

Title of Meeting: AUC Medical Code TAG
Date and Time of Meeting – Tuesday, October 29, 2013, 8 a.m. to 12 p.m.
Location of Meeting – HealthPartners
Meeting Minutes

Minutes By: Judy Edwards, 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 August meeting approved	Minutes will be sent to MDH for posting on AUC MCT website
4. SBAR – Newborn Care and birth centers – Teresa Shaffer, BCBSMN	<p><i>Faith reported receipt of four SBARs regarding free standing birthing centers that must be delegated to the MCT for review and recommendation by the AUC Executive Committee. The TAG reviewed and briefly discussed the issues raised in each of the SBARs; however, no recommendations were made. Judy will review SBAR form and process current on AUC website to allow SBAR submitter to include title for SBAR</i></p> <p>Free-Standing Birth Centers Birth centers versus professional services – professional services that should be on facility charges Deb Sorg – MCH need to look at both birthing center facility and professional services and make clear distinguish in coding guides. Deb reported that she is seeing professional services billed on a professional claim that are clearly part of the facility claim. Need to distinguish (labs, supplies, for example, whirlpools and oxygen on professional bills).</p> <p>DHS legislation included newborn should be billed on facility and nursery care need to be facilitated. Some discussion on how this should be reported included possibly reporting two 0724 birthing center revenue codes. One for mom (0724 w/delivery code), one for baby (0724 w/99463).</p> <p>Reporting a visit and discharge on the same date was addressed. Normal discharge guidelines indicate only one be billed. Only bill the discharge and not subsequent. Only one E/M per day charge (professional submission).</p>	CLOSED pending Executive Committee review
5. SBAR - Newborn Service Fee – Paula Bernini Feigal, Morning Star Women’s Health and Birth Center	<p><i>Faith reported receipt of four SBARs regarding free standing birthing centers that must be delegated to the MCT for review and recommendation by the AUC Executive Committee. The TAG reviewed and briefly discussed the issues raised in each of the SBARs; however, no recommendations were made. Judy will review SBAR form and process current on AUC website to</i></p>	CLOSED pending Executive Committee review

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	<p><i>allow SBAR submitter to include title for SBAR</i></p> <p>Cannot accept room and board on an outpatient claim. A free standing birthing center is not a hospital, thus the request to report newborn care under the room and revenue code 0172 cannot be considered.</p>	
<p>6. SBAR - Place of Service – Paula Bernini Feigal, Morning Star Women’s Health and Birth Center</p>	<p><i>Faith reported receipt of four SBARs regarding free standing birthing centers that must be delegated to the MCT for review and recommendation by the AUC Executive Committee. The TAG reviewed and briefly discussed the issues raised in each of the SBARs; however, no recommendations were made. Judy will review SBAR form and process current on AUC website to allow SBAR submitter to include title for SBAR</i></p> <ul style="list-style-type: none"> • It was noted that this provider is licensed as a free standing birthing center and is enrolled as a clinic with separate NPI’s. • Professional claims indicate a location. Barb Hollerung reported that DHS has freestanding birth centers set up to allow both the 25 and 11 POS. • Faith Bauer indicated that she could see both sides of arguments regarding POS 25 versus 25. For example, all maternity services (prenatal, delivery, and postpartum) are normally and preferably billed under one code (global). If the baby is delivered at the freestanding birthing center there will be two claims. One facility with 0724 and the global delivery code and a professional claim with the POS 25. Both claims will have the same date (delivery date) and procedure code submitted. However, non-maternity or services outside of the global package could be furnished in the freestanding birth center “office”. In that case it seems appropriate to bill POS 11. • MCT will review guide and include language/recommendations for pre-natal. 	<p>CLOSED pending Executive Committee review</p>
<p>7. SBAR - Family Planning Service – Paula Bernini Feigal, Morning Star Women’s Health and Birth Center</p>	<p><i>Faith reported receipt of four SBARs regarding free standing birthing centers that must be delegated to the MCT for review and recommendation by the AUC Executive Committee. The TAG reviewed and briefly discussed the issues raised in each of the SBARs; however, no recommendations were made. Judy will review SBAR form and process current on AUC website to allow SBAR submitter to include title for SBAR</i></p> <ul style="list-style-type: none"> • Within scope of practice for certified nurse midwife – need to determine POS; only certified nurse midwives can submit E&M or office; not a preventive code. • CNMs has their own NPIs – must be associated with a clinic or birthing center. • Some plan language excludes free standing birthing centers; does not matter if billing is for midwife – do not contract with birthing centers. For example, Preferred One indicated that they only enrol the practitioner as a free standing birth center so some other professional services may be rejected. • Gail Cain asked what determines a birthing center from a clinic. 	<p>CLOSED pending Executive Committee review</p>
<p>8. Doulas – Shawnet Healy, DHS</p>	<p>Shawnet summarized the DHS’s meeting with the MN Doulas Association. She stated the meeting was well-attended; double the number of doulas they expected were present. The meeting was basically a listening session for DHS. DHS wanted to learn from the doulas the services they provide and how they will be affected by the legislation. Doula services include education, making</p>	<p>OPEN</p>

