Meeting Materials

Medical Code TAG Meeting

August 8, 2013

1. Agenda AUC Medical Code TAG 080813
2. Medical Code TAG Draft 07-11-13 Meeting Minutes
3. MCT Information Page
4. Legislative TAG
5. MN Universal OP MH-CDI Health Authorization Form
6. Modifier 52

Administrative Uniformity Committee

AGENDA – MEDICAL CODE TECHNICAL ADVISORY GROUP (MCT)
Thursday, August 8, 2013
9:00 a.m. to 12:00 p.m.
Location: HealthPartners, 8170 Building, Bloomington, Lake of the Woods room

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
   - **Membership request and/or updates: Deb Sorg** deb.a.sorg@healthpartners.com
2. **Review of Antitrust Statement**
3. **Review of last meeting's minutes**
4. **MCT Information Page – Barb Hollerung, DHS**

3/14/13, 5/9/13: 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
7/11/13: The revised webpage was reviewed, updated and approved by majority vote. Reference to ICD-9 will be removed. It is not in our scope.	OPEN for review of changes

5. **Legislative TAG review of the ASA - Dave Haugen, MDH**

   The Legislative TAG is now undertaking a review of the ASA to identify possible technical, noncontroversial changes that may be needed to keep the ASA current.

   See attached information.

6. **MN Universal OP MH/CD Health Authorization Form – Faith Bauer, BCBSM**

   The Minnesota's Universal Outpatient Mental Health/Chemical Health Authorization Form needs to be updated with current HCPCS codes. The codes currently listed are no longer valid for dates of service 1/1/13 and after.

See attached SBAR.

7. Modifier 52 Usage – Sue Adams, UCare

UCare is looking for direction from the AUC Medical Code Tag to see if this is applicable only to Medicare claims or should it be applied to DHS claims as well? To keep uniformity in the application of modifier 52 the AUC should state whether or not Minnesota will follow the direction from WPS or does the State of MN allow modifier 52 on E/M codes.

See attached SBAR.

8. Additional Agenda Items

- Next meeting scheduled for September 12, 2013, 10:00-1:00, St. Croix – 1st Floor, HealthPartners, 8170 Building, Bloomington
- TREATS:
- Meeting rooms for remaining 2013:

Date	Time	Location
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, July 11, 2013, 10 a.m. to 1 p.m.
Location of Meeting – HealthPartners
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 at 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 for May 9 meeting approved with the following corrections: #6, AUC MCT Member List Clean-up – change "sanitize" to "clean up".	Minutes will be sent to MDH for posting on AUC MCT website
4. AUC MCT Member List Clean-up – Deb Sorg, HealthPartners	Send any membership request or revisions to Deb Sorg at deb.a.sorg@healthpartners.com.	Closed – membership revisions will be added as a standing agenda item
5. AUC MCT Webpage Update – Barb Hollerung	The revised webpage was reviewed, updated and approved by majority vote. Reference to ICD-9 will be removed. It is not in our scope.	OPEN for review of changes
6. Annual Companion Guide Maintenance – Judy Edwards, MDH	The draft revisions were reviewed. The proposed hyperlinks to DHS for sections A.5.2 Behavioral Health Procedure Code/Modifier Combinations for Specific Benefit Packages Unique to Minnesota Government Programs and A.5.3 Substance Abuse Services will not be pursued. The revisions from the coding recommendation grid will be added. Adding hyperlinks for all of table A was proposed to enable more timely coding updates; however, this will have to be discussed by Ops at a later time to determine if this fits under ASA.	Closed – the revised guides will be sent to members for an email vote
7. Tentative 2014 MCT Meetings Calendar – Susie Veness, MDH	The meeting times were approved and location set.	Closed

DATE	TIME	LOCATION
1/9/14	9:00-12:00	Minnesota Room HealthPartners, 8170 Building, Bloomington
2/13/14	9:00-12:00	St. Croix – 1st Floor, HealthPartners, 8170 Building, Bloomington
3/13/14	9:00-12:00	St. Croix – 1st Floor, HealthPartners, 8170 Building, Bloomington
4/10/14	9:00-12:00	St. Croix – 1st Floor, HealthPartners, 8170 Building, Bloomington
5/8/13	9:00-12:00	St. Croix – 1st Floor, HealthPartners, 8170 Building, Bloomington
6/12/14	9:00-12:00	St. Croix – 1st Floor, HealthPartners, 8170 Building, Bloomington
7/10/14	9:00-12:00	St. Croix – 1st Floor, HealthPartners, 8170 Building, Bloomington

