a member's request, Barb stated that a copy of the DHS's federal approval document was not available from DHS at this time and suggested that perhaps a copy could be obtained online through a Google search for it.	Closed
6. MFP Demonstration Project – Barb Hollerung, DHS	Additional modifiers were added to the MFB SBAR decision's tree by DHS and unanimously approved via Email vote by the Medical Code TAG. DHS still has no effective date for this program's billing. Barb Hollerung stated a new issue arose with MFP and she needs to find modifier to accommodate rental. DHS is considering use of code T2038 + one additional modifier for community transition deposits.	OPEN
7. AUC MCT Member List Clean-up – Deb Sorg, HealthPartners	Deb Sorg has done some clean-up and is still working on the MCT member list. She will send email to individuals on distribution list to confirm their membership in TAG.	OPEN
8. CPT Physician Language Revision – JoAnne Wolf	NOTE: Issue similar to E-Visit Clarification SBAR Lisa Kanivetsky will research E/M language and distribute to TAG members) – Coding description language is confusing and needs to be clarified.	OPEN

Agenda Item	Discussion	Action/Follow-up:
9. Partial Hospitalization Revision - HCMC	Has not been assigned to TAG; still under review by AUC Executive Committee	OPEN
10. Crisis Psych Codes -	Discussion focused on whether or not the Crisis Psych SBAR was related to coverage and and/or scope of practice and also whether or not the SBAR was related to the CPT physician language SBAR. TAG's response to questions in SBAR: 1. Are the other payers going to accept the new 2013 CPT crisis psychotherapy codes 90839 and 90840? They are valid CPT codes and use when appropriate. 2. Would they require a prior authorization or other criteria to report these codes? Beyond AUC's purview. Decision individual payer will make. As a result of the brief discussion about notifying authors of the SBARs of decisions made by the TAG, MDH will work with Executive Committee to formalize SBAR process to include notification to individuals who submit SBARs for consideration.	Closed
11. E-Visit Clarification – Robin Morphy, HCMC	NOTE: Issue similar to CPT Physician Revision Language SBAR The E-visit clarification SBAR was discussed in tandem with the CPT physician language SBAR - Lisa Kanivetsky will research.	OPEN
12. Coding for Intensive Management of Obesity – HealthPartners	Deb Sorg discussed SBAR; basically want TAG's agreement in using recommended codes. Where is the confusion? Medicare does not address, there are specific codes as noted in the SBAR. They will be appropriate; note other policies may be payer specific. Codes are very specific; S9449 may be an issue. G0447 – Face-to-face behavioral counseling for obesity, 15 minutes S9449 – Weight management classes, non-physician provider, per session Valid codes and TAG does not recommend be placed in coding recommendation grid coverage and scope not in AUC purview. How to differentiate G0447 from 97802? Refer to Appendix A	Closed
13. Health care home – Faith Bauer, BCBSMN	Barb Hollerung reported that NCQHS classifies the G9148-G9150 as levels 1, 2, and 3 medical homes codes based on providers meeting certain elements. Code S0281 and modifier is specific to the patient and their needs. Recommendation –the new G codes developed for medical homes will not be a substitute for the current health care home guide. S0281 is classified on the medical care and not the provider. No change to the current guide. As noted during the discussion, Julie Schulte, Children's, will write SBAR for complex chronic care CPT codes and how they relate to the current health care home codes.	Closed
14. Coding Clarification Guide Update – Faith Bauer, BCBSMN	Faith Bauer led TAG through review and discussion of revisions she made to the coding recommendation grid currently posted on the AUC web site. De suggested that the acronyms listed in the grid be spelled out when they are used for the first time with the acronyms in parentheses. The update will be Version 3, motioned and approved pending minor revisions and AUC Ops approval. Another suggestion was to change language from 5010 Minnesota Companion guide to Applicable MN companion guide. Faith will update with changes and forward to MDH for Ops	OPEN

Agenda Item	Discussion	Action/Follow-up:
	approval. Will request email votes from Ops for SBARs.	
14. Additional Agenda Items	**1.** Recommendation is for authors of SBARs to participate in meeting to address questions that may arise. Include time on agenda that SBARs will be discussed—MDH will address with Exec **2.** Barb Hollerung – MCT information page. Update AUC web page to provide instructions how to submit issue to AUC. Barb and Faith will draft language. Review goal and mission statement. **3.** Mental health/chemical authorization form includes invalid codes. TAG discussed referring to AUC Exec review SBAR to determine if mental health/chemical authorization form be used or form 278. [Look at SBAR and discuss with Faith]. **4.** De asked if forms on AUC web site required to be used or could payer develop and use own forms. AUC forms should be used if appropriate. **5.** Lisa Kanivetsky – Is new combined revenue code for substance abuse and alcohol and drug per program or patient diagnosis? Combined revenue code is for alcohol and drug and substance abuse for patients.	Closed OPEN Closed Closed Closed
15. Next Monthly meeting	Next regular monthly meeting scheduled for April 11, 2013, 9:00-12:00, HealthPartners, 6W Birch, HealthPartners, 8170 Building, Bloomington. Visitor parking at HealthPartners is on West side of building (lot facing MOA). Check in at security desk: provide name, HP staff, and make of car. TREATS: Judith Blythe, HCMC volunteered.	Closed

