

Title of Meeting: AUC Medical Code TAG
Date and Time of Meeting – Thursday, March 12, 2015, 9 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.	Completed.
2. Antitrust Statement	Reviewed – available on AUC website.	No discussion.
3. Review of last meeting’s Minutes	Minutes approved with one correction: Agenda Item #5 Autism, first sentence in third paragraph: was changed from “...prior to July 2015” to “July 1, 2015.”	Minutes will be posted on AUC MCT website
4. Autism – Andrea Agerlie, DHS	The SBAR was approved by the MCT. The SBAR is now at AUC Ops for review and a vote. Questions: Will supporting documentation for the Autism SBAR be included in the guide? The policy will be included in the Recommendation Grid until the next guide update. DHS has not selected a U modifier yet. Andrea will provide updates to TAG regarding definition of Center (place of service) and modifier to be used. Andrea will send DHS list of modifiers to TAG.	OPEN
5. Mental Health Service Plan Development – DHS	DHS is Waiting for Feds to approve program and coding recommendations.	OPEN
6. Gambling Addiction Program - Richard Scherer, Club Recovery, LLC	DHS still reviewing coding; not considering chemical or substance abuse codes. Met with policy staff and will review coding. DHS is currently invoicing services and is now reviewing to send through claim system.	OPEN
7. PH Nurse Updates - DHS	Andrea Agerlie furnished the background regarding opening this issue: Carlton County Public Health and Human Services questioned DHS “regarding our Maternal and Child Health-Public Health Nursing Clinic visits for which we have been unable to locate the answer: The majority of our Public Health Nurse visits are completed in the client’s home or place of residence and billed using the S9123 code. However, there are occasions when the Public Health Nurse visits the client in a different setting such as a college or some other setting <u>outside</u> of our agency and <u>not</u> in the client’s home. The service provided by our Public Health Nurses in these different settings is <u>exactly the same</u> as the service provided in the client’s home. Is the Public Health Nursing Clinic, when performed in a different setting than the client’s home	OPEN Faith Bauer will summarize past issue

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	<p>(but not at our Public Health agency clinic location), billable using the S9123 billing code?"</p> <p>The AUC grid includes S9123 for PHNC and the description of the code is ‘in the home.’ I don’t think they can use this for another location but cannot find anything else that works based on this provider type. We started with the question as to what to do when the service is not in the clinic or home (i.e. college). We looked in the guide, found this situation wasn’t accommodated there (only clinic and home are), then found what appears to be codes in the incorrect column, and Kathy put the SBAR together.</p>	
<p>8. Behavior Health Home (BHH) – Kathy Sijan, DHS</p>	<p>DHS Behavior Health Home policy staff, Jennifer Blanchard and Lisa Cariveau, attended the meeting to provide background and overview of the Behavior Health Home services described in the SBAR and to answer questions the MCT may have. Jennifer stated that the basis of BHH program is a result of the Affordable Care Act and that it is currently out for state public comments. It was noted that SAMSA approved the program. After approved, it will sent to CMS for federal approval. The anticipated start date is January 1, 2016.</p> <p>There are two services:</p> <ul style="list-style-type: none"> • The first is the initial plan (S0280–U5 Medical home program, comprehensive care coordination and planning, initial plan, BHH, monthly). This service is billed for the first six months. These services do not have to be consecutive. • The second is maintenance of plan (S0281–U5 Medical home program, comprehensive care coordination and planning, maintenance of plan, BHH, monthly). This service is billed after the six months initial plan billing. Maintenance is ongoing and does not have a maximum. <p>A question was asked if 99490 was considered. Codes S0280 and S0281 are already used for Health Care Home (HCH) but with different modifiers. The codes were chosen but with the U5 modifier because of the similarity of the program, BHH does not need to be rendered by a physician, this is not a timed procedure (99490 designates time, and DHS want to establish a model for future health models.</p> <p>Participation is voluntary but has requirements for the patient/participant to be actively involved with an engaged health plan.</p> <p>For DHS this is a per patient/per month straight payment methodology; not flexible. There are no levels of complexity for BHH (HCH has four levels of billing).</p> <p>DHS currently has a pilot program. 36 providers are interested in participating in BHH. Must be a Medicaid provider, MH practitioner or MH practitioner; MH provider and/or meet DHS standards and provide service. This is s professional only.</p> <p>The patient/participant cannot receive duplicative services in the same/month. For example, payment may only made for a BHH or HCH, not both.</p> <p>Suggested “Monthly” be added to the definition to clarify payment.</p> <p>Suggestion that providers track services and document in their notes.</p> <p>What if MH wants to become a BHH if they are HCH? The provider could because the goal is to establish a relationship with a primary care.</p>	<p>OPEN</p> <p>DHS will send info to Faith re: State Plan language</p> <p>DHS will also make corrections to the SBAR and forward to Faith for distribution and request for an e-vote by MCT to approve</p>
<p>9. Modifier 76/91 SBAR – Kathy Sijan, DHS</p>	<p>DHS completed SBAR and is recommending that “pathology only” be deleted from Laboratory Services, Repeat Services and that language listed on NGS website clarify proper usage be added.</p>	<p>CLOSED</p> <p>Faith Bauer will mock-up companion guides to show</p>

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	<p>Post-meeting note: An email vote was done with two options: Option 1: Remove “pathology only”, add 77 modifier, add “if service cannot be quantity billed” Option 2: Remove entire entry. If we are following Medicare guides for submission there is no need to have the entry in guide. 3/20/15: Voting closed. 11 votes were received: Option 1 – 2 votes Option 2 – 9 votes</p>	<p>requested changes</p> <p>Option 2 is approved: Remove entire entry. If we are following Medicare guides for submission there is no need to have the entry in guide.</p>
10. Next meeting	<ul style="list-style-type: none"> • The next scheduled meeting is April 9, 9:00-12:00, St. Croix Room – 1st floor, HealthPartners, 8170 Building, Bloomington. • TREATS – Carolyn Larson will bring treats. • The July 9 MCT meeting will be cancelled; but will meet on the second scheduled meeting of the month – July 28. 	CLOSED