<table>
<tr><th>Agenda Item</th><th>Discussion</th><th>Action/Follow-up:</th></tr>
<tr><td></td><td>
<table>
<tr><td>8/14/14</td><td>9:00-12:00</td><td>St. Croix – 1st Floor, HealthPartners, 8170 Building, Bloomington</td></tr>
<tr><td>9/11/14</td><td>9:00-12:00</td><td>St. Croix – 1st Floor, HealthPartners, 8170 Building, Bloomington</td></tr>
<tr><td>10/9/14</td><td>9:00-12:00</td><td>St. Croix – 1st Floor, HealthPartners, 8170 Building, Bloomington</td></tr>
<tr><td>11/13/14</td><td>9:00-12:00</td><td>St. Croix – 1st Floor, HealthPartners, 8170 Building, Bloomington</td></tr>
<tr><td>12/11/14</td><td>9:00-12:00</td><td>St. Croix – 1st Floor, HealthPartners, 8170 Building, Bloomington</td></tr>
</table>
</td><td></td></tr>
<tr><td>8. 2013 Legislative Updates – Barb Hollerung, DHS</td><td>Barb presented the following legislation updates affecting DHS:
1. There is a fee increase for the newborn hearing screen paid to hospitals and birth centers (presumed). Effective for admissions on and after 7-1-2013. Should also affect MCOs.
2. Emergency MA (EMA) eligible beneficiaries (dialysis and cancer treatment) will be eligible for elderly waiver services and rehabilitative services provided in a nursing facility effective 7-1-2013 and is limited to available funding ($2.2 million) – when the money is gone the benefit ends. does not apply to MCOs or other payers
3. Additional dental services are added to the benefit set for adults – house or extended care facility calls (D9410), behavioral management (D9920), oral or IV sedation (D9920-D9248?), and prophylaxis (D1110).
4. Services of a certified doula are covered by MA (also by default, MCOs) – “childbirth education and support services, including emotional and physical support provided during pregnancy, labor, birth, and postpartum” effective 7-1-2014 or federal approval whichever is later. This may be problematic since there are no specific codes for doulas but the covered services may already have HCPCS codes. Among other things, we need to determine if doulas meet the definition of “other qualified health care professional” or if there is enough interest in a Level II HCPCS code for the service – we have queried the Medicaid community and have not found any other evidence of independent coverage – they may have been covered by the hospital or packaged into the doctor’s services.
5. Electronic tablets, disabled to prevent non-communication related activities, are covered as augmentative/alternative communication devices. E2500-E2510 “speech generating device” codes do not seem to represent tablets – the codes address the form of speech (digitized or synthesized) generated, pre-recorded and length of message or method of formulation. E2511 is for the software program. Need a code?
6. Preferred diabetic testing program for MA using NCPDP electronic standard and NDC – Effective 1-1-2014 but will require federal waiver or approval
7. Multiple services provided on the same day, because of placement in the legislation, I assumed it altered NCCI edits but was intended to pay multiple encounter rates per day for FQHC not all providers
8. Autism Early Intensive Intervention Benefit – additional services, effective 3-1-2014. New codes?
9. Community First Services and Supports – new name for PCA services, effective 4-1-2014
10. Essential Community Supports – transitional services, effective 1-1-2014
11. Children’s Therapeutic Supports and Services (CTSS) expands to include mental health service plan development code?, clinical care consultation code?, family psychoeducation services H2027 (individual, family, and multi-family) and services provided by a family peer specialist H0038. Effective 7-1-2013 – affects Companion Guide A.5.2. Coding?</td><td>Closed – individual items will discussed at MCT as needed</td></tr>
</table>

Agenda Item	Discussion	Action/Follow-up:
	12. Mental health treatment in foster care – includes intensive treatment – may need modifier 13. Psychiatric consultation to primary care providers – eligible consulting providers expanded to include psychologists, and Mental Health APRNs. The service is generally used to confirm appropriate medications – psychologists cannot prescribe so there may be issues here.	
9. Next Monthly meeting	• Next meeting scheduled for August 8, 2013, 9:00-12:00, HealthPartners, Lake of the Woods, HealthPartners, 8170 Building, Bloomington Cancel November 14 meeting due to CPT symposium. TREATS: Faith Bauer	CLOSED

Medical Code Technical Advisory Group

Meeting Information

Policies

SBAR and work request forms

Chair

• Faith Bauer Faith_E_Bauer@bluecrossmn.com 651-662-8068

Charge and mission statement of work

For Minnesota Statutes 62J.536 project: Create common standards in cases where Medicare does not meet Minnesota needs and Minnesota commercial health plan group purchasers require providers to code medical services differently, depending upon the group purchaser.