Administrative
Uniformity
Committee

AGENDA – MEDICAL CODE TECHNICAL ADVISORY GROUP (MCT)
[Date and Time]
Location: _____

Dial in and webex information

1. To start the webex session, go to: https://health-state-mn-ustraining.webex.com.
2. Under "Attend a Session "click "Live Sessions"
3. Click on the session for "AUC Medical Code TAG"
4. Provide your name, email address, and the following password: Mct2010! (Note: the password must be typed in; it cannot be cut and pasted. The exclamation point is part of the password)
5. Click "Join now"

Teleconference Information:
Call-in line: 1-605-475-5950
Participant Access Code: 337213# (Note: Callers are responsible for their long distance charges.)

Agenda

1. **Welcome and Introductions**
2. **Attendance tracking**
3. **Review of AUC Antitrust Statement**
4. **Review of last meeting's minutes**
5. **New Code Updates (January, April, July, October)**

Are there any significant deviations from CMS that the MCT needs to address?	
Any coding clarifications required for discussion to ensure uniform interpretation between payers and providers?	

6. **CPT / HCPCS Coding Clarifications**

Are there current codes that require MCT discussion to maintain uniform interpretation?	
Do providers have any specific payer required coding guidelines that may affect uniformity that need to be discussed/addressed?	

7. **DHS*-Specific Coding Requirements**

Are there coding guidelines specific to DHS that need to be discussed / distributed to the MCT?	
Any discussions regarding appropriate codes for upcoming/current DHS projects/programs?	

*DHS is the acronym for the Minnesota Department of Human Services, the state agency responsible for Medicaid and other publicly funded health care programs.

8. **Health Care Trends**

Are trends noticed within specific markets/specialties that require uniform coding guidelines? (i.e.,	

"ImPACT Testing," Health Care Homes)	
Any future coding issues that expect to be problematic in the near future that require MCT discussion?	

9. Additional Agenda Items

Are there any coding issues that have not been included on this agenda that can be discussed if there is time? ("Walk-in issues not yet addressed in an SBAR")?	

10. Future Meetings:

Date	Time	Location
May 9	9:00-12:00	St. Croix – 1st Floor, HealthPartners, 8170 Building, Bloomington
June 13	9:00-12:00	Minnehaha and Sky Hill Parks, BCBSMN, Yankee N., 1750 Yankee Drive, Eagan
July 11	10:00-1:00	6W Birch, HealthPartners, 8170 Building, Bloomington
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December 12	8:00-11:00	6W Sequoia, HealthPartners, 8170 Building, Bloomington

Decision Tree for Medical Coding Decisions Based on Medicare
MEDICAID Money Follows the Person Demonstration Project

Step No.	Instructions	Information/Steps to follow	
	MN Uniform Claims Companion Guide(s) to which this issue may apply: **Medical service/procedure/etc. of interest or at issue:** (Fill in column to the right)	837P ___X___ 837I _____ 837D _____ The Deficit Reduction and Affordable Care Acts empowered states to develop demonstration projects that would promote and enable movement of Medicaid beneficiaries with disabling and chronic conditions from institutions to the community. To provide community-based alternatives for persons of all ages and disability groups who reside in MA-funded institutional settings.	
1	**Does Medicare have coding requirements/instructions for coding medical service/procedure/etc. named above**? (Check appropriate answer to right)	Yes _____ Go to 2	No _X_____ Go to 8
2	**Source(s) of Medicare instructions:** (Clearly cite source, including, date, other identifying information to right. If available online, also provide any online link(s)	When complete, go to 3.	
3	**Summary of Medicare instructions:** (Summarize what the Medicare instructions say to do in the column to the right)	When complete, go to 4.	
4	**Medicare instructions are clear and unambiguous:**	Yes _____ Go to 5	No _____ Go to 6

