

Title of Meeting: AUC Medical Code TAG
Date and Time of Meeting – Thursday, January 8, 2015, 8 a.m. to 12 a.m.
Location of Meeting – HealthPartners
Meeting Minutes

Minutes By: Judy Edwards and Faith Bauer

Agenda Item	Discussion	Action/Follow-up:
1. Welcome and Introductions <ul style="list-style-type: none"> • Attendance tracking 	Faith called meeting to order. 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. Also, let Deb Sorg know at least two days in advance if they plan to attend MCT meetings in person.	Completed.
2. Antitrust Statement	Reviewed – available on AUC website.	No discussion.
3. Review of last meeting’s Minutes	Minutes approved with following corrections: <ul style="list-style-type: none"> • #7 changed “training” to “trainee” • #8 changed “Andrea Agerlie” to “Judy Edwards” 	Minutes will be posted on AUC MCT website
4. Doulas – Shawnet Healy, DHS	Shawnet reported that CMS had approved coding for Doula Services and that final coding recommendations are as follows: <ul style="list-style-type: none"> • S9445 U4 modifier for ante and post-delivery sessions • 99199-U4 labor and delivery Doula services are limited to six sessions and prior authorization with medical necessity documentation is required for additional sessions to be approved by DHS. Doula services will also have the same 60-day post-partum limitation currently allowed. Lactation services may be provided by doulas. However lactation services will be paid to doulas <u>or</u> lactation specialist but not both; DHS will reimburse first approved submitted bill. Doula services must be provided under supervising practitioners and these practitioners must bill the doulas services under their NPI. (Note: Shawnet stated that the billing requirement has proven difficult for the doulas due to legal concerns for the supervising practitioners.)	CLOSED Suggestion that 60 days post-partum be included in provider guide Added to companion guide – Chapter 12 Shawnet will assist with any problems between practitioner and doulas Dave and Judy will send any comments received from non-MCT members
5. MN Uniform Companion Guide Comment Reviews	Dave reported that the 837 proposed guides had been approved by AUC and is currently open for public comment period until January 22. TAG reviewed changes MDH made to the front matter of the 837 guides, which included technical nomenclature changes and updates describing the documents; other changes to the guides were formatting, grammar and punctuation corrections. Review of revisions made by TAG as agreed in previous MCT meetings were also reviewed and are as follows for the 837 P and 837 I: <ol style="list-style-type: none"> 1. Chapter 16 repeat lab services – Modifier 76 or 91 2. Free standing birth centers clarification 	OPEN TAG review and approve by January 23; send to Ops. TAG review and send comments to Faith prior to January 22.

Agenda Item	Discussion	Action/Follow-up:
	<p>3. Midwife services – clarification 4. CTSS – reordered list entries for ease of use; no changes to coding or descriptions 5. Dialectical behavior therapy – correction: changed from DBP to DBT 6. Mental health changes 7. Substance abuse – added note to MAT to clarify coding for take-home doses (note added to both P and I)</p> <p>No questions regarding changes. Public comments for 837I and 837P discussed and submitted by MCT:</p> <ol style="list-style-type: none"> 1. Replace Peer Services program with new program, Certified Family Peer Specialist – add three red bullets and revise description 2. Add new programs, descriptions, and coding to Behavior Health in Table A.5.2: <ol style="list-style-type: none"> a. Family Psycho-educational services – Table A.5.2 b. Intensive Treatment in Foster Care – add to companion guide c. Mental health clinical consultation are covered up to persons for ...clinical trainee, description and coding 3. Doulas – add guides <p>Note: usually use DHS effective date; has been approved by feds Add to recommendation grid Moving Home Minnesota – do not add to guide Autism services will not go into companion guide because DHS does not have approval from the feds.</p>	
6. Autism – Andrea Agerlie, DHS	<p>Kathy reported that no further updates were made to the Autism services at this time. Looking at new cat III codes; questions out to AMA and to colleagues. Connected before we left CPT symposium and he got us in contact with work group members. Some of the cat III codes are set for 30 minutes. DHS subject matter experts (Clinicians) stated 15 minutes were more appropriate due to attention span of children. Individual service plan versus treatment plan. One of the services billable that is not available. Kathy further stated to disregard document Andrea prepared; will be revised. The services described are the same but codes will be different. See AMA autism questions received from Andrea Agerlie.</p>	OPEN
7. Mental Health Service Plan Development – DHS	<p>Kathy stated the State plan has not been submitted to CMS as reported earlier. DHS will submit this quarter.</p>	OPEN
8. Gambling Addiction Program - Richard Scherer, Club Recovery, LLC	<p>Brief discussion whether to close SBAR. Decision to keep open until after internal DHS meeting with gambling addiction program managers and AUC MCT representatives (Andrea Agerlie and Kathy Sijan)</p>	OPEN
9. Health and Behavior Group Therapy by Mid-level Provider – Sara Luther, Mayo Clinic	<p>PreferredOne still researching – Carolyn Larson will contact Sara offline to discuss. Post-meeting, Carolyn sent the following: Sara and I have conversed re: 99499 claim submissions. Based on our conversation plus claims review for the description supplied for the unlisted code, the services being reported are for various pain rehab services including “stress group therapy” sessions. It is not for one specific (contracted) pain program.</p>	OPEN

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	PreferredOne recommends these types of services be reported with the established CPT® codes 96150 – 96154 and not 99499 as required by Medicare.	
10. Concurrent Care Processing Change for E/M Services on the Same DOS – Judith Blyth, HCMC	Article was submitted as an FYI to inform TAG about the reversal in denying E/M claims for services billed on same day by two different practitioners. Mary Tretheway sent additional information published by NGS that included the effective date of 8/26/14. TAG agreed to add Alert (article) to issue tracking table	CLOSED Add Alert (article) to issue tracking table
11. Speech Language Pathologists/VCD/PVFM – Gail Cain, Fairview	Waiting to hear back from payers. DHS prefers the 92700. Judith felt that 92700. PreferredOne – SLP does not agree with 92700 (what’s currently being done). Medica – 92525 or; HealthPartners – no answer <ul style="list-style-type: none"> • 92507 and 92504 will be used Place in tracking grid because of low utilization.	CLOSED Place in tracking grid
12. IONM Clarification - Kandi Newton, Gillette Children’s Specialty Healthcare	What’s the average? Is it mostly brain surgery? DHS checked system and found that there was a number in for maximum number per day that was inaccurate. Agree that codes are incorrect. Coding in units. Do these codes require modifier 26 or should there be multiple lines with 59. No Add-on codes 95940 –each 15 minutes No to using code 26 Applicable documentation should support your unit bill. 59-modifier is not appropriate. MCT cannot address reimbursement. These are not TC or 26 eligible and cannot <ul style="list-style-type: none"> • Follow unit guidelines in a recommendation and follow CPT. Unit would be based one per line. 	CLOSED Place in tracking grid
13. Next meeting	<ul style="list-style-type: none"> • Scheduled January 27 meeting for final review (if needed) and approval of public comments incorporated in the 837 I and 837P guides. Meeting from 9:00 a.m. to 12 noon. • The next scheduled meeting is February 12, 9:00-12:00, St. Croix Room – 1st floor, HealthPartners, 8170 Building, Bloomington. • TREATS 	CLOSED