

Title of Meeting: AUC Medical Code TAG
Date and Time of Meeting – Thursday, December 12, 2013, 8 a.m. to 11 a.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 October were approved with the following corrections: The codes listed in Item 11, regarding modifier 52 usage were corrected from “90212” to “92012,” and from “90214” to “92014.” Following approval of the minutes Faith Bauer congratulated Barb Hollerung on her upcoming retirement from the Minnesota Department of Human Services (DHS) after 39 years of state service, and thanked for her for her many years of service to the AUC and the Medical Code TAG. Faith also introduced Andrea Agerlie from DHS, who will be replacing Barb on the AUC following Barb’s retirement.	Minutes will be sent to MDH for posting on AUC MCT website
4. Doulas – Shawnet Healy, DHS	Barb Hollerung reported that it is premature to discuss coding for Doula services at this time. DHS has not yet received approval from CMS for its “state plan amendment (SPA)” to cover doula services, and the SPA will determine the extent to which CMS will fund the services. DHS is not yet paying for doula services and is not scheduled to make the payments until July 1, 2014. Federal review of Minnesota’s state plan amendment may take considerable time. Barb also noted that another state providing Doula services, Oregon, uses labor and delivery codes with a modifier for doula services. In Oregon, the physician bills for the doula. <u>For the time being the TAG agreed to assign further work on doula coding to a “parking lot” status to be taken up again at a later date.</u>	CLOSED pending future review
5. MN Universal OP MH/CD Health Authorization Form – Faith Bauer, BCBSM	MDH made changes to the form recommended at the 10/29 MCT meeting. <u>MDH will send the revised version to Faith Bauer to distribute to Medical Code TAG for review and comment.</u>	OPEN Members to review and comment

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6. Modifier 52 Usage – Sue Adams, UCare	<p>This SBAR raised the question of whether it was appropriate to use modifier 52 (reduced service) in conjunction with Evaluation and Management codes, particularly preventive service E&M codes (99381 – 99397). The SBAR cited a statement from a Medicare Administrative Contractor (MAC) - Wisconsin Physicians Service Insurance Corporation (WPS) – that modifier 52 should not be used with E&M codes. The MCT had previously discussed this SBAR at the 10/29 meeting. At the MCT meeting today, the TAG agreed that the SBAR response is to follow the WPS instructions.</p> <p><u>The TAG also agreed that this clarification should be added to the coding clarification grid posted on the AUC website. MDH will draft a response to send to the SBAR submitter.</u></p>	<p>CLOSED Add clarification to the Coding Clarification Grid only</p>
7. Moving Home Minnesota Modifier Change – Barb Hollerung, DHS	<p>DHS’s “Moving home Minnesota” program (previously known as “Money follows the Person”) provides a variety of assistance to persons to prevent placement in institutional settings. Initially DHS had determined that the E1399 code with the U6 modifier would be used for reporting products and services typically not covered by Medical Assistance (ranging, for example from purchases of microwaves to moving services.). However, the coding has been changed to T2029 with the U6 modifier. In response to a related question, Barb reported that E codes with the U3 modifier will be used for reporting tablet computers provided as augmentative communication devices.</p>	<p>CLOSED Update the Coding Clarification Grid</p>
8. Recommendation Grid Issue Consistency	<p>The TAG discussed issues of appropriately locating and displaying its work and findings. Dave Haugen of MDH reviewed three categories of TAG work products currently in use: SBARS (largely informational); coding clarification grid items (recommendations/best practices); and companion guides (rules with the force of law). He noted that products could be placed in more than one category, and that their placement in the categories may change over time. It will be important to develop criteria and apply them consistently to determine the placement of work products and the degree to which they are more widely publicized and communicated. Example criteria might include: whether the issues being addressed directly affected patient care or vulnerable populations; whether the issue was widespread and affected large numbers of claims; legal or regulatory considerations; the degree to which problems or down-stream impacts were being experienced or might be experienced; and others.</p> <p>Dave said MDH will be conducting “customer satisfaction” surveys with the AUC in early 2014 to obtain feedback about its performance, as well as perceived needs and suggestions to improve the flow of TAG information and products. He also noted that it will be important to become more systematic in addressing SBARS and in responding timely with findings and recommendations to the SBAR submitters, and that this is one of his goals for the coming year. He pointed out that the TAG’s decision tree concept could be applied to SBARS and could accompany any findings or responses that are returned to SBAR submitters. The standard decision tree and response combination could also be part of an improved display and tracking of SBARS on the AUC website.</p>	<p>OPEN Will be discussed with the Executive Committee at this their next meeting January 6.</p>