Step No.	Instructions	Information/Steps to follow	
5	**Medicare has coding requirements/instructions that are clear and unambiguous. Are there any issues/concerns/problems with following Medicare requirements/instructions?**	Yes _____ Go to 6	No _____ If "No" is checked, **STOP. Use Medicare coding requirements/instructions described in 2 and 3 above.**
6	**Check any issues/concerns/problems below that apply if Medicare requirements/instructions are followed. Explain and provide examples of any checked items.**		
	____a) **More specific or appropriate codes are needed in order to reduce manual processing and administrative costs.** Explain/provide examples:		
	____ b) **Duplicate codes exist and clarification of which code(s) to use is needed.** Explain/provide examples:		
	____ c) **Minnesota group purchasers accept and adjudicate codes for services above and beyond Medicare's coding guidelines based on their coverage policies and member benefits** Explain/provide examples:		
	_____d) **Other** Explain/provide examples:		
	Go to 7		
7	**Provide any suggested coding options to address problems in #6 above, with rationale:**		
8	**Medicare does not have a guideline for coding a service or made no specific reference to a service. Please suggest any**		

Step No.	Instructions	Information/Steps to follow

possible coding options and rationale:
Money Follows the Person provides an array of home and community based services to include planning and coordination of community living arrangements, searching for and securing housing, moving, securing household goods, and arranging for supportive housing, employment and environmental services. The following codes are recommended to report Money Follows the Person activities:

Money Follows the Person

HCPCS code	Modifier(s)	Description
T2038	U6	Community transition, MFP *(plan development)*
T2038	U6 UD	Community transition, MFP (*coordination)*
T2038	U6 U1	Community transition, MFP, furniture
T2038	U6 U2	Community transition, MFP, supplies
T2038	U6 UA	Community transition, MFP, deposits associated with securing housing
H2015	U6	Comprehensive community support services, per 15 minutes, MFP
T1016	U6	Case management, each 15 minutes, MFP
T2019	U6	Habilitation, supported employment, per 15 minutes, MFP
H0038	U6	Self-help/peer services, per 15 minutes, MFP
H2027	U6	Psychoeducational service, per 15 minutes, MFP
S5115	U6	Home care training, nonfamily, per 15 minutes, MFP *(caregiver education)*
H2000	U6	Comprehensive multidisciplinary evaluation, MFH~~H~~P *(in the development of a transition or service plan)*
~~T2012~~T2013	U6	Habilitation, educational, per ~~diem~~hour, MFH~~H~~P *(intervention provided to support placement in the community)*
S5150	U6	Unskilled respite care, per 15 minutes, MFP *(in home)*
S5151	U6	Unskilled respite care, per diem, MFP *(in home)*
S5150	U6 UB	Unskilled respite care, per 15 minutes, MFP, out of home
H0045	U6	Respite care services, not in the home, per diem, MFP
S5165	U6	Home modifications; per service, MFP
S5162	U6	Emergency response system; purchase only, MFP
S5161	U6	Emergency response system; service fee, per month, MFP

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Step No.	Instructions			Information/Steps to follow
	T1999	U6	Miscellaneous therapeutic items and supplies, retail purchases, NOC, MFP	
	E1399	U6 (NU, RR or RB)	Durable medical equipment, MFP (include modifier for purchase, rental or repair)	
	S5135	U6 UA	Companion care, adult; per 15 minutes, MFP, night supervision	
	A0160	U6	Nonemergency transportation: per mile – caseworker or social worker, MFP	
	A0170	U6	Transportation ancillary: parking fees, tolls, other, MFP	
	A0180	U6	Nonemergency transportation: ancillary; lodging-recipient, MFP	
	A0190	U6	Nonemergency transportation: ancillary; meals, recipient, MFP	
	A0200	U6	Nonemergency transportation: ancillary; lodging, escort, MFP	
	A0210	U6	Nonemergency transportation: ancillary; meals, escort, MFP	
	S9970	U6	Health club membership, annual, MFP	

'U' Modifier definitions for this purpose:
U6 - Money Follows the Person demonstration (Moving Home Minnesota)
UA - Night supervision (S5135) / Item, service, or procedure furnished in conjunction with a demonstration project (T2038)
UB – Out-of-home
UD – Transition to community living services
U1 – Transitional services – furniture
U2 – Transitional services- supplies

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Administrative
Uniformity
Committee