An overarching principle of this work is the fact that, each MN group purchaser and provider will be required to make changes to procedures, policies and/or systems in some way, as a result of the work of the AUC and the Medical Code TAG.

Work plan and/or accomplishments

Determine scope and relevance to Medical Code TAG for Minnesota Statutes 62J.536 project:

1. ~~In the Scope of the~~ The Medical Code TAG typically addresses issues such as:
   - HCPCS Codes (CPT Codes)
   - Revenue Codes
   - Modifiers
   - Units ~~– when not addressed in the Claims Data Definition TAG and/or the MN 1500 Manual~~, e.g., bilateral procedures, anesthesia
   - ~~ICD-9 Procedure Codes~~ [have not addressed in the past, is a payment policy issue] – this change was voted on – approved on a voice vote.
2. ~~Not in the Scope of the Medical Code TAG – such as, but not limited to:~~
   - ~~Type of bill~~
   - ~~Late charges~~
   - ~~Adjustments~~
   - ~~Timely filing~~
   - ~~COB~~

Formatted: Highlight

~~o Attachments~~

~~3.~~2. Items not within the above Scope of the Medical Code TAG, including but not limited to …., will be forwarded on, via a spreadsheet, to the appropriate AUC TAG, e.g., Claims Data Definitions for resolution. The Medical Code TAG will bring any items with unknown ownership to the AUC Executive Committee.

Process for Minnesota Statutes 62J.536 project

1. For each coding topic the Medical Code TAG will first review the CMS Online Medicare Claims Processing Manual and if group purchasers/providers agree ~~that~~ with Medicare ~~is the preferred coding method then~~no further action is required. ~~that item is considered to be DONE.~~
2. ~~If all~~ group purchasers/providers do not agree to follow Medicare, or Medicare guidance is not provided, ~~then~~ the Medical Code TAG ~~will decide on ONE way to code for services for commercial business in MN. All participants should provide compelling business facts to support the preferred method.~~
   - ~~If group purchasers/providers do not reach consensus on ONE method to code for services, then action items will be assigned to group purchasers/providers, with a deadline date to report back to the Medical Code TAG.~~
3. ~~The Medical Code TAG~~ will ~~then~~ review appropriate materials and determine ~~the ONE~~uniform ~~way to~~ cod~~inge for services, for commercial MN group purchasers for those items that are NOT in the CMS Medicare Manual, such as, EPSDT, maternity, pediatrics, etc.~~
2. ~~Overarching considerations for this work are that T~~the Medical Code TAG will ~~need to~~ continue to address new code standards using the above ~~procedures~~processes.

Work product to be developed

Minnesota rules for ~~medical codes~~ uniform coding when ~~commercial health plan~~ group purchasers/providers use codes other than those in the CMS Online Medicare Claims Processing Manual~~. MN medical code rules~~ will be in an appendix to the:

- MN Institutional Claims (837I) Companion Guid~~e, the~~
- MN Professional Claims (837P) Companion Guide~~, the~~
- MN Dental Claims (837D) Companion Guide~~, and the~~
- MN Pharmacy Claims (NCPDP D.0~~5.1~~) Companion Guide ~~and the MN Community Coding Practice/Recommendation Table.~~

The Medical Code TAG also maintains the ~~The~~ 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

Formatted: Highlight

Formatted: Highlight

Formatted

Formatted: Space After: Auto

Formatted: Space Before: Auto, Outline numbered + Level: 1 + Numbering Style: 1, 2, 3, … + Start at: 1 + Alignment: Left + Aligned at: 0.25" + Tab after: 0.5" + Indent at: 0.5"

