

Title of Meeting: AUC Medical Code TAG
Date and Time of Meeting – Thursday, August 8, 2013, 9 a.m. to 12 p.m.
Location of Meeting – HealthPartners
Meeting Minutes

Minutes By: Judy Edwards, Dave Haugen, Faith Bauer

Agenda Item	Discussion	Action/Follow-up:
1. Welcome and Introductions <ul style="list-style-type: none"> • 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 at deb.a.sorg@healthpartners.com . Include your name, organization and if you are calling in for another person within your organization Members should provide Deb Sorg with email address changes and new members contact information. .	Completed.
2. Antitrust Statement	Reviewed – available on AUC website.	No discussion.
3. Review of last meeting’s Minutes	Minutes for July 11 meeting approved	Minutes will be sent to MDH for posting on AUC MCT website
4. AUC MCT Webpage Update – Barb Hollerung	TAG reviewed changes made at June’s meeting and voted to approve revisions to the MCT home page.	Closed
5. Legislative TAG review of the ASA - Dave Haugen, MDH	Dave provided overview of ASA statute which needs updating and changes to bring statute current. He reported that members of the Legislative TAG are currently reviewing the ASA, particularly Minnesota Statutes 62J50-61, have made suggestions for technical changes, removing archaic and obsolete language, e.g., references to paper for now electronic transactions. Legislative TAG meetings have been scheduled for August 12 and August 21; the meetings are open and anyone can attend. Recommendations for ASA revisions will be technical, non-controversial changes. Dave encouraged the MCT to review and forward any suggested changes to Judy or Dave. Next step How will it directly impact MCT? Looking for help how to improve the statute and seeking input to improve. A great deal will have to be deleted.	Closed
6. MN Universal OP MH/CD Health Authorization Form – Faith Bauer, BCBSM	The SBAR request was to update the Minnesota Universal Outpatient Mental Health/Chemical Dependency Health Authorization was discussed. There were a number of suggestions made and questions raised regarding the use of this form and by whom. Phasing out the form was suggested because providers can provide this information on the 278 transaction. Prior to an agreement being reached or further work, action items were generated to determine the appropriate response to the SBAR:	OPEN

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	<ul style="list-style-type: none"> • MCT members (payers) will check within their organization to determine if they are using or requiring the form and if not, what are they using for prior authorizations • MCT members (providers) – will check to determine what they are sending for MH/CH for referrals and prior authorizations. • All members are to submit their findings to Faith for discussion at the September 12 meeting. <p>During the break, Deb Sorg learned that HealthPartners accepts the form in addition to others, and that the Minnesota Health Plan is in the process of updating the form as well.</p> <p>Dave H. will follow-up with MHP to clarify ownership/responsibility for the form and status.</p> <p>Post meeting, Judith Blyth provided the link attached is the prior auth form HCMC uses in adult psychiatry: https://edocs.dhs.state.mn.us/lfserver/Public/DHS-4424-ENG</p>	
<p>7. Modifier 52 Usage – Sue Adams, UCare</p>	<p>SBAR requests that MCT clarify and reach an agreement for the appropriate use for Modifier 52. Providers are billing E/M codes with Modifier 52.</p> <p>Further research will be conducted by the following MCT members and presented at next MCT TAG meeting (9/12):</p> <ul style="list-style-type: none"> • Lisa will research American Medical Association to clarify if modifier 52 can be used with reduced service modifier 90212. • Carolyn will contact the MN Ophthalmology association to clarify 90212 and 90214 use of modifiers. • Barb will consult with Joanne Wolf to clarify C&TC language – Chapter 18 <p>WPS Medicare does not require modifier 52. Judy sent inquiry to NGS regarding. Is it appropriate to use 52 with C&TC?</p>	<p>OPEN See – Modifier 52 Usage – Research and Responses document</p>
<p>8. Community Paramedic Update – Shawnet Healy, DHS</p>	<p>Shawnet Healy, DHS, provided an update on Community Paramedics that requires training to Appendix A in the 837P and 837I. During the discussion several changes were recommended and approved by the TAG to in – in order to claim a 15 minute-unit, a minimum of eight minutes to claim that unit on face-to-face time only. T1016-U3</p> <p>Change language in CG to read: Supplies and vaccines are reported by the ordering primary care physician only.</p> <p>Routine supplies incident to a visit (e.g., gloves, test strips, band aids, etc.) cannot be reported separately).</p> <p>Non-reportable services include:</p> <ul style="list-style-type: none"> • Incident supplies (e.g., gloves, test strips, band aids, etc. • Travel • Mileage 	<p>Closed</p>

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	<ul style="list-style-type: none"> • Medical record documentation <p>Code T1016 U3, 15 minutes increments (one billing, services all inclusive). A minimum of 8 minutes of fact to face time must be rendered in order to report one unit. (Refer to section A.3.4.2 for units rounding rules).</p> <p>T1016 case management, each 15 minutes</p> <p>U3 – service provided</p> <p>Dave announced that changes will be made recommended by TAG today. Will be approved by Ops and then published for 30-day comment period.</p>	
<p>9. Doulas – Shawnet Healy, DHS</p>	<p>Effective July 4, 2014, Medicaid will allow services by certified doulas – childbirth education and support services (throughout entire pregnancy). Look at legislation) 148.995, subd. 2 (https://www.revisor.mn.gov/statutes/?id=148.995).</p> <p>The MN for Better Birth Coalition will meet Sept 23 at DHS.</p> <p>Some of the issues that will need to be addressed are the POS, provider type, what codes and revenue codes, medical professional or educational – payment (\$250-\$1,000). What is scope of practice? Members suggested to keep; it simple- one place of service; scope of practice</p> <p>DONA is national organization who designates certification. There are two types of doulas: Birth Doula Post-partum Doula</p> <p>Dave suggested Shawnet use the revised decision draft and will forward copy of decision tree to MCT.</p>	<p>OPEN</p>
<p>10. AAPC State Conference – Carolyn Larson, PreferredOne</p>	<p>Carolyn Larson announced that the AAPC state conference will be held November 7-8 at the Roseville Radisson (just a few blocks away from Rosedale Mall). More information will be available at the September MCT meeting as speakers are still being confirmed.</p>	<p>CLOSED</p>
<p>11. Next Monthly meeting</p>	<ul style="list-style-type: none"> • Next meeting scheduled for September 12, 2013, 10:00-1:00, St. Croix – 1st Floor, HealthPartners, 8170 Building, Bloomington. • The November meeting will be cancelled. • TREATS: <ul style="list-style-type: none"> ○ De will bring treats for September. ○ Deb will bring treats for October. 	<p>CLOSED</p>