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	<p>The TAG provided feedback that the SBAR process, in which SBARs are to be first reviewed by the AUC Executive Committee and then forwarded to the appropriate TAG, is cumbersome and results in unnecessary delays in getting the SBARs to the TAGs. The TAG recommended that the process be altered to allow MDH and/or TAG chairs to receive SBARs and to copy the Executive Committee on them while simultaneously starting to address the SBAR issue or question. <u>Dave said we would discuss the TAG’s feedback with the Executive Committee at this their next meeting January 6.</u></p> <p>The TAG also recommended that a “question and answer” capability be also added to the AUC website to track questions that did not require SBARs, coding clarification posting, or inclusion in the companion guides. In all cases, regardless of the category, the TAG was interested in enhanced searching and indexing capabilities to make information easier to access.</p>	
<p>9. Collaborative psychiatric consultation – Faith Bauer, BCBSMN</p>	<p>Faith Bauer presented briefly on the recent adoption of new codes (99446-99449) for interprofessional telephone/internet assessment and management services, to start discussion about whether corresponding changes to the companion guides may be needed.</p> <p>DHS is reviewing its current policy and plans for telephone/internet assessment. It developed the codes in the current companion guide to promote payment of primary care providers for time consulting with a psychiatrist, and to encourage primary care providers to consult with psychiatrists. The new codes do not replace the current guides.</p> <p><u>Faith will also be submitting the issue as an SBAR for discussion at the next meeting, to explore how the current unlisted CPT codes now in the companion guide should be addressed given the new codes that were recently adopted.</u></p> <p>The discussion will also need to address issues of the use of modifiers with the codes, and other possible questions. Until the issue is resolved, payers will accept legitimate codes and check for possible duplicates between the existing codes in the companion guides and the recently adopted 99446-99449 codes.</p>	<p>OPEN Faith Bauer will submit SBAR</p>
<p>10. G0463 – Faith Bauer, BCBSMN</p>	<p>This code would be for outpatient hospital clinic visits only so it would be reported on an 837I only, generally under revenue 0510. It should not be submitted on a professional claim.</p> <p>Barb Hollerung anticipates that this code would be eligible for dual eligible members.</p> <p><u>Faith will submit an SBAR regarding G0463 – hospital outpatient clinic visit for assessment and management of a patient.</u></p>	<p>OPEN Faith Bauer will submit SBAR</p>
<p>11. New code discussion</p>	<p>Following the discussion above of new codes, there was additional brief discussion regarding recent new G and C codes, to be explored via SBARs at subsequent meetings.</p>	<p>CLOSED – will wait for SBARs and/or individual issues</p>

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	<u>Lisa Kanivetsky will submit an SBAR regarding pathology codes G0461 and G0462</u>	
12. New decision tree	<p>The TAG provided comments on the latest version of the decision tree and changes were made to: remove language referring to DHS role in reviewing SBARs prior to forwarding them to the appropriate TAG; and to clarify that part 3 of the decision tree is for the TAG's recommendations.</p> <p><u>The changes were made during the meeting and the revised version will be sent to Faith to send to the TAG.</u></p>	OPEN Members to review and comment
13. Announcements and other updates	<p>DHS announced that the Minnesota Health Care Programs (MHCP) summary of coverage, cost sharing, and limits would be released as an e-document in approximately a week.</p> <p>Sheryl Theno and Judith Blyth reported that they recently attended the annual Minnesota Ambulance Association meeting. The meeting included presentation and updates from various providers within the state on community paramedics, a previous coding topic for the TAG. Of the more than 200 community paramedics licensed in the nation, 100 are in Minnesota. In addition, Minnesota is the only state that is certifying community paramedics.</p>	CLOSED
14. AAPC CEUs	Carolyn Larson and De Kregel and Dave Haugen will pursue continued receipt of CEUs for future MCT meetings.	OPEN
15. Next Monthly meeting	<ul style="list-style-type: none"> • The next Medical Code TAG meeting is scheduled for January 9, 2014, 9:00-12:00, Minnesota Room – 1st floor, HealthPartners, 8170 Building, Bloomington • Treats: Faith Bauer 	CLOSED