Formatted: Highlight

Formatted: Highlight

Formatted: Highlight

Formatted: Font: (Default) Times New Roman, 12 pt, Highlight

Formatted: List Paragraph, Bulleted + Level: 1 + Aligned at: 0" + Indent at: 0.25"

Formatted: Font: (Default) Times New Roman, 12 pt, Highlight

Formatted: Font: (Default) Times New Roman, 12 pt, Highlight

Formatted: Font: (Default) Times New Roman, 12 pt, Font color: Red, Highlight

Formatted: Highlight

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 Companion 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~~

Formatted: Highlight

Activation or re-activation date: 01/01/2007 (Formerly State HCPCS Committee)

Inactivation date: N/A

AUC Legislative TAG and AUC Operations members:

First enacted in 1994, Minnesota's Administrative Simplification Act (ASA) – Minnesota statutes, sections 62J.50 – 62J.69, including the companion guide requirements in MS §62J.536 -- has served the state very well. However, over the years, the health care landscape has changed a great deal both at the federal and state level. The AUC Executive Committee agreed that it seemed timely to gather ideas and input for any possible technical changes and updates that might be needed to keep the ASA up to date. The Legislative TAG is now undertaking a review of the ASA to identify possible technical, noncontroversial changes that may be needed to keep the ASA current. It is still too early at this time to know whether any ideas for technical changes might be submitted as part of the 2014 legislative process, but it will be helpful to complete the review and to have any suggestions ready for any possible next steps.

This exercise is similar to some preliminary ASA reviews that the Legislative TAG undertook in 2009/2010, and the attached document reflects the issues/changes that were identified then. We would like to invite the Legislative TAG to review the ASA at this time and to suggest any technical, noncontroversial changes that might be needed. We are also copying the entire AUC on this message so that they are aware and have the ability to provide input as well.

Joe Schindler from the MN Hospital Association and Kathryn Kmit from the MN Council of Health Plans, co-chairs of the Legislative TAG, ask that if you would like to contribute ideas and input to the ASA review process as described above, that you:

1. **Today:**

Attached is a set of previously suggested revisions to the ASA from 2010. Please review this draft and identify any technical revisions or updates that might be needed to address outdated language and to keep the ASA up to date. Please email any suggestions to Dave Haugen at the Minnesota Department of Health (MDH) at david.haugen@state.mn.us, no later than Friday noon, August 9, 2013. We will compile the suggestions to review and discuss at a Legislative TAG teleconference and Webex on August 12.

2. **Monday, August 12, 2013, 3:00 p.m. – 4:30 p.m.: Legislative TAG teleconference/webex**

At the teleconference we will review the suggested changes to the ASA from several years ago and any additional recommendations received by August 9. We will compile all of the new additions and suggestions and send out an updated version again to the group following the teleconference.

August 12 dial-in and webex information

This information, and any other meeting materials or information will also be posted on the calendar page of the AUC website at http://www.health.state.mn.us/auc/calendar.htm and the Legislative TAG meeting information page http://www.health.state.mn.us/auc/infoleg.htm)

Dial-in Number: 1-857-232-0300 (East Coast)
Participant Access Code: 337213
Note: participants are responsible for their long distance charges]

Webex: https://health-state-mn-ustraining.webex.com/health-state-mn-ustraining
Webex password: Leg2013! (Do not cut and paste the password. The password is case-sensitive and includes the exclamation point at the end.)

3. **Tuesday, August 27, 2013, 3:00 p.m. – 4:30 p.m.: Legislative TAG teleconference/webex**

We will review any additional suggested revisions to the ASA and seek stakeholder agreement on recommendations for any noncontroversial, technical change that may be needed to keep the ASA current.

August 27 dial-in and webex information

This information, and any other meeting materials or information will also be posted on the calendar page of the AUC website at http://www.health.state.mn.us/auc/calendar.htm and the Legislative TAG meeting information page http://www.health.state.mn.us/auc/infoleg.htm)

Dial-in Number: 1-857-232-0300 (East Coast)
Participant Access Code: 337213
Note: participants are responsible for their long distance charges]

Webex: https://health-state-mn-ustraining.webex.com/health-state-mn-ustraining
Webex password: Leg2013! (Do not cut and paste the password. The password is case-sensitive and includes the exclamation point at the end.)

Thanks for taking the time to review the ASA. We look forward to your input on this important issue. Please contact us if you have questions.