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	<p>mother comfortable in environment, breast feeding, etc. Doulas operated differently for Native Americans – circle of support (bring in family); provides rides for the mom to encourage pre-natal care; provide services outside of medical necessity; DHS Oregon has approval from CMS to cover doulas during labor and delivery – have developed a modifier to identify doulas; doulas cannot bill themselves; OB does the billing; must be referral from the physician —MN doulas want agency to enroll and employ the doulas; would like billing similar to community health worker. MN may want to adopt similar billing as Oregon. DHS will address with CMS.</p> <p>Carolyn Larson as noted that there are loss doula services for SIDS, preemies and that Waconia has established a loss doula program.</p>	
<p>9. 837P Public Comment – HCPCS code</p>	<p>The TAG discussed the public comment received for the revised, proposed 837I Guide. The comment was regarding the use of modifiers for coding substance abuse intensity. After discussion and review of current coding, the TAG decided coders cannot submit modifiers for inpatient. Per NUBC and CMS guides, HCPCS codes (including modifiers) cannot be submitted on an inpatient claim. (The one exception is revenue code 0636 – drugs requiring detailed coding.) However, some changes to the Guide to clarify the issue were needed.</p> <p>The MCT recommended and approved the following changes to:</p> <ul style="list-style-type: none"> • Table A.b.3.b Substance Abuse Services: All Other Residential - Added another billing entry for Treatment program, treatment component, Unit Hour and Revenue Code 0953 • Table A.5.3.c.i – Substance Abuse Services: Outpatient Services – Claim type 837I – Added Revenue Code 0953 as option for Outpatient program; Treatment only 	<p>CLOSED Faith will draft response for public comment and forward to - 11/5</p>
<p>10. MN Universal OP MH/CD Health Authorization Form – Faith Bauer, BCBSM</p>	<ul style="list-style-type: none"> • PreferredOne uses the form • BCBSM uses the form • DHS does not use form – not an approved form from their vendor • Medica would accept but rarely receives the form <p>Dave stated that one user requested the use of the pre authorization form for uniformity—ACA and operating rules will be reviewed. Have not heard from Council on Health Plans.</p> <p>MCT recommended changes to the form (attached): Diagnosis: Delete TIP information in the bar and on separate line add: ICD and DSM (include all Axes) Services: remove the codes and add Appropriate ICD diagnoses</p> <p>Judy will convert to Word; make changes discussed today and forward to Faith to distribute to TAG for further revisions. TAG will vote on final draft to forward to Council of Health Plans.</p>	<p>OPEN</p>
<p>11. 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>	<p>OPEN See – Modifier 52 Usage – Research and Responses document</p>

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	<ul style="list-style-type: none"> • Lisa will research American Medical Association to clarify if modifier 52 can be used with reduced service modifier 92012. • Carolyn will contact the MN Ophthalmology association to clarify 92012 and 92014 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>Actions (see discussion):</p> <ul style="list-style-type: none"> • Lisa Russell • Carolyn Larson • Barb Hollerung
12. Other Business – Recommendation Grid Issue Consistency	Discussion regarding consistency in determining which SBAR recommendation should be added to recommendation grid ensued. One of the criteria suggested to be determining if SBAR issue is isolated or is it a universal issue before decision to add to recommendation grid. Tabled for further discussion. Suggestion: have all SBARs placed on the AUC website with links.	OPEN MDH will explore idea of indexing SBARs completed by TAGs and post to AUC website
13. Other Business – 2014 Telephone Consultation Codes - Barb Hollerung, DHS	Barb Hollerung announced telephone consultations between psychiatrist and primary care codes have changed and are 99446 through 99449	CLOSED
14. Next Monthly meeting	<ul style="list-style-type: none"> • Next meeting scheduled for December 12, 2013, 8:00-11:00, 13W Sequoia, HealthPartners, 8170 Building, Bloomington. 	CLOSED