AUC BUSINESS NEED EXPLANATION

S	SITUATION – Describe the current business practice(Please describe the problem or issue to be addressed): Can you please clarify due to the new language added to CPT regarding other qualified health care (QHC) professional for e-visits who should be utilizing 99444? 1) MD, 2) Nurse Practitioner, Physician Assistant, Clinical Nurse Specialist With that being said there is a parenthetical in CPT which states other QHC professional use 98969. What provider type would be qualified to utilize 98969? ??????????
B	BACKGROUND – Explain the pertinent history of the business practice (How does this work today): Minnesota Community Coding Practice/Recommendation Table v3.0 form updated on 2/16/12 - 1 - under general states: A) ST: E-visits -- Question: What is proper code for E-visits by 1) physicians and 2) non-physicians? B) Rec.: CPT has specific E-visit codes for physicians and nonphysicians as follows. For E-visits, Use 99444 for MDs/DO/DCs; use 98969 for nonphysician healthcare professionals (e.g.. Nurse Practitioners, Physician Assistants, Clinical Nurse Specialist). C) MCT: Discussed 9-22-09; discussed at Ops 10/12/09, referred back to MCT for additional review and changes to add "DCs" and change "i.e" to "e.g." Change approved by MCT 10-27-09. Sent to Ops 11-4-09 for a vote at 11-10-09 Ops meeting.
A	ASSESSMENT – Summarize your analysis of this issue (what are your challenges, what type of organizations are impacted by these challenges – provider types, health plans, others? Please indicate how this applies to AUC's mission, vision, values, and strategy. Are there any national or community standards that exist or are being developed that might help address the situation? If so, please explain): Due to the language added to 99444 physician and other QHC, who may report E/M services then MD, DO, DC, NP, PA, CNS should be able to utilize this code for E-Visits. As those providers may report E/M services. Need a recommendation on who would qualify for 98969?
R	RECOMMENDATION – What are you recommending including any known timing that needs to be considered: MD, DO, DC, NP, PA, CNS should be able to utilize CPT code 99444 for E-Visits. As those providers may report E/M services. Need a recommendation on who would qualify for 98969?

	CONTACT INFORMATION – This form was completed by: Name: Robin L. Morphy Title: Revenue Integrity Analyst Email address: Robin.Morphy@hcmed.org Phone number: 612.873.6585 Organization: Hennepin County Medical Center Address:

INSTRUCTIONS: This form is to be completed by organizations desiring the AUC to consider working on a particular issue related to administrative simplification that would benefit Minnesota. Organizations submitting an SBAR are expected to provide resource(s) to the TAG or work group created or assigned to this work. Please note, additional information may be requested if form is not complete. Additional questions may be asked in order to clarify understanding of the issue.

Send this completed form to the AUC e-mail box at Health.auc@state.mn.us. You will be notified when it is received and provided a link to the AUC Executive Committee calendar to determine the date/time the AUC Executive Committee will evaluate your SBAR. The meeting date will be the next AUC Executive Committee meeting following receipt of the SBAR submission The AUC Executive Committee will determine if it falls within scope of the AUC and does not violate the AUC anti-trust statement.

If the issue is determined to be in scope, the form will be forwarded to the AUC Operations Committee and/or the appropriate Technical Advisory Group (TAG) for discussion and consideration. The submitter will be notified when this meeting will occur and will be asked to attend. A reply will be made to the submitter following the discussion at an AUC Operations Committee and/or TAG meeting.

AUC Response

Administrative
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Committee

AUC BUSINESS NEED EXPLANATION

S	SITUATION – Describe the current business practice(Please describe the problem or issue to be addressed): In 2013, the AMA revised CPT codes 99441-99443 for telephone E/M services, 99444 Online E/M service, 98966-98968 for telephone assessment and 98969 for online assessment. The revised language now states that codes 99441-99443 and 99444 should be used by a "qualified health care professional who may report evaluation and management services". A nurse practitioner (NP), physician assistant (PA) or a clinical nurse specialist (CNS) would meet this definition. However, in the 837P Minnesota Uniform Companion Guide, providers are instructed to use 99441-99443 and 99444 for MD/DO/DC only. NP, PA and CNS providers are instructed in the guide to use the codes in the Medicine section of the CPT manual (98966-98968 and 98969).
B	BACKGROUND – Explain the pertinent history of the business practice (How does this work today): NP, PA and CNS providers are currently instructed to report telephone and online visits with codes 98966-98968 and 98969.
A	ASSESSMENT – Summarize your analysis of this issue (what are your challenges, what type of organizations are impacted by these challenges – provider types, health plans, others? Please indicate how this applies to AUC's mission, vision, values, and strategy. Are there any national or community standards that exist or are being developed that might help address the situation? If so, please explain): The language in the Companion Guide directly contradicts the language in the CPT manual.
R	RECOMMENDATION – What are you recommending including any known timing that needs to be considered: This affects dates of service beginning 1/1/2013. I recommend that the language be changed in the companion guide or the language is removed altogether from the guide.
	CONTACT INFORMATION – This form was completed by: Name: JoAnne Wolf, RHIT, CPC, CEMC Title: Coding Manager Email address: joanne.wolf@childrensmn.org Phone number: 612-813-5972 Organization: Children's Physician Network Address: 910 E. 26th St., Suite 330, Minneapolis, MN 55404

INSTRUCTIONS: This form is to be completed by organizations desiring the AUC to consider working on a particular issue related to administrative simplification that would benefit Minnesota. Organizations submitting an SBAR are expected to provide resource(s) to the TAG or work group created or assigned to this work. Please note, additional information may be requested if form is not complete. Additional questions may be asked in order to clarify understanding of the issue.

Send this completed form to the AUC e-mail box at Health.auc@state.mn.us. You will be notified when it is received and provided a link to the AUC Executive Committee calendar to determine the date/time the AUC Executive Committee will evaluate your SBAR. The meeting date will be the next AUC Executive Committee meeting following receipt of the SBAR submission The AUC Executive Committee will determine if it falls within scope of the AUC and does not violate the AUC anti-trust statement.

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AUC Response

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Medical Code Technical Advisory Group (TAG) "MN Community Coding Practice/Recommendation Table":

I. Background: Medical Code TAG "MN Community Coding Practice/Recommendation Table"

The AUC Medical Code TAG has created a "MN Community Coding Practice/Recommendation Table" The Table:

- Provides clarification and answers to frequently asked questions about recommended ways to code for health and medical services on the 837I and 837P electronic claim;
- Is intended for use in conjunction with "Appendix A, Table A.5.1" of the "Minnesota Uniform Companion Guides for the 837 Institutional (I) and 837 Professional (P) transactions;
- Is informational only – It is not part of the Minnesota Uniform Companion Guides and does not serve as a rule, but note that the recommendation may have been or will be added to the Compantion Guide;
- Will be explained with header rows that will appear on every page of the table;
- Provides recommendations that may be transferred to the applicable Minnesota Uniform Companion Guides for the 837I and 837P as part of the annual maintenance;
- Is a living document that is regularly updated with new coding recommendations; and
- Was developed to track new or revised coding recommendations developed between, and in anticipation of, the annual companion guide update. Updates may stem from:
  - Quarterly HCPCS coding changes
  - Medical coding in relation to legislative changes
  - Reaction to new or revised Medicare rules
  - Other coding issues as identified

II. Table Explanation

Each row in the table displays a particular question/answer or clarification related to an issue associated with a chapter of the Medicare Claims Processing Manual. The designations P and I indicate the Companion Guides (837 Professional or Institutional) to which the clarification applies. The "A)" through "D)" listing in the right column identifies the specific topic as well as the TAG's recommended clarification/answer, the TAG discussion date, and an AUC Operations Committee approval date.

TABLE HEADER

MN Community Coding Practice/Recommendation Table (Informational Only) **The table below is intended for use in conjunction with "Appendix A, Table A.5.1" of the "Minnesota Uniform Companion Guides" for the 837 Institutional (I) and 837 Professional (P) transactions. It is informational only and has not been adopted as part of the Minnesota Uniform Companion Guides. It provides clarification and answers to frequently asked questions about recommended ways to code for health and medical services on the 837I and 837P electronic claim. The table below was developed by the Minnesota Administrative Uniformity Committee (AUC) Medical Code Technical Advisory Group (TAG) and was posted following review and approval by the AUC.**	
Medicare Claims Processing Manual Chapter No. / Chapter/Description Title	MN Community Coding Practice/Recommendation Table A) Subtopic (ST) – *this is the topic title and the associated question or request* B) Recommendation (Rec) – *this is the recommended action, addition or revision from the MCT* C) AUC Medical Code TAG (MCT) minutes reference – *this is the date of the latest MCT minutes where further discussion can be found; more than one date may be noted as appropriate* D) AUC Operations Committee (AUC Ops) Approval date – *this is the effective date of the addition, revision or deletion, unless other noted* E) Proposed as an addition to next version of companion guide (if blank, is not being proposed for next version of guide) – *this is the companion guide version and/or effective date. If blank, the issue is a clarification only and will not be added to the companion guide.*

III. MN Community Coding Practice/Recommendation Table

MN Community Coding Practice/Recommendation Table (Informational Only)

The table below is intended for use in conjunction with "Appendix A, Table A.5.1" of the "Minnesota Uniform Companion Guides" for the 837 Institutional (I) and 837 Professional (P) transactions. It is informational only and has not been adopted as part of the Minnesota Uniform Companion Guides. It provides clarification and answers to frequently asked questions about recommended ways to code for health and medical services on the 837I and 837P electronic claim. The table below was developed by the Minnesota Administrative Uniformity Committee (AUC) Medical Code Technical Advisory Group (TAG) and was posted following review and approval by the AUC.

Medicare Claims Processing Manual		MN Community Coding Practice/Recommendation Table A) Subtopic (ST) B) Recommendation (Rec) C) AUC Medical Code TAG minutes reference D) AUC Ops Approval date E) Proposed as an addition to next version of companion guide (if blank, is not being proposed for next version of guide)		
Chapter No.	Chapter/Description Title	**P**	**I**	
12	Physician/Nonphysician Practitioner Billing	**X**		A) ST: **Autism Spectrum Disorder** Question: How are autism spectrum disorder services to be reported? B): Rec: T10 23 Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project, or treatment protocol, per encounter. (May be reported on different days if multiple assessments are performed) report as 1 unit per encounter. H2018 Psychosocial rehabilitation services, per diem. (Report modifier TF intermediate level, or TG complex level to differentiate between programs if necessary) H2020 Therapeutic behavioral services per diem (Report modifier TF intermediate level, or TG complex level to differentiate between programs if necessary.) H2014 Skills training and development, per 15 minutes. H2017 Psychosocial rehabilitation services, per 15 minutes. H2019 Therapeutic behavioral services, per 15 minutes.

MN Community Coding Practice/Recommendation Table (Informational Only)

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Chapter No.	Chapter/Description Title	**P**	**I**	
				<u>G9012</u> Case Management Services C) MCT: 9-22-09 D) AUC Operations Committee approved via email vote, 10-20-09. E)

MN Community Coding Practice/Recommendation Table (Informational Only)

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Medicare Claims Processing Manual		MN Community Coding Practice/Recommendation Table		
Chapter No.	Chapter/Description Title	A) Subtopic (ST) B) Recommendation (Rec) C) AUC Medical Code TAG minutes reference D) AUC Ops Approval date E) Proposed as an addition to next version of companion guide (if blank, is not being proposed for next version of guide)		
		P	**I**	
12	Physician/Nonphysician Practitioner Billing			**A)** ST: **Coding for SBIRT** SBIRT (Screening, Brief intervention, and Referral to Treatment) is an alcohol/substance abuse structured screening. Should we put something in the Coding Recommendations for coding consistency? Current reporting per SAMHSA (Substance Abuse and Mental Health Services Administration) is as follows: For commercial payers the codes are 99408 and 99409 For Medicare the codes are G0396 and G0397 For Medicaid the codes are H0049 and H0050 B) Rec: Do not follow SAMHSA coding recommendation -- Use CPT or G codes, but not H codes. (Both codes are acceptable per Appendix A front matter) C) 1/10/13 D) AUC Operations Committee E)

MN Community Coding Practice/Recommendation Table (Informational Only)

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Medicare Claims Processing Manual		MN Community Coding Practice/Recommendation Table A) Subtopic (ST) B) Recommendation (Rec) C) AUC Medical Code TAG minutes reference D) AUC Ops Approval date E) Proposed as an addition to next version of companion guide (if blank, is not being proposed for next version of guide)		
Chapter No.	Chapter/Description Title	**P**	**I**	
12	Physician/Nonphysician Practitioner Billing	**X**		A) Subtopic (ST) – **Consultation Services** B) Recommendation (Rec) Per the Minnesota Uniform Companion Guide Section A.3.1, select codes that most accurately identify the service provided. Consultation codes most accurately identify the service provided for non-Medicare business. Group purchasers will continue to accept consultative service codes as defined by CPT for non-Medicare business C) AUC Medical Code TAG minutes reference 11-24-09 D) AUC Operations Committee approved via email vote, 12-21-09. E)

MN Community Coding Practice/Recommendation Table (Informational Only)

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Medicare Claims Processing Manual		MN Community Coding Practice/Recommendation Table		
Chapter No.	Chapter/Description Title	A) Subtopic (ST) B) Recommendation (Rec) C) AUC Medical Code TAG minutes reference D) AUC Ops Approval date E) Proposed as an addition to next version of companion guide (if blank, is not being proposed for next version of guide)		
		P	**I**	
12	Physician/Nonphysician Practitioner Billing	X	X	**A)** ST – **In-reach Community Based Coordination** In-reach is a community based service required by statute 256b.0625, subd. 56, effective 1/1/12. These are case management type services primarily for patients coming to the ED multiple times. The social worker provides management to drive the patient to appropriate care and services. The service is billable in 15 minute increments. Practitioners approved to render these services are social worker (BA), Public Health nurse or corrections practitioner. B) REC: In-Reach Services applies to both 837I and 837P.

	837I	837P
TOB	013x	N/A
Revenue Code	0984	N/A
HCPCS	T1016-U2 T1016-U2 TS	T1016-U2 T1016-U2 TS

T1016 Case management, each 15 minutes
U2 = In-reach, initial service
U2 TS = In-reach, follow-up

C)MCT – 2/14/13

D) AUC Ops approval date

E) Proposed as an addition to next version of 837I and 837P companion guides.

MN Community Coding Practice/Recommendation Table (Informational Only)

The table below is intended for use in conjunction with "Appendix A, Table A.5.1" of the "Minnesota Uniform Companion Guides" for the 837 Institutional (I) and 837 Professional (P) transactions. It is informational only and has not been adopted as part of the Minnesota Uniform Companion Guides. It provides clarification and answers to frequently asked questions about recommended ways to code for health and medical services on the 837I and 837P electronic claim. The table below was developed by the Minnesota Administrative Uniformity Committee (AUC) Medical Code Technical Advisory Group (TAG) and was posted following review and approval by the AUC.

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Chapter No.	Chapter/Description Title			
		P	**I**	

12	Physician/Nonphysician Practitioner Billing			A) **MFP Demonstration Project** The Deficit Reduction and Affordable Care Act empowered states to develop demonstration projects that would promote and enable movement of Medicaid beneficiaries with disabling and chronic conditions from institutions to the community. To provide community-based alternatives for persons of all ages and disability groups who reside in MA-funded institutional settings. Money Follows the Person (MFP) provides an array of home and community based services to include planning and coordination of community living arrangements, searching for and securing housing, moving, securing household goods, and arranging for supportive housing, employment and environmental services. B)The following codes are recommended to report Money Follows the Person activities: HCPCS Modifier(s) Description T2038 U6 Community transition, MFP *(plan development)* T2038 U6 UD Community transition, MFP *(coordination)* T2038 U6 U1 Community transition, MFP, furniture T2038 U6 U2 Community transition, MFP, supplies T2038 U6 UA Community transition, MFP, deposits associated with securing housing T2015 U6 Comprehensive community support services, per 15 minutes, MFP T1016 U6 Case management, each 15 minutes, MFP T2019 U6 Habilitation, supported employment, per 15 minutes, MFP H0038 U6 Self-help/peer services, per 15 minutes, MFP H2027 U6 Psychoeducational service, per 15 minutes, MFP S5115 U6 Home care training, nonfamily, per 15 minutes, MFP *(caregiver education)*

				H2000 U6 Comprehensive multidisciplinary evaluation, MFP *(in the development of a transition or service plan)* T2013 U6 Habilitation, educational, per hour, MFP *(intervention provided to support placement in the community)* S5150 U6 Unskilled respite care, per 15 minutes, MFP *(in home)* S5151 U6 Unskilled respite care, per diem, MFP *(in home)* S5150 U6 UB Unskilled respite care, per 15 minutes, MFP, out of home H0045 U6 Respite care services, not in the home, per diem, MFP S5165 U6 Home modifications; per service, MFP S5162 U6 Emergency response system; purchase only, MFP S5161 U6 Emergency response system; service fee, per month, MFP T1999 U6 Miscellaneous therapeutic items and supplies, retail purchases, NOC, MFP E1399 U6 (NU, RR or RB Durable medical equipment, MFP (include modifier for purchase, rental or repair S5135 U6 UA Companion care, adult; per 15 minutes, MFP, night supervision A0160 U6 Nonemergency transportation; per mile – caseworker or social, MFP A0170 U6 Transportation ancillary: parking fees, tolls, other, MFP A0180 U6 Nonemergency transportation: ancillary; lodging-recipient, MFP A0190 U6 Nonemergency transportation: ancillary; meals, recipient, MFP A0200 U6 Nonemergency transportation: ancillary; lodging, escort, MFP A0210 U6 Nonemergency transportation: ancillary; meals, escort, MFP S9970 U6 Health club membership, annual, MFP 'U' Modifier definitions for this purpose: U6 - Money Follows the Person demonstration (Moving Home Minnesota) UA - Night supervision (S5135)/Item, service, or procedure furnished in conjunction with a demonstration project (T2038) UB – Out-of-home UD – Transition to community living services U1 – Transitional services – furniture U2 – Transitional services- supplies C)MCT 2/14/13 D) AUC Ops approval date E)

MN Community Coding Practice/Recommendation Table (Informational Only)

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Medicare Claims Processing Manual		MN Community Coding Practice/Recommendation Table A) Subtopic (ST) B) Recommendation (Rec) C) AUC Medical Code TAG minutes reference D) AUC Ops Approval date E) Proposed as an addition to next version of companion guide (if blank, is not being proposed for next version of guide)		
Chapter No.	Chapter/Description Title	**P**	**I**	
12	Physician/Nonphysician Practitioner Billing			A) ST: Labor Epidural Billing Request to approved coding for "time present and immediately available" of currently billing methodology for most payers be standardized coding in the Claims companion guides for anesthesia. B) REC: No action. 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." C)MCT 2/14/13 D) AUC Ops approval date E)