Dave Haugen

Administrative Uniformity Committee

AUC BUSINESS NEED EXPLANATION

S	SITUATION – Describe the current business practice(Please describe the problem or issue to be addressed): The Minnesota's Universal Outpatient Mental Health/Chemical Health Authorization Form needs to be updated with current HCPCS codes. The codes currently listed are no longer valid for dates of service 1/1/13 and after.
B	BACKGROUND – Explain the pertinent history of the business practice (How does this work today): The Minnesota's Universal Outpatient Mental Health/Chemical Health Authorization Form was developed by the AUC Mental Health TAG. The following is found under Archives. Note that these forms are not listed under the Forms tab. http://www.health.state.mn.us/auc/mntlhlthtag.htm **Mental Health TAG** Minnesota's Universal Outpatient Mental Health/Chemical Health Authorization Form (pdf 292Kb/3 pgs) Minnesota's Universal Outpatient Mental Health/Chemical Health Authorization Form (pdf 148 Kb/3 pgs) If you have any questions please contact: Janet Silversmith, Minnesota Medical Association (612) 378-1875 jsilversmith@mnmed.org The form contains several CPT codes under the Services section Number Requested: 90804, 90805, 90806, 90847, 90853, 90862, and 90870.
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 codes listed on the form need to be updated. These codes were deleted effective 1/1/13. If the form remains valid it must reflect valid HIPPA codes.
R	RECOMMENDATION – What are you recommending including any known timing that needs to be considered: Update the Minnesota's Universal Outpatient Mental Health/Chemical Health Authorization Form as appropriate. Additionally, for ease in finding the form there should be a link on the Forms page.

	CONTACT INFORMATION – This form was completed by: Name: Faith Bauer Title: Principal Healthcare Coding Analyst Email address: faith_e_bauer@bluecrossmn.com Phone number: 651-662-8068 Organization: Blue Cross Blue Shield of MN Address: 3400 Yankee Dr., Eagan, MN 55121

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
Uniformity
Committee

AUC BUSINESS NEED EXPLANATION

S	Modifier 52 Fact Sheet http://www.wpsmedicare.com/part_b/resources/modifiers/modifier-52.shtml Definition Reduced Service reports a partially reduced or eliminated service or procedure. Appropriate Usage Procedures for which services performed are significantly less than usually required may be billed with the "52" modifier. Report the service provided with modifier 52 and the appropriate reduced original charge. Services modified at the physician's discretion to be less than the usual procedure. When the documentation describing the service fully supports that the service furnished was less than usually required. Inappropriate Usage Do not use for terminated procedures. Do not use for situations when the patient has the inability to pay the full charge. Do not use on a time-based code (i.e. anesthesia, psychotherapy, or critical care). Do not report on Evaluation & Management and Consultations codes. Additional Information Claims need to indicate "Documentation available upon request" in item 19 or the electronic equivalent. Reduce the amount you normally bill for the service(s) on your claim accordingly. Page Last Updated: Wednesday, 17-Apr-2013 15:04:28 CDT UCare is looking for direction from the AUC Medical Code Tag to see if this is applicable only to Medicare claims or should it be applied to DHS claims as well? Have other payers incorporated this information into their claims processing system?
B	BACKGROUND – Explain the pertinent history of the business practice (How does this work today): Providers have been billing E/M services with modifier 52 to show reduced services. This is typically seen on Preventative Care Codes 99381 - 99397. When the 52 modifier is appended, this allows the provider to be reimbursed at 50% of the higher value Preventative Service instead of determining what E/M code the visit would fall into. In addition, eye care providers have been appending it to their exam code 92014 so that they receive 50% of the allowable for this service instead of determining what level E/M service should be used.
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): To keep uniformity in the application of modifier 52 the AUC should state whether or not Minnesota will follow the direction from WPS or does the State of MN allow modifier 52 on E/M codes.

R	RECOMMENDATION – What are you recommending including any known timing that needs to be considered: Providers should not be allowed to append the 52 modifier to E/M visits as stated in the WPS Modifier 52 Fact Sheet. This should apply to all claims submitted in the state.
	CONTACT INFORMATION – This form was completed by: Name: Sue Adams Title: Coding Consultant Email address: sadams@UCare.org Phone number: 612-676-3235 Organization: UCare Address: 500 Stinson Blvd Minneapolis, MN 55413

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