MN Community Coding Practice/Recommendation Table (Informational Only)

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		P	**I**	
15	Ambulance	**X**		A) ST: **Community Paramedics** MN Statute 256B.0625, subd. 60 requires Medical Assistance cover services provided by community paramedics certified under section 144R.28, subd. 9 B) Rec: Community paramedic services should be billed as followed: Professional claims only – 837P Place of services – 12 (home) Individual provider number – report the Medical director's NPI Code T1016 U3, 15 minutes increments (one billing, services all inclusive) Code supplies and vaccines may be reported as needed with the appropriate HCPCS codes T1016 Case management, each 15 minutes U3 – service provided by certified community paramedic (EMT-CP) C) MCT 2/14/13 D) AUC Ops approval date 2/14/13 E) Proposed as an addition to next version of 837P companion guide.

MN Community Coding Practice/Recommendation Table (Informational Only)

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Chapter No.	Chapter/Description Title	**P**	**I**	
16	Laboratory Services	X	X	A) Reporting Newborn Screening MN Statute 144.125 requires all infants be screened for heritable and congenital disorders using a Newborn Screening Card purchased from the Minnesota Department of Health. Generally, the cost of the screen is incorporated in the birthing facility fees; however, in some circumstances, the specimen is taken after discharge. B) When the specimen is taken for the Newborn Screening Card purchased from Minnesota Department of Health after the birth discharge, the newborn screen should be reported using S3620, this covers the cost incurred for the screening card. For repeat screens, report S3620 with the appropriate modifier for repeat services. Diagnostic testing should be reported with the appropriate HCPCS code for the test being performed. S3620 Newborn metabolic screening panel, includes test kit, postage and the laboratory tests specified by the state for inclusion in this panel (e.g., galactose; hemoglobin, electrophoresis; hydroxyprogesterone, 17-d; phenylanine (PKU); and thyroxine, total) 76, 77 – repeat service C) MCT 2/14/13 D) AUC Ops approval date 2/14/13 E) Proposed as an addition to next version of 837P and 837I companion guides.

MN Community Coding Practice/Recommendation Table (Informational Only)

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Chapter No.	Chapter/Description Title	A) Subtopic (ST) B) Recommendation (Rec) C) AUC Medical Code TAG minutes reference D) AUC Ops Approval date E) Proposed as an addition to next version of companion guide (if blank, is not being proposed for next version of guide)		
		P	**I**	
N/A	**N/A**	**X**	**X**	A) ST: **Dental services performed in the operating room** B) Rec: 10-26-10 - For dental services not normally provided under general anesthesia…. Where dental HCPCS codes are the most specific, appropriate codes, they should be used to indicate dental procedures performed under general anesthesia in the operating room, on both the 837 Professional and 837 Institutional claims types. C) MCT: 01/14/2010 D) AUC Operations Committee approved 02/08/10 E)

MN Community Coding Practice/Recommendation Table (Informational Only)

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		P	**I**	

N/A	N/A	X	X	**A)** ST: **MAT (Medication Assisted Treatment) Billing – Methadone vs. Other** To meet CMS and legislative requirements, DHS needs to revise coding for MAT services: 1. to establish a code to distinguish methadone from all other drugs for MAT and 2. to identify MAT intensive (plus)services for a. methadone and b. all other drugs B) Rec: Revise Table A.5.3.c – Substance Abuse Services: Outpatient Services as follows: 837I:

Service description	Unit	Revenue Code	HCPCS Procedure Code	TOB
MAT	Day	0944	H0020	089x or 013x
MAT – all other drugs	Day	0944	H0047 U9	089x or 013x

837P

Service description	Unit	Revenue Code	HCPCS Procedure Code	TOB
MAT	Day	N/A	H0020	N/A
MAT – all other drugs	Day	N/A	H0047 U9	N/A
MAT Plus	Day	N/A	H0020 UA	N/A
MAT Plus – all other drugs	Day	N/A	H0047 UB	N/A

MAT Plus – a licensed program providing at least 9 hours of treatment service per week
U9 – MAT, all other drugs, e.g. buprenorphine, naltrexone, Antabuse, etc.
UA – MAT Plus, methadone
UB – MAT Plus, all other drugs

C) MCT 2/14/13

D) AUC Ops approval date 2/14/13

E) Proposed as an addition to next version of 837P and the 837I